Draft

Subject ID ☐☐ - ☐☐☐ - ☐

Prospective Cohort
Follow-Up Form (Surgeon)

Please use black pen only to complete the form. Thank you

Date of Visit

☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

Surgeon ID ☐☐☐

Site Number ☐☐☐

Mandatory Study Visit

- O Baseline
- O Two Year Follow-Up
- O Five Year Follow-Up
- O Ten Year Follow-Up
- O Twenty-five Year Follow-Up

Intermediate Study Visit

- O 3 months
- O 6 months
- O 9 months
- O One Year Follow-Up

KNEE EXAMINATION FORM

1. **Generalized Laxity:** O Tight O Normal O Lax

2. **Alignment:** O Obvious varus O Normal O Obvious valgus

3. **Effusion:** O None O Mild O Moderate O Severe

4. **Passive Motion Deficit *lack of extension (degrees):** O <3 O 3 - 5 O 6 - 10 O >10

5. **Lack of Flexion (degrees):** O 0 - 5 O 6 - 15 O 16 - 25 O >25

6. **Total number of previous knee surgeries:** ☐☐

7. **Prior OCD Surgery:**

- O Drilling
- O Marrow Stimulation
- O Cartilage Biopsy
- O Osteochondral Autograft Plugs
- O Cultured Chondrocyte/Cell-Based Therapy
- O Osteochondral Allograft
- O Malalignment
- O Meniscus
- O Ligament
- O Patellofemoral Malalignment/Instability
- O Removal of loose bodies
- O Cartilage Debridement/Chondroplasty
- O OCD Fixation

8. Previous Surgery:

Type of Surgery: (check all that apply)

Meniscal Surgery:
- O Medial meniscectomy
- O Medial meniscal repair
- O Medial meniscal transplant
- O Lateral meniscectomy
- O Lateral meniscal repair
- O Lateral meniscal transplant
- O None

Ligament Surgery:
- O ACL Repair/Reconstruction
- O PCL Repair/Reconstruction
- O MCL Repair/Reconstruction
- O LCL Repair/Reconstruction
- O None

Extensor Mechanism Surgery:
- O Patellar tendon repair
- O Quadriceps tendon repair
- O None

Patellofemoral Surgery:
- O MPFL Repair/Reconstruction
- O Extensor mechanism realignment
- O Soft tissue realignment
- O Bone realignment*
- O Trocleoplasty
- O Patellectomy
- O None

Soft Tissue Realignment Type:
- O Medial imbrication
- O Lateral release

***Movement of tibal tubercle:**
- O Proximal
- O Distal
- O Medial
- O Lateral
- O Anterior

Draft

Subject ID ☐☐ - ☐☐☐ - ☐

Imaging: MRI Classification

Was an MRI done at this visit?

○ Yes ○ No

If yes, complete form. If no, please continue to next section.

Date of MRI ☐☐ / ☐☐ / ☐☐☐☐

Physical Characteristics

A. Location

- ☐ Medial femoral condyle
- ☐ Lateral femoral condyle
- ☐ Patella
- ☐ Trochlea

Mark zone(s) in which the lesion resides:

Coronal

- ☐ 1 Lateral- or medial-most
- ☐ 2 Central
- ☐ 3 Intercondylar

Sagittal

- ☐ 1 Anterior
- ☐ 2 Central
- ☐ 3 Posterior

B. Size

Measure maximal dimensions from bone edge to bone edge

Coronal

- ☐☐ Width of OCD lesion (mm)
- ☐☐ Width of knee (mm)
- ☐☐ Maximum depth of lesion (mm)

Sagittal

- ☐☐ Width of OCD lesion (mm)
- ☐☐ Width of knee (mm)
- ☐☐ Maximum depth of lesion (mm)

Other Knee Features

A. Physeal Patency

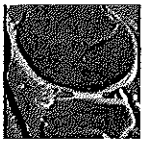
The status of the physis as seen on sagittal sequence only is:

☐ **Open**

Cartilage signal across entire femur

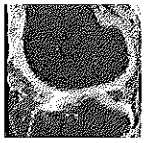
☐ **Closing**

Incomplete cartilage signal on any image



☐ **Closed**

No cartilage signal



B. Effusion

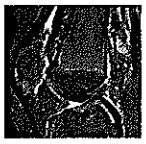
The effusion seen within the knee is graded as:

☐ **Grade 0**

Synovial fluid is not visualized superior to patella

☐ **Grade I**

Synovial fluid is visualized superior to the patella, but the length of fluid layer < length of patella



☐ **Grade II**

Synovial fluid is visualized superior to the patella, and the length of fluid layer > length of patella

☐ **Grade III**

Length of fluid layer > length of patella and fluid layer is thick when (at least 3) serial images are compared

Imaging: MRI Classification

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Displacement

Is the progeny *in situ*?

- ☐ Not at all (Skip remainder of page. Go to page 3)
- ☐ Partially
- ☐ Totally

Cartilage

A. Thickness

The thickness of the overlying cartilage in comparison to adjacent cartilage is:

- ☐ Normal
- ☐ Thickened
- ☐ Thinned
- ☐ Variable

B. Contour

The contour of the articular surface is:

- ☐ Normal on all images (coronal and sagittal)
- ☐ Abnormal on any image (concave, convex or both)

C. Breach

The cartilage at the periphery of the lesion is:

T2 Coronal

- ☐ Intact
- ☐ Not intact

T2 Sagittal

- ☐ Intact
- ☐ Not intact

PD

- ☐ Intact
- ☐ Not intact

D. Omen

A radially-oriented, hypo-intense (or dark) signal in the epiphyseal cartilage is:

- ☐ Absent
- ☐ Present

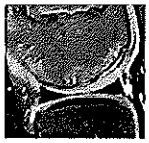
Interfaces

If progeny bone is <u>not</u> present, then only answer A.
If progeny bone <u>is</u> 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 (creme)?

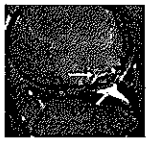
- ☐ No
- ☐ Yes



B. Parent Bone and Progeny Bone

Between the parent bone and progeny bone, is there an appreciable interface?

- ☐ No
- ☐ Yes, signal < fluid
- ☐ Yes, signal = fluid



Imaging: MRI Classification

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Progeny Bone

A. Visualization

Is bone appreciated within the progeny fragment?

- ☐ No (Skip remainder of section. Go to Parent Bone.)
- ☐ Yes

B. Size

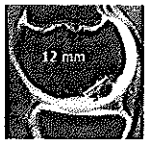
Measure progeny bone fragment (or entire conglomeration of bone fragments) for maximal dimensions on coronal and sagittal sequence:

Coronal

☐☐ (mm)

Sagittal

☐☐ (mm)



C. Fragmentation

Is the progeny bone fragmented?

- ☐ No
- ☐ Yes

Parent Bone

A. Focal Linear Signal

A focal linear and distinct hyper-intense signal in the parent bone is:

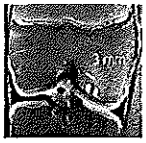
- ☐ Absent
- ☐ Present

B. Focal Round or Oval Signal

A focal round or oval hyper-intense signal in the parent bone is:

T2 Coronal

- ☐ Absent
- ☐ Present, single
- ☐ Present, multiple



If present, measurement of largest focal area: ☐☐ (mm)

T2 Sagittal

- ☐ Absent
- ☐ Present, single
- ☐ Present, multiple

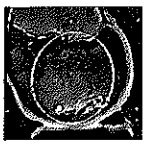
If present, measurement of largest focal area: ☐☐ (mm)

C. Marrow Edema

The sagittal image with the greatest amount of edema in the parent bone demonstrates:

- ☐ None to minimal
  - < 25% of epiphysis involved

- ☐ Extensive
  - > 25% of epiphysis involved



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Imaging: X-Ray Classification

Were X-Rays done at this visit?

○ Yes ○ No

If yes, complete form. If no, please continue to next section.

Date of X-Rays ☐☐ / ☐☐ / ☐☐☐☐

Location

- ☐ Medial femoral condyle
- ☐ Lateral femoral condyle
- ☐ Patella
- ☐ Trochlea

Size

A. Standing AP

- ☐☐ Width of OCD lesion (mm)
- ☐☐ Width of knee (mm)
- ☐☐ Maximum depth of lesion (mm)

B. Notch

- ☐☐ Width of OCD lesion (mm)
- ☐☐ Width of knee (mm)
- ☐☐ Maximum depth of lesion (mm)

C. Lateral

- ☐☐ Length of OCD lesion (mm)
- ☐☐ Length of condyle (mm)
- ☐☐ Maximum depth of lesion (mm)

Characteristics of Parent Bone

In comparison to the unaffected parent bone, the radiodensity of the rim of the parent bone is predominantly:

- ☐ More
- ☐ Less
- ☐ The same

Characteristics of Progeny Bone

A. Visualization

Is the progeny bone visualized?

- ☐ No (Skip remainder of page. Go to page 2.)
- ☐ Yes

B. Fragmentation

Is the progeny bone fragmented?

- ☐ No
- ☐ Yes

C. Displacement

Is the progeny bone *in situ*?

- ☐ Not at all (Skip remainder of page. Go to page 2.)
- ☐ Partially
- ☐ Totally

D. Radiodensity

In comparison to the parent bone, the radiodensity of the *center* of the progeny is:

- ☐ More
- ☐ Less
- ☐ The same

In comparison to the parent bone, the radiodensity of the *rim* of the progeny is:

- ☐ More
- ☐ Less
- ☐ The same

E. Boundary

The boundary between the parent bone and progeny bone is:

- ☐ Distinct
- ☐ Indistinct

F. Shape

The shape of the articular side of the progeny bone is:

- ☐ Convex
- ☐ Concave
- ☐ Linear

Healing

A. Radiodensity

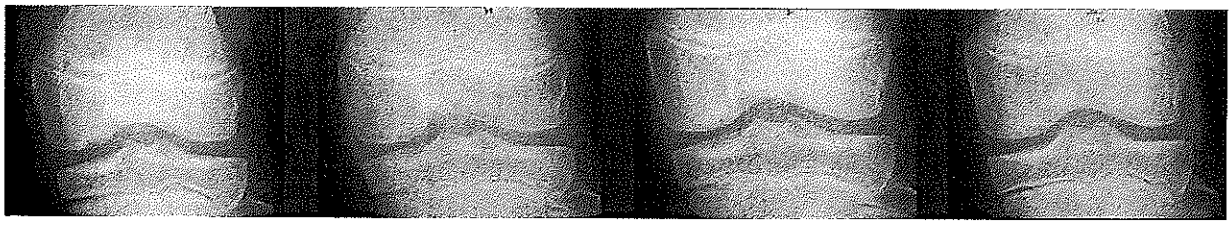
In comparison to previous radiographs (if available), the radiodensity of the progeny is:

- ☐ More
- ☐ Less
- ☐ The same

Mark on continuum below, denoting the current stage of healing with respect to radiodensity:

Totally radiolucent
0%

Same radiodensity as parent bone
100%



B. Boundary

In comparison to previous radiographs (if available), the boundary is:

- ☐ More
- ☐ Less
- ☐ The same

Mark on continuum below, denoting the current stage of healing with respect to boundary:

Totally distinct
0%

Totally indistinct
100%