

(For Internal Use Only)

I.M.P.R.E.S.S. (Proximal Tibia) Fracture Characteristics Form To be completed by the PHYSICIAN

Patient Study Number	Completed By: _____ Clinic: _____
Visit Date (MM/DD/YY) ___ / ___ / ___	Visit Schedule (check appropriate box) <input type="checkbox"/> Pre-Op

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. Fracture type

- Open
- Closed (Skip to question 4)

02. If "Open", select Gustillo Type (See description below)

- I
- II
- IIIA
- IIIB

Type I Wound <= 1.0 cm in length and clean
Type II Wound > 1.0 cm without extensive soft tissue damage, flaps or avulsions
Type IIIA Extensive soft tissue injury or flaps with soft tissue coverage of bone OR segmental (caused by high energy trauma) irrespective of the size of the wound
Type IIIB Requiring flap coverage

03. If "Open", specify wound length

___ mm

04. If "Closed", select Tschern Grade (See descriptions below)

- 0
- I
- II
- III

	<u>Severity of Soft Tissue Damage</u>	<u>Fracture Severity</u>	<u>Contamination</u>
Grade 0 -	none	mild	none
Grade I -	mild	mild to moderate	none
Grade II -	moderate	mild to severe	none
Grade III -	severe	mild to severe	none

05. Length of bone (A → D)

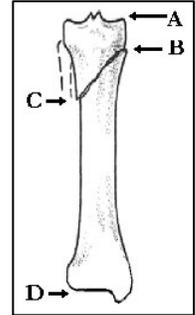
___ mm

06. Distance from proximal joint-line to main fracture line (A → B)

___ mm

07. Distance from distal joint-line to main fracture line (C → D)

___ mm



08a. Is an intraarticular extension present?

- Yes (Specify below in 08b)
- No

b. If "Yes", will it require reduction?

- Yes
- No

09. Sensation at time of examination

<u>Location</u>	<u>Normal</u>	<u>Diminished</u>	<u>Absent</u>
a. Superficial peroneal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Deep peroneal nerve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Posterior tibial nerve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue on next page

(For Internal Use Only)

I.M.P.R.E.S.S.
(Proximal Tibia)
Fracture Characteristics Form
To be completed by the PHYSICIAN

Patient Study Number	Completed By: _____ Clinic: _____
Visit Date (MM/DD/YY) ___ / ___ / ___	Visit Schedule (check appropriate box) <input type="checkbox"/> Pre-Op

10a. AO/OTA Classification (Mark only one)

Following the fracture description from left to right, fill in the bubble that corresponds to the Type, Group and Sub-Group combination that best describes the fracture.

Location		Type		Group		Sub-Group		Final Classification				
41	Proximal	A	Extra-articular		2	Metaphyseal simple		0.1 Oblique in frontal plane	41.A.2.1	<input type="radio"/>		
								0.2 Oblique in sagittal plane	41.A.2.2	<input type="radio"/>		
								0.3 Transverse	41.A.2.3	<input type="radio"/>		
							3	Metaphyseal multifragmentary		0.1 Intact wedge	41.A.3.1	<input type="radio"/>
										0.2 Fragmented wedge	41.A.3.2	<input type="radio"/>
										0.3 Complex	41.A.3.3	<input type="radio"/>
			C	Complete articular		1	Articular simple, metaphyseal simple or comminuted			41.C.1	<input type="radio"/>	
										Other (Specify below)	<input type="radio"/>	

b. If "Other", please specify
