

Emergency Department Orthopedic Rotation Patient Log

RESIDENT NAME: _____

Please record ALL fractures and significant soft tissue injuries (eg, dislocations, biceps tendon rupture).

<u>Patient Sticker</u>	<u>Diagnosis</u>	<u>Procedures</u>	<u>Patient Sticker</u>	<u>Diagnosis</u>	<u>Procedures</u>
1			15		
2			16		
3			17		
4			18		
5			19		
6			20		
7			21		
8			22		
9			23		
10			24		
11			25		
12			26		
13			27		
14			28		

Rotation Totals: # of fractures _____ # of dislocation reductions _____ # of fracture reductions _____ # of operative soft tissue _____