**ROCK Form 5G: Surgery Form – Meniscus Injury**

1. Meniscus Tear Pathoanatomy
   1. Compartment (select all that apply)
      1. Medial meniscus
      2. Lateral Meniscus
   2. Discoid Features
      1. None
      2. Incomplete discoid
      3. Complete discoid
   3. Tear Location (select all involved regions)
      1. Anterior Horn
      2. Pars Intermedia/Meniscal Body
      3. Posterior Horn
   4. Tear Zone (select all involved zones)
      1. Red-red
      2. Red-white
      3. White-white
   5. Tear Size: \_\_\_\_\_mm
   6. Tear Pattern
      1. Vertical/Longitudinal
      2. Horizontal/Cleavage
      3. Radial
      4. Oblique/Flap/Parrot’s Beak
      5. Complex (multiple tear planes)
   7. Stability
      1. Stable
      2. Partially displaced tear (into joint)
      3. Bucket handle/complete tear displacement
         1. Into notch
         2. Into posterior recess/compartment
         3. Into anterior interval
      4. Peripheral Instability (applicable to discoid meniscus only; select all that apply)
         1. Anterior Horn
         2. Pars Intermedia/Meniscal Body
         3. Posterior Horn

1. Meniscus Procedure
   1. None
   2. Meniscectomy
      1. Extent
         1. Partial
         2. Saucerization (applicable to discoid meniscus only)
         3. Sub-total
         4. Complete
   3. Meniscus Repair
      1. Technique (select all that apply)
         1. All-inside
            1. Type of implant

Fas-T Fix (Smith & Nephew)

Meniscal Cinch (Arthrex)

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Vendor:\_\_\_\_\_\_\_\_\_\_\_\_\_)

* + - * 1. Number of sutures/implants: \_\_\_\_\_\_\_\_\_\_\_
        2. Pattern of sutures/implants (select all that apply)

Vertical mattress

Horizontal mattress

Oblique

* + - * 1. Location of Implants (select all that apply)

Superior/femoral meniscal/articular surface

Inferior/femoral meniscal/articular surface

* + - 1. Inside out
         1. Type of suture

2.0 PDS meniscal repair sutures

2.0 Fiberwire meniscal repair sutures

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Vendor:\_\_\_\_\_\_\_\_\_\_\_\_\_)

* + - * 1. Number of sutures/implants: \_\_\_\_\_\_\_\_\_\_\_
        2. Pattern of sutures/implants (select all that apply)

Vertical mattress

Horizontal mattress

Oblique

* + - * 1. Location of Implants (select all that apply)

Superior/femoral meniscal/articular surface

Inferior/femoral meniscal/articular surface

* + - 1. Outside In
         1. Type of suture

2.0 PDS meniscal repair sutures

2.0 Fiberwire meniscal repair sutures

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Vendor:\_\_\_\_\_\_\_\_\_\_\_\_\_)

* + - * 1. Number of sutures/implants: \_\_\_\_\_\_\_\_\_\_\_
        2. Pattern of sutures/implants (select all that apply)

Vertical mattress

Horizontal mattress

Oblique

* + - * 1. Location of Implants (select all that apply)

Superior/femoral meniscal/articular surface

Inferior/femoral meniscal/articular surface

* + 1. Additional/Adjunctive Repair Procedures
       1. Rasping of meniscal tear edges
          1. Yes
          2. No
       2. Addition of intra-articular healing factor
          1. Capsular/meniscal rim trephination
          2. Notch drilling
          3. Partial synovectomy
       3. Addition of extra-articular healing factor
          1. Fibrin Clot
          2. PRP
          3. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_