

S.O.L.V.E.D

(Distal Femur)

Fracture Characteristics Form

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"/> Pre-Op

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. Fracture type

- ☐ Open
☐ Closed (Skip to question 4)

02. If “Open”, select Gustillo Type (See description below)

- ☐ I
☐ II
☐ IIIA
☐ IIIB

Type I Wound <= 1.0 cm in length and clean
Type II Wound > 1.0 cm and <=10.0 cm without extensive soft tissue damage, flaps or avulsions
Type IIIA Extensive soft tissue injury or flaps >10.0 cm with soft tissue coverage of bone OR segmental (caused by high energy trauma) irrespective of the size of the wound
Type IIIB Requiring flap coverage

03. If “Open”, specify wound length

____ mm

04. If “Closed”, select Tscherne Grade (See description)

- ☐ 0
☐ I
☐ II
☐ III

	Severity of Soft Tissue Damage	Fracture Severity	Contamination
Grade 0	none	mild	none
Grade I	mild	mild to moderate	none
Grade II	moderate	mild to severe	none
Grade III	severe	mild to severe	none

05. Length of bone (A → D)

____ mm

06. Distance from proximal joint-line to main fracture line (A → B)

____ mm

07. Distance from distal joint-line to main fracture line (C → D)

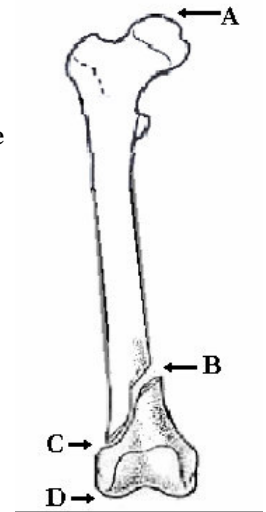
____ mm

08a. Is an intraarticular extension present?

- ☐ Yes (Specify below)
☐ No

b. If “Yes”, is there comminution

- ☐ Yes
☐ No



09. 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"/>

Please continue on next page

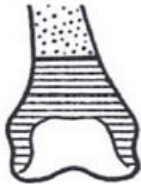






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10a. AO/OTA Classification (Mark only one)

Following the fracture description from left to right, fill in the bubble that corresponds to the Type, Group and Sub-Group combination that best describes the fracture.

Location		Type		Group		Sub-Group		Final Classification					
33	Distal	A	Extra-articular		1	Simple		0.1	Apophyseal	33.A.1.1	<input type="radio"/>		
								0.2	Metaphyseal oblique or spiral	33.A.1.2	<input type="radio"/>		
								0.3	Metaphyseal transverse	33.A.1.3	<input type="radio"/>		
				2	Metaphyseal wedge		0.1	Intact wedge	33.A.2.1	<input type="radio"/>			
							0.2	Fragmented lateral	33.A.2.2	<input type="radio"/>			
							0.3	Fragmented medial	33.A.2.3	<input type="radio"/>			
							3	Metaphyseal complex		0.1	Intermediate split segment	33.A.3.1	<input type="radio"/>
										0.2	Irregular limited to metaphysic	33.A.3.2	<input type="radio"/>
										0.3	Irregular extending to diaphysis	33.A.3.3	<input type="radio"/>
		C	Complete articular		1	Articular simple		0.1	T or Y shaped with slight displacement	33.C.1.1	<input type="radio"/>		
								0.2	T or Y shaped with marked displacement	33.C.1.2	<input type="radio"/>		
								0.3	T shaped epiphyseal	33.C.1.3	<input type="radio"/>		
2	Articular simple, metaphyseal multi-fragmentary					0.1	With intact wedge	33.C.2.1	<input type="radio"/>				
						0.2	With fragmented wedge	33.C.2.2	<input type="radio"/>				
						0.3	Complex	33.C.2.3	<input type="radio"/>				
										Other (Specify below)	<input type="radio"/>		

b. If "Other", please specify
