

Background Information (Patient can fill out)

Patient's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Sex: M F Age: _____ Height (inches): _____ Weight (pounds): _____

Date of Injury: _____ / _____ / _____

Involved Knee: Right Left Opposite Normal? Y N

Occupation: _____

Favorite Sport: _____ Second Sport: _____

Preoperative Evaluation (Patient can fill-out)

Surgeon's Name _____

Date of Examination: _____ / _____ / _____

Injury occurred during: Football Basketball Baseball Volleyball

Skiing Soccer Wrestling

Other (describe): _____

Mechanism of Injury: Deceleration (non-contact) Direct Blow

Combined Mechanism: _____

Chief Complaint: Pain Instability Limited Motion Swelling

Other: _____

Functional Assessment

Please "X" the box that best describes your activity level.

Sport/Activity Level	Pre-Injury	Pre-Surgery
STRENUOUS: Jumping, Privoting, and Hard cutting (i.e. Football, Soccer, Basketball)		
MODERATE: Heavy Manual Work, Skiing, Tennis, Baseball and Volleyball		
LIGHT: Light Manual Work, Jogging, Running and Cycling		
SEDENTARY: Housework, Desk Job, or No Sports Participation		

Physical Examination (Physician to fill out)

Surgeon's name: _____ Patient's name: _____

Injured (R or L) Normal

Effusion

None	<input type="checkbox"/>	<input type="checkbox"/>
Mild	<input type="checkbox"/>	<input type="checkbox"/>
Moderate	<input type="checkbox"/>	<input type="checkbox"/>
Severe	<input type="checkbox"/>	<input type="checkbox"/>

Thigh Circumference

5 cm Above Patella	_____cm	_____cm	_____diff. (cm)
15 cm Above	_____cm	_____cm	_____diff. (cm)

Range of Motion

Extension	_____degrees	_____degrees	_____diff.	_____diff. 0°
(Hyperextension stated as "+x°")				
Flexion	_____degrees	_____degrees	_____diff.	

Crepitus (patellofemoral)

None	<input type="checkbox"/>	<input type="checkbox"/>
Moderate	<input type="checkbox"/>	<input type="checkbox"/>
With Mild Pain	<input type="checkbox"/>	<input type="checkbox"/>
With > Mild Pain	<input type="checkbox"/>	<input type="checkbox"/>

Valgus Stress Endpoint (20°)

Firm	<input type="checkbox"/>	<input type="checkbox"/>
Soft	<input type="checkbox"/>	<input type="checkbox"/>

Varus Stress Endpoint (20°)

Firm	<input type="checkbox"/>	<input type="checkbox"/>
Soft	<input type="checkbox"/>	<input type="checkbox"/>

Lachman Endpoint (20°)

Firm	<input type="checkbox"/>	<input type="checkbox"/>
Soft	<input type="checkbox"/>	<input type="checkbox"/>

Pivot Shift

Negative	<input type="checkbox"/>	<input type="checkbox"/>
1+ (glide/slip)	<input type="checkbox"/>	<input type="checkbox"/>
2+ (clunk/definite)	<input type="checkbox"/>	<input type="checkbox"/>
3+ (gross/severe)	<input type="checkbox"/>	<input type="checkbox"/>

KT1000 Measurements (20°)

20 pounds	(I)_____mm	(U)_____mm	_____diff
30 pounds	(I)_____mm	(U)_____mm	_____diff
man. max.	(I)_____mm	(U)_____mm	_____diff

Surgeon Signature _____

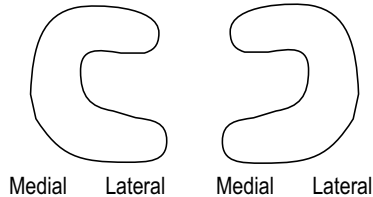
Date _____

Interoperative and Arthroscopic Findings

Surgeon's name: _____ Patient's name: _____

Pivot Shift

Negative	<input type="checkbox"/>	<input type="checkbox"/>
1+ (glide/slip)	<input type="checkbox"/>	<input type="checkbox"/>
2+ (clunk/definite)	<input type="checkbox"/>	<input type="checkbox"/>
3+ (gross/severe)	<input type="checkbox"/>	<input type="checkbox"/>



Medial Meniscus: Normal Stable Tear Unstable Tear

Treatment: Left Alone Partial Excision Total Excision Repaired

Lateral Meniscus: Normal Stable Tear Unstable Tear

Treatment: Left Alone Partial Excision Total Excision Repaired

Medial Patellar Facet: Normal I II III IV Dimensions ____x____mm

Trochlea groove: Normal I II III IV Dimensions ____x____mm

Medial femoral condyle: Normal I II III IV Dimensions ____x____mm

Medial tibial plateau: Normal I II III IV Dimensions ____x____mm

Lateral femoral condyle: Normal I II III IV Dimensions ____x____mm

Lateral tibial plateau: Normal I II III IV Dimensions ____x____mm

Chondroplasty :	Patella Femoral	Y	N	Trochlea	Y	N
	Medial Femoral Condyle	Y	N	Medial Tibial Plateau	Y	N
	Lateral Femoral Condyle	Y	N	Lateral Tibial Plateau	Y	N

Anterior Cruciate Ligament: Acute tear Chronic tear

ACL reconstruction: Diameter of graft _____ mm.

Difficulty Harvesting Graft: Y N

If yes, why? Premature Amputation Harvested Only ST Harvested Only Gracilis

Did the tibial guide wire position have to be changed? Y N

If yes, why? Too Anterior Medial Lateral Posterior

Surgeon Signature _____ **Date** _____

Roofplasty? Y N How much _____ mm

Wallplasty? Y N How much _____ mm

Difficulty passing the graft? Y N

If yes, why? Poor Graft Preparation
Transverse guide wire too anterior—too posterior
Tunnels too small

Estimate _____ mm of graft movement out of tibial tunnel as knee is flexed from hyperextension to 90 degrees of flexion.

Flexion angle of knee during graft fixation:

Hyperextension Full Extension (0°) Other _____ degrees of flexion

Amount of tension applied to graft at time of fixation

None Manual Unmeasured Measured _____ lbs.

Did the graft have to be retensioned after applying the Washerloc? Y N

If yes, why? Too Tight Too Loose

Final Operative Treatment (Please check all box(es) that apply)

- | | |
|--|---|
| <input type="checkbox"/> ACL Reconstruction | <input type="checkbox"/> Both Menisci Normal |
| <input type="checkbox"/> Partial Medial Meniscectomy | <input type="checkbox"/> Partial Lateral Meniscectomy |
| <input type="checkbox"/> Total Medial Meniscectomy | <input type="checkbox"/> Total Lateral Meniscectomy |
| <input type="checkbox"/> Medial Meniscal Repair | <input type="checkbox"/> Lateral Meniscal Repair |

Postoperative Care

Brace: Y N

If Yes—Type: Immobilizer Long-leg ROM Brace

How long was it used? _____ wks.

When was weight-bearing as tolerated allowed? _____ wks.

When did patients discard their crutches? _____ wks.

Surgeon's name: _____ Patient's name: _____

Surgeon Signature _____

Date _____

Postoperative Followup (page 1 of 3)

Circle One: **Four Months** **Twelve Months** **Two Years**

Surgeon's name: _____ Patient's name: _____

Date of follow-up: ____ / ____ / ____ Duration of crutch use ____ weeks.

X-Rays Obtained _____ Lateral in Full Extension _____ A/P Notch View

Did patient go to Physical Therapy? Yes No

If yes, total number of visits to date? _____ visits

Interval to: Biking ____ wks. Running ____ wks. Cutting ____ wks. Full Return to Sport ____ wks.

At what level of activity do you experience:

Pain	A	B	C	D
Swelling	A	B	C	D
Partial Giving Way	A	B	C	D
Full Giving Way	A	B	C	D

- A. No significant symptoms with strenuous work/sports (jumping, hard pivoting, cutting). Excludes slight symptoms.
- B. Able to perform moderate work/sports with running, twisting, turning. Symptoms do occur with strenuous work/sports.
- C. No significant symptoms during light work/sports (**No** running, twisting, jumping;) symptoms present with moderate work/sports.
- D. Able to do activities of daily living (ADL) only without symptoms.

Group Grade: _____

How does your knee function?

- Normal (A)
- Nearly normal (B)
- Abnormal (C)
- Severely abnormal (D)

Grade: _____

How would you rate your knee's affect on your level of activity?

- Normal (A)
- Nearly normal (B)
- Abnormal (C)
- Severely abnormal (D)

Grade: _____

Functional Assessment

Please "X" the box that best describes patient's activity level.

Sport/Activity Level	Four Months Post Surgery
STRENUOUS: Jumping, Privoting, and Hard cutting (i.e. Football, Soccer, Basketball)	
MODERATE: Heavy Manual Work, Skiing, Tennis, Baseball and Volleyball	
LIGHT: Light Manual Work, Jogging, Running and Cycling	
SEDENTARY: Housework, Desk Job, or No Sports Participation	

Surgeon Signature _____

Date _____

Postoperative Followup (page 2 of 3)

Circle One: **Four Months** **Twelve Months** **Two Years**

Surgeon's name: _____ Patient's name: _____

Physical Examination (Physician to fill out)

	Injured (R or L)	Normal	
Effusion			
None	<input type="checkbox"/>	<input type="checkbox"/>	
Mild	<input type="checkbox"/>	<input type="checkbox"/>	
Moderate	<input type="checkbox"/>	<input type="checkbox"/>	
Severe	<input type="checkbox"/>	<input type="checkbox"/>	
Thigh Circumference			
5 cm Above Patella	_____cm	_____cm	_____diff. (cm)
15 cm Above	_____cm	_____cm	_____diff. (cm)
Range of Motion			
Extension	_____degrees	_____degrees	_____ net diff. _____diff. 0°
(Hyperextension stated as "+x°")			
Flexion	_____degrees	_____degrees	_____diff.
Ext. Grade: _____	A= <3 ext. (from 0°)	B= 3-5 ext.	C= 6-10 ext. D=>10 ext.
Flex. Grade _____	A= 0-5 flex.	B= 6-15 flex.	C= 16-25 flex. D=>25 flex.
			Group Grade: _____
Crepitus (patellofemoral)			
None	<input type="checkbox"/>	(A) <input type="checkbox"/>	
Moderate	<input type="checkbox"/>	(B) <input type="checkbox"/>	
With Mild Pain	<input type="checkbox"/>	(C) <input type="checkbox"/>	
With > Mild Pain	<input type="checkbox"/>	(D) <input type="checkbox"/>	Grade: _____
Valgus Stress Endpoint (20°)			
Firm	<input type="checkbox"/>	(A) <input type="checkbox"/>	
Soft	<input type="checkbox"/>	(C) <input type="checkbox"/>	Grade: _____
Varus Stress Endpoint (20°)			
Firm	<input type="checkbox"/>	(A) <input type="checkbox"/>	
Soft	<input type="checkbox"/>	(C) <input type="checkbox"/>	Grade: _____
Lachman Endpoint (20°)			
Firm	<input type="checkbox"/>	(A) <input type="checkbox"/>	
Soft	<input type="checkbox"/>	(C) <input type="checkbox"/>	Grade: _____
Pivot Shift			
Negative	<input type="checkbox"/>	(A) <input type="checkbox"/>	
1+ (glide/slip)	<input type="checkbox"/>	(B) <input type="checkbox"/>	
2+ (clunk/definite)	<input type="checkbox"/>	(C) <input type="checkbox"/>	
3+ (gross/severe)	<input type="checkbox"/>	(D) <input type="checkbox"/>	Grade: _____

Surgeon Signature _____

Date _____

Postoperative Followup (page 3 of 3)

Circle One: **Four Months** **Twelve Months** **Two Years**

Surgeon's name: _____ Patient's name: _____

Injured (R or L) **Normal**

KT1000 Measurements (20°)

15 pounds	(I) _____ mm	(U) _____ mm	_____ diff
20 pounds	(I) _____ mm	(U) _____ mm	_____ diff
30 pounds	(I) _____ mm	(U) _____ mm	_____ diff
man. max.	(I) _____ mm	(U) _____ mm	_____ diff

15# Grade: _____; 20# Grade: _____; 30# Grade: _____; Man. Max. Grade: _____

A=<3mm B= 3-5mm C=6-10mm D=>10mm

Group Grade: _____

Harvest Site Pathology

None	<input type="checkbox"/>	(A)	
Mild	<input type="checkbox"/>	(B)	
Moderate	<input type="checkbox"/>	(C)	
Severe	<input type="checkbox"/>	(D)	Grade: _____

If pathology, describe symptoms: _____

Single Leg Hop Test (centimeters)

Trial	Involved	Uninvolved
1		
2		
3		
Average		

Final IKDC Evaluation: _____

Lowest of Group Grades (Group Grade Summary) _____

Complications

Infection: None Wound Intra-articular

Stiffness: Lack of Flexion _____° Lack of Extension _____° Both

Re-operation? Y N

If yes, why?	Manipulation of Stiffness	Hardware Removal	Tibial Symptoms
	Femoral Symptoms	Both	Other

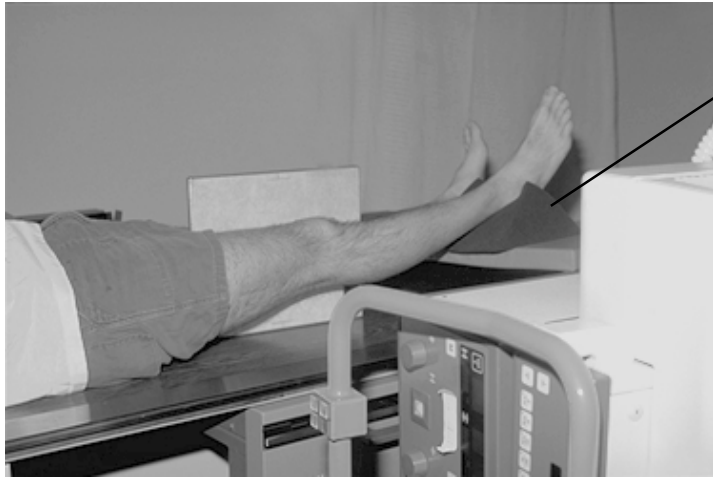
DVT: Y N **PE:** Y N

Surgeon Signature _____

Date _____

Guide for Obtaining Follow-Up Roentgenograms (4 months, 12 months and 2 years)

Patient positioning for lateral roentgenogram of fully extended operative knee



Place heel on bolster to hyperextend.

Lateral roentgenogram



Must be
less <6mm.

An acceptable lateral roentgenogram of the fully extended knee has less than 6mm between the medial and lateral femoral condyle.

A/P Notch View



An acceptable A/P notch view depicts both fixation devices (Bone Mulch Screw and WasherLoc), tibial and femoral tunnels.