

# I.M.P.R.E.S.S.

## (Proximal Tibia)

### Surgical Summary

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 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: ●

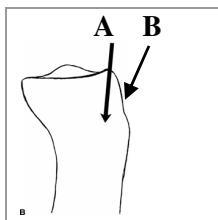
#### 01. Component used

- ☐ Intramedullary nail
- ☐ Locking plate (Skip to question 17)

**Complete questions 02-16 only if “Intramedullary nail” used.**

#### 02. Entry portal

- ☐ Superolateral (“A”)
- ☐ Superomedial (“A”)
- ☐ Inferior (front of tibia “B”)



#### Surgical Technique

#### 03. Semiextended (Partial arthrotomy)

- ☐ Yes
- ☐ No

#### 04. Incision length \_\_\_\_\_ mm

#### 05. Incision type

- ☐ Medial paratendinous
- ☐ Lateral paratendinous
- ☐ Tendon split

#### Component Details

#### 06. Length \_\_\_\_\_ mm

#### 07. Diameter \_\_\_\_\_ . \_\_\_\_\_ mm

#### 08. Material

- ☐ Stainless steel    ☐ Titanium

#### 09. Manufacturer

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

#### 10. Knee position during proximal locking

- ☐ Extended    ☐ Flexed

#### 11. Proximal locking – number of screws

- a. Off axis \_\_\_\_\_ #
- b. Transverse \_\_\_\_\_ #

#### 12. Distal locking – number of screws

- a. Off axis \_\_\_\_\_ #
- b. Transverse \_\_\_\_\_ #

#### 13. Fixed angle interlocking screws

- a. Proximal \_\_\_\_\_ #
- b. Distal \_\_\_\_\_ #

#### 14. Lag screws (for non-displaced intraarticular fracture)

- ☐ Yes
- ☐ No (Skip to question 16)

#### 15. If ‘Yes’, specify width of screws and number used

- a. Width \_\_\_\_\_ . \_\_\_\_\_ mm
- b. Number \_\_\_\_\_ #

#### 16. Blocking screws

	<u>None</u>	<u>Before nail</u>	<u>After nail</u>
a. Posterior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Medial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lateral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Complete questions 17-26 only if “Locking plate” used**

#### Surgical Technique

#### 17. Technique

- ☐ Percutaneous application
- ☐ Open reduction (Skip to question 19)

#### 18. If “Percutaneous application”, specify incision type

- ☐ Vertical
- ☐ S-shaped
- ☐ Other (Specify): \_\_\_\_\_

*Please continue on next page*

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**19. If "Open reduction", specify incision type**

- ☐ Vertical  
☐ Hockey stick  
☐ Other (Specify): \_\_\_\_\_

**20. Incision length** \_\_\_\_\_ mm

**Component Details**

**21. Plate Length** \_\_\_\_\_ mm

**22. Number of holes in plate**

- a. Shaft \_\_\_\_\_ #  
 b. Metaphysis \_\_\_\_\_ #

**23. Number of locked screws**

- a. Shaft – bicortical \_\_\_\_\_ #  
 b. Shaft – unicortical \_\_\_\_\_ #  
 c. Metaphysis \_\_\_\_\_ #

**24. Number of unlocked screws**

- a. Shaft – bicortical \_\_\_\_\_ #  
 b. Shaft – unicortical \_\_\_\_\_ #  
 c. Metaphysis \_\_\_\_\_ #

**25. Material**

- ☐ Stainless steel      ☐ Titanium

**26. Manufacturer**

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

**Complete questions 27 – 38 for all Components**

**27. If open fracture, date and time of irrigation and debridement**

- a. Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YY)  
 b. Time \_\_\_\_ : \_\_\_\_ AM / PM (circle one)

**28. Date and time of definitive fixation**

- a. Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YY)  
 b. Time \_\_\_\_ : \_\_\_\_ AM / PM (circle one)

**29. Stabilization prior to definitive fixation**

- ☐ Brace      ☐ External fixation  
☐ Plaster / fiberglass      ☐ Traction  
☐ Other (Specify): \_\_\_\_\_

**30. Length of surgery (skin to skin)** \_\_\_\_\_ minutes

**31. Fluoroscopy time** \_\_\_\_\_ seconds

**32. Fasciotomy performed (Mark all that apply)**

- ☐ None      ☐ Posterior  
☐ Anterior      ☐ Lateral

**Additional surgical procedures**

	None	Right	Left	Bilateral
33. Fixation of upper extremity fracture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Fixation of lower extremity fracture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Fixation of spine fracture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**36. Did the patient have abdominal surgery?**

- ☐ Yes      ☐ No

**37. Did the patient have any other surgical procedures?**

- ☐ Yes (Specify below)      ☐ No

**38. Planned secondary surgeries (Mark all that apply)**

- ☐ None  
☐ Bone graft  
☐ Flap coverage  
☐ Irrigation and debridement  
☐ VAC placement  
☐ Other (Specify below) \_\_\_\_\_

**39. Radiographic alignment on post-operative films**

- a. \_\_\_\_ ° ☐ Varus or ☐ Valgus  
 b. \_\_\_\_ ° ☐ Anterior angulation or ☐ Posterior angulation

**40a. Rotational alignment of affected extremity**

- ☐ Normal (Skip to question 41)  
☐ Internally rotated  
☐ Externally rotated

**b. If "Internally" or "Externally" rotated, specify degrees**

\_\_\_\_ °

**41a. Leg length discrepancy**

- ☐ None (Skip to question 42)  
☐ Affected leg shorter than unaffected leg  
☐ Affected leg longer than unaffected leg

**b. If 'Short' or 'Long', specify discrepancy**

\_\_\_\_\_ mm

**42. Will CPM be used?**

- ☐ Yes      ☐ No