

# Ankle Fractures: Lateral vs. Antiglide Plating

*Surgical Summary*  
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 style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div>	Visit Schedule (check appropriate box) <input checked="" type="checkbox"/> Day of Surgery

**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. Bone Density (Subjective)

- ☐ High
- ☐ Moderate
- ☐ Osteopenic

## 02. Incision - Medial

- a. Length \_\_\_\_\_ mm
- b. Type: ☐ Straight  
☐ Concave anteriorly  
☐ Concave posteriorly

## 03. Incision - Lateral

- a. Length \_\_\_\_\_ mm
- b. Type: ☐ Direct lateral (over fibula)  
☐ Posterolateral (behind fibula)

## 04. Fixation – Medial (Mark all that apply)

- ☐ None
- ☐ Cancellous lag screws  
Diameter \_\_\_\_\_ mm  
Number \_\_\_\_\_ #
- ☐ Cortical lag screws  
Diameter \_\_\_\_\_ mm  
Number \_\_\_\_\_ #
- ☐ Plate  
Diameter \_\_\_\_\_ mm  
Holes \_\_\_\_\_ #
- ☐ Tension band

## 05. Fixation – Posterior Malleolus (Mark all that apply)

- ☐ None
- ☐ Anterior to posterior  
Diameter \_\_\_\_\_ mm  
Number \_\_\_\_\_ #
- ☐ Posterior to anterior  
Diameter \_\_\_\_\_ mm  
Number \_\_\_\_\_ #
- ☐ Plate  
Diameter \_\_\_\_\_ mm  
Holes \_\_\_\_\_ #

## 05. Fibular Plate used

- a. ☐ Lateral or ☐ Posterolateral
- b. ☐ Contoured or ☐ Straight

## 06. Manufacturer

- ☐ DePuy ☐ Smith & Nephew
- ☐ Stryker ☐ Synthes
- ☐ Zimmer
- ☐ Other (specify) \_\_\_\_\_

## 07. Number of holes in plate \_\_\_\_\_ #

## 08. Distance from tip of fibula to plate \_\_\_\_\_ mm

## 09. Number of fibular screws above fracture

- a. Locked \_\_\_\_\_ #
- b. Unlocked \_\_\_\_\_ #

## 10. Number of fibular screws distal to fracture

- a. Cortical locked \_\_\_\_\_ #
- b. Cortical unlocked \_\_\_\_\_ #
- c. Cancellous locked \_\_\_\_\_ #
- d. Cancellous unlocked \_\_\_\_\_ #

## 11. Number of synd. screws through plate

- a. Locked \_\_\_\_\_ #
- b. Unlocked \_\_\_\_\_ #

## 12. Number of synd. screws outside plate

- a. 2.7 \_\_\_\_\_ #
- b. 3.5 \_\_\_\_\_ #
- c. 4.0 \_\_\_\_\_ #
- d. 5.0 \_\_\_\_\_ #

## 13. Number of lag screws through plate (posterior plate only)

- a. 2.0 \_\_\_\_\_ #
- b. 2.7 \_\_\_\_\_ #
- c. 3.5 \_\_\_\_\_ #

## 14. Number of lag screws outside plate

- a. 2.0 \_\_\_\_\_ #
- b. 2.7 \_\_\_\_\_ #
- c. 3.5 \_\_\_\_\_ #