



***I.M.P.R.E.S.S.***  
***(Proximal Tibia)***  
***Inclusion/Exclusion Criteria***  
**To be completed by the PHYSICIAN**

(For Internal Use Only)

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

**EXCLUSION CRITERIA:** *Must answer questions 1-16 “NO” for patient to qualify*

1.	Tibial shaft fracture not amenable to intramedullary nailing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2..	Fracture of the proximal tibia with intraarticular extension requiring open reduction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Known metabolic bone disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Separate displaced tibial tubercle fragment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Soft tissue injuries compromising treatment method with nail, plate, or both	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Fractures with vascular injury (Gustillo Type IIIC injury) requiring repair	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Compartment syndrome of the leg diagnosed preoperatively	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Pathological fracture	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Retained hardware or existing deformity in the affected limb that would complicate IM nailing, plating, or both	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Symptomatic knee arthritis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Surgical delay greater than 3 weeks for closed fractures or 24 hours for open fractures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Contralateral proximal tibia fractures (bilateral injury) or ipsilateral lower extremity injury that would compromise function of the knee	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Immunocompromised	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.	Unable to comply with postoperative rehabilitation protocols or instructions (i.e. head injured or mentally impaired)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15.	Current or impending incarceration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16.	Unlikely to follow-up in surgeon’s estimation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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**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 Nail
    - ➔ To 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: \_\_\_\_\_