

**THE SPORTS MEDICINE SERVICE
DEPARTMENT OF ORTHOPEDIC SURGERY
RUSH UNIVERSITY MEDICAL CENTER
ANTERIOR CRUCIATE LIGAMENT DISCHARGE SUMMARY**

DATE OF INJURY _____
 DATE OF SURGERY _____
 INTERVAL TO SURGERY: _____
 AFFECTED KNEE: L R
 PRIOR CONTRALATERAL RECONSTRUCTION: Y N

HISTORY OF SIGNIFICANT INJURY

1. Mechanism of injury:

- valgus hyperflexion
 varus A-P blow on flexion
 external rotation unknown
 hyperextension other _____

2. Heard loud or audible "pop" during injury: No Yes

3. Previous treatment to significant injury:

- none crutches
 splint surgery
 cast other _____
 aspiration

4. Length of non-surgical treatment:

- less than 2 weeks
 2 to 4 weeks
 1 to 6 months
 6 months to 1 year
 greater than 1 year

5. SPORT

- Skiing
 Football
 Basketball
 Soccer
 Volleyball
 Baseball
 Wrestling
 Rugby
 Field Hockey
 Ice Hockey
 Dance
 Martial Arts
 Other _____
 Workmans Comp

PREOPERATIVE CLINICAL EXAMINATION

6. Valgus:	0 degrees:	neg	+	++	+++
		sharp end point			absent end point
	flexion 30:	neg	+	++	+++
		sharp end point			absent end point
7. Varus:	0 degrees:	neg	+	++	+++
		sharp end point			absent end point
	flexion 30:	neg	+	++	+++
		sharp end point			absent end point
8. Anterior Drawer Sign at 90:		neg	+	++	+++
		sharp end point			absent end point
9. Posterior Drawer Sign at 90:		neg	+	++	+++
		sharp end point			absent end point

32. Patella: none shaving/drilling realignment lateral release

33. Date of surgery: _____

34. Length of tourniquet time: _____ hrs., mins.

35. Graft construct length: BP: _____ mm T: _____ mm BP: _____ mm

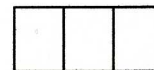
36. Screw: F: 7 x 25 9 x 25 metal bioabsorbable
T: 9 x 20 9 x 25 9 x 30 metal bioabsorbable

37. Modification: none 180 rotation 540 rotation FBB recession

38. Final Diagnosis:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> MCL Grade I | <input type="checkbox"/> MM tear | <input type="checkbox"/> Chondromalacia |
| <input type="checkbox"/> Grade II | <input type="checkbox"/> Partial Tear | MFC: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV |
| <input type="checkbox"/> Grade III | <input type="checkbox"/> Flap | MTC: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV |
| <input type="checkbox"/> ACL Grade II | <input type="checkbox"/> Horizontal | LFC: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV |
| <input type="checkbox"/> Grade III | <input type="checkbox"/> Radial Split | LTC: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV |
| <input type="checkbox"/> PCL Grade II & III | <input type="checkbox"/> Bucket | Trochlea <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV |
| <input type="checkbox"/> LCL Grade I | <input type="checkbox"/> Displaced | Patella: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV |
| <input type="checkbox"/> Grade II | <input type="checkbox"/> Undisplaced | |
| <input type="checkbox"/> Grade III | <input type="checkbox"/> LM tear | <input type="checkbox"/> Loose bodies |
| <input type="checkbox"/> Posterolateral corner | <input type="checkbox"/> Partial Tear | <input type="checkbox"/> Synovitis |
| <input type="checkbox"/> Osteochondritis Dissecans | <input type="checkbox"/> Flap | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Osteochondral fracture | <input type="checkbox"/> Horizontal | |
| <input type="checkbox"/> Patellar instability | <input type="checkbox"/> Radial Split | |
| | <input type="checkbox"/> Bucket | |
| | <input type="checkbox"/> Displaced | |
| | <input type="checkbox"/> Undisplaced | |

39. Physicians: Bach
 Bush-Joseph
 Cole
 Verma



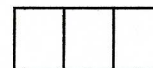
X-RAY EVALUATION

41.

SPURRING PATELLA	NONE <input type="checkbox"/> 2	MILD-MODERATE <input type="checkbox"/> 1	SEVERE <input type="checkbox"/> 0	
SPURRING MEDIAL COMPARTMENT TIBIA ___ FEMUR ___	NONE <input type="checkbox"/> 3	MILD <input type="checkbox"/> 2	MODERATE <input type="checkbox"/> 1	SEVERE <input type="checkbox"/> 0
SPURRING LATERAL COMPARTMENT TIBIA ___ FEMUR ___	NONE <input type="checkbox"/> 3	MILD <input type="checkbox"/> 2	MODERATE <input type="checkbox"/> 1	SEVERE <input type="checkbox"/> 0
SPURRING TIBIAL SPINES	NONE <input type="checkbox"/> 3	MILD <input type="checkbox"/> 2	MODERATE <input type="checkbox"/> 1	SEVERE <input type="checkbox"/> 0
SUBCHONDRAL SCLEROSIS-MEDIAL TIBIA ___ FEMUR ___	NONE <input type="checkbox"/> 3	MILD <input type="checkbox"/> 2	MODERATE <input type="checkbox"/> 1	SEVERE <input type="checkbox"/> 0
SUBCHONDRAL SCLEROSIS-LATERAL TIBIA ___ FEMUR ___	NONE <input type="checkbox"/> 3	MILD <input type="checkbox"/> 2	MODERATE <input type="checkbox"/> 1	SEVERE <input type="checkbox"/> 0
JOINT SPACE NARROWING MEDIAL COMPARTMENT	NONE <input type="checkbox"/> 3	1 MM <input type="checkbox"/> 2	2 MM <input type="checkbox"/> 1	>= 3 MM <input type="checkbox"/> 0
JOINT SPACE NARROWING LATERAL JOINT SPACE	NONE <input type="checkbox"/> 3	1 MM <input type="checkbox"/> 2	2 MM <input type="checkbox"/> 1	>= 3 MM <input type="checkbox"/> 0
SEVERE ANGULAR DEFORMITY Varus ___ Valgus ___ Difference >5	NONE <input type="checkbox"/> 2	PRESENT <input type="checkbox"/> 1	Angle ___	
SUBCHONDRAL CYSTS MEDIAL TIBIA ___ FEMUR ___	NONE <input type="checkbox"/> 3	MILD <input type="checkbox"/> 2	MODERATE <input type="checkbox"/> 1	SEVERE <input type="checkbox"/> 0
SUBCHONDRAL CYSTS LATERAL TIBIA ___ FEMUR ___	NONE <input type="checkbox"/> 3	MILD <input type="checkbox"/> 2	MODERATE <input type="checkbox"/> 1	SEVERE <input type="checkbox"/> 0
LOOSE BODIES	NONE <input type="checkbox"/> 2	1 <input type="checkbox"/> 1	2 OR MORE <input type="checkbox"/> 0	
TOTAL =				

42. MRI

- | | | |
|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> not done | <input type="checkbox"/> non-visual ACL | <input type="checkbox"/> Bone Bruise |
| <input type="checkbox"/> normal study | <input type="checkbox"/> non-visual PCL | <input type="checkbox"/> LFC |
| <input type="checkbox"/> tear MM | <input type="checkbox"/> loose bodies | <input type="checkbox"/> LTC |
| <input type="checkbox"/> tear LM | <input type="checkbox"/> osteochondral fracture | <input type="checkbox"/> MFC |
| <input type="checkbox"/> tear ACL | <input type="checkbox"/> MCL | <input type="checkbox"/> MTC |
| <input type="checkbox"/> tear PCL | <input type="checkbox"/> LCL | <input type="checkbox"/> Patella |
| | <input type="checkbox"/> DJD | |



43. MACROSCOPIC APPEARANCE OF JOINT

- Method: arthrotomy
 arthroscopy
 arthroscopy assisted

1. PATELLA JOINT FACETS:

2. SYNOVIUM:

3. MEDIAL FEMORAL CONDYLE:

4. MEDIAL MENISCUS & TIBIAL PLATEAU:

5. CRUCIATE LIGAMENTS:

6. LATERAL MENISCUS & TIBIAL PLATEAU:

7. LATERAL FEMORAL CONDYLE:

8. LOOSE BODIES:

9. EMPTY WALL:

10. VERTICAL STRUT:

