

Stress Fracture Diagnosis Worksheet

Patient information

Name:

Age:

Gender:

Occupation:

Activity level (e.g., athlete, sedentary):

Primary complaint:

Clinical evaluation

History of present illness

1. Onset of symptoms:

Gradual

Sudden

2. Duration of symptoms:

3. Location of pain:

4. Nature of pain:

Sharp

Dull

Aching

5. Aggravating factors:

6. Alleviating factors:

7. Previous injuries:

Physical exam

1. Palpation tenderness:

Localized

Diffuse

2. Swelling:

Yes

No

3. Range of motion:

Normal

Restricted

4. Gait assessment:

Imaging studies**Initial imaging**

1. X-Ray findings:

Normal

Abnormal

Description of findings:

Advanced imaging

1. Magnetic resonance imaging (MRI):

Indication of stress injury:

Yes

No

Medial tibial stress syndrome:

Yes

No

Description of findings:

2. Bone scintigraphy:

Indication of stress fractures:

Yes

No

Description of findings:

Diagnosis

Confirmed stress fracture:

Yes

No

Location:

Additional notes

Healthcare provider's information

Name:

Signature:

Date: