

SURGERY FORM (SURGEON)

THE ROCK GROUP — PROSPECTIVE COHORT STUDY — FORM 3

SECTION A: STUDY INFORMATION

Subject ID: _____ - _____ - _____

Study Visit: Surgery

Site Number: _____

Date: _____ / _____ / _____

Surgeon ID: _____

Please complete one surgery form for each lesion.

Location:

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

- Focal Articular Cartilage Defects
- OCD

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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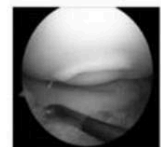
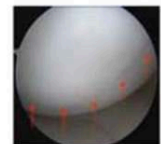
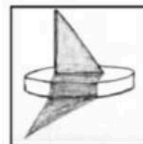
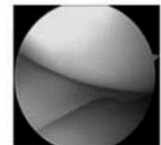
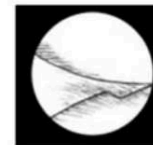
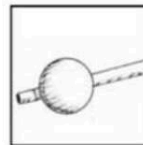
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OCD Only

Gross Lesion Description:

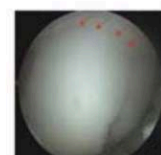
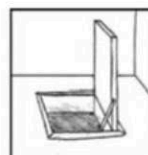
Immobile Lesions

- 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:

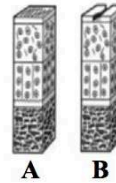
Select the description below that best characterizes the articular cartilage within the “central area” of the lesion. This does not refer to the margin of the lesion

Grade 0 - Normal



Grade I - Nearly Normal

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



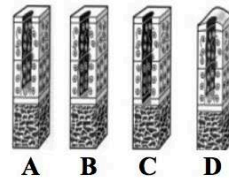
Grade II - Abnormal

Lesions extending down to <50% of cartilage depth.

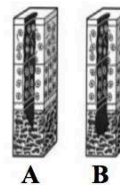


Grade III - Severely Abnormal

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).



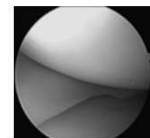
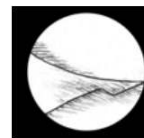
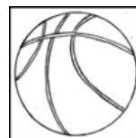
Grade IV - Severely Abnormal



Contour:

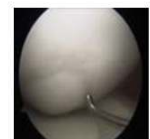
Normal

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. OCD 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

or

Motorized Awl

Conical tip (i.e. Steadman awls)

Arthrex micropick

Other:

Other:

a. type:

b. diameter (mm): ___ ___ ___

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:

Micronized Alternative (Arthrex BioCartilage)

Minced Juvenile Cartilage (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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B. 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:

- Carticel/ MACI (Vericel)
- CartiONE (Orteq)
- In-house Laboratory
- Tigerex (European Union Approved)
- 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 implemented: 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: 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 (Verticeal)
- MACI (Vericeal)
- CartlONE (Orteq)
- 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 (%): _____

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:

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E. CULTURED CHONDROCYTE/CELL-BASED THERAPY

- 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 (Carticel)
 cells grown in scaffold by manufacturer (MACI)
 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
 Procine-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 Traditional Shell
 Traditional Dowel
 Cryopreserved with pores (e.g., Arthrex Cartiform)
 Fresh cellular cartilage matrix (e.g., Allosource ProChondrix)

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 _____ Length x Width x Depth or Diameter x Depth
2) Bone thickness (mm): _____

ii. Plug #2
1) Overall (mm): _____ x _____ x _____ Length x Width x Depth or Diameter x Depth
2) Bone thickness (mm): _____

iii. Plug #3
1) Overall (mm): _____ x _____ x _____ Length x Width x Depth or Diameter x Depth
2) Bone thickness (mm): _____

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F. OSTEOCHONDRAL ALLOGRAFT

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

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 margins:

- Flush
 Proud (mm): _____
 Countersunk (mm): _____

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G. OSTEOTOMY OR OTHER CORRECTION SURGERY

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. 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

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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/logitudinal
 horizontal/cleavage
 radial
 oblique/flap/parrots break
 complex
- g. Stability
- | | |
|--|---|
| <input type="checkbox"/> Torn portion in situ | <input type="checkbox"/> Peripheral instability (applicable to discoid meniscus only - select all that apply) |
| <input type="checkbox"/> Partially displaced (into affected compartment) | <input type="checkbox"/> anterior horn |
| <input type="checkbox"/> Complete or bucket handle tear displacement | <input type="checkbox"/> pars intermedia/meniscal body |
| <input type="checkbox"/> into notch | <input type="checkbox"/> posterior horn |
| <input type="checkbox"/> into posterior recess/compartment | |
| <input type="checkbox"/> into anterior interval | |

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
- 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:

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H. MENISCUS INJURY

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 & Newphew) 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 suture/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:

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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-tendinosis + Gracilis
 Hamstring autograft w/ 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

5. ACL Reconstruction

If intra-articular ACL reconstruction was performed, then was the extra-articular augmentation such ACL reconstruction?

- Yes
 No

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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: ____

viii. 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-lengthening/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

iii) 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

b) Bony tunnel details:

i) Tunnel length: complete/blind femoral tunnel

partial/blind femoral 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

SURGERY FORM (SURGEON)

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J. PATELLOFEMORAL MALALIGNMENT/INSTABILITY

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

SURGERY FORM (SURGEON)

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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 #4

- 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 _____

SURGERY FORM (SURGEON)

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L. CARTILAGE DEBRIDEMENT/CHONDROPLASTY

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

- Entire lesion
- Unstable margins of lesion
- Site in knee other than primary 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 ____

SURGERY FORM (SURGEON)

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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 fragment (select all that apply):
- None
 - Debridement/curettage of fibrous tissue
 - Debridement/curettage of bone
 - Drilling of bone:
 - i. Drilling details:
 - a] Size of K-wire/drill bit used: 0.045 0.062 Other:
 - b] Number of passes/holes: ____ ____ ____
- 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: ____ ____ ____
 - 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

SURGERY FORM (SURGEON)

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M. OCD FIXATION

4. Type of fixation : Metal screw Bioabsorbable Implant
At level of articular surface

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

At level of articular surface
 Slightly countersunk in articular cartilage
 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

At level of articular surface
 Slightly countersunk in articular cartilage
 Slightly proud of subchondral bone
 Congruent with subchondral bone
 Slightly countersunk into subchondral bone

3) Implant #3
a) Vendor/Material/Type/Model:

b) size (mm): ____ x ____
c) Status of implant prior to closure

At level of articular surface
 Slightly countersunk in articular cartilage
 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

At level of articular surface
 Slightly countersunk in articular cartilage
 Slightly proud of subchondral bone
 Congruent with subchondral bone
 Slightly countersunk into subchondral bone

5. Additional/adjunctive measures: Fibrin sealant
 Suturing of chondral margins
 Other:

6. Status of chondral margins of lesions (prior to closure): Congruent
 Slightly proud
 Slightly recessed