

Ankle Fractures: Lateral vs. Antiglide Plating Inclusion/Exclusion Criteria

To be completed by the PHYSICIAN

Patient Study Number:	Completed By: _____
Clinic: _____	Visit Date (MM/DD/YY) <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> / <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> / <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div>
Visit Schedule (check appropriate box) <input checked="" type="checkbox"/> Pre-Op	

EXCLUSION CRITERIA: Must answer questions 1-9 “NO” for patient to qualify

1.	Aged < 18 or over 85	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2..	Open fracture	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Prisoner	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Unlikely to followup	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Non english speaking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Pre-existing arthrosis of the ankle	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Limitation in lower extremity function that would affect outcome scoring	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Significant anterior comminution precluding antiglide fixation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Bilateral fracture	<input type="checkbox"/> Yes	<input type="checkbox"/> No

For any “YES” answers, please provide a brief description:

POST – SCREENING DATA CAPTURE

1. Does the patient qualify for the study?
 - ☐ Yes
 - ☐ No

2. If the patient qualified, was the patient randomized?
 - ☐ Yes
 - ➔ To Lateral Plate ☐
 - ➔ To Antiglide Plate ☐
 - ☐ No, patient initially consented to randomization, but withdrew consent prior to randomization
 - ☐ No, patient did not sign the consent form

3. Why did the eligible patient choose NOT to participate in the study? (mark all that apply)
 - ☐ Not applicable
 - ☐ Not interested
 - ☐ Too much work
 - ☐ Other: _____