REFERRAL BOARD | DR. CHRIS WOOD, DACVS (SMALL ANIMAL)

Fracture referrals

Positions + radiographs: use the image pack, sheets 2-8.

Urgent transfer: call the receiving hospital.
Stabilise life-threatening injuries; confirm transfer / surgeon availability. Do not delay urgent care for images or checklists.

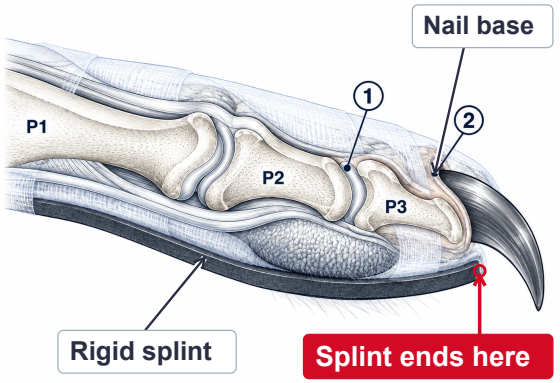
CALIBRATION BALL + SIDE MARKER ON EVERY RADIOGRAPH.

TOES-IN FORELIMB SPLINT

The rigid splint supports the toes. Nail tips can still show.

Splint end: just beyond the nail bases of the two middle toes (D3/D4).

Suitable distal radius-ulna injuries needing transfer support.



One middle toe; not a full bandage or sizing guide.

Region / sheets	1 Imaging Send original orthogonal images	2 Bandage / splint for transfer	3 Planning notes Confirm with receiving team
Radius-ulna Sheet 2	Lateral + craniocaudal. Entire radius/ulna; elbow + carpus.	**Distal injury: padded caudal splint, if appropriate.** TOES-IN: see drawing above.	Flag toy-breed distal radius-ulna cases.
Tibia-fibula Sheet 3	Lateral + frontal (craniocaudal or caudocranial). Entire tibia/fibula; stifle + hock.	**Padded lateral splint, if appropriate.**	
Femur Sheet 4	Lateral + craniocaudal. Entire femur; hip + stifle.	**No routine limb splint.** Confine; minimise movement; coordinate transport / support.	
Humerus Sheet 5	Lateral + frontal. Entire humerus; shoulder + elbow.	**No routine limb splint.** Confine; minimise movement; coordinate transport / support.	
Humeral T-Y Full humerus 5 Elbow detail 6	**Orthogonal full-humerus views:** include shoulder + elbow. Available elbow detail; coordinate CT.	**No routine distal-limb splint.** Minimise movement; coordinate support. Do not force elbow position.	Coordinate planning CT / 3D.
Metacarpal / metatarsal Forepaw 7 Hindpaw 8	Forepaw: lateral + dorsopalmar. Hindpaw: lateral + dorsoplantar or plantarodorsal. Include carpus/tarsus + digits; obliques if overlap hides fracture.	**Padded support, if appropriate.** **Forepaw:** caudal; if rigid, toes-in (see above). **Hindpaw:** lateral; confirm toe plan.	Confirm the affected bones during image review.

If using a splint

Use modified Robert Jones padding; support the joints above and below. Check fit, swelling, distal circulation and nail spacing / marks.

Confirm with the receiving team

For proximal, growth-plate, joint, avulsion or unstable injuries, agree splint length, position and monitoring. Temporary support does not establish reduction or definitive treatment.

Surgical planning

Review the images with the receiving team. Discuss repair and implant follow-up.