**ROCK Form 5: Surgery Form – Drilling/RCT Form**

C1. Surgical Approach

1. Arthroscopic
2. Open

C2. Surgery Performed

1. Trans-articular Drilling
	1. Size of K-wire used
		1. 0.045
		2. 0.062
		3. Other: \_\_\_\_\_\_\_\_\_\_\_\_
	2. Number of Passes: \_\_ \_\_
	3. Incision other than portal site?
		1. Yes
			1. If yes…Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
			2. Size: \_\_ \_\_
		2. No
2. Retro-articular Drilling
	1. Size of K-wire used
		1. 0.045
		2. 0.062
		3. Other: \_\_\_\_\_\_\_\_\_\_\_\_
	2. Number of Passes: \_\_ \_\_
	3. Incision other than portal site?
		1. Yes
			1. If yes…Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
			2. Size: \_\_ \_\_
		2. No
	4. Addition of retro-articular bone grafting?
		1. Yes
			1. Diameter of retro-articular access/channel/drill bit for bone grafting: \_\_ \_\_mm
			2. Graft Type
				1. Autograft

Autograft Site:

ICBG

Proximal Tibia

Femoral Condyle

MFC

LFC

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - * 1. Allograft
				2. Form/size of graft

Matchstick

Size (diameter) of each: \_\_ \_\_ mm

Apophysis included?

Yes

No

Number of matchsticks: \_\_ \_\_

Morselized

Approximate volume: \_\_ \_\_ mm2

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. No
1. Notch Drilling
	1. Size of K-wire used
		1. 0.045
		2. 0.062
		3. Other: \_\_\_\_\_\_\_\_\_\_\_\_
	2. Number of Passes: \_\_ \_\_

C3. Fluoroscopic time during surgery

* + - 1. Not used
			2. Used:
				1. If used, \_\_ \_\_ minutes
				2. If used, \_\_ \_\_ images taken

C4. Estimated tourniquet time:

1. Not used
2. Used
	1. If used, \_\_ \_\_ minutes

SURGICAL FINDINGS

D1. Was lesion stable?

1. Yes
2. No

D2. Did lesion require fixation?

1. Yes
2. No

D3. Was lesion inadvertently destabilized or displaced during surgery?

1. Yes
	1. If yes, how far? \_\_ \_\_mm
2. No

D4. Were there any inadvertent chondral injuries?

1. Yes
	1. If yes, how many: \_\_ \_\_
	2. Size of injury: \_\_ \_\_ mm
2. No

D5. Did anything happen during surgery that you think may have an adverse effect on healing?

1. Yes
	1. If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. No

D6. Did you notice anything about the lesion or knee, in general, that you think may have an adverse effect on healing?

1. Yes
	1. If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. No