Ankle Fractures: Lateral vs. Antiglide Plating

Radiographic Evaluation

To be completed by the PHYSICIAN

Patient Study Number:	Completed By:_____ Clinic:_____
Visit Date (MM/DD/YY) ☐☐ / ☐☐ / ☐☐	Visit Schedule *(check appropriate box)* ☐ Post-Op ☐ 6 week ☐ 12 week ☐ 26 week ☐ 52 week

Directions: *Answer every question by filling in the correct circle or writing in the information. If you need to change an answer, completely erase or cross out the incorrect mark, initial, and fill in the correct information.* **Mark only one answer for each question, unless otherwise instructed. Shade circles like this: ●**

01. With the ankle in neutral position, specify the following

	AP	Mortise
a. Medial clear space	___ . ___ mm	___ . ___ mm
b. Lateral clear space	___ . ___ mm	___ . ___ mm
c. Superior clear space	___ . ___ mm	___ . ___ mm
d. Synd space at 1 cm above joint	___ . ___ mm	___ . ___ mm
e. Any subluxation?	○ No ○ Yes ___ . ___ mm	○ No ○ Yes ___ . ___ mm

02. Lateral X-ray

- ○ Congruent
- ○ Anterior subluxation ___ . ___ mm
- ○ Posterior subluxation ___ . ___ mm

03. Position of the posterior fibula cortex to posterior articular surface *(Figure 1)*

- ○ At joint
- ○ Anterior to joint ___ . ___ mm
- ○ Posterior to joint ___ . ___ mm

04. Talocrural angle _____° *(Figure 2)*

05. Fibular distance ___ ___ . ___ mm *(Figure 3)*

FIGURE 1

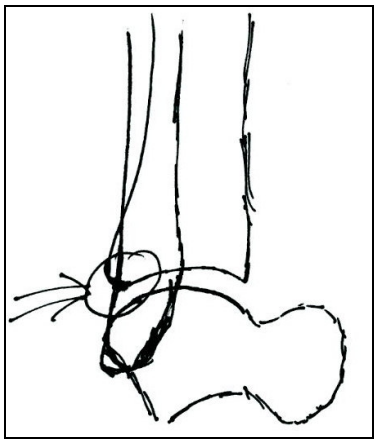

FIGURE 2

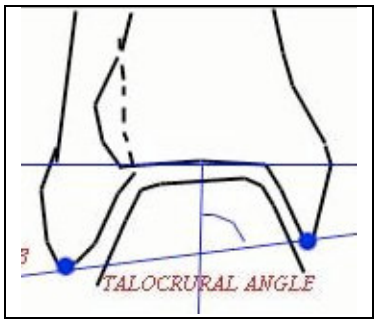

FIGURE 3