**SECTION A: GENERAL INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A1. | Patient ID: | \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ | Patient Name: |  |  |
|  | | | | | |
| A2. | Study visit: | 🗵0 Baseline | | *[Patient label may be put here]* | |
|  | | | | | |
| A4. | Date of visit: | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | |
|  | | Month Day Year | | | |

**SECTION B: DEMOGRAPHICS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| B1. | What is your date of birth? | | | | | | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | | | | | | | | | | | | |
|  | | | | | | | | Month Day Year | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| B2. | What is your gender? | | | | | | | ❑1 Male | | ❑2 Female | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| B3. | Are you Hispanic or Latino? | | | | | | | ❑1 Yes | | ❑0 No | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| B4. | What is your race? | | | | | | | ❑1 White | | | | | | | | | | | | | | | |
|  | *(check all that apply)* | | | | | | | ❑2 Black or African American | | | | | | | | | | | | | | | |
|  |  | | | | | | | ❑3 Asian | | | | | | | | | | | | | | | |
|  |  | | | | | | | ❑4 American Indian or Alaskan Native | | | | | | | | | | | | | | | |
|  |  | | | | | | | ❑5 Native Hawaiian or Pacific Islander | | | | | | | | | | | | | | | |
|  |  | | | | | | | ❑6 Refused | | | | | | | | | | | | | | | |
|  |  | | | | | | | ❑99 Other, specify: | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| B5. | Has anyone in your birth family had osteochondritis dissecans? | | | | | | | | | | | | | *(check all that apply and indicate the number of each family member that had osteochondritis dissecans)* | | | | | | | | | |
|  |  | | | ❑0 No | | | | | ❑1 Mother | | | ❑3 Sister(s) | | | |  | | ❑5 Grandmother(s) | | |  |  | |
|  |  | | | ❑-8 Don’t know | | | | | ❑2 Father | | | ❑4 Brother(s) | | | |  | | ❑6 Grandfather(s) | | |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| B6. | Have you been diagnosed with an OCD lesion in any joint before? | | | | | | | | | | | | | | | | ❑1 Yes ❑0 No | | |  | | | |
|  | | a. If yes, which joint? | | | | |  | | | | | | | | | |  | | | | | | |
|  |  | | | | |  | | | | | | | | | | |  | | | | | | |
| B7. | Please answer the questions below for both knees. | | | | | | | | | | | | | | | | **Left** | | | **Right** | | | |
|  | a. Are you experiencing knee pain? | | | | | | | | | | | | | | | | ❑1 Yes ❑0 No | | | ❑1 Yes ❑0 No | | | |
|  | b. If yes, how long have you been experiencing knee pain? | | | | | | | | | | | | | | | | \_\_ \_\_ months | | | \_\_ \_\_ months | | | |
|  | c. If yes, did your knee pain start immediately following a knee injury? | | | | | | | | | | | | | | | | ❑1 Yes ❑0 No | | | ❑1 Yes ❑0 No | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| B8. | Have you received treatment from anyone for your knee pain? | | | | | | | | | | | | ❑1 Yes | | | | | | ❑0 No **(If No, END OF FORM)** | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | a. If yes, how many people have you seen? | | | | | | | | | | \_\_ \_\_ | | | | | | | | | | |
|  | | | b. If yes, who have you seen? *(check all that apply)* | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | ❑1 Athletic trainer | | | | | | ❑5 Primary care sports medicine physician | | | | | | | | | | | | |
|  | | | | | ❑2 Physical therapist | | | | | | ❑6 Orthopaedic surgeon | | | | | | | | | | | | |
|  | | | | | ❑3 Chiropractor | | | | | | ❑99 Other, specify: | | | |  | | | | | | | | |
|  | | | | | ❑4 Primary care physician | | | | | |  | | | | | | | | | | | | |

**SECTION A: GENERAL INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A1. | Patient ID: | \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ | Patient Name: |  |  |
|  | | | | | |
| A2. | Study visit: | 🗵0 Baseline | | *[Patient label may be put here]* | |
|  | | | | | |
| A3. | Date of visit: | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | |
|  | | Month Day Year | | | |
|  | | | | | |
| A4. | Surgeon ID: | \_\_ \_\_ \_\_ | | | |

**SECTION B: PATIENT CHARACTERISTICS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| B1. | Height: | | | | | \_\_ \_\_ \_\_ cm | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| B2. | Weight: | | | | | \_\_ \_\_ \_\_ kg | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| B3. | Laterality of OCD: | | | | | ❑1 Left | | | ❑2 Right | | | ❑3 Both | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | a. If both, please identify the knee currently being addressed | | | | | | | | | | | | | ❑1 Left | | ❑2 Right | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **All questions below refer to side that is currently being addressed.** | | | | | | | | | | | | | | | | | | | | | | |
| B4. | Location of the OCD lesion *(please select one)*: | | | | | | | | | | ❑1 Medial femoral condyle | | | | | | ❑2 Lateral femoral condyle | | | | | |
|  | | | | | | | | | | | ❑3 Patella | | | ❑4 Trochlea | | | ❑5 Tibia | | | | | |
| B5. | Date of first OCD diagnosis? | | | | | | | | | | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | | | | | | | | |
|  | | | | | | | | | | | | Month Day Year | | | | | | | | | | |
| B6. | Does patient have a history of prior knee pathology? | | | | | | | | | | | | | | | | | ❑1 Yes | | ❑0 No | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | a. If yes, describe: | | | |  | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| B7. | Has the patient had prior knee surgery? | | | | | | | | | | | | | | | | | ❑1 Yes | | ❑0 No | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | a. If yes, describe: | | | |  | | | | | | | | | | | |  | | | |
|  | | | **REQUIRED** Please obtain the outside surgeon’s operative note (to be scanned as a registry attachment) | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| B8. | Has the patient had an intra-articular corticosteroid injection for his/her knee pain? | | | | | | | | | | | | | | | | | ❑1 Yes | | ❑0 No | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| B9. | Has the patient undergone any non-operative therapy? | | | | | | | | | | | | | | | | | ❑1 Yes | | ❑0 No | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | a. If yes, what did the non-operative therapy include and how long was each performed? *(check all that apply)* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | ❑1 Activity restriction | | | | \_\_ \_\_ wks | | | | | | | | | | | | | | |
|  | | | | ❑2 Non weight  bearing | | | | \_\_ \_\_ wks 🡺 | | ❑1 Crutches | | | | | ❑2 Wheelchair | | | | | | | |
|  | | | | ❑3 Knee brace | | | | \_\_ \_\_ wks 🡺 | | ❑1 Hinged, non-unloader | | | | | ❑2 Hinged, unloader | | | | | | ❑3 Immobilizer | |
|  | | | | ❑4 Cylinder casting | | | | \_\_ \_\_ wks | |  | | | | |  | | | | | | | |
|  | | | | ❑5 Bone stimulator | | | | \_\_ \_\_ wks | | | | | | | | | | | | | | |
|  | | | | ❑6 Physical therapy | | | | \_\_ \_\_ wks | | | | | | | | | | | | | | |
|  | | | | ❑99 Other: | | | | \_\_ \_\_ wks 🡺 | | Specify: | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| B10. | | Bone Age: | | | \_\_ \_\_ years \_\_ \_\_ months | | | | | | | | | | | | | | | | | |

**SECTION A: GENERAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A1. | Patient ID: | \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ | | Patient Name: | |  |  |  |  |
|  | | | | | | | | | |
| A2. | Study visit: | 🗵0 Baseline | | | *[Patient label may be put here]* | | | | |
|  | | | | | | | | | |
| A3. | Date of screening(s): | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | | | | |
|  | | | Month Day Year | | | | | | |

**SECTION B: ELIGIBILITY and CONSENT**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Does the patient meet the following criteria?** | | | | | | | | **Yes** | **No** |
| B1. | | Diagnosis of OCD | | | | | | ❑1 | ❑0 |
| B2. | | Lesion located on medial femoral condyle | | | | | | ❑1 | ❑0 |
| B3. | | Lesion considered stable, based on MRI | | | | | | ❑1 | ❑0 |
| B4. | | Patient deemed skeletally immature, based on MRI | | | | | | ❑1 | ❑0 |
| B5. | | Completed a 3-month course of activity restriction with a minimum 6-week course of NWB or casting or bracing (or some combination) | | | | | | ❑1 | ❑0 |
| B6. | | Significant concomitant knee pathology (AVN, fracture, inflammatory arthritis, ACL tear, discoid/meniscal tear, etc.) | | | | | | ❑1 | ❑0 |
| B7. | | Lesion healed sufficiently and surgery is not recommended | | | | | | ❑1 | ❑0 |
| B8. | | Prior surgery on affected knee for OCD, ACL tear, discoid/meniscal tear, etc. | | | | | | ❑1 | ❑0 |
| B9. | | Diagnosis of metabolic bone disorder (e.g. osteogenesis imperfecta) | | | | | | ❑1 | ❑0 |
| B10. | | Diagnosis of sickle cell disease | | | | | | ❑1 | ❑0 |
| B11. | | History of prolonged corticosteroid or chemotherapy treatment | | | | | | ❑1 | ❑0 |
| **\*\*\*Patient is NOT ELIGIBLE if any shaded answers are selected** | | | | | | | | | |
|  | | | | | | | | | |
| B12. | | Is patient eligible for study? | | | | ❑1 Yes | ❑0 No **(If No, END OF FORM)** | | |
|  | | | | | | | | | |
| B13. | Did patient sign informed consent document? | | | | | ❑1 Yes | ❑0 No **(If No, continue to B14)** | | |
|  | | | | | | | | | |
|  | | | a. If yes, date: | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ **(END OF FORM)** | | | | | |
|  | | | | Month Day Year | | | | | |
|  | | | | | | | | | |
| B14. | Primary reason patient did NOT sign consent: | | | | | | | | |
|  | ❑1 Doesn’t want to be randomized | | | | | | | | |
|  | ❑2 Lives too far away/will have post-op care closer to home | | | | | | | | |
|  | ❑3 Not willing to follow post-op activity restrictions | | | | | | | | |
|  | ❑4 Doesn’t want to be in both, Registry and RCT | | | | | | | | |
|  | ❑5 No reason given | | | | | | | | |
|  | ❑99 Other, specify: | | | |  | | | | |

**SECTION A: GENERAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A1. | Patient ID: | \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ | | | | Patient Name: | |  | | |  |
|  | | | | | | | | | | | |
| A2. | Study visit | | ❑0 Baseline | ❑2 6 Weeks | ❑3 3 Months | |  | | *[Patient label may be put here]* | |  |
|  | | | ❑4 6 Months | ❑5 1 Year | ❑6 2 Years | | | | |  | |
|  |  | |  | | | | | | | | |
| A3. | Date of visit: | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | | | | | | |
|  | | | Month Day Year | | | | | | | | |
|  | | | | | | | | | | | |
| A4. | Surgeon ID: | | \_\_ \_\_ \_\_ | | | | | | | | |

**SECTION B: IKDC KNEE EXAMINATION FORM (see Manual of Operations for Q x Q)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| B1. | 1. Generalized Laxity: | | ❑1 Tight | | | ❑2 Normal | | ❑3 Lax | | | | |
|  | 2. Alignment: | | ❑1 Obvious varus | | | ❑2 Normal | | ❑3 Obvious valgus | | | | |
|  | 3. Patella Position: | | ❑1 Obvious baja | | | ❑2 Normal | | ❑3 Obvious alta | | | | |
|  | 4. Patella Subluxation/Dislocation: | | ❑1 Centered | | | ❑2 Subluxable | | ❑3 Subluxed | | | | ❑4 Dislocated |
|  | 5. Range of Motion (Ext/Flex): | | a. Left: | | Passive: \_\_\_\_/\_\_\_\_/\_\_\_\_ | | | Active: \_\_\_\_/\_\_\_\_/\_\_\_\_ | | | | |
|  |  | | b. Right: | | Passive: \_\_\_\_/\_\_\_\_/\_\_\_\_ | | | Active: \_\_\_\_/\_\_\_\_/\_\_\_\_ | | | | |
|  | | | | | | | | | | | | |
|  | |  | | **GRADES** | | | | | | | | |
|  | | **GROUPS** | | **A**  **Normal** | | | **B**  **Nearly Normal** | | **C**  **Abnormal** | | **D**  **Severely Abnormal** | |
| B2. | | 1. Effusion | | ❑1 None | | | ❑2 Mild | | ❑3 Moderate | | ❑4 Severe | |
|  | | **GROUP 1 GRADE\*** | | ❑1 **A** | | | ❑2 **B** | | ❑3 **C** | | ❑4 **D** | |
|  | | | | | | | | | | | | |
|  | | 2. Passive Motion Deficit | |  | | |  | |  | |  | |
|  | | a. Δ Lack of extension | | ❑1 <30 | | | ❑2 3-50 | | ❑3 6-100 | | ❑4 >100 | |
|  | | b. Δ Lack of flexion | | ❑1 0-50 | | | ❑2 6-150 | | ❑3 16-250 | | ❑4 >250 | |
|  | | **GROUP 2 GRADE\*** | | ❑1 **A** | | | ❑2 **B** | | ❑3 **C** | | ❑4 **D** | |
|  | | | | | | | | | | | | |
|  | | 3. Compartment Findings | |  | | |  | |  | |  | |
|  | | a. Δ Crepitus Ant. Compartment | | ❑1 None | | | ❑2 Moderate | | ❑3 w/ mild pain | | ❑4 w/ > mild pain | |
|  | | b. Δ Crepitus Med. Compartment | | ❑1 None | | | ❑2 Moderate | | ❑3 w/ mild pain | | ❑4 w/ >mild pain | |
|  | | c. Δ Crepitus Lat. Compartment | | ❑1 None | | | ❑2 Moderate | | ❑3 w/ mild pain | | ❑4 w/ >mild pain | |
|  | | 4. Functional Test **(Perform this test only if lesion appears healed)** | | | | | | | | | | |
|  | | a. One leg hop (% of opposite side) | | ❑1 ≥90% | | | ❑2 89-76% | | ❑3 75-50% | ❑4 <50% | | |
|  | | | | | | | | | | | | |
| B3. | | **FINAL EVALUATION\*\*** | | ❑1 **A** | | | ❑2 **B** | | ❑3 **C** | ❑4 **D** | | |

\* Group grade: The lowest grade within a group determines the group grade

\*\* Final evaluation: the worst group grade determines the final evaluation for acute and sub-acute patients. For chronic patients compare preoperative and postoperative evaluations. In a final evaluation only the first 3 groups are evaluated but all groups must be documented. Δ Difference in involved knee compared to normal or what is assumed to be normal.

**SECTION C: GAIT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| C1. | Gait | **Normal** | **Antalgic** |  |
|  | a. Left: | ❑1 | ❑2 |  |
|  | b. Right: | ❑1 | ❑2 |  |

**SECTION A: GENERAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A1. | Patient ID: | \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ | | | | Patient Name: | |  | | |  | |
|  | | | | | | | | | | | | |
| A2. | Study visit: | | ❑0 Baseline | ❑4 6 Months |  | |  | | *[Patient label may be put here]* | | |  |
|  | | | ❑5 1 Year | ❑6 2 Years | | | | | |  | | |
|  |  | |  | | | | | | | | | |
| A3. | Date distributed: | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | | | | | | | |
|  | | | Month Day Year | | | | | | | | | |

**SECTION B: PEDI-IKDC**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **We would like to learn more about your injured knee. Each of the questions asks you a different question about your injured knee. Please answer each question below.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SYMPTOMS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. | | | | If you were asked to do the activities below, what is the most you could do today without making your injured knee **hurt a lot**? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | ❑1 Very hard activities like jumping or turning fast to change direction, like in basketball or soccer | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | ❑2 Hard activities like heavy lifting, skiing or tennis | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | ❑3 Sort of hard activities like walking fast or jogging | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | ❑4 Light activities like walking at a normal speed | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | ❑5 I can’t do any of the activities listed above because my knee hurts too much now | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 2. | | | | During the past 4 weeks, or since your injury, how much of the time did your injured knee hurt? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Never hurt | | 0  ❑0 | | | | | 1  ❑1 | | | | 2  ❑2 | | 3  ❑3 | | 4  ❑4 | | | | 5  ❑5 | | 6  ❑6 | | 7  ❑7 | | 8  ❑8 | 9  ❑9 | | | 10  ❑10 | | | | Hurt all of the time |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 3. | | | | How badly does your injured knee hurt today? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does not hurt at all | | | 0  ❑0 | | | | | 1  ❑1 | | | | 2  ❑2 | | 3  ❑3 | | 4  ❑4 | | | 5  ❑5 | | 6  ❑6 | | 7  ❑7 | | 8  ❑8 | 9  ❑9 | | | 10  ❑10 | | | | Hurts so much I can’t stand it |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 4. | | | | During the past 4 weeks, or since your injury, how **hard has it been to move or bend** your injured knee? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑1 Not at all hard | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑2 A little hard | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑3 Somewhat hard | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑4 Very hard | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑5 Extremely hard | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 5. | | | | During the past 4 weeks, or since your injury, how **puffy (or swollen)** wasyour injured knee? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑1 Not at all puffy | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑2 A little puffy | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑3 Somewhat puffy | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑4 Very puffy | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑5 Extremely puffy | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 6. | | | | If you were asked to do the activities below, what is the most you could do today without making your injured knee **puffy (or swollen)**? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑1 Very hard activities like jumping or turning fast to change direction, like in basketball or soccer | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑2 Hard activities like heavy lifting, skiing or tennis | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑3 Sort of hard activities like walking fast or jogging | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑4 Light activities like walking at a normal speed | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑5 I can’t do any of the activities listed above because my knee is puffy even when I rest | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 7. | | | | During the past 4 weeks, or since your injury, did your injured knee **ever get stuck in place (lock)** so that you could not move it? | | | | | | | | | | | | | | | | | | | | | | | ❑1 Yes | | | | ❑0 No | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 8. | | | | During the past 4 weeks, or since your injury, did your injured knee **ever feel like it was getting stuck (catching)**, but you could still move it? | | | | | | | | | | | | | | | | | | | | | | | ❑1 Yes | | | | ❑0 No | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 9. | | | | If you were asked to do the activities below, what is the most you could do today without your injured knee **feeling like it can’t hold you up**? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑1 Very hard activities like jumping or turning fast to change direction, like in basketball or soccer | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑2 Hard activities like heavy lifting, skiing or tennis | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑3 Sort of hard activities like walking fast or jogging | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑4 Light activities like walking at a normal speed | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑5 I can’t do any of the activities listed above because my injured knee feels like it can’t hold me up | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SPORTS ACTIVITIES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 10. | | | | | What is the most you can do on your injured knee **most of the time**? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑1 Very hard activities like jumping or turning fast to change direction, like in basketball or soccer | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑2 Hard activities like heavy lifting, skiing or tennis | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑3 Sort of hard activities like walking fast or jogging | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑4 Light activities like walking at a normal speed | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑5 I can’t do any of the activities listed above most of the time | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 11. | | | | | Does your injured knee affect your ability to: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | No, not at all | | | Yes, a little | | | | Yes, somewhat | | | Yes, a lot | | | I can’t do this | | | |
|  | | | | | | a. Go up stairs | | | | | | | | | | | ❑1 | | | ❑2 | | | | ❑3 | | | ❑4 | | | ❑5 | | | |
|  | | | | | | b. Go down stairs | | | | | | | | | | | ❑1 | | | ❑2 | | | | ❑3 | | | ❑4 | | | ❑5 | | | |
|  | | | | | | c. Kneel on your injured knee | | | | | | | | | | | ❑1 | | | ❑2 | | | | ❑3 | | | ❑4 | | | ❑5 | | | |
|  | | | | | | d. Squat down like a baseball catcher | | | | | | | | | | | ❑1 | | | ❑2 | | | | ❑3 | | | ❑4 | | | ❑5 | | | |
|  | | | | | | e. Sit in a chair with your knees bent and feet flat on the floor | | | | | | | | | | | ❑1 | | | ❑2 | | | | ❑3 | | | ❑4 | | | ❑5 | | | |
|  | | | | | | f. Get up from a chair | | | | | | | | | | | ❑1 | | | ❑2 | | | | ❑3 | | | ❑4 | | | ❑5 | | | |
|  | | | | | | g. Run? | | | | | | | | | | | ❑1 | | | ❑2 | | | | ❑3 | | | ❑4 | | | ❑5 | | | |
|  | | | | | | h. Jump and land on your knees | | | | | | | | | | | ❑1 | | | ❑2 | | | | ❑3 | | | ❑4 | | | ❑5 | | | |
|  | | | | | | i. Start and stop moving quickly | | | | | | | | | | | ❑1 | | | ❑2 | | | | ❑3 | | | ❑4 | | | ❑5 | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 12. | | | | | How well did your knee work **before you injured it**? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I could not do anything at all | | | | 0  ❑0 | | | | 1  ❑1 | | | | 2  ❑2 | | 3  ❑3 | | 4  ❑4 | | | 5  ❑5 | | 6  ❑6 | | 7  ❑7 | | 8  ❑8 | 9  ❑9 | | | 10  ❑10 | | I could do anything I wanted to do | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 13. | | | | How well does your knee work **now**? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I am not able to do anything at all | | | | 0  ❑0 | | | | 1  ❑1 | | | | 2  ❑2 | | 3  ❑3 | | 4  ❑4 | | | 5  ❑5 | | 6  ❑6 | | 7  ❑7 | | 8  ❑8 | 9  ❑9 | | | 10  ❑10 | | I am able to do anything I want to do | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 14. | | | | Who completed the questionnaire? | | | | | | | | | | | | | ❑1 Child alone | | | | ❑0 Child with help from parent/adult | | | | | | | | | | | |

**SECTION C: LYSHOLM KNEE SCORE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Limp | | | Support | | |
|  | ❑1 | None |  | ❑1 | None |
|  | ❑2 | Slight or periodical |  | ❑2 | Stick or crutch |
|  | ❑3 | Severe and constant |  | ❑3 | Weight bearing impossible |
| Locking | | | Instability | | |
|  | ❑1 | No locking / No catching |  | ❑1 | Never giving way |
|  | ❑2 | No locking / Catching |  | ❑2 | Rarely, during athletics |
|  | ❑3 | Locking occasionally |  | ❑3 | Frequently, during athletics (or unable to participate) |
|  | ❑4 | Locking frequently |  | ❑4 | Occasionally, during daily activities |
|  | ❑5 | Locked |  | ❑5 | Often, during daily activities |
| Pain | | |  | ❑6 | Every step |
|  | ❑1 | None | Swelling | | |
|  | ❑2 | Slight during exertion/athletics |  | ❑1 | None |
|  | ❑3 | Marked during exertion/athletics |  | ❑2 | Exertion/athletics |
|  | ❑4 | Marked on/after walking >2km |  | ❑3 | Ordinary exertion/daily activities |
|  | ❑5 | Marked on/after walking <2km |  | ❑4 | Constant |
|  | ❑6 | Constant | Squatting | | |
| Stair Climbing | | |  | ❑1 | No problems |
|  | ❑1 | No problems |  | ❑2 | Slightly impaired |
|  | ❑2 | Slightly impaired |  | ❑3 | Not beyond 90 degrees |
|  | ❑3 | One step at a time |  | ❑4 | Impossible |
|  | ❑4 | Impossible |  |  |  |

**SECTION D: MARX ACTIVITY SCALE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please indicated how often you performed each activity in **your healthiest and most active state during the past year**. (Please mark one response on each line) | | | | | |
|  | Less than one time per month | One time per month | One time per week | 2-3 times per week | 4 or more times per week |
| a. Running: running while playing a sport or jogging | ❑1 | ❑2 | ❑3 | ❑4 | ❑5 |
| b. Cutting: changing directions while running | ❑1 | ❑2 | ❑3 | ❑4 | ❑5 |
| c. Decelerating: coming to a quick stop while running | ❑1 | ❑2 | ❑3 | ❑4 | ❑5 |
| d. Pivoting: turning your body with your foot planted while playing a sport; for example, skiing, skating, throwing, hitting a ball (golf, tennis, squash) etc. | ❑1 | ❑2 | ❑3 | ❑4 | ❑5 |

**SECTION E: KOOS SUBSCALE - KNEE-RELATED QUALITY OF LIFE (KRQOL)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **INSTRUCTIONS:** This survey asks for your view about your knee. This information will help us keep track of how you feel about your knee and how well you are able to perform your usual activities. Answer each question by ticking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can. | | | | | | |
|  | | | | | | |
| Quality of life | | | | | | |
|  | Q1. | How often are you aware of your knee problem? | | | | |
|  |  | Never | Monthly | Weekly | Daily | Constantly |
|  |  | ❑1 | ❑2 | ❑3 | ❑4 | ❑5 |
|  | | | | | | |
|  | Q2. | Have you modified your life style to avoid potentially damaging activities to your knee? | | | | |
|  |  | Not at all | Mildly | Moderately | Severely | Totally |
|  |  | ❑1 | ❑2 | ❑3 | ❑4 | ❑5 |
|  | | | | | | |
|  | Q3. | How much are you troubled with lack of confidence in your knee? | | | | |
|  |  | Not at all | Mildly | Moderately | Severely | Extremely |
|  |  | ❑1 | ❑2 | ❑3 | ❑4 | ❑5 |
|  | | | | | | |
|  | Q1. | In general, how much difficulty do you have with your knee? | | | | |
|  |  | None | Mild | Moderate | Sever | Extreme |
|  |  | ❑1 | ❑2 | ❑3 | ❑4 | ❑5 |

**SECTION A: GENERAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A1. | Patient ID: | \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ | | | | Patient Name: | |  | | |  | |
|  | | | | | | | | | | | | |
| A2. | Study visit: | | ❑0 Baseline | ❑4 6 Months |  | |  | | *[Patient label may be put here]* | | |  |
|  | | | ❑5 1 Year | ❑6 2 Years | | | | | |  | | |
|  |  | |  | | | | | | | | | |
| A3. | Date distributed: | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | | | | | | | |
|  | | | Month Day Year | | | | | | | | | |

**SECTION B1: IKDC**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **We would like to learn more about your injured knee. Each of the questions asks you a different question about your injured knee. Please answer each question below.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SYMPTOMS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. | | | | What is the highest level of activity that you can perform without significant knee pain? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑1 Very strenuous activities like jumping or pivoting as in basketball or soccer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑2 Strenuous activities like heavy physical work, skiing or tennis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑3 Moderate activities like moderate physical work, running or jogging | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑4 Light activities like walking, housework or yard work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑5 Unable to perform any of the above activities due to knee pain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 2. | | | | During the past 4 weeks, or since your injury, how often have you had pain? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Never | | 0  ❑0 | | | | | 1  ❑1 | | | | 2  ❑2 | | | 3  ❑3 | | | 4  ❑4 | | | | | 5  ❑5 | | | | | 6  ❑6 | | | | 7  ❑7 | | | | | 8  ❑8 | | | | 9  ❑9 | | | | 10  ❑10 | | | Constant | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 3. | | | | If you have pain, how severe is it? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No pain | | | 0  ❑0 | | | | | 1  ❑1 | | | 2  ❑2 | | | 3  ❑3 | | | 4  ❑4 | | | | 5  ❑5 | | | | | 6  ❑6 | | | | 7  ❑7 | | | | | 8  ❑8 | | | | | 9  ❑9 | | | | 10  ❑10 | | | Worst pain imaginable | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 4. | | | | During the past 4 weeks, or since your injury, stiff or swollen was you knee? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑1 Not at all hard | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑2 Mildly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑3 Moderately | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑4 Very | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑5 Extremely | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 5. | | | | What is the hardest level of activity you can perform without significant swelling in your knee? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑1 Very strenuous activities like jumping or pivoting as in basketball or soccer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑2 Strenuous activities like heavy physical work, skiing or tennis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑3 Moderate activities like moderate physical work, running or jogging | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑4 Light activities like walking, housework or yard work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑5 Unable to perform any of the above activities due to knee pain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 6. | | | | During the past 4 weeks, or since your injury, did your knee lock or catch? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ❑1 Yes | | | | | | ❑0 No |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 7. | | | | What is the highest level of activity you can perform without significant giving way in your knee? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑1 Very strenuous activities like jumping or pivoting as in basketball or soccer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑2 Strenuous activities like heavy physical work, skiing or tennis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑3 Moderate activities like moderate physical work, running or jogging | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑4 Light activities like walking, housework or yard work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑5 Unable to perform any of the above activities due to knee pain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SPORTS ACTIVITIES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 8. | | | | | What is the highest level of activity you can participate in on a regular basis? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑1 Very strenuous activities like jumping or pivoting as in basketball or soccer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑2 Strenuous activities like heavy physical work, skiing or tennis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑3 Moderate activities like moderate physical work, running or jogging | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑4 Light activities like walking, housework or yard work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑5 Unable to perform any of the above activities due to knee pain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 9. | | | | | Does your knee affect your ability to: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | Not difficult at all | | | | | | | Minimally difficult | | | | | | | Moderately difficult | | | | | | | Extremely difficult | | | | | | | Unable to do | | | |
|  | | | | | | a. Go up stairs | | | | | | | | | | | | ❑1 | | | | | | | ❑2 | | | | | | | ❑3 | | | | | | | ❑4 | | | | | | | ❑5 | | | |
|  | | | | | | b. Go down stairs | | | | | | | | | | | | ❑1 | | | | | | | ❑2 | | | | | | | ❑3 | | | | | | | ❑4 | | | | | | | ❑5 | | | |
|  | | | | | | c. Kneel on the front of your knee | | | | | | | | | | | | ❑1 | | | | | | | ❑2 | | | | | | | ❑3 | | | | | | | ❑4 | | | | | | | ❑5 | | | |
|  | | | | | | d. Squat | | | | | | | | | | | | ❑1 | | | | | | | ❑2 | | | | | | | ❑3 | | | | | | | ❑4 | | | | | | | ❑5 | | | |
|  | | | | | | e. Sit with your knee bent | | | | | | | | | | | | ❑1 | | | | | | | ❑2 | | | | | | | ❑3 | | | | | | | ❑4 | | | | | | | ❑5 | | | |
|  | | | | | | f. Rise from a chair | | | | | | | | | | | | ❑1 | | | | | | | ❑2 | | | | | | | ❑3 | | | | | | | ❑4 | | | | | | | ❑5 | | | |
|  | | | | | | g. Run straight ahead | | | | | | | | | | | | ❑1 | | | | | | | ❑2 | | | | | | | ❑3 | | | | | | | ❑4 | | | | | | | ❑5 | | | |
|  | | | | | | h. Jump and land on your involved leg | | | | | | | | | | | | ❑1 | | | | | | | ❑2 | | | | | | | ❑3 | | | | | | | ❑4 | | | | | | | ❑5 | | | |
|  | | | | | | i. Start and stop quickly | | | | | | | | | | | | ❑1 | | | | | | | ❑2 | | | | | | | ❑3 | | | | | | | ❑4 | | | | | | | ❑5 | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FUNCTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 10. | | | | | How would you rate the function of your knee on a scale of 0 to 10 with 10 being normal, excellent function and 0 being the inability to perform any of your usual daily activities which may include sports? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FUNCTION PRIOR TO YOUR KNEE INJURY:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cannot perform daily activities | | | | 0  ❑0 | | | | | | 1  ❑1 | | | 2  ❑2 | | | 3  ❑3 | | | | 4  ❑4 | | | | 5  ❑5 | | | | | 6  ❑6 | | | | | 7  ❑7 | | | | 8  ❑8 | | | | 9  ❑9 | | | 10  ❑10 | | | No limitation in daily activities | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CURRENT FUNCTION OF YOUR KNEE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cannot perform daily activities | | | | 0  ❑0 | | | | | | 1  ❑1 | | 2  ❑2 | | | 3  ❑3 | | | | 4  ❑4 | | | | 5  ❑5 | | | | | 6  ❑6 | | | | | 7  ❑7 | | | | 8  ❑8 | | | | 9  ❑9 | | | | 10  ❑10 | | | No limitation in daily activities | |

**SECTION B2: Pedi-IKDC**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **We would like to learn more about your injured knee. Each of the questions asks you a different question about your injured knee. Please answer each question below.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SYMPTOMS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. | | | | If you were asked to do the activities below, what is the most you could do today without making your injured knee **hurt a lot**? | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | ❑1 Very hard activities like jumping or turning fast to change direction, like in basketball or soccer | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | ❑2 Hard activities like heavy lifting, skiing or tennis | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | ❑3 Sort of hard activities like walking fast or jogging | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | ❑4 Light activities like walking at a normal speed | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | ❑5 I can’t do any of the activities listed above because my knee hurts too much now | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 2. | | | | During the past 4 weeks, or since your injury, how much of the time did your injured knee hurt? | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Never hurt | | 0  ❑0 | | | | | 1  ❑1 | | | | 2  ❑2 | | 3  ❑3 | | 4  ❑4 | | | 5  ❑5 | | 6  ❑6 | 7  ❑7 | | 8  ❑8 | 9  ❑9 | | | 10  ❑10 | | | | Hurt all of the time |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 3. | | | | How badly does your injured knee hurt today? | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does not hurt at all | | | 0  ❑0 | | | | | 1  ❑1 | | | | 2  ❑2 | | 3  ❑3 | | 4  ❑4 | | 5  ❑5 | | 6  ❑6 | 7  ❑7 | | 8  ❑8 | 9  ❑9 | | | 10  ❑10 | | | | Hurts so much I can’t stand it |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 4. | | | | During the past 4 weeks, or since your injury, how **hard has it been to move or bend** your injured knee? | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑1 Not at all hard | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑2 A little hard | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑3 Somewhat hard | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑4 Very hard | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑5 Extremely hard | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 5. | | | | During the past 4 weeks, or since your injury, how **puffy (or swollen)** wasyour injured knee? | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑1 Not at all puffy | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑2 A little puffy | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑3 Somewhat puffy | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑4 Very puffy | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑5 Extremely puffy | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 6. | | | | If you were asked to do the activities below, what is the most you could do today without making your injured knee **puffy (or swollen)**? | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑1 Very hard activities like jumping or turning fast to change direction, like in basketball or soccer | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑2 Hard activities like heavy lifting, skiing or tennis | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑3 Sort of hard activities like walking fast or jogging | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑4 Light activities like walking at a normal speed | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑5 I can’t do any of the activities listed above because my knee is puffy even when I rest | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 7. | | | | During the past 4 weeks, or since your injury, did your injured knee **ever get stuck in place (lock)** so that you could not move it? | | | | | | | | | | | | | | | | | | | | | ❑1 Yes | | | | ❑0 No | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 8. | | | | During the past 4 weeks, or since your injury, did your injured knee **ever feel like it was getting stuck (catching)**, but you could still move it? | | | | | | | | | | | | | | | | | | | | | ❑1 Yes | | | | ❑0 No | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 9. | | | | If you were asked to do the activities below, what is the most you could do today without your injured knee **feeling like it can’t hold you up**? | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑1 Very hard activities like jumping or turning fast to change direction, like in basketball or soccer | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑2 Hard activities like heavy lifting, skiing or tennis | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑3 Sort of hard activities like walking fast or jogging | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑4 Light activities like walking at a normal speed | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑5 I can’t do any of the activities listed above because my injured knee feels like it can’t hold me up | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SPORTS ACTIVITIES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 10. | | | | | What is the most you can do on your injured knee **most of the time**? | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑1 Very hard activities like jumping or turning fast to change direction, like in basketball or soccer | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑2 Hard activities like heavy lifting, skiing or tennis | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑3 Sort of hard activities like walking fast or jogging | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑4 Light activities like walking at a normal speed | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑5 I can’t do any of the activities listed above most of the time | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 11. | | | | | Does your injured knee affect your ability to: | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | No, not at all | | Yes, a little | | | Yes, somewhat | | | Yes, a lot | | | I can’t do this | | | |
|  | | | | | | a. Go up stairs | | | | | | | | | | | ❑1 | | ❑2 | | | ❑3 | | | ❑4 | | | ❑5 | | | |
|  | | | | | | b. Go down stairs | | | | | | | | | | | ❑1 | | ❑2 | | | ❑3 | | | ❑4 | | | ❑5 | | | |
|  | | | | | | c. Kneel on your injured knee | | | | | | | | | | | ❑1 | | ❑2 | | | ❑3 | | | ❑4 | | | ❑5 | | | |
|  | | | | | | d. Squat down like a baseball catcher | | | | | | | | | | | ❑1 | | ❑2 | | | ❑3 | | | ❑4 | | | ❑5 | | | |
|  | | | | | | e. Sit in a chair with your knees bent and feet flat on the floor | | | | | | | | | | | ❑1 | | ❑2 | | | ❑3 | | | ❑4 | | | ❑5 | | | |
|  | | | | | | f. Get up from a chair | | | | | | | | | | | ❑1 | | ❑2 | | | ❑3 | | | ❑4 | | | ❑5 | | | |
|  | | | | | | g. Run? | | | | | | | | | | | ❑1 | | ❑2 | | | ❑3 | | | ❑4 | | | ❑5 | | | |
|  | | | | | | h. Jump and land on your knees | | | | | | | | | | | ❑1 | | ❑2 | | | ❑3 | | | ❑4 | | | ❑5 | | | |
|  | | | | | | i. Start and stop moving quickly | | | | | | | | | | | ❑1 | | ❑2 | | | ❑3 | | | ❑4 | | | ❑5 | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 12. | | | | | How well did your knee work **before you injured it**? | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I could not do anything at all | | | | 0  ❑0 | | | | 1  ❑1 | | | | 2  ❑2 | | 3  ❑3 | | 4  ❑4 | | 5  ❑5 | | 6  ❑6 | 7  ❑7 | | 8  ❑8 | 9  ❑9 | | | 10  ❑10 | | I could do anything I wanted to do | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 13. | | | | How well does your knee work **now**? | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I am not able to do anything at all | | | | 0  ❑0 | | | | 1  ❑1 | | | | 2  ❑2 | | 3  ❑3 | | 4  ❑4 | | 5  ❑5 | | 6  ❑6 | 7  ❑7 | | 8  ❑8 | 9  ❑9 | | | 10  ❑10 | | I am able to do anything I want to do | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**SECTION C: LYSHOLM KNEE SCORE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Limp | | | Support | | |
|  | ❑1 | None |  | ❑1 | None |
|  | ❑2 | Slight or periodical |  | ❑2 | Stick or crutch |
|  | ❑3 | Severe and constant |  | ❑3 | Weight bearing impossible |
| Locking | | | Instability | | |
|  | ❑1 | No locking / No catching |  | ❑1 | Never giving way |
|  | ❑2 | No locking / Catching |  | ❑2 | Rarely, during athletics |
|  | ❑3 | Locking occasionally |  | ❑3 | Frequently, during athletics (or unable to participate) |
|  | ❑4 | Locking frequently |  | ❑4 | Occasionally, during daily activities |
|  | ❑5 | Locked |  | ❑5 | Often, during daily activities |
| Pain | | |  | ❑6 | Every step |
|  | ❑1 | None | Swelling | | |
|  | ❑2 | Slight during exertion/athletics |  | ❑1 | None |
|  | ❑3 | Marked during exertion/athletics |  | ❑2 | Exertion/athletics |
|  | ❑4 | Marked on/after walking >2km |  | ❑3 | Ordinary exertion/daily activities |
|  | ❑5 | Marked on/after walking <2km |  | ❑4 | Constant |
|  | ❑6 | Constant | Squatting | | |
| Stair Climbing | | |  | ❑1 | No problems |
|  | ❑1 | No problems |  | ❑2 | Slightly impaired |
|  | ❑2 | Slightly impaired |  | ❑3 | Not beyond 90 degrees |
|  | ❑3 | One step at a time |  | ❑4 | Impossible |
|  | ❑4 | Impossible |  |  |  |

**SECTION D: MARX ACTIVITY SCALE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please indicated how often you performed each activity in **your healthiest and most active state during the past year**. (Please mark one response on each line) | | | | | |
|  | Less than one time per month | One time per month | One time per week | 2-3 times per week | 4 or more times per week |
| a. Running: running while playing a sport or jogging | ❑1 | ❑2 | ❑3 | ❑4 | ❑5 |
| b. Cutting: changing directions while running | ❑1 | ❑2 | ❑3 | ❑4 | ❑5 |
| c. Decelerating: coming to a quick stop while running | ❑1 | ❑2 | ❑3 | ❑4 | ❑5 |
| d. Pivoting: turning your body with your foot planted while playing a sport; for example, skiing, skating, throwing, hitting a ball (golf, tennis, squash) etc. | ❑1 | ❑2 | ❑3 | ❑4 | ❑5 |

**SECTION E: KOOS SUBSCALE - KNEE-RELATED QUALITY OF LIFE (KRQOL)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **INSTRUCTIONS:** This survey asks for your view about your knee. This information will help us keep track of how you feel about your knee and how well you are able to perform your usual activities. Answer each question by ticking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can. | | | | | | |
|  | | | | | | |
| Quality of life | | | | | | |
|  | Q1. | How often are you aware of your knee problem? | | | | |
|  |  | Never | Monthly | Weekly | Daily | Constantly |
|  |  | ❑1 | ❑2 | ❑3 | ❑4 | ❑5 |
|  | | | | | | |
|  | Q2. | Have you modified your life style to avoid potentially damaging activities to your knee? | | | | |
|  |  | Not at all | Mildly | Moderately | Severely | Totally |
|  |  | ❑1 | ❑2 | ❑3 | ❑4 | ❑5 |
|  | | | | | | |
|  | Q3. | How much are you troubled with lack of confidence in your knee? | | | | |
|  |  | Not at all | Mildly | Moderately | Severely | Extremely |
|  |  | ❑1 | ❑2 | ❑3 | ❑4 | ❑5 |
|  | | | | | | |
|  | Q1. | In general, how much difficulty do you have with your knee? | | | | |
|  |  | None | Mild | Moderate | Sever | Extreme |
|  |  | ❑1 | ❑2 | ❑3 | ❑4 | ❑5 |

**SECTION A: GENERAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A1. | Patient ID: | \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ | | | | Patient Name: | |  | | |  | |
|  | | | | | | | | | | | | |
| A2. | Study visit: | | ❑0 Baseline | ❑4 6 Months |  | |  | | *[Patient label may be put here]* | | |  |
|  | | | ❑5 1 Year | ❑6 2 Years | | | | | |  | | |
|  |  | |  | | | | | | | | | |
| A3. | Date distributed: | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | | | | | | | |
|  | | | Month Day Year | | | | | | | | | |

**SECTION B: IKDC**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **We would like to learn more about your injured knee. Each of the questions asks you a different question about your injured knee. Please answer each question below.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SYMPTOMS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. | | | | What is the highest level of activity that you can perform without significant knee pain? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑1 Very strenuous activities like jumping or pivoting as in basketball or soccer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑2 Strenuous activities like heavy physical work, skiing or tennis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑3 Moderate activities like moderate physical work, running or jogging | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑4 Light activities like walking, housework or yard work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | ❑5 Unable to perform any of the above activities due to knee pain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 2. | | | | During the past 4 weeks, or since your injury, how often have you had pain? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Never | | 0  ❑0 | | | | | 1  ❑1 | | | | 2  ❑2 | | | 3  ❑3 | | | 4  ❑4 | | | | | 5  ❑5 | | | | | 6  ❑6 | | | | 7  ❑7 | | | | | 8  ❑8 | | | | 9  ❑9 | | | | 10  ❑10 | | | Constant | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 3. | | | | If you have pain, how severe is it? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No pain | | | 0  ❑0 | | | | | 1  ❑1 | | | 2  ❑2 | | | 3  ❑3 | | | 4  ❑4 | | | | 5  ❑5 | | | | | 6  ❑6 | | | | 7  ❑7 | | | | | 8  ❑8 | | | | | 9  ❑9 | | | | 10  ❑10 | | | Worst pain imaginable | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 4. | | | | During the past 4 weeks, or since your injury, stiff or swollen was you knee? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑1 Not at all hard | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑2 Mildly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑3 Moderately | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑4 Very | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑5 Extremely | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 5. | | | | What is the hardest level of activity you can perform without significant swelling in your knee? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑1 Very strenuous activities like jumping or pivoting as in basketball or soccer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑2 Strenuous activities like heavy physical work, skiing or tennis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑3 Moderate activities like moderate physical work, running or jogging | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑4 Light activities like walking, housework or yard work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑5 Unable to perform any of the above activities due to knee pain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 6. | | | | During the past 4 weeks, or since your injury, did your knee lock or catch? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ❑1 Yes | | | | | | ❑0 No |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 7. | | | | What is the highest level of activity you can perform without significant giving way in your knee? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑1 Very strenuous activities like jumping or pivoting as in basketball or soccer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑2 Strenuous activities like heavy physical work, skiing or tennis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑3 Moderate activities like moderate physical work, running or jogging | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑4 Light activities like walking, housework or yard work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑5 Unable to perform any of the above activities due to knee pain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SPORTS ACTIVITIES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 8. | | | | | What is the highest level of activity you can participate in on a regular basis? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑1 Very strenuous activities like jumping or pivoting as in basketball or soccer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑2 Strenuous activities like heavy physical work, skiing or tennis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑3 Moderate activities like moderate physical work, running or jogging | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑4 Light activities like walking, housework or yard work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ❑5 Unable to perform any of the above activities due to knee pain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 9. | | | | | Does your knee affect your ability to: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | Not difficult at all | | | | | | | Minimally difficult | | | | | | | Moderately difficult | | | | | | | Extremely difficult | | | | | | | Unable to do | | | |
|  | | | | | | a. Go up stairs | | | | | | | | | | | | ❑1 | | | | | | | ❑2 | | | | | | | ❑3 | | | | | | | ❑4 | | | | | | | ❑5 | | | |
|  | | | | | | b. Go down stairs | | | | | | | | | | | | ❑1 | | | | | | | ❑2 | | | | | | | ❑3 | | | | | | | ❑4 | | | | | | | ❑5 | | | |
|  | | | | | | c. Kneel on the front of your knee | | | | | | | | | | | | ❑1 | | | | | | | ❑2 | | | | | | | ❑3 | | | | | | | ❑4 | | | | | | | ❑5 | | | |
|  | | | | | | d. Squat | | | | | | | | | | | | ❑1 | | | | | | | ❑2 | | | | | | | ❑3 | | | | | | | ❑4 | | | | | | | ❑5 | | | |
|  | | | | | | e. Sit with your knee bent | | | | | | | | | | | | ❑1 | | | | | | | ❑2 | | | | | | | ❑3 | | | | | | | ❑4 | | | | | | | ❑5 | | | |
|  | | | | | | f. Rise from a chair | | | | | | | | | | | | ❑1 | | | | | | | ❑2 | | | | | | | ❑3 | | | | | | | ❑4 | | | | | | | ❑5 | | | |
|  | | | | | | g. Run straight ahead | | | | | | | | | | | | ❑1 | | | | | | | ❑2 | | | | | | | ❑3 | | | | | | | ❑4 | | | | | | | ❑5 | | | |
|  | | | | | | h. Jump and land on your involved leg | | | | | | | | | | | | ❑1 | | | | | | | ❑2 | | | | | | | ❑3 | | | | | | | ❑4 | | | | | | | ❑5 | | | |
|  | | | | | | i. Start and stop quickly | | | | | | | | | | | | ❑1 | | | | | | | ❑2 | | | | | | | ❑3 | | | | | | | ❑4 | | | | | | | ❑5 | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FUNCTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 10. | | | | | How would you rate the function of your knee on a scale of 0 to 10 with 10 being normal, excellent function and 0 being the inability to perform any of your usual daily activities which may include sports? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FUNCTION PRIOR TO YOUR KNEE INJURY:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cannot perform daily activities | | | | 0  ❑0 | | | | | | 1  ❑1 | | | 2  ❑2 | | | 3  ❑3 | | | | 4  ❑4 | | | | 5  ❑5 | | | | | 6  ❑6 | | | | | 7  ❑7 | | | | 8  ❑8 | | | | 9  ❑9 | | | 10  ❑10 | | | No limitation in daily activities | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CURRENT FUNCTION OF YOUR KNEE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cannot perform daily activities | | | | 0  ❑0 | | | | | | 1  ❑1 | | 2  ❑2 | | | 3  ❑3 | | | | 4  ❑4 | | | | 5  ❑5 | | | | | 6  ❑6 | | | | | 7  ❑7 | | | | 8  ❑8 | | | | 9  ❑9 | | | | 10  ❑10 | | | No limitation in daily activities | |

**SECTION C: LYSHOLM KNEE SCORE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Limp | | | Support | | |
|  | ❑1 | None |  | ❑1 | None |
|  | ❑2 | Slight or periodical |  | ❑2 | Stick or crutch |
|  | ❑3 | Severe and constant |  | ❑3 | Weight bearing impossible |
| Locking | | | Instability | | |
|  | ❑1 | No locking / No catching |  | ❑1 | Never giving way |
|  | ❑2 | No locking / Catching |  | ❑2 | Rarely, during athletics |
|  | ❑3 | Locking occasionally |  | ❑3 | Frequently, during athletics (or unable to participate) |
|  | ❑4 | Locking frequently |  | ❑4 | Occasionally, during daily activities |
|  | ❑5 | Locked |  | ❑5 | Often, during daily activities |
| Pain | | |  | ❑6 | Every step |
|  | ❑1 | None | Swelling | | |
|  | ❑2 | Slight during exertion/athletics |  | ❑1 | None |
|  | ❑3 | Marked during exertion/athletics |  | ❑2 | Exertion/athletics |
|  | ❑4 | Marked on/after walking >2km |  | ❑3 | Ordinary exertion/daily activities |
|  | ❑5 | Marked on/after walking <2km |  | ❑4 | Constant |
|  | ❑6 | Constant | Squatting | | |
| Stair Climbing | | |  | ❑1 | No problems |
|  | ❑1 | No problems |  | ❑2 | Slightly impaired |
|  | ❑2 | Slightly impaired |  | ❑3 | Not beyond 90 degrees |
|  | ❑3 | One step at a time |  | ❑4 | Impossible |
|  | ❑4 | Impossible |  |  |  |

**SECTION D: MARX ACTIVITY SCALE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please indicated how often you performed each activity in **your healthiest and most active state during the past year**. (Please mark one response on each line) | | | | | |
|  | Less than one time per month | One time per month | One time per week | 2-3 times per week | 4 or more times per week |
| a. Running: running while playing a sport or jogging | ❑1 | ❑2 | ❑3 | ❑4 | ❑5 |
| b. Cutting: changing directions while running | ❑1 | ❑2 | ❑3 | ❑4 | ❑5 |
| c. Decelerating: coming to a quick stop while running | ❑1 | ❑2 | ❑3 | ❑4 | ❑5 |
| d. Pivoting: turning your body with your foot planted while playing a sport; for example, skiing, skating, throwing, hitting a ball (golf, tennis, squash) etc. | ❑1 | ❑2 | ❑3 | ❑4 | ❑5 |

**SECTION E: KOOS SUBSCALE - KNEE-RELATED QUALITY OF LIFE (KRQOL)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **INSTRUCTIONS:** This survey asks for your view about your knee. This information will help us keep track of how you feel about your knee and how well you are able to perform your usual activities. Answer each question by ticking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can. | | | | | | |
|  | | | | | | |
| Quality of life | | | | | | |
|  | Q1. | How often are you aware of your knee problem? | | | | |
|  |  | Never | Monthly | Weekly | Daily | Constantly |
|  |  | ❑1 | ❑2 | ❑3 | ❑4 | ❑5 |
|  | | | | | | |
|  | Q2. | Have you modified your life style to avoid potentially damaging activities to your knee? | | | | |
|  |  | Not at all | Mildly | Moderately | Severely | Totally |
|  |  | ❑1 | ❑2 | ❑3 | ❑4 | ❑5 |
|  | | | | | | |
|  | Q3. | How much are you troubled with lack of confidence in your knee? | | | | |
|  |  | Not at all | Mildly | Moderately | Severely | Extremely |
|  |  | ❑1 | ❑2 | ❑3 | ❑4 | ❑5 |
|  | | | | | | |
|  | Q1. | In general, how much difficulty do you have with your knee? | | | | |
|  |  | None | Mild | Moderate | Sever | Extreme |
|  |  | ❑1 | ❑2 | ❑3 | ❑4 | ❑5 |

**SECTION A: GENERAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A1. | Patient ID: | \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ | | | | | Patient Name: | |  |  |
|  |  |  | | | | | | | | |
| A2. | Study visit: | ❑0 Baseline | | ❑1 Surgery | ❑2 6 Weeks | ❑3 3 Months | | | *[Patient label may be put here]* |  |
|  | | ❑4 6 Months | | ❑5 1 Year | ❑6 2 Years | ❑7 Interim | | | |  |
|  | | | | | | | | | | |
| A3. | Date of x-ray: | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | | | | | |
|  |  | | Month Day Year | | | | | | | |
|  | | | | | | | | | | |
| A4. | Surgeon ID: | | \_\_ \_\_ \_\_ | | | | |  | | |

**SECTION B: X-RAY CLASSIFICATION (Baseline ONLY)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| B1. | Is this the patient’s baseline x-ray (i.e. pre-surgery)? | | | | ❑1 Yes | ❑0 No **(If No, continue to SECTION C, on back)** | | | | |
|  | | | | | | | | | | |
| B2. | Location of the OCD lesion *(please select one)*: | | | | | | | | | |
|  |  | ❑1 Medial femoral condyle | | | | | |  | | |
|  |  | ❑2 Lateral femoral condyle | | | | | |  | | |
|  |  | ❑3 Patella | | | | | |  | | |
|  |  | ❑4 Trochlea | | | | | |  | | |
|  |  | ❑5 Tibia | | | | | |  | | |
| B3. | Size: | | | | | | | | | |
|  |  | 1. Standing AP | Width of OCD lesion | | \_\_ \_\_ mm | | | | | |
|  |  |  | Width of knee | | \_\_ \_\_ mm | | | | | |
|  |  |  | Maximum depth of lesion | | \_\_ \_\_ mm | | | | | |
|  |  | 2. Notch | Width of OCD lesion | | \_\_ \_\_ mm | | | | | |
|  |  |  | Width of knee | | \_\_ \_\_ mm | | | | | |
|  |  |  | Maximum depth of lesion | | \_\_ \_\_ mm | | | | | |
|  |  | 3. Lateral | Width of OCD lesion | | \_\_ \_\_ mm | | | | | |
|  |  |  | Width of knee | | \_\_ \_\_ mm | | | | | |
|  |  |  | Maximum depth of lesion | | \_\_ \_\_ mm | | | | | |
|  |  |  | | |  | | | | | |
| B4. | Characteristics of Parent Bone: | | | | | | | | | |
|  |  | In comparison to the unaffected parent bone, the radiodensity of the rim of the parent bone is predominantly: | | | | | | | | |
|  |  |  | ❑1 More |  | | | | | | |
|  |  |  | ❑2 Less |  | | | | | | |
|  |  |  | ❑3 The same |  | | | | | | |
|  |  |  |  |  | | | | | | |
| B5. | Characteristics of the Progeny Bone: | | | | | | | | | |
|  | | 1. Visualization | Is the progeny bone visualized? | | | | ❑1 Yes | | ❑0 No | |
|  | | 2. Fragmentation | Is the progeny bone fragmented? | | | | ❑1 Yes | | ❑0 No | |
|  | | 3. Displacement | Is the progeny bone displaced? | | | | ❑1 Yes | | ❑0 No | |
|  | | 4. Radiodensity | In comparison to the parent bone, the radio-density of the CENTER of the progeny is: | | | | ❑1 More | | ❑2 Less | ❑3 The same |
|  | |  | In comparison to the parent bone, the radiodensity of the RIM of the progeny is: | | | | ❑1 More | | ❑2 Less | ❑3 The same |
|  | | 5. Boundary | The boundary between the parent bone and progeny is: | | | | ❑1 Distinct | | ❑2 Indistinct | |
|  | | 6. Shape | The shape of the articular side of the progeny bone is: | | | | ❑1 Convex | | ❑2 Concave | ❑3 Linear |

**SECTION C: X-RAY CLASSIFICATION (Baseline and Follow-up)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | |  | |  | | |
| C1. | Healing: | | | |  | |  | | |
|  | | 1. Radiodensity | | In comparison to previous radiographs (if available), the radiodensity of the progeny is: | | | | | |
|  | | | | ❑1 More | | | | | |
|  | | | | ❑2 Less | | | | | |
|  | | | | ❑3 The same | | | | | |
|  | |  | | | | | | | |
|  | | Mark on the continuum below, denoting the current stage of healing with respect to radiolucency: | | | | | | | |
|  | | | | | | | | | |
|  | Totally radiolucent | | | | | Same radiodensity as parent bone | | |  |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | 2. Boundary | In comparison to previous radiographs (if available), the boundary is: | | | | | | |
|  | | | ❑1 More | | | | | | |
|  | | | ❑2 Less | | | | | | |
|  | | | ❑3 The same | | | | | | |
|  | |  | | | | | | | |
|  | | Mark on the continuum below, denoting the current stage of healing with respect to boundary: | | | | | | | |
|  | | |  | | | | | | |
|  | Totally distinct | | | | | | | Totally indistinct |  |
|  | | | | | | | | | |
|  | | | | | | | | | |

**SECTION A: GENERAL INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. | Patient ID: | \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ | | | Patient Name: |  |  |
|  |  |  | | | | | |
| A2. | Study visit: | ❑0 Baseline | ❑4 6 Months |  | | *[Patient label may be put here]* | |
|  |  | ❑6 2 Years | ❑7 Interim |  | |  | |
|  |  |  | | | | | |
| A3. | Date of MRI: | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | | | |
|  |  | Month Day Year | | | | | |
|  | | | | | | | |
| A4. | Surgeon ID: | \_\_ \_\_ \_\_ | | | | | |

**SECTION B: MRI CLASSIFICATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| B1. | Physical characteristics: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | A. Location: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | ❑1 Medial femoral condyle | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | ❑2 Lateral femoral condyle | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | ❑3 Patella | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | ❑4 Trochlea | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **Coronal** | | | | | | | | | | | | | **3**  **1**  **2**  **2**  **1** | | | | | | | **Sagittal** | | | | | | | **1**  **2**  **3** |
|  | | | | | | ❑1 Lateral- or medial-most | | | | | | | | | | |  | | ❑1 Anterior | | | | |
|  | | | | | | ❑2 Central | | | | | | | | | | |  | | ❑2 Central | | | | |
|  | | | | | | ❑3 Intercondylar | | | | | | | | | | |  | | ❑3 Posterior | | | | |
|  | | B. Size: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Measure the maximal dimensions from bone edge to bone edge | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | **Coronal** | | | | | | | | | | |  | | | | | **Sagittal** | | | | | | | | | | |
|  | | | | | | Width of OCD lesion | | | | | | | | | | \_\_ \_\_ mm | | | | | | | Width of OCD lesion | | | | | | | \_\_ \_\_ mm | |
|  | | | | | | Width of knee | | | | | | | | | | \_\_ \_\_ mm | | | | | | | Width of knee | | | | | | | \_\_ \_\_ mm | |
|  | | | | | | Maximum depth of lesion | | | | | | | | | | \_\_ \_\_ mm | | | | | | | Maximum depth of lesion | | | | | | | \_\_ \_\_ mm | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B2. | Other Knee Features | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | A. Physeal Patency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | The status of the physis as seen on *sagittal sequence* only is: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | ❑1 | | | Open  Cartilage signal across entire femur | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | ❑2 | | | Closing  Incomplete cartilage signal on any image | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | ❑3 | | | Closed  No cartilage signal | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | B. Effusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | The effusion seen within the knee is graded as: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | ❑1 | | | Grade 0  Synovial fluid is not visualized superior to the patella | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | ❑2 | | | Grade I  Synovial fluid is visualized superior to the patella, but the length of fluid layer < length of patella | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | ❑3 | | | Grade II  Synovial fluid is visualized superior to the patella, and the length of the fluid layer > length of the patella | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | ❑4 | | | Grade III  Length of fluid layer > length of the patella and fluid layer is thick when (at least 3) serial images are compared | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B3. | Status of Lesion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Displacement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Is the progeny *in situ?* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | ❑1 | | | Not at all (**If Not at all, continue to** **B6. Progeny Bone** ) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | ❑2 | | | Partially | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | ❑3 | | | Totally | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B4. | Cartilage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | A. Thickness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | The thickness of the overlying cartilage in comparison to adjacent cartilage is: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | ❑1 | | | | Normal | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | ❑2 | | | | Thickened | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | ❑3 | | | | Thinned | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | ❑4 | | | | Variable | | | | | | | | | | | | | | | | | | | | | | | |
|  | | B. Contour | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | The contour of the articular surface is: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | ❑1 | | | | Normal on all images (coronal and sagittal) | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | ❑2 | | | | Abnormal on any image (concave, convex or both) | | | | | | | | | | | | | | | | | | | | | | | |
|  | | C. Breach | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | The cartilage at the periphery of the lesion is: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **T2 Coronal** | | | | | | | **T2 Sagittal** | | | | | | | **PD** | | | | | | | **Not intact** | | | | **Not intact** | | |
|  | | | | ❑1 | | | | Intact | | | ❑1 | | Intact | | | | | ❑1 | Intact | | | | | |
|  | | | | ❑2 | | | | Not intact | | | ❑2 | | Not intact | | | | | ❑2 | Not intact | | | | | |
|  | | D. Omen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | A radially-oriented, hypo-intense (or dark) signal in the epiphyseal cartilage is: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | ❑1 | | | | Absent | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | ❑2 | | | | Present | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B5. | Interfaces | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | If progeny bone is **not** present, then only answer **A**. If progeny bone **is** present, then only answer **B**. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | A. Parent Bone and Cartilage (Oreo Cookie) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Between the parent bone and cartilage, is there a “tri-laminar structure” with two hypo-intense layers on the outside (wafer) and a hyper-intense layer in between (crème)? | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | ❑1 | | | | Yes | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | ❑0 | | | | No | | |
|  | | | B. Parent Bone and Progeny Bone | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Between the parent bone and progeny bone, is there an appreciable interface? | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | ❑1 | | | | Yes  Signal < fluid | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | ❑2 | | | | Yes  Signal = fluid | | |
|  | | | | | ❑0 | | | | No | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| B6. | Progeny Bone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | A. Visualization | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Is bone appreciated within the progeny fragment? | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | ❑1 | | | | Yes | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | ❑0 | | | | No (**If No, continue to B7. Parent Bone**) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | B. Measure progeny bone fragment (or entire conglomeration of bone fragments) for maximal dimensions on coronal and sagittal sequence: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Coronal | | | | | \_\_ \_\_ mm | | | **12 mm** | | | | | | | | | | | | | | | | | | |
|  | | | | | Sagittal | | | | | \_\_ \_\_ mm | | |
|  | | | C. Fragmentation | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Is the progeny bone fragmented? | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | ❑1 | | | | Yes | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | ❑0 | | | | No | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B7. | Parent Bone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | A. Focal Linear Signal | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | A focal liner and distinct hyper-intense signal in the parent bone is: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | ❑1 | | | | Absent | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | ❑2 | | | | Present | | | |
|  | | | B. Focal Round or Oval Signal | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | A focal round or oval hyper-intense signal in the parent bone is: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | **T2 Coronal** | | | | | | | | |  | | | | | | **T2 Sagittal** | | | | | | | | | | | |
|  | | | | | ❑1 | | | | Absent | | | | | ❑1 | | Absent | | | | |  | | | | |
|  | | | | | ❑2 | | | | Present, single | | | | | ❑2 | | Present, single | | | | |
|  | | | | | ❑3 | | | | Present, multiple | | | | | ❑3 | | Present, multiple | | | | |
|  | | | | | If present, measurement of largest focal area | | | | | | | | | | \_\_ \_\_ mm | | | | | If present, measurement of largest focal area | | | | | | | | \_\_ \_\_ mm | | | |
|  | | | C. Marrow Edema | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | The sagittal image with the greatest amount of edema in the parent bone demonstrates: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | ❑1 | | | | None to minimal  <25% of epiphysis involved | | | | | | | | | | |  | | | | | | | |  | | | |
|  | | | | | ❑2 | | | | Extensive  >25% of epiphysis involved | | | | | | | | | | |  | | | | | | | |  | | | |

**SECTION A: GENERAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A1. | Patient ID: | \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ | | | | Patient Name: | | | |  | | |  |
|  |  | |  | | | | | | | | | | |
| A2. | Study visit: | | 🗵1 Surgery | | | |  |  | | | *[Patient label may be put here]* | | |
|  | | | | | | | | | | | | | |
| A3 | Date of surgery: | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | | | | | | | | |
|  |  | | Month Day Year | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| A4. | Surgeon ID: | | \_\_ \_\_ \_\_ | | | | | |  | | | | |
|  | | | | | | | | | | | | | |
| A5. | Is this patient in the RCT? | | | ❑1 Yes | ❑0 No **(If No, continue to C1)** | | | | | | |  | | |

**SECTION B: RANDOMIZATION (only complete for RCT patients)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| B1. | To which surgical technique was patient randomized? | | | ❑1 Trans-articular | | ❑2 Retro-articular |
|  |  | | |  | |  |
| B2. | Was the surgery indicated by randomization performed? | | | ❑1 Yes | ❑0 No | |
|  |  | a. If no, why? |  | | | |

**SECTION C: SURGICAL PROCEDURE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| C1. | Surgical approach? *(check all that apply)* | | | | ❑1 Arthroscopic | | | | | ❑2 Open/Arthrotomy | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| C2. | Surgery performed? | *(check all that apply)* | | | | | | | | | | | |  | | | | |
|  |  | | ❑1 Trans-articular Drilling | | | | | | | | | | |  | | | | |
|  |  | | a. Size of K-wire used: ❑1 0.045 ❑2 0.062 ❑99 Other: \_\_\_\_\_\_ | | | | | | | | | | | | | | | |
|  |  | | b. Number of passes: \_\_ \_\_ | | | | | | | | | | | | | | | |
|  |  | | c. Incision other than portal site? | | | | | | | | | | ❑1 Yes | | | | ❑0 No | |
|  |  | | | | | 1. If Yes: | | | Location: | | | |  | | | | | |
|  |  | |  | | | | | | Size: | | | | \_\_ \_\_ | | | mm | | |
|  |  | | ❑2 Retro-articular Drilling | | | | | | | | | | |  | | | | |
|  |  | | a. Size of K-wire used: ❑1 0.045 ❑2 0.062 ❑99 Other: \_\_\_\_\_\_ | | | | | | | | | | | | | | | |
|  |  | | b. Number of passes: \_\_ \_\_ | | | | | | | | | | | | | | | |
|  |  | | c. Incision other than portal site? | | | | | | | | | | ❑1 Yes | | | | ❑0 No | |
|  |  | | | | | 1. If Yes: | | | Location: | | | |  | | | | | |
|  |  | | | | |  | | | Size: | | | | \_\_ \_\_ | | | mm | | |
|  |  | | ❑3 Notch Drilling | | | | | | | | | | |  | | | | |
|  |  | | a. Size of K-wire used: ❑1 0.045 ❑2 0.062 ❑99 Other: \_\_\_\_\_\_ | | | | | | | | | | | | | | | |
|  |  | | b. Number of passes: \_\_ \_\_ | | | | | | | | | | | | | | | |
|  |  | | ❑4 Transarticular Fixation | | | | | | | | | | | | | | | |
|  |  | | a. ❑1 Headed screws | | | | | | | | | | | |  | | | |
|  |  | | ❑2 Headless screws | | | | | | | | | | | |  | | | |
|  |  | | ❑3 Bioabsorbable screws | | | | | | | | | | | |  | | | |
|  |  | | ❑4 Bioabsorbable pins | | | | | | | | | | | |  | | | |
|  |  | | ❑5 Osteochondral Pegs | | | | | | | | | | | |  | | | |
|  |  | | ❑6 Bone Pegs | | | | | | | | | | | |  | | | |
| **C2 response options continue on next page** | | | | | | | | | | | | | | | | | | |
|  | ***C2 continued*** | | b. Incision other than portal site? | | | | | | | | | | ❑1 Yes | | | | ❑0 No | |
|  |  | |  | | | 1. If Yes: | | | Location: | | | |  | | | | | |
|  | | | | | | | | | Size: | | | | \_\_ \_\_ | | | mm | | |
|  |  | | ❑5 Bone grafting | | | | | | | | | | | | | | |  |
|  |  | | a. ❑1 ICGB ❑2 Proximal tibia ❑3 Allograft | | | | | | | | | | | | | | | |
|  |  | | ❑6 Resurfacing procedure | | | | | | | | | | | | | | | |
|  |  | | a. ❑1 ACI/Carticel | | | | | | | | | | | |  | | | |
|  |  | | ❑2 Microfracture | | | | | | | | | | | |  | | | |
|  |  | | ❑3 OATS / Mosaicplasty | | | | | | | | | | | |  | | | |
|  |  | | ❑4 Osteochondral allograft | | | | | | | | | | | |  | | | |
|  | | | b. Incision other than portal site? | | | | | | | | | | ❑1 Yes | | | | ❑0 No | |
|  | | | | | | 1. If Yes: | | | Location: | | | |  | | | | | |
|  | | | | | | | | | Size: | | | | \_\_ \_\_ | | | mm | | |
|  | | | | | | | | |  | | | |  | | |  | | |
| C3. | Fluoroscopic time during surgery: | | | ❑1 Not Used | | | ❑2 Used | | | | a. If used, \_\_ \_\_ minutes | | | | | | | |
|  |  | | |  | | |  | | | | b. If used, \_\_ \_\_ images taken | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| C4. | Estimated tourniquet time: | | | ❑1 Not Used | | | | ❑2 Used | | | | a. If used, \_\_ \_\_ minutes | | | | | | |

**SECTION D: SURGICAL FINDINGS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| D1. | Was lesion stable? | | | ❑1 Yes | ❑0 No 🡺  *If RCT patient, and answer is* ***No*** *for* ***D1****. or* ***Yes*** *for* ***D2.****, withdraw from study and complete* ***Form 9B: Trial Closeout*** | | | |
|  | | | | | | | | |
| D2. | Did lesion require fixation? | | | ❑1 Yes 🡺 | ❑0 No | | | |
|  | | | | | | | |
|  | | | | | | | |
| D3. | Was lesion inadvertently destabilized or displaced during surgery? | | | | | ❑1 Yes | ❑0 No |
|  | a. If yes, how far? | | \_\_ \_\_ mm | | | |  |
|  | | | | | | | |
|  | | | | | | | |
| D4. | Were there any inadvertent chondral injuries? | | | | | ❑1 Yes | ❑0 No |
|  | a. If yes, how many? | | \_\_ \_\_ | | | |  |
|  | b. Size of injury: | | \_\_ \_\_ mm | | | |  |
|  | | | | | | | |
|  | | | | | | | |
| D5. | Did anything happen during surgery that you think may have an adverse effect on healing? | | | | | ❑1 Yes | ❑0 No |
|  | a. If yes, describe: |  | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| D6. | Did you notice anything about the lesion or knee, in general, that you think may have an adverse effect on healing? | | | | | ❑1 Yes | ❑0 No |
|  | a. If yes, describe: |  | | | | | |

**SECTION A: GENERAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A1. | Patient ID: | \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ | | | | Patient Name: | |  | | |  |
|  | | | | | | | | | | | |
| A2. | Study visit | | ❑2 6 Weeks | ❑3 3 Months | ❑4 6 Months | |  | | *[Patient label may be put here]* | |  |
|  | | | ❑5 1 Year | ❑6 2 Years | ❑7  Interim | | | | |  | |
|  |  | |  | | | | | | | | |
| A3. | Date of visit: | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | | | | | | |
|  | | | Month Day Year | | | | | | | | |

**SECTION B: FOLLOW-UP**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| B1. | Current medication use: *(check all that apply)* | | | | | | | | | |
|  | ❑1 None | | | | | | | | | |
|  | ❑2 Tylenol / NSAID | | | | | | | | | |
|  | ❑3 Narcotic | | | | | | | | | |
|  | ❑99 Other, specify: | | |  | | | | | | |
|  | | | | | | | | | | |
| B2. | What type(s) of treatment did patient undergo since the last visit? *(check all that apply)* | | | | | | | |  | |
|  | | | ❑1 None | |  | | | | | |
|  | | | ❑2 Activity restriction | |  | | | | | |
|  | | | ❑3 Non-weight bearing: 🡺 | | ❑1 Crutches | | ❑2 Wheelchair | | | |
|  | | | ❑4 Knee Brace: 🡺 | | ❑1 Hinged, non-unloader | | ❑2 Hinged, unloader | | ❑3 Immobilizer | |
|  | | | ❑5 Cylinder casting | |  | |  | | | |
|  | | | ❑6 Bone stimulator | |  | | | | | |
|  | | | ❑7 Physical therapy 🡺 | | Date: Started \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ Ended: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | | | |
|  | | |  | Month Day Year Month Day Year | | | | | | |
|  | | | ❑99 Other, specify: |  | | | | | | |
|  | | | | | | | | | | |
| B3. | Based on most current x-ray, the OCD lesion appears to be: | | | | | | | | | |
|  | ❑1 Healed | | | | | | | | | |
|  | ❑2 Healing | | | | | | | | | |
|  | ❑3 Not healing | | | | | | | | | |
|  | ❑4 Getting worse | | | | | | | | | |
|  | | | | | | | | | | |
| B4. | | Based on your overall assessment: | | | | | | | |
|  | | | a. Was the patient cleared to return to running? | | | ❑1 Yes | ❑0 No | | |
|  | | | b. Was the patient cleared to return to agility exercises? | | | ❑1 Yes | ❑0 No |  | |
|  | | | c. Was the patient cleared to return to sports/competition? | | | ❑1 Yes | ❑0 No  *If answer is* ***Yes*** *for* ***B4.d****, complete* ***Form 8: Secondary Surgery*** | | |
|  | | | d. Does the patient need a secondary surgery? | | | ❑1 Yes 🡺 | ❑0 No | | |

**SECTION C: COMPLICATIONS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| C1. | Has patient had a post-operative complication in surgical knee, or change in status, since last visit? | | | *If answer is* ***Yes*** *for* ***C1.****, complete* ***Form 7: Adverse Event*** | |  |
|  | | ❑1 Yes 🡺 | ❑0 No | |  | | |

**SECTION A: GENERAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A1. | Patient ID: | \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ | | | | Patient Name: | |  | | |  |
|  | | | | | | | | | | | |
| A2. | Study visit | | ❑2 6 Weeks | ❑3 3 Months | ❑4 6 Months | |  | | *[Patient label may be put here]* | |  |
|  | | | ❑5 1 Year | ❑6 2 Years | ❑7  Interim | | | | |  | |
| A3. | Date of visit: | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | | | | | | |
|  | | | Month Day Year | | | | | | | | |

**SECTION B: ADVERSE EVENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| B1. | Complications *(check all that apply)* | | **Status** | **Date Ended** |
|  | ❑1 Infection - Superficial | | ❑1 Initial ❑2 Ongoing ❑3 Ended | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |
|  | ❑2 Infection - Deep | | ❑1 Initial ❑2 Ongoing ❑3 Ended | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |
|  | ❑3 Infection – intra-articular (septic knee) | | ❑1 Initial ❑2 Ongoing ❑3 Ended | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |
|  | ❑4 Persistent effusion requiring intervention | | ❑1 Initial ❑2 Ongoing ❑3 Ended | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |
|  | ❑5 Hemarthrosis requiring intervention | | ❑1 Initial ❑2 Ongoing ❑3 Ended | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |
|  | ❑6 Pain syndrome, nerve disorder/complaint | | ❑1 Initial ❑2 Ongoing ❑3 Ended | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |
|  | ❑7 Arthrofibrosis | | ❑1 Initial ❑2 Ongoing ❑3 Ended | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |
|  | ❑8 Premature physeal arrest | | ❑1 Initial ❑2 Ongoing ❑3 Ended | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |
|  | ❑9 Neuroma | | ❑1 Initial ❑2 Ongoing ❑3 Ended | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |
|  | ❑10 Deep vein thrombosis | | ❑1 Initial ❑2 Ongoing ❑3 Ended | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |
|  | ❑11 Vascular injury | | ❑1 Initial ❑2 Ongoing ❑3 Ended | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |
|  | ❑99 Other, specify: |  | ❑1 Initial ❑2 Ongoing ❑3 Ended | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |
|  |  |  |  |  |
|  |  | | *If answer is* ***Yes*** *for* ***C2.****, complete* ***Form 8: Secondary Surgery*** |  |
| B2. | Does this complication require surgical intervention? | | ❑1 Yes 🡺 ❑0 No |  |

**SECTION A: GENERAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A1. | | Patient ID: | \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ | | | | Patient Name: | |  |  |
|  | | | | | | | | | | |
| A2. | | Study visit | | 🗵1 Surgery |  | | |  | *[Patient label may be put here]* |  |
|  | | | | | | | | | | |
| A3. | | Date of surgery: | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | | | | |
|  | |  | | Month Day Year | | | | | | |
|  | | | | | | | | | | |
| A4. | Surgeon ID: | | | \_\_ \_\_ \_\_ | |  | | | | | |

**SECTION B: SECONDARY SURGERY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| B1. | Reason for secondary surgery? *(check all that apply)* | | | | | | | | | | | | | | | | | | | | |
|  | ❑1 Poor/delayed healing | | | | | | | | | | | | | | | | | | | | |
|  | ❑2 Progression to unstable lesion | | | | | | | | | | | | | | | | | | | | |
|  | ❑3 Other OCD lesion appreciated | | | | | | | | | | | | | | | | | | | | |
|  | ❑4 Treatment of infection | | | | | | | | | | | | | | | | | | | | |
|  | ❑5 Treatment of hemarthrosis | | | | | | | | | | | | | | | | | | | | |
|  | ❑6 Treatment of persistent effusion | | | | | | | | | | | | | | | | | | | | |
|  | ❑7 Persistent pain | | | | | | | | | | | | | | | | | | | | |
|  | ❑8 Removal of implant | | | | | | | | | | | | | | | | | | | | |
|  | ❑9 Assessment of healing | | | | | | | | | | | | | | | | | | | | |
|  | ❑99 Other, specify: | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| B2. | | Surgical approach? | | | ❑1 All Arthroscopic | | | | ❑2 Open/Arthrotomy | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| B3. | | Surgery performed? | | | ❑1 Trans-articular Drilling | | | | | | | | | | |  | | | | | |
|  | | *(check all that apply)* | | | a. Size of K-wire used: ❑1 0.045 ❑2 0.062 ❑99 Other: \_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
|  | |  | | | b. Number of passes: \_\_ \_\_ | | | | | | | | | | | | | | | | |
|  | | | | | c. Incision other than portal site? | | | | | | | | ❑1 Yes | | | | | | | ❑0 No | |
|  | | | | | | | 1. If Yes: | | | | Location: | | | |  | | | | | | |
|  | | | | | | | | | | | Size: | | | | \_\_ \_\_ | | | | mm | | |
|  | |  | | | ❑2 Retro-articular Drilling | | | | | | | | | | |  | | | | | |
|  | |  | | | a. Size of K-wire used: ❑1 0.045 ❑2 0.062 ❑99 Other: \_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
|  | |  | | | b. Number of passes: \_\_ \_\_ | | | | | | | | | | | | | | | | |
|  | | | | | c. Incision other than portal site? | | | | | | | | ❑1 Yes | | | | | | | ❑0 No | |
|  | | | | | | | 1. If Yes: | | | | Location: | | | |  | | | | | | |
|  | | | | | | | | | | | Size: | | | | \_\_ \_\_ | | | | mm | | |
|  | |  | | | ❑3 Notch Drilling | | | | | | | | | | |  | | | | | |
|  | |  | | | a. Size of K-wire used: ❑1 0.045 ❑2 0.062 ❑99 Other: \_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
|  | |  | | | b. Number of passes: \_\_ \_\_ | | | | | | | | | | | | | | | | |
|  | |  | | | ❑4 Transarticular Fixation | | | | | | | | | | | | | | | |
|  | |  | | | a. ❑1 Headed screws | | | | | | | | | | | |  | | | |
|  | |  | | | ❑2 Headless screws | | | | | | | | | | | |  | | | |
|  | |  | | | ❑3 Bioabsorbable screws | | | | | | | | | | | |  | | | |
| **B3 response options continue on next page** | | | | | | | | | | | | | | | | | | | | |
|  | | ***B3 continued*** | | | ❑3 Bioabsorbable screws | | | | | | | | | | | |  | | | |
|  | |  | | | ❑4 Bioabsorbable pins | | | | | | | | | | | |  | | | |
|  | |  | | | ❑5 Osteochondral Pegs | | | | | | | | | | | |  | | | |
|  | | | | | ❑6 Bone Pegs | | | | | | | | | | | | | | | |
|  | | | | | c. Incision other than portal site? | | | | | | | ❑1 Yes | | | | | | | | ❑0 No |
|  | | | | | | 1. If Yes: | | | | | Location: | | | |  | | | | | |
|  | | | | | | | | | | | Size: | | | | \_\_ \_\_ | | | | mm | |
|  | |  | | | ❑5 Bone grafting | | | | | | | | | | | | | | | |
|  | |  | | | a. ❑1 ICGB ❑2 Proximal tibia ❑3 Allograft | | | | | | | | | | | | | | | |
|  | |  | | | ❑6 Resurfacing procedure | | | | | | | | | | | | | | | |
|  | |  | | | a. ❑1 ACI/Carticel | | | | | | | | | | | |  | | | |
|  | |  | | | ❑2 Microfracture | | | | | | | | | | | |  | | | |
|  | |  | | | ❑3 OATS / Mosaicplasty | | | | | | | | | | | |  | | | |
|  | |  | | | ❑4 Osteochondral allograft | | | | | | | | | | | |  | | | |
|  | | | | c. Incision other than portal site? | | | | | | | | ❑1 Yes | | | | | | | | ❑0 No |
|  | | | | | | 1. If Yes: | | | | Location: | | | |  | | | | | | |
|  | | | | | | | | | | Size: | | | | \_\_ \_\_ | | | | mm | | |
|  | |  | | | ❑7 Irrigation and debridement | | | | | | | | | | |  | | | | |
|  | |  | | | ❑8 Diagnostic/second look arthroscopy | | | | | | | | | | |  | | | | |
|  | |  | | | ❑9 Removal of implant | | | | | | | | | | |  | | | | |
|  | |  | | | ❑99 Other, specify: | | |  | | | | | | | | | | | | |

**SECTION C: SURGICAL FINDINGS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| C1. | Was lesion stable? | | | ❑1 Yes | ❑0 No | | | |
|  | | | | | | | | |
| C2. | Did lesion require fixation? | | | ❑1 Yes | ❑0 No | | | |
|  | | | | | | | |
|  | | | | | | | |
| C3. | Was lesion inadvertently destabilized or displaced during surgery? | | | | | ❑1 Yes | ❑0 No |
|  | a. If yes, how far? | | \_\_ \_\_ mm | | | |  |
|  | | | | | | | |
|  | | | | | | | |
| C4. | Were there any inadvertent chondral injuries? | | | | | ❑1 Yes | ❑0 No |
|  | a. If yes, how many? | | \_\_ \_\_ | | | |  |
|  | b. Size of injury: | | \_\_ \_\_ mm | | | |  |
|  | | | | | | | |
|  | | | | | | | |
| C5. | Did anything happen during surgery that you think may have an adverse effect on healing? | | | | | ❑1 Yes | ❑0 No |
|  | a. If yes, describe: |  | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| C6. | Did you notice anything about the lesion or knee, in general, that you think may have an adverse effect on healing? | | | | | ❑1 Yes | ❑0 No |
|  | a. If yes, describe: |  | | | | | |

**SECTION A: GENERAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A1. | Patient ID: | \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ | | | | Patient Name: | |  | | |  |
|  | | | | | | | | | | | |
| A2. | Study visit | | ❑0 Baseline | ❑1 Surgery |  | |  | | *[Patient label may be put here]* | |  |
|  | | | ❑2 6 Weeks | ❑3 3 Months |  | | | | |  | |
|  | | | ❑4 6 Months | ❑5 1 Year |  | | | | |  | |
|  | | | ❑6 2 Years | ❑7 Interim | | | | | | | |
|  | | | | | | | | | | | |
| A3. | Date form completed: | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | | | | | | |
|  | | | Month Day Year | | | | | | | | |

**SECTION B: CLOSEOUT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| B1. | Why should the patient be closed out? | | |  |  |
|  | ❑1 Patient lost to follow-up | | | | |
|  | a. Date of last visit: | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | |
|  |  | | Month Day Year | | |
|  | ❑2 Surgeon request to withdraw patient | | | | |
|  | a. Explain: |  | | | |
|  |  | | | | |
|  | ❑3 Patient request to withdraw | | | | |
|  | a. Explain: |  | | | |

|  |  |  |
| --- | --- | --- |
| B2. | Date of closeout: | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |
|  |  | Month Day Year |

**SECTION A: GENERAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A1. | Patient ID: | \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ | | | | Patient Name: | |  | | |  |
|  | | | | | | | | | | | |
| A2. | Study visit | | ❑0 Baseline | ❑1 Surgery |  | |  | | *[Patient label may be put here]* | |  |
|  | | | ❑2 6 Weeks | ❑3 3 Months |  | | | | |  | |
|  | | | ❑4 6 Months | ❑5 1 Year |  | | | | |  | |
|  | | | ❑6 2 Years | ❑7 Interim | | | | | | | |
|  | | | | | | | | | | | |
| A3. | Date form completed: | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | | | | | | |
|  | | | Month Day Year | | | | | | | | |

**SECTION B: CLOSEOUT INDICATIONS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| B1. | Did the patient complete the study? | | | ❑1 Yes **(If Yes, continue to B2)** | ❑0 No | |
|  | 1. If No, what was the primary reason? | | | | | |
|  | ❑1 Lesion found to be unstable, required fixation during surgery | | | | | |
|  | ❑2 Surgeon request to withdraw patient | | | | |
|  | a. Explain: |  | | | |
|  | ❑3 Patient request to withdraw | | | | | |
|  | a. Explain: |  | | | | |
|  | ❑4 Patient lost to follow-up | | | | | |
|  | a. Date of last visit: | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | |
|  |  | | Month Day Year | | | |
|  |  | |  | |  | |
| B2. | Date patient closed out: | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | |
|  |  | | Month Day Year | | | |
|  |  | |  | | | |
| **\*\*\*\*Make sure to close out Patients in the randomization portal before/when this form is completed\*\*\*** | | | | | | |