

# I.M.P.R.E.S.S. (Proximal Tibia) Follow-up Clinical Assessment 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"/> 2 mo <input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 24 mo

**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: ●

Please answer questions 01-03 at one follow-up only.

01. Date of definitive surgery (MM/DD/YY)

\_\_\_ / \_\_\_ / \_\_\_

02. Date of definitive wound closure (MM/DD/YY)

\_\_\_ / \_\_\_ / \_\_\_

03a. Type of definitive wound closure (Mark all that apply)

- Primary
- STSG
- Flap (Specify in 3b.)
- VAC assisted

b. If "Flap", specify type

- Local muscle
- Fasciocutaneous
- Free

04. Was CPM used?

- Yes     No

05. Surgical procedures performed since last follow-up

- Yes     No (Skip to question 7)

06. If "Yes", specify procedure and date performed

(Mark all that apply)

a. Procedure	b. Date (MM/DD/YY)
<input type="radio"/> Bone graft	___ / ___ / ___
<input type="radio"/> Dynamization	___ / ___ / ___
<input type="radio"/> Exchange nail	___ / ___ / ___
<input type="radio"/> Irrigation and debridement	___ / ___ / ___
<input type="radio"/> Remove painful implant - nail	___ / ___ / ___
<input type="radio"/> Remove painful implant - plate	___ / ___ / ___
<input type="radio"/> Remove painful implant - screws only	___ / ___ / ___
<input type="radio"/> Other (Specify below)	___ / ___ / ___

07. Complications since last follow-up

- Yes (Complete Adverse Event Form)
- No

### Physical Exam

08a. Rotational alignment of affected extremity

- Normal (Skip to question 09)
- Internally rotated
- Externally rotated

b. If "Internally" or "Externally" rotated, specify degrees of rotation \_\_\_ °

09a. Leg length discrepancy

- None (Skip to question 10)
- Affected leg shorter than unaffected leg
- Affected leg longer than unaffected leg

b. If "Short" or "Long", specify discrepancy \_\_\_ mm

For questions 10-13, fill in degree and either a positive (+) or negative (-) sign in the parenthesis.

10. Knee extension (0 = full extension, (+) = hyperextension)

- a. Active ( ) | | | | °
- b. Passive ( ) | | | | °

11. Knee flexion

- a. Active ( ) | | | | °
- b. Passive ( ) | | | | °

12. Ankle dorsiflexion (0 = neutral, (+) = dorsiflexion)

- a. Active ( ) | | | | °
- b. Passive ( ) | | | | °

13. Ankle plantarflexion

- a. Active ( ) | | | | °
- b. Passive ( ) | | | | °

14. Sensation at time of examination

Location	Normal	Diminished	Absent
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"/>

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