

# ***S.O.L.V.E.D***

## ***(Distal Femur)***

### ***Data Collection Schedule***

<b><i>Clinical</i></b>									
<i>Case Report Form</i>	<i>Completed By</i>	<i>PreOp Visit</i>	<i>Day of Surgery</i>	<i>2 mos. PostOp</i>	<i>3 mos. PostOp</i>	<i>6 mos. PostOp</i>	<i>1 yr PostOp</i>	<i>2 yrs PostOp</i>	<i>As Needed</i>
Distal Femur Inclusion/ Exclusion Criteria	Physician	X							
Patient Information	Physician	X							
Distal Femur Fracture Characteristics Form	Physician	X							
SF-12v2	Patient	X			X	X	X	X	
EQ-5D	Patient	X			X	X	X	X	
SMFA	Patient	X			X	X	X	X	
Distal Femur Surgical Summary	Physician		X						
Follow-up Clinical Evaluation	Physician			X	X	X	X	X	
Knee Society	Physician				X	X	X	X	
Adverse Event Form	Physician								X
<b><i>Radiographic Images</i></b>									
			<i>PostOp</i>						
Knee A/P	Physician	X	X		X	X	X	X	
Knee Lateral	Physician	X	X		X	X	X	X	
Femur A/P	Physician	X	X		X	X	X	X	
Femur Lateral	Physician	X	X		X	X	X	X	