



Draft

Prospective Cohort Surgery Form

Subject ID

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

Date of Surgery

		/			/				
Month			Day			Year			

Surgeon ID

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Site Number

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Location

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

Size

A. Measurements

--	--

Width (mm) -- medial-to-lateral

--	--

Length (mm) -- anterior-to-posterior

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Maximum depth (mm)

B. Measurement Technique

- ☐ Estimated
- ☐ Measured with ruler
- ☐ Other:



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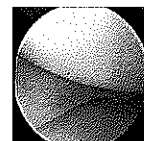
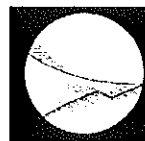
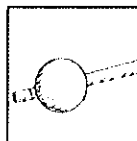
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Gross Lesion Description:

Immobile Lesions

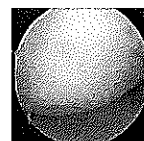
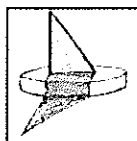
☐ Cue Ball

No abnormality detectable arthroscopically.



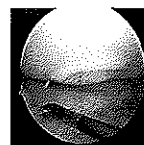
☐ Shadow

Cartilage is intact and subtly demarcated (possibly under low light).



☐ Wrinkle in the Rug

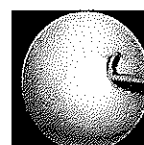
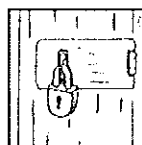
Cartilage is demarcated with a fissure, buckle, and/or wrinkle.



Mobile Lesions

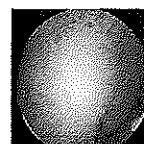
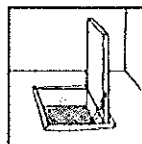
☐ Locked Door

Cartilage fissuring at periphery, unable to hinge open.



☐ Trap Door

Cartilage fissuring at periphery, able to hinge open.

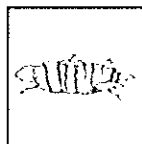


☐ Crater

Exposed subchondral bone defect.

If crater, then characterize the progeny as:

- ☐ Congruent
- ☐ Incongruent
- ☐ Fragmented
- ☐ Absent





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ICRS Classification:

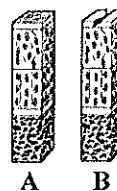
Select the description below that best characterizes the articular cartilage within the "central area" of the lesion. This does not refer to the margin of the lesion.

☐ Grade 0 - Normal



☐ Grade I - Nearly Normal

Soft indentation (A) and/or superficial fissures and cracks (B).



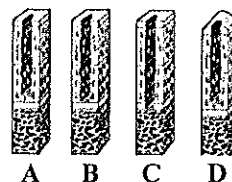
☐ Grade II - Abnormal

Lesions extending down to <50% of cartilage depth.



☐ Grade III - Severely Abnormal

Cartilage defects extending down >50% of cartilage depth (A) as well as down to calcified layer (B) and down to but not through the subchondral bone (C). Blisters are included in this Grade (D).



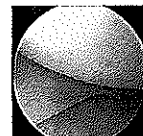
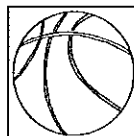
☐ Grade IV - Severely Abnormal



Contour:

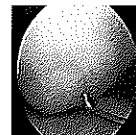
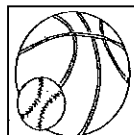
☐ Normal

Contour of the lesion matches the surrounding cartilage contour.



☐ Abnormal

Contour of the lesion does not match the surrounding cartilage contour.





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A. Drilling

1. Surgical Approach: ☐ Arthroscopic ☐ Open

2. Surgery Performed

☐ Transarticular Drilling

A. Size of K-wire: ☐ 0.045 ☐ 0.062 ☐ other:

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B. Number of passes:

--	--	--

C. Incision other than portal site? ☐ No ☐ Yes Location:

☐ Retroarticular Drilling

A. Size of K-wire: ☐ 0.045 ☐ 0.062 ☐ other:

--	--	--	--	--	--

B. Number of passes:

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C. Incision other than portal site? ☐ No ☐ Yes Location:

D. Addition of Retroarticular Bone Graft? ☐ No ☐ Yes

1. Diameter of channel for bone graft (mm):

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2. Graft Type: ☐ Allograft

☐ Autograft

☐ Iliac Crest Bone Graft

☐ Proximal Tibia

☐ Medial Femoral Condyle

☐ Lateral Femoral Condyle

☐ Other:

☐ Notch Drilling

A. Size of K-wire: ☐ 0.045 ☐ 0.062 ☐ other:

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B. Number of passes:

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3. Fluoroscopy During Surgery: ☐ Not used ☐ Used (minutes):



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B. Marrow Stimulation

1. Number of perforation

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2. Device used:

☐ Awl

☐ Handheld awl

☐ Conical tip (i.e Steadman awls)

☐ other:

a. type:

b. diameter (mm):

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☐ Motorized awl

☐ Arthrex micropick

☐ other:

☐ K-wire

☐ 0.045 ☐ 0.062 ☐ other:

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☐ Standard drill bit

a. size (mm):

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☐ High speed burr

☐ Motorized shaver

☐ Other device/technique:

3. Additional measures/procedures

A. Addition of commercial cartilage/scaffold-based product? ☐ No ☐ Yes

1. Type: ☐ Arthrex biocartilage

☐ De Novo

☐ Other:

2. Volume (cc):

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B. Was calcified cartilage debrided (superficial scraping)? ☐ No ☐ Yes

C. Was underlying sclerotic bone debrided/abraded (deep scraping)? ☐ No ☐ Yes

D. Other measures:



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C. Cartilage Biopsy

1. Site of Biopsy (check all that apply):

- ☐ Far medial trochlea
- ☐ Far lateral trochlea
- ☐ Lateral aspect of medial femoral condyle (medial margin of intercondylar notch)
- ☐ Medial aspect of lateral femoral condyle (lateral margin of intercondylar notch)
- ☐ Central aspect of trochlear groove (superior margin of intercondylar notch)
- ☐ OCD fragment/loose body
- ☐ Other loose body
- ☐ Other site:

2. System Used: ☐ Genzyme/carticel

☐ Other:



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D. Osteochondral Autograft Plugs

1. System Used: ☐ Arthrex ☐ Depuy/Mitek - COR ☐ Smith and Nephew ☐ Other:
2. Source of plugs: ☐ Autograft ☐ Hybrid (autograft/allograft)
3. Number of plugs harvested: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Other:

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4. Donor site management: ☐ Donor site left alone ☐ Autograft fill ☐ Allograft fill ☐ Synthetic fill
- a. Type/source:

5. Number/Sites/Sizes of donor plugs harvested

- a. Number of plugs implanted: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Other:

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b. Plug # 1

i. Size (mm):

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ii. Harvest site:

- ☐ Far medial trochlea
☐ Far lateral trochlea
☐ Lateral aspect of MFC
☐ Medial aspect of LFC
☐ Other site:

iii. Appearance after placement:

- ☐ Flush
☐ Proud (mm):

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☐ Countersunk (mm):

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c. Plug # 2

i. Size (mm):

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ii. Harvest site:

- ☐ Far medial trochlea
☐ Far lateral trochlea
☐ Lateral aspect of MFC
☐ Medial aspect of LFC
☐ Other site:

iii. Appearance after placement:

- ☐ Flush
☐ Proud (mm):

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☐ Countersunk (mm):

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d. Plug # 3

i. Size (mm):

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ii. Harvest site:

- ☐ Far medial trochlea
☐ Far lateral trochlea
☐ Lateral aspect of MFC
☐ Medial aspect of LFC
☐ Other site:

iii. Appearance after placement:

- ☐ Flush
☐ Proud (mm):

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☐ Countersunk (mm):

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e. Plug # 4

i. Size (mm):

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ii. Harvest site:

- ☐ Far medial trochlea
☐ Far lateral trochlea
☐ Lateral aspect of MFC
☐ Medial aspect of LFC
☐ Other site:

iii. Appearance after placement:

- ☐ Flush
☐ Proud (mm):

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☐ Countersunk (mm):

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D. Osteochondral Autograft Plugs

6. Other measures/techniques: ☐ Adjunctive bone grafting ☐ ACI ☐ Other:

a. Bone graft placement:

- ☐ Between plugs
- ☐ At base of lesion (below plugs)

b. Bone graft harvest site

- ☐ Ipsilateral ICBG
- ☐ Contralateral ICBG
- ☐ Ipsilateral proximal tibia
- ☐ Ipsilateral MFC
- ☐ Ipsilateral LFC
- ☐ Other:

c. Chondroplasty of plug margins performed? ☐ No ☐ Yes



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E. Cultured Chondrocyte/Cell-Based Therapy

1. System Used: ☐ Carticel (Genzyme)

☐ In-house Laboratory (Good Laboratory Practice: Gothenberg)

☐ Tigenex (European Union Approved)

☐ Other:

2. Bone Grafting: ☐ No ☐ Yes

a. Source: ☐ Autograft ☐ Allograft ☐ Synthetic Material

i. Autograft Harvest Site

ii. Allograft Description:

iii. Synthetic Material Description:

☐ Ipsilateral ICBG

☐ Contralateral ICBG

☐ Ipsilateral proximal tibia

☐ Ipsilateral MFC

☐ Ipsilateral LFC

☐ Other:

b. Volume used (cc):

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c. Membrane Over Bone Graft? ☐ No ☐ Yes

i. Membrane used: ☐ Autologous periosteal patch

☐ Porcine-derived collagen membrane (i.e. Bio-gide)

☐ Synthetic

☐ Other:

d. Membrane over bone graft secured with:

☐ Press Fit Only ☐ Suture Anchors ☐ Fibrin Sealant ☐ Suture Anchors & Fibrin Sealant

i. Number of anchors:

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ii. Type of anchor:

iii. Type of suture in anchor:

e. Treatment of (Sclerotic) Bony Bed/Base? ☐ No ☐ Yes

i. Treatment (select all that apply):

☐ Drilling ☐ Curettage ☐ Electrocautery ☐ Other:

f. Treatment of subchondral cysts? ☐ No ☐ Yes

i. Treatment (select all that apply):

☐ Drilling ☐ Curettage ☐ Electrocautery ☐ Bone Grafting/Packing ☐ Other:

3. Containment: ☐ Contained circumferentially with articular cartilage ☐ Uncontained

a. Percent of circumference uncontained (%):

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E. Cultured Chondrocyte/Cell-Based Therapy

- b. Adjacent soft tissue: ☐ None ☐ PCL ☐ Other soft tissue:
- i. PCL management (if applicable): ☐ Left intact ☐ Peeled back/partially detached ☐ Debrided
- a) Percent of footprint detached/debrided:

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- ii. Other soft tissue management:
- c. Method of containment: ☐ Membrane sutured to soft tissue ☐ Suture anchors into bone
- i. Suture pattern: ☐ Interrupted ☐ Running
- ii. Number of anchors:

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- iii. Type of anchor:
- iv. Type of suture in anchor:

4. Placement of cells: ☐ cells grown independent of scaffold

☐ cells grown in scaffold by manufacturer

☐ cells grown in gel

a. number of vials:

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- b. Technique used: ☐ Cells injected behind articular membrane
- ☐ Cells used to soak articular membrane
- ☐ Hybrid technique (i.e. 1 vial to soak membrane, 1 vial injected behind membrane)
- ☐ Other:

5. Articular Membrane

- a. Membrane type: ☐ Autologous periosteal patch
- ☐ Porcine-derived collagen membrane (e.g., Geistlich Bio-gide)
- ☐ Synthetic
- ☐ Other:
- b. Membrane secured with (select all that apply): ☐ press fit only ☐ suture ☐ fibrin sealant
- i. suture type: ☐ Vicryl ☐ Prolene ☐ Other:
- ii. suture size: ☐ 3.0 ☐ 4.0 ☐ 5.0 ☐ 6.0 ☐ Other:
- iii. Suture pattern: ☐ Interrupted ☐ Running
- iv. number of sutures:

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- c. Sizing of membrane with template: ☐ No ☐ Yes



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F. Osteochondral Allograft

1. Allograft type: ☐ Shell ☐ Dowel
2. Allograft source/vendor: ☐ Allosource ☐ MTF ☐ RTI Biologics ☐ Other:
3. Donor age (years):

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4. Donor sex: ☐ Male ☐ Female
5. Donor cause of death:
6. Donor expiration date (date of death):
7. Location of harvest (select all that apply):
 - ☐ Medial trochlear ridge
 - ☐ Lateral trochlear ridge
 - ☐ Central trochlear ridge
 - ☐ Medial femoral condyle
 - ☐ Lateral femoral condyle
 - ☐ Patella
 - ☐ Other:
8. Graft preparation system used:
 - ☐ Arthrex
 - ☐ Allosource
 - ☐ MTF
 - ☐ JRF
 - ☐ Other:
9. Size of allograft plugs inserted:
 - a. Number of plugs: ☐ 1 ☐ 2 ☐ 3 ☐ Other:

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 - i. Plug # 1
 - 1) Overall (mm):

--	--

 x

--	--

 x

--	--
 - 2) Bone thickness(mm):

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 - ii. Plug # 2
 - 1) Overall (mm):

--	--

 x

--	--

 x

--	--
 - 2) Bone thickness(mm):

--	--
 - iii. Plug # 3
 - 1) Overall (mm):

--	--

 x

--	--

 x

--	--
 - 2) Bone thickness(mm):

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10. Type of fixation: ☐ Press fit ☐ Metal screw ☐ Bioabsorbable screw ☐ Bioabsorbable Peg/Tack/Nail
 - i. Number: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Other:

--	--	--
 - ii. Implant details:
 - 1) Implant #1
 - a) Vendor/Material/Type/Model:
 - b) size(mm):

--	--

 x

--	--
 - c) Status of implant prior to closure
 - ☐ Slightly proud of subchondral bone
 - ☐ Congruent with subchondral bone
 - ☐ Slightly countersunk into subchondral bone
 - 2) Implant #2
 - a) Vendor/Material/Type/Model:
 - b) size(mm):

--	--

 x

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 - c) Status of implant prior to closure
 - ☐ Slightly proud of subchondral bone
 - ☐ Congruent with subchondral bone
 - ☐ Slightly countersunk into subchondral bone



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F. Osteochondral Allograft

3) Implant #3

a) Vendor/Material/Type/Model:

b) size(mm):

--	--

 x

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c) Status of implant prior to closure

☐ Slightly proud of subchondral bone

☐ Congruent with subchondral bone

☐ Slightly countersunk into subchondral bone

4) Implant #4

a) Vendor/Material/Type/Model:

b) size(mm):

--	--

 x

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c) Status of implant prior to closure

☐ Slightly proud of subchondral bone

☐ Congruent with subchondral bone

☐ Slightly countersunk into subchondral bone

11. Adjuvant measures: ☐ Fibrin sealant ☐ Bone graft ☐ Other:

a. Fibrin sealant type:

b. Bone graft type: ☐ autograft ☐ allograft

12. Complete fill of defect?: ☐ No ☐ Yes

a. If no, % fill:

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13. Appearance of chondral

☐ Flush

☐ Proud (mm):

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☐ Countersunk (mm):

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G. Malalignment

1. Physical exam

- a. Appearance of standing alignment: ☐ Neutral ☐ Varus ☐ Valgus
 b. Limb length discrepancy (block height to correct pelvic tilt - mm):

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2. Pre-operative radiographic parameters

- a. Mechanical axis: ☐ Neutral ☐ Varus ☐ Valgus
 b. Mechanical axis deviation (mm)

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☐ none ☐ medial ☐ lateral
 c. Mechanical lateral distal femoral angle (mLDFA - degrees):

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 d. Mechanical medial proximal tibial angle (mPMTA - degrees):

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 e. Limb length discrepancy (mm):

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 i. Imaging: ☐ per orthoroentogram ☐ per scanogram ☐ per CT-scanogram ☐ per EOS

3. Surgical procedure: ☐ None ☐ Guided growth ☐ Osteotomy

a. Guided growth

- i. Procedure: ☐ Hemi-epiphysiodesis ☐ Epiphysiodesis
 ii. Technique: ☐ staple ☐ tension band plate/screw ☐ drilling/curettage ☐ transphyseal screw
 iii. Location (select all that apply): ☐ Femur - medial physis
☐ Femur - lateral physis
☐ Tibia - medial physis
☐ Tibia - lateral physis

b. Osteotomy

- i. Technique: ☐ Closing wedge osteotomy ☐ Opening wedge osteotomy
 ii. Construct: ☐ plate/screw (type):
☐ external fixator (type):
☐ other:
 iii. Location (select all that apply): ☐ Femur - medial physis
☐ Femur - lateral physis
☐ Tibia - medial physis
☐ Tibia - lateral physis

4. Post-operative radiographic parameters

- a. Mechanical axis: ☐ Neutral ☐ Varus ☐ Valgus
 b. Mechanical axis deviation (mm)

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☐ none ☐ medial ☐ lateral
 c. Mechanical lateral distal femoral angle (mLDFA - degrees):

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 d. Mechanical medial proximal tibial angle (mPMTA - degrees):

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 e. Limb length discrepancy (mm):

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 i. Imaging: ☐ per orthoroentogram ☐ per scanogram ☐ per CT-scanogram ☐ per EOS



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H. Meniscus Injury

1. Meniscus tear

- a. Compartment (select all that apply): ☐ Medial meniscus ☐ Lateral meniscus
- b. Discoid features: ☐ None ☐ Incomplete partial discoid ☐ Complete discoid
- c. Tear location (select all involved regions): ☐ Anterior horn
☐ Pars intermedia/meniscal body
☐ Posterior horn
- d. Tear zone (select all involved zones): ☐ Red-red ☐ Red-white ☐ White-white
- e. Tear size (mm):

--	--
- f. Tear pattern: ☐ vertical/longitudinal
☐ horizontal/cleavage
☐ radial
☐ oblique/flap/parrots beak
☐ complex

g. Stability

- ☐ Torn portion in situ ☐ Peripheral instability (applicable to discoid meniscus only - select all that apply)
- ☐ Partially displaced (into affected compartment)
- ☐ Complete or bucket handle tear displacement
- ☐ into notch ☐ into posterior recess/compartment ☐ into anterior interval
- ☐ anterior horn ☐ pars intermedia/meniscal body ☐ posterior horn

2. Meniscal procedure: ☐ None ☐ Meniscectomy ☐ Meniscus Repair ☐ Meniscus (Allograft) Transplant

- a. Meniscectomy extent: ☐ partial ☐ saucerization (discoid only) ☐ subtotal ☐ complete
- b. Meniscus repair technique (select all that apply): ☐ all-inside ☐ inside-out ☐ outside-in

i. All inside

1) type of implant:

- ☐ Fas-T Fix (Smith and Nephew) ☐ Meniscal Cinch (Arthrex) ☐ Other:

2) Number of sutures/implants: | | | | |--|--|--| | | | | |--|--|--|

3) Pattern of sutures/implants (select all that apply):

- ☐ vertical mattress ☐ horizontal mattress ☐ oblique

4) location of implant (select all that apply): ☐ superior ☐ inferior

ii. Inside out/Outside in

1) Type of suture: ☐ 2.0 pds ☐ 2.0 fiberwire ☐ 2.0 ethibond ☐ other:

2) Number of sutures/implants: | | | | |--|--|--| | | | | |--|--|--|

3) Pattern of sutures/implants (select all that apply):

- ☐ vertical mattress ☐ horizontal mattress ☐ oblique

4) location of implant (select all that apply): ☐ superior ☐ inferior



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H. Meniscus Injury

iii. Additional/Adjuvant Repair Procedures

- 1) Rasping/partial debridement of meniscal tear edges?: ☐ no ☐ yes
- 2) Addition of intra-articular healing factor?
☐ capsular/meniscal rim trephination ☐ notch drilling ☐ partial synovectomy
- 3) Addition of extra-articular healing factor: ☐ fibrin clot ☐ PRP ☐ Other:

c. Meniscus (Allograft) Transplant

- i. Allograft source/vendor: ☐ Allosource ☐ MTF ☐ RTI Biologics ☐ Other:
- ii. Allograft construct used:
☐ free meniscus ☐ meniscus attached to bone plugs ☐ meniscus attached to trough
- iii. Meniscus allograft repair? ☐ no ☐ yes

1) All inside

- a) type of implant:
☐ Fas-T Fix (Smith and Nephew) ☐ Meniscal Cinch (Arthrex) ☐ Other:
- b) Number of sutures/implants:

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- c) Pattern of sutures/implants (select all that apply):
☐ vertical mattress ☐ horizontal mattress ☐ oblique
- d) location of implant (select all that apply): ☐ superior ☐ inferior

2) Inside out/Outside in

- a) Type of suture: ☐ 2.0 pds ☐ 2.0 fiberwire ☐ 2.0 ethibond ☐ other:
- b) Number of sutures/implants:

--	--	--
- c) Pattern of sutures/implants (select all that apply):
☐ vertical mattress ☐ horizontal mattress ☐ oblique
- d) location of implant (select all that apply): ☐ superior ☐ inferior

3) Additional/Adjuvant Repair Procedures

- a) Rasping/partial debridement of meniscal tear edges?: ☐ no ☐ yes
- b) Addition of intra-articular healing factor?
☐ capsular/meniscal rim trephination ☐ notch drilling ☐ partial synovectomy
- c) Addition of extra-articular healing factor: ☐ fibrin clot ☐ PRP ☐ Other:



Draft

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I. Ligament Injury

1. Ligament injured/abnormal: ☐ ACL ☐ PCL ☐ MCL ☐ LCL

2. Tear Pattern: ☐ Partial

☐ Complete

☐ Bony avulsion (e.g., tibial eminence fracture)

☐ Congenital absence

3. Tear Location: ☐ Femoral-sided ☐ Tibial-sided ☐ Mid-substance

4. Ligament Injury Treatment: ☐ None ☐ Ligament repair ☐ Ligament reconstruction

a. Ligament repair technique: ☐ Direct repair (suture to adjacent soft tissue/periosteum)

☐ Suture anchor repair

☐ Sutures through tunnels tied over cortical bone bridge

☐ Other:

b. Ligament reconstruction graft type: ☐ Autograft ☐ Allograft

i. Autograft type: ☐ Bone-patellar tendon-bone (BTB)

☐ Quad tendon (soft tissue only)

☐ Quad tendon with bone block

☐ Hamstring

1) Hamstring autograft details: ☐ Semi-tendinosis only

☐ Semi-tendinosus + Gracilis

☐ Hamstring autograft with allograft supplementation

ii. Allograft type: ☐ Soft tissue

☐ Achilles tendon with calcaneal bone block

☐ Bone-patellar tendon-bone

2) Soft tissue type: ☐ Tibialis anterior ☐ Hamstring ☐ Other:

i) Hamstring allograft details: ☐ Semi-tendinosis only

☐ Semi-tendinosus + Gracilis



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J. Patellofemoral Malalignment/Instability

1. Skeletal Maturity: ☐ Physis open ☐ Physis closed

a. Bone age (years):

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2. Patellofemoral pathology: ☐ Chondrosis

☐ Maltracking

☐ Instability

☐ Anterior knee pain

☐ Lateral patellar tilt

a. Lateral patellofemoral angle (degrees):

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b. Instability risk factors (select all that apply):

☐ Previous dislocations (number):

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☐ Connective tissue related (i.e. ligamentous laxity):

i. Beighton score:

☐ Coronal malalignment (i.e. genu valgum)

☐ Rotational malalignment: ☐ femoral anteversion ☐ external tibial torsion

ii. TT-TG score:

☐ Patellar lateralization

iii. congruence angle (degrees):

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☐ Lateral patellar tilt

iv. lateral patellofemoral angle (degrees):

--	--	--

☐ Trochlear dysplasia

v. sulcus angle (degrees):

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☐ Patellar dysplasia

vi. Wiberg type: ☐ B ☐ C

☐ Patella alta (measure at least one):

vii. Insall-salvati ratio:

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viii. Balckbourne-Peel ratio:

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vii. Caton-Deschamps Index:

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3. Surgical Treatment: ☐ None ☐ Proximal realignment ☐ Distal realignment ☐ Other:

a. Distal realignment procedure (select all that apply):

☐ Tibial tubercle osteotomy: ☐ Isolated medialization ☐ Isolated lateralization ☐ Anteromedialization

☐ Galeazzi (semi-tendinosis transpatellar tenodesis)

☐ Patellar tendon transfer procedure:

☐ Medialization of lateral half (Roux-Goldthwaite)

☐ Medialization of medial half

☐ Medialization of entire patellar tendon insertional periosteal sleeve (complete transfer)

☐ Other:

b. Proximal realignment procedure: ☐ Lateral retinacular ☐ Medial retinacular/MPFL

i. Lateral retinacular procedure: ☐ Lateral release: ☐ open ☐ arthroscopic

☐ Lateral retinacular Z-lengthening/interval slide

ii. Medial retinacular/MPFL procedure: ☐ VMO advancement

☐ Medial retinacular reefing/imbrication

☐ MPFL reconstruction



Draft

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J. Patellofemoral Malalignment/Instability

a) Medial Retinacular/MPFL procedure

i) Graft type: ☐ Autograft ☐ Allograft

a) Autograft type: ☐ Quad tendon (soft tissue only)

☐ Quad tendon with bone block

☐ Adductor longus

☐ Hamstring: ☐ Gracilis ☐ Semitendinosis

☐ single strand ☐ double strand

b) Allograft type: ☐ Achilles tendon with bone block

☐ Soft tissue: ☐ Tibialis anterior

☐ Hamstring: ☐ Gracilis ☐ Semitendinosus only

☐ Other:

ii) Patellar fixation technique: ☐ Quad tendon turndown ☐ Bony tunnels ☐ Suture anchor

a) Quad tendon turndown fixation: ☐ No fixation needed

☐ Reinforcing sutures

☐ Reinforcing suture anchors

b) Bony tunnel details:

i) Tunnel length: ☐ partial/blind patellar tunnel

☐ complete/transverse patellar tunnel

ii) Tunnel fixation technique (select all that apply):

☐ Interference screw

☐ Docking technique (sutures tied over cortical bone bridge)

☐ Graft passed through tunnel, sutured to itself

iii) Number of tunnels: ☐ single tunnel ☐ double tunnel

c) Suture anchor details:

i) Type of anchor/implants:

ii) Number of points of fixation: ☐ single ☐ double

ii) Femoral fixation technique: ☐ Adductor autograft transfer/turndown

☐ Bony tunnels

☐ Suture anchor

☐ Graft sutured to periosteum

a) Adductor autograft transfer/turndown fixation: ☐ No fixation needed

☐ Reinforcing sutures

☐ Reinforcing suture anchors



Draft

Subject ID

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J. Patellofemoral Malalignment/Instability

b] Bony tunnel details:

- i] Tunnel length: ☐ partial/blind patellar tunnel
☐ complete/transverse patellar tunnel

ii] Tunnel fixation technique (select all that apply):

- ☐ Interference screw
☐ Docking technique (sutures tied over cortical bone bridge)
☐ Graft passed through tunnel, sutured to itself

iii] Number of tunnels: ☐ single tunnel ☐ double tunnel

iv] Tunnel location relative to physis (if multiple tunnels, select all that apply):

- ☐ Not clear - skeletally mature
☐ Metaphyseal
☐ At physis
☐ Epiphyseal

c] Suture anchor details:

i] Type of anchor/implants:

- ii] Number of points of fixation: ☐ single ☐ double

d] Graft sutured to periosteum details:

- i] Number of points of fixation: ☐ single ☐ double



Draft

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K. Removal of Loose Bodies

1. Number of loose bodies removed:

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2. Features of loose bodies

a. Loose body #1

1) Size(mm):

--	--

 x

--	--

 x

--	--

2) Components: ☐ Chondral only ☐ Osteochondral

a) Size of bony component

1) Thickness(mm):

--	--

2) Surface area(mm):

--	--

 x

--	--

b. Loose body #2

1) Size(mm):

--	--

 x

--	--

 x

--	--

2) Components: ☐ Chondral only ☐ Osteochondral

a) Size of bony component

1) Thickness(mm):

--	--

2) Surface area(mm):

--	--

 x

--	--

c. Loose body #3

1) Size(mm):

--	--

 x

--	--

 x

--	--

2) Components: ☐ Chondral only ☐ Osteochondral

a) Size of bony component

1) Thickness(mm):

--	--

2) Surface area(mm):

--	--

 x

--	--

d. Loose body #3

1) Size(mm):

--	--

 x

--	--

 x

--	--

2) Components: ☐ Chondral only ☐ Osteochondral

a) Size of bony component

1) Thickness(mm):

--	--

2) Surface area(mm):

--	--

 x

--	--

e. Loose body #5

1) Size(mm):

--	--

 x

--	--

 x

--	--

2) Components: ☐ Chondral only ☐ Osteochondral

a) Size of bony component

1) Thickness(mm):

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2) Surface area(mm):

--	--

 x

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Draft

Subject ID

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L. Cartilage Debridement/Chondroplasty

1. Chondroplasty/debridement performed on (select all that apply):

- ☐ Entire OCD lesion
- ☐ Unstable margins of OCD lesion
- ☐ Unstable margins of crater
- ☐ Site in knee other than primary OCD lesion:
- ☐ Other:

2. Technique of chondroplasty (select all that apply):

- ☐ Ring curettage
- ☐ Standard curettage
- ☐ Motorized shaver
- ☐ Scalpel

3. Depth of chondroplasty

- ☐ Debridement of superficial thickness chondral lesions only
- ☐ Debridement of full thickness chondral lesions only
- ☐ Debridement of BOTH superficial AND full thickness chondral lesions

4) Approximate surface area of region that underwent chondroplasty(mm):

--	--

 x

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Draft

Subject ID

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M. OCD Fixation

1. Exposure/approach: ☐ Arthroscopic only ☐ Open only ☐ Arthroscopic converted to open
2. Lesion exposure: ☐ Lesion left in situ ☐ Lesion hinged ☐ Lesion removed for analysis/preparation
3. Lesion preparation:

a. Preparation for progeny fragment (select all that apply):

- ☐ None
- ☐ Debridement/curettage of fibrous tissue
- ☐ Debridement/curettage of bone
- ☐ Drilling of bone:
- ☐ Placement of impacted graft on progeny fragment (e.g. in cysts/defects):

i. Drilling details:

a] Size of K-wire/drill bit used: ☐ 0.045 ☐ 0.062 ☐ other:

--	--	--	--	--

b] Number of passes/holes:

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ii. Type of bone graft: ☐ Autograft ☐ Allograft

a] Autograft Harvest Site

- ☐ Ipsilateral ICBG
- ☐ Contralateral ICBG
- ☐ Ipsilateral proximal tibia
- ☐ Ipsilateral MFC
- ☐ Ipsilateral LFC
- ☐ Other:

iii. Form/size of graft:

☐ Morselized: volume (mm squared):

--	--	--

☐ Other:

b. Preparation for subchondral parent bone bed:

- ☐ None
- ☐ Debridement/curettage of fibrous tissue
- ☐ Debridement/curettage of bone
- ☐ Drilling of bone:
- ☐ Placement of impacted graft on progeny fragment (e.g. in cysts/defects):

i. Drilling details:

a] Size of K-wire/drill bit used: ☐ 0.045 ☐ 0.062 ☐ other:

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b] Number of passes/holes:

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Draft

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M. OCD Fixation

ii. Type of bone graft: ☐ Autograft ☐ Allograft

a] Autograft Harvest Site

- ☐ Ipsilateral ICBG
- ☐ Contralateral ICBG
- ☐ Ipsilateral proximal tibia
- ☐ Ipsilateral MFC
- ☐ Ipsilateral LFC
- ☐ Other:

iii. Form/size of graft:

- ☐ Morselized: volume (mm squared):

--	--	--
- ☐ Other:

iv. Management of subchondral bone cysts /ovoid bodies:

- ☐ None ☐ Curettage ☐ Curettage + Bone grafting

4. Type of fixation: ☐ Metal screw ☐ Bioabsorbable screw ☐ Bioabsorbable Peg/Tack/Nail

a. Metal (i.e. Synthes/AO stainless steel headless 3.0 compression screw)

i. Number: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Other

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ii. Metal implant details:

1) Implant #1

a) Vendor/Material/Type/Model:

b) size(mm):

--	--

 x

--	--

c) Status of implant prior to closure

- ☐ Slightly proud of subchondral bone
- ☐ Congruent with subchondral bone
- ☐ Slightly countersunk into subchondral bone

2) Implant #2

a) Vendor/Material/Type/Model:

b) size(mm):

--	--

 x

--	--

c) Status of implant prior to closure

- ☐ Slightly proud of subchondral bone
- ☐ Congruent with subchondral bone

3) Implant #3

a) Vendor/Material/Type/Model:

b) size(mm):

--	--

 x

--	--

c) Status of implant prior to closure

- ☐ Slightly proud of subchondral bone
- ☐ Congruent with subchondral bone
- ☐ Slightly countersunk into subchondral bone

4) Implant #4

a) Vendor/Material/Type/Model:

b) size(mm):

--	--

 x

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c) Status of implant prior to closure

- ☐ Slightly proud of subchondral bone
- ☐ Congruent with subchondral bone



Draft

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M. OCD Fixation

b. Bioabsorbable screw (i.e. Arthrex bioscrew)

i. Number: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Other:

ii. Bioabsorbable screw implant details:

1) Implant #1

a) Vendor/Material/Type/Model:

b) size(mm): x

c) Status of implant prior to closure

- ☐ Congruent with articular surface
☐ Congruent with subchondral bone

3) Implant #3

a) Vendor/Material/Type/Model:

b) size(mm): x

c) Status of implant prior to closure

- ☐ Congruent with articular surface
☐ Congruent with subchondral bone

2) Implant #2

a) Vendor/Material/Type/Model:

b) size(mm): x

c) Status of implant prior to closure

- ☐ Congruent with articular surface
☐ Congruent with subchondral bone

4) Implant #4

a) Vendor/Material/Type/Model:

b) size(mm): x

c) Status of implant prior to closure

- ☐ Congruent with articular surface
☐ Congruent with subchondral bone

c. Bioabsorbable Peg/Tack/Nail (i.e. Conmed/Linvatec smartnail)

i. Number: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Other:

ii. Bioabsorbable screw implant details:

1) Implant #1

a) Vendor/Material/Type/Model:

b) size(mm): x

c) Status of implant prior to closure

- ☐ Congruent with articular surface
☐ Congruent with subchondral bone

3) Implant #3

a) Vendor/Material/Type/Model:

b) size(mm): x

c) Status of implant prior to closure

- ☐ Congruent with articular surface
☐ Congruent with subchondral bone

2) Implant #2

a) Vendor/Material/Type/Model:

b) size(mm): x

c) Status of implant prior to closure

- ☐ Congruent with articular surface
☐ Congruent with subchondral bone

4) Implant #4

a) Vendor/Material/Type/Model:

b) size(mm): x

c) Status of implant prior to closure

- ☐ Congruent with articular surface
☐ Congruent with subchondral bone



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M. OCD Fixation

5. Additional/adjunctive measures: ☐ Fibrin sealant
☐ Suturing of chondral margins
☐ Other:
6. Status of chondral margins of lesion (prior to closure): ☐ Congruent
☐ Slightly proud
☐ Slightly recessed