

# 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: