

S.O.L.V.E.D.
(*Distal Femur*)
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 (<i>check appropriate box</i>) <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 14*)

Complete questions 02-13 if “Intramedullary nail” used

Surgical Technique

02. Incision length ____ ____ mm

05. Incision type

- ☐ Medial paratendinous
☐ Lateral paratendinous
☐ Tendon split
☐ Arthrotomy for joint reduction

Component Details

04. Length

____ ____ mm

05. Diameter

____ ____ . ____ mm

06. Material

- ☐ Stainless steel ☐ Titanium

07. Manufacturer

- ☐ DePuy
☐ Smith & Nephew
☐ Stryker
☐ Synthes
☐ Zimmer
☐ Other (*Specify*): _____

08. Locking screws at the knee - number of screws

- a. Off axis** ____ ____ #
b. Transverse ____ ____ #

09. Locking screws at the hip - number of screws

- a. Off axis** ____ ____ #
b. AP ____ ____ #

10. Fixed angle interlocking screws

- a. Hip** ____ ____ #
b. Knee ____ ____ #

11. Lag screws (for intra-articular fracture)

- ☐ Yes
☐ No (*Skip to question 14*)

12. If “Lag screws”, specify width and number used

- a. Width** ____ . ____ mm
b. Number ____ ____ #

13. Blocking screws

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

Complete questions 14-21 only if “Locking plate” used

Surgical Technique

14. Technique (*Mark all that apply*)

- ☐ Percutaneous application
☐ Open reduction of joint
☐ Open reduction of metaphyseal fracture
☐ Other (*Specify*): _____

15. Incision length

____ ____ mm

Please continue on next page

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Component Details

16. Length

____ mm

17. Number of holes in plate

a. Shaft _____ #

b. Metaphysis _____ #

18. Number of locked screws

a. Shaft – bicortical _____ #

b. Shaft – unicortical _____ #

c. Metaphysis _____ #

19. Number of unlocked screws

a. Shaft – bicortical _____ #

b. Shaft – unicortical _____ #

c. Metaphysis _____ #

20. Material

☐ Stainless steel ☐ Titanium

21. Manufacturer

☐ DePuy ☐ Synthes
☐ Smith & Nephew ☐ Zimmer
☐ Stryker ☐ Other (Specify below) _____

Complete questions 22 – 36 for all Components

22. If open fracture, date and time of irrigation and debridement

a. Date ____ / ____ / ____ (MM/DD/YY)

b. Time ____ : ____ AM / PM (circle one)

23. Date and time of definitive fixation

a. Date ____ / ____ / ____ (MM/DD/YY)

b. Time ____ : ____ AM / PM (circle one)

24. Stabilization prior to definitive fixation

☐ Brace ☐ External fixation

☐ Plaster / fiberglass ☐ Traction

☐ Other (Specify): _____

25. Length of surgery (skin to skin) ____ min

26. Fluoroscopy time ____ seconds

Additional surgical procedures

	None	Right	Left	Bilateral
27. Fixation of upper extremity fracture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Fixation of lower extremity fracture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Fixation of spine fracture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Did the patient have abdominal surgery?

☐ Yes ☐ No

31. Did the patient have any other surgical procedures?

☐ Yes (Specify): _____

☐ No

32. Planned secondary surgeries (Mark all that apply)

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

33. Radiographic alignment on post-operative films

a. ____ ° ☐ Varus or ☐ Valgus

b. ____ ° ☐ Anterior angulation or ☐ Posterior angulation

34a. Rotational alignment of affected extremity

☐ Normal (Skip to question 35)

☐ Internally rotated

☐ Externally rotated

b. If “Internally” or “Externally” rotated, specify degrees

____ °

35a. Leg length discrepancy

☐ None (Skip to question 36)

☐ Affected leg shorter than unaffected leg

☐ Affected leg longer than unaffected leg

b. If ‘Short’ or ‘Long’, specify discrepancy ____ mm

36. Will CPM be used?

☐ Yes ☐ No