



Draft

Subject ID

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Prospective Cohort Surgery Form

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

Date of Surgery

□□ / □□ / □□□□
Month Day Year

Surgeon ID

□□□

Site Number

□□□

Location

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

Size

A. Measurements

□□ Width (mm) -- medial-to-lateral

□□ Length (mm) -- anterior-to-posterior

□□ Maximum depth (mm)

B. Measurement Technique

- Estimated
- Measured with ruler
- Other:



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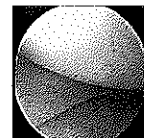
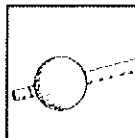
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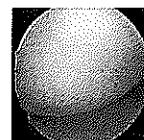
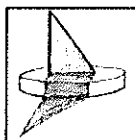
Gross Lesion Description:

Immobile Lesions

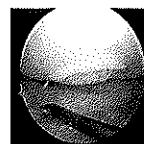
- Cue Ball**
No abnormality detectable arthroscopically.



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

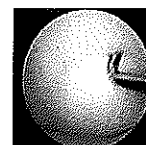
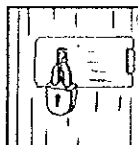


- Wrinkle in the Rug**
Cartilage is demarcated with a fissure, buckle, and/or wrinkle.

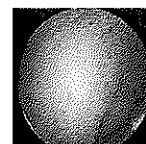
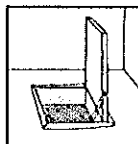


Mobile Lesions

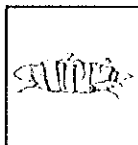
- Locked Door**
Cartilage fissuring at periphery, unable to hinge open.



- 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).



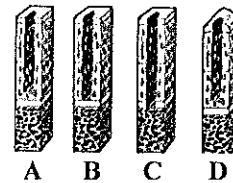
Grade II - Abnormal

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).



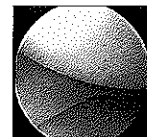
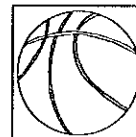
Grade IV - Severely Abnormal



Contour:

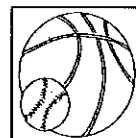
Normal

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: □□□□□□

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: □□□

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): □□□

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: □□□□□□

B. Number of passes: □□□

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



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B. Marrow Stimulation

1. Number of perforation

2. Device used:

Awl

Handheld awl

Conical tip (i.e Steadman awls)

other:

a. type:

b. diameter (mm):

Motorized awl

Arthrex micropick

other:

K-wire

0.045 0.062 other:

Standard drill bit

a. size (mm):

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):

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: □□□
- 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: □□□

b. Plug # 1

i. Size (mm): □□□

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): □□□
- Countersunk (mm): □□□□

c. Plug # 2

i. Size (mm): □□□

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): □□□
- Countersunk (mm): □□□□

d. Plug # 3

i. Size (mm): □□□

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): □□□
- Countersunk (mm): □□□□

e. Plug # 4

i. Size (mm): □□□

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): □□□
- Countersunk (mm): □□□□



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D. Osteochondral Autograft Plugs

6. Other measures/techniques: Adjuvative 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):

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:

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: □□□
 - 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 □□□
 - 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: □□□

- 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: □□□

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): □□□□

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: □□□

i. Plug # 1

1) Overall (mm): □□ x □□ x □□

2) Bone thickness(mm): □□

iii. Plug # 3

1) Overall (mm): □□ x □□ x □□

2) Bone thickness(mm): □□

ii. Plug # 2

1) Overall (mm): □□ x □□ x □□

2) Bone thickness(mm): □□

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 □□

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 □□

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 □□

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: □□

13. Appearance of chondral

Flush

Proud (mm): □□□

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): □□

2. Pre-operative radiographic parameters

a. Mechanical axis: Neutral Varus Valgus

b. Mechanical axis deviation (mm) □□□

none medial lateral

c. Mechanical lateral distal femoral angle (mLDFA - degrees): □□

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

e. Limb length discrepancy (mm): □□

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) □□□

none medial lateral

c. Mechanical lateral distal femoral angle (mLDFA - degrees): □□

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

e. Limb length discrepancy (mm): □□

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
- Partially displaced (into affected compartment)
- Complete or bucket handle tear displacement
 - into notch
 - into posterior recess/compartment
 - into anterior interval
- Peripheral instability (applicable to discoid meniscus only - select all that apply)
 - 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/Adjective 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:
- 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/Adjective 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:



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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): □□□

2. Patellofemoral pathology: Chondrosis

Maltracking

Instability

Anterior knee pain

Lateral patellar tilt

a. Lateral patellofemoral angle (degrees): □□□

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

Previous dislocations (number): □□□

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): □□□

Lateral patellar tilt iv. lateral patellofemoral angle (degrees): □□□

Trochlear dysplasia v. sulcus angle (degrees): □□□

Patellar dysplasia vi. Wiberg type: B C

Patella alta (measure at least one):

vii. Insall-salvati ratio: □□□

viii. Balckbourne-Peel ratio: □□□□

vii. Caton-Deschamps Index: □□□□

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-legnthening/interval slide

ii. Medial retinacular/MPFL procedure: VMO advancement

Medial retinacular reefing/imbrication

MPFL reconstruction



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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 Semitendinosus

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



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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



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K. Removal of Loose Bodies

1. Number of loose bodies removed: □□□

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): □□

2) Surface area(mm): □□ x □□



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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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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: □□□

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: □□□□□□

b] Number of passes/holes: □□□



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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 □□□

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 □□

c) Status of implant prior to closure

- Slightly proud of subchondral bone
- Congruent with subchondral bone



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M. OCD Fixation

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

i. Number: 1 2 3 4 5 Other:

ii. Bioabsorbable scre 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

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

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

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/Linvatex smartnail)

i. Number: 1 2 3 4 5 Other:

ii. Bioabsorbable scre 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

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

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

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