

Appendix

Worksheet for Cadaver Joint Range of Motion and Stiffness Assessment

Cadaver identification number: _____

Date and time of examination: _____

Names of examiners: 1) _____

2) _____

Joint	Movement	RIGHT					LEFT						
		ROM [°]	The joint feels stiff through its range of motion					ROM [°]	The joint feels stiff through its range of motion				
Shoulder	Flexion		●-----●-----●-----●-----●						●-----●-----●-----●-----●				
	Abduction		Strongly Disagree Disagree Neutral Agree Strongly Agree						Strongly Disagree Disagree Neutral Agree Strongly Agree				
	Internal rotation (abducted)												
	External rotation (abducted)												
Elbow	Flexion		●-----●-----●-----●-----●						●-----●-----●-----●-----●				
	Extension		Strongly Disagree Disagree Neutral Agree Strongly Agree						Strongly Disagree Disagree Neutral Agree Strongly Agree				
Forearm	Pronation		●-----●-----●-----●-----●						●-----●-----●-----●-----●				
	Supination		Strongly Disagree Disagree Neutral Agree Strongly Agree						Strongly Disagree Disagree Neutral Agree Strongly Agree				
Wrist	Flexion		●-----●-----●-----●-----●						●-----●-----●-----●-----●				
	Extension		Strongly Disagree Disagree Neutral Agree Strongly Agree						Strongly Disagree Disagree Neutral Agree Strongly Agree				
Hip	Flexion												
	Internal rotation		●-----●-----●-----●-----●						●-----●-----●-----●-----●				
	External rotation		Strongly Disagree Disagree Neutral Agree Strongly Agree						Strongly Disagree Disagree Neutral Agree Strongly Agree				
	Abduction												
Knee	Flexion		●-----●-----●-----●-----●						●-----●-----●-----●-----●				
	Extension		Strongly Disagree Disagree Neutral Agree Strongly Agree						Strongly Disagree Disagree Neutral Agree Strongly Agree				
Ankle	Dorsiflexion		●-----●-----●-----●-----●						●-----●-----●-----●-----●				
	Plantar flexion		Strongly Disagree Disagree Neutral Agree Strongly Agree						Strongly Disagree Disagree Neutral Agree Strongly Agree				

ROM = range of motion. Note any findings: surgical scars, obvious deformities, and so forth.

Worksheet for Tissue Fidelity and Suitability Assessment

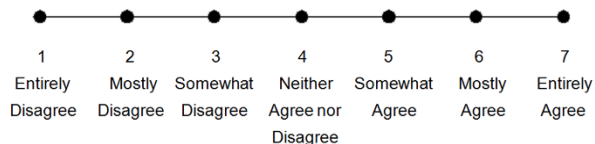
Cadaver identification number: _____
Date and time of examination: _____
Name of examiner: _____
Surgical exposure(s) performed: _____

Instructions

After performing 1 or more surgical exposures, document your assessment of the cadaver quality by circling appropriate responses below and providing any qualitative comments.

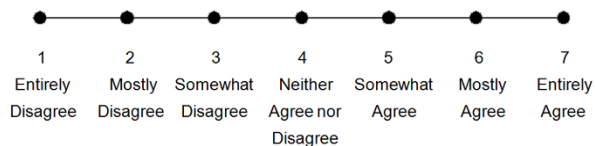
Appearance

The cadaver tissue appears similar to live patient tissue.



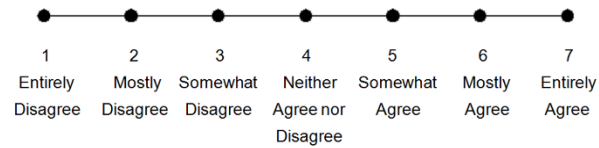
Texture

The cadaver tissue feels/dissects similar to live patient tissue.



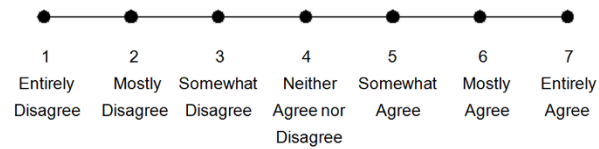
Odor

The cadaver has an unpleasant odor.



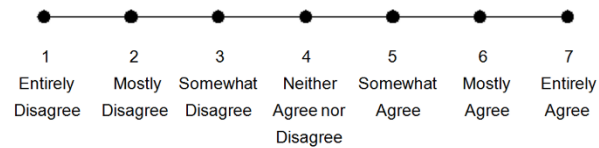
Decay, Mold, and Rot

Is there any apparent decay, mold, or rotting present on the cadaver?



Overall Suitability

The cadaver is suitable for orthopaedic surgical skills training.



Comments/Notes

Please provide any qualitative comments regarding the cadaver tissue.