

Ankle Fractures: Lateral vs. Antiglide Plating

Fracture Characteristics
To be completed by the PHYSICIAN

Patient Study Number:	Completed By: _____ Clinic: _____
Date of Surgery (MM/DD/YY) <div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>/</div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>/</div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div>	Visit Schedule (<i>check appropriate box</i>) <input checked="" type="checkbox"/> PreOp

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. Side of injury

- ☐ Right
- ☐ Left

02. Blisters

	<u>None</u>	<u>Clear</u>	<u>Blood</u>
a. Medial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Lateral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

03. Medial Malleolar Fracture

- ☐ None
- ☐ Anterior collicular
- ☐ Supracollicular

04. Posterior Malleolar Fracture

- ☐ None
- ☐ Small ($\leq 30\%$)
- ☐ Large ($> 30\%$)

05. Lateral Malleolar Fracture (*Mark all that apply*)

- ☐ Simple
- ☐ Anterior comminution
- ☐ Posterior spike comminution
- ☐ Plafond impaction

06. Distance from tip to distal extent of fracture (A)

___ mm

07. Distance from tip to proximal extent of fracture (B)

___ mm

