THE ROCK GROUP — PROSPECTIVE COHORT STUDY — FORM 2C

SECTION A: STUDY INFORMATION					
Subject ID:			Study Visit: Baseline		
Site Number:			Date: / /	/_	
Sur	geon ID:				
	SECTION B: INITIAL SURG	EON HIS	TORY		
B1.	0 ,	Not recor	rded		
B2.	Number of Previous Knee Surgeries:				
B3.	0 0,	Not recor	rded		
B4.	 □ Marrow stimulation □ Cartilage biopsy □ Osteochondral Autograft Transfer □ Osteochondral Allograft Transplantation 		 □ Removal of loose bodies □ Cartilage Debridement/Chondroplasty □ OCD fixation □ Osteotomy or other alignment procedure □ Other: □ Not recorded 		
B5.	0 ,	Not recor	rded		
	niscal Surgery: Medial meniscectomy Medial meniscal repair Medial meniscal transplant Lateral meniscectomy Lateral meniscal repair Lateral meniscal transplant	□ ACL □ PCL □ MCL	nt Surgery: Repair/Reconstruction Repair/Reconstruction Repair/Reconstruction Repair/Reconstruction e		tensor Mechanism Surgery: Patellar tendon repair Quadriceps tendon repair None
Pat	None rellofemoral Surgery: MPFL Repair/Reconstruction Extensor mechanism realignment Trochleoplasty Patellectomy Lateral meniscal transplant None	☐ Prox ☐ Dista ☐ Med ☐ Late ☐ Ante	bercle Type: rimal al ial ral	Sor	ft Tissue Realignment Type: Medial imbrication Lateral release Not recorded

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	SECTION C: PHYSICAL	. EXAM				
C1.	Height: inches		C2. Weig	jht:	lb:	5
C3.	Generalized Laxity:	☐ Tight	□ Normal		J Lax	
C4.	Alignment:	☐ Obvious varus	☐ Normal		J Obviou	ıs valgus
C5.	ROM - Measured with an i	instrumented goni	ometer? □ \	′es í	J No	
C6.	ROM: e.g. 10 degrees hyperxtens	ion, 150 degrees fle	exion = <u>10</u> <u>00</u> <u>150</u>			
	a. INVOLVED: Pass	(positive value)	•		sitive valu	·
	b. UNINVOLVED: Pass					
C7.	EFFUSION:		Flexion			
	a. INVOLVED ☐ None ☐ Fluid Wav (small	• •	asily ballotable (2	5-60cc)	☐ Ten	se knee (>60cc)
	b. UNINVOLVED	,	(moderate)			(large)
	☐ None ☐ Fluid Way	re (<25cc) □ Fa	asily ballotable (2:	5-60cc)	☐ Ten	se knee (>60cc)
	(small	• •	(moderate)	3 3333)		(large)
	SECTION D: ASSESSM	/FNT				
D1.	Number of Lesions:					
		· 				
D1.	Diagnosis – check all dia ☐ Osteochondritis dissec	•	ions that apply Focal Articular	Cartilaga D	ofooto	
	☐ MFC	alis	☐ MFC	Cartilage D	CICCIS	
	☐ MTP					
	☐ LFC		☐ LFC			
	LTP		☐ LTP			
	Patella		Patella	1		
	□ Trochlea		☐ Trochl	ea		
D3.	Absolute Healing Status ☐ No appreciable healing ☐ Partially healed ☐ Completely healed					

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SECTION E: TREATMENT PLAN

E1.	What is the treatment plan?				
	☐ Activity restriction – eliminate impact or painful activities				
	☐ Physical therapy				
	☐ Casting				
	☐ Bracing				
	☐ Restricted weight bearing				
	☐ Surgery (to be detailed at time of surgery on seperate form)				
E2.	Type of brace? (if used)				
	☐ Unloader				
	☐ Hinged knee				
	☐ Knee Immobilizer				
	□ Other				
E3.	If brace was used, what company?				
E4.	If brace was used, what model?				

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IMAGING - MRI Classification (Page 1)

Was an MR	l reviewed	at this	visit?
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Yes	 Nο
169	 INO

DATE OF MRI:

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

Physical Characteristics OCD or Focal Cartilage Defect			
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 lesion (mm)			
Width of knee (mm)			
Maximum depth of lesion (mm)			
Sagittal			
Width of lesion (mm)			

Other Knee Features

OCD or Focal Cartilage Defect

A. Physeal Patency

The status of the physis as seen on <u>sagittal sequence</u> 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:



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, but 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.

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Width of knee (mm)

Maximum depth of lesion (mm)

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IMAGING - MRI Classification (Page 2)		
<u>Displacement</u>	Inter	
OCD only Is the progeny in situ?	OCD	
☐ Not at all (Skip remainder of page.)	If progeny bone is <u>not</u> present, the	
☐ Partially	If progeny bone is present, then o	
☐ Totally	A. Parent Bone and Cartilage (C	
	Between the parent bone and	
<u>Cartilage</u> OCD only	structure" with two hypo-intens	
A. Thickness	and a hyper-intese layer in bet	
The thickness of the overlying cartilage in comparison to adjacent	□No	
cartilage is:	☐ Yes	
☐ Normal		
☐ Thickened		
☐ Thinned	B. Parent Bone and Progeny Bone Between the parent bone and	
☐ Variable	appreciable interface?	
P. Contour	□ No	
B. Contour The contour of the articular surface is:	☐ Yes, signal < fluid	
	☐ Yes, signal = fluid	
□ Normal on all images (coronal and sagittal)□ Abnormal on any image (concave, convex, or both)	i roo, oigilai mala	
Abhornial on any image (concave, convex, or botti)		
C. Breach		
The cartilage at the periphery of the lesion is:		
T2 Coronal		
☐ Intact		
☐ Not intact		
T2 Sagittal		
□ Intact		
□ Not intact		
DD.		
PD Intact		
□ Not intact		
I Not intact		
D. Omen		
A radially-oriented, hypo-intesnse (or dark) signal in		
the epiphyseal cartilage is:		
☐ Absent		
☐ Present		

<u>faces</u>

only

en only answer A. only answer B.

Oreo Cookie)

cartilage, is there a "tri-laminar se layers on the outside (wafer) ween (creme)?



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progeny bone, is there an



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IMAGING - MRI Classification (Page 3)

Progeny Bone OCD only	Parent Bone OCD only
A. Visualization Is bone appreciated within the progeny fragment? Is No (Skip remained of section. Go to Parent Bone.) Yes	A. Focal Linear Signal A focal linear and distinct hyper-intense signal in the parent bone is: Absent Present
B. Size	B. Focal Round or Oval Signal
Measure progeny bone fragment (or entire	A focal <u>round or oval</u> hyper-intense signal in the
congolomeration of bone fragments) for maximal	parent bone is:
dimensions on coronal and sagittal sequence:	
Coronal	T2 Coronal
Colonal	☐ Absent
(mm)	☐ Present, single
12 mm	☐ Present, multiple
Sagittal	If present, measurement of
	largest focal area: (m)
(mm)	
	T2 Sagittal
C. Fragmentation	☐ Absent
Is the progeny bone fragmented?	☐ Present, single
□ No	☐ Present, multiple
□ Yes	If present, measurement of
	largest focal area: (m)
	\(\(\dots\)
	B. Marrow Edema
	The sagittal image with the greatest amount of edema
	in the parent bone demonstrates:
	□ None to minimal
	< 25% of epiphysis involved
	20 /0 of epipitysis ilivolved
	☐ Extensive
	> 25% of epiphysis involved

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IMAGING - X-Ray Classification (Page 1)

Were X-Rays reviewed at this visit?				
☐ Yes	□ No DATE OF X-RAYS:			
If yes, complete this form. If no, ple	ease continue to next section. —— / — — / — — —			
<u>Location</u> OCD or Focal Cartilage Defect	Characteristics of Progeny Bone OCD only			
☐ Medial femoral condyle	A. Visualization			
☐ Lateral femoral condyle	Is the progeny bone visualized?			
□ Patella Bony Involvement	☐ No (Skip remainder of page.)			
☐ Trochlea ☐ Yes ☐ No	□Yes			
- Hourica				
<u>Size</u>	B. Fragmentation			
OCD or Focal Cartilage Defect	Is the progeny bone fragmented?			
A. Standing AP	□ No □ Yes			
Width of OCD lesion (mm)	C. Displacement			
Width of knee (mm)	Is the progeny bone in situ?			
	□ Not at all (Skip remainder of page.)			
Maximum depth of lesion (mm)	☐ Partially			
B. Notch	☐ Totally			
B. Notell	- I lotally			
Width of lesion (mm)				
Width of knee (mm)	D. Radiodensity			
wider or knee (min)	In comparison to the parent bone, the radiodensity of			
Maximum depth of lesion (mm)	the <i>center</i> of the progeny is:			
	☐ More ☐ Less ☐ The same			
C. Lateral				
Length of OCD lesion (mm)	In comparison to the parent bone, the radiodensity of			
1 11 (1 1 - ()	the <i>rim</i> of the progeny is:			
Length of condyle (mm)	☐ More ☐ Less ☐ The same			
Maximum depth of lesion (mm)				
	E. Boundary			
Characteristics of Parent Bone	The boundary between the parent bone and progeny			
OCD only	bone is			
In comparison to the supeffected percent have the	☐ Distinct ☐ Indistinct			
In comparison to the unaffected parent bone, the radiodensity of the rim of the parent bone is				
predominantly:	F. Shape			
☐ More	The shape of the articular side of the progeny bone is:			
☐ Less	bone is			
☐ The same	□ Convex □ Concave □ Linear			
	S SSINGN IS CONCAVE IS EMICAL			

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IMAGING - X-Ray Classification (Page 2)

Healing OCD only A. Radiodensity In comparison to previous radiographs (if available), the radiodensitry of the progeny is: ■ More ☐ Less ☐ The same Mark on continuum below, denoting the current stage of healing with respect to radiodensity: Totally radiolucent Same radiodensity as parent bone 0% 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 radiodensity: Totally distinct Totally indistinct 0% 100%