

**Directions**

- Use a #2 soft pencil for marking.
- Answer all questions unless otherwise indicated.
- Completely fill in boxes to record answers.

**Side**

Right  Left

**Question types**

only 1 answer allowed  
 multiple answers allowed

Internal Use Only Not read by scanner	Last name		Official first name		Gender m / f
	Street				M.R.N. (internal)
	Country code	Zip code	City		
	Social security number (ADI no.)				Birthdate (DD.MM.YYYY)
	Last name at birth		Place of birth		Country of birth
	<input type="checkbox"/> Mandatory information		<input type="checkbox"/> Recommended specification (Implant tracking*)		<input type="checkbox"/>

**Admission**

<b>Height**</b> (cm) Enter exact values online if desired .....	<b>Weight**</b> (kg) Enter exact values online if desired .....	<b>Height/Weight</b> <input type="checkbox"/> unknown/ not documented ** BMI ist calculated online
<input type="checkbox"/> 140 <input type="checkbox"/> 145 <input type="checkbox"/> 150 <input type="checkbox"/> 155 <input type="checkbox"/> 160 <input type="checkbox"/> 165 <input type="checkbox"/> 170 <input type="checkbox"/> 175 <input type="checkbox"/> 180 <input type="checkbox"/> 185 <input type="checkbox"/> 190 <input type="checkbox"/> 195 <input type="checkbox"/> 200 <input type="checkbox"/> 205	<input type="checkbox"/> 40 <input type="checkbox"/> 45 <input type="checkbox"/> 50 <input type="checkbox"/> 55 <input type="checkbox"/> 60 <input type="checkbox"/> 65 <input type="checkbox"/> 70 <input type="checkbox"/> 75 <input type="checkbox"/> 80 <input type="checkbox"/> 85 <input type="checkbox"/> 90 <input type="checkbox"/> 95 <input type="checkbox"/> 100 <input type="checkbox"/> 105	
<b>Diagnosis</b>		
<input type="checkbox"/> loosening FE <input type="checkbox"/> loosening TI <input type="checkbox"/> loosening PAT <input type="checkbox"/> infection <input type="checkbox"/> femorotibial instability <input type="checkbox"/> patellar instability <input type="checkbox"/> patella problems	<input type="checkbox"/> component malposition FE <input type="checkbox"/> component malposition TI <input type="checkbox"/> wrong size component FE <input type="checkbox"/> wrong ize component TI <input type="checkbox"/> joint stiffness/artrofibrosis <input type="checkbox"/> wear of inlay <input type="checkbox"/> periprosthetic fracture FE	<input type="checkbox"/> periprosthetic fracture TI <input type="checkbox"/> periprosthetic fracture PAT <input type="checkbox"/> pain <input type="checkbox"/> progression of unicomp. gonarthrosis <input type="checkbox"/> other diagnosis .....
<b>Class Charnley</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> BB <input type="checkbox"/> C <input type="checkbox"/> unknown/ not documented		
<b>Implantation year if before 2012 (optional)</b> 20.. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <b>19..</b> <input type="checkbox"/> 9 <input type="checkbox"/> 8 <input type="checkbox"/> 7 <input type="checkbox"/> 6 <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0		

**Surgery**

PROCEDURE	<b>Surgery date</b>			
	<b>Day</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31	<b>Year</b>	<input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27
	<b>Month</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
	<b>Morbidity state (ASA)</b>			
	<input type="checkbox"/> ASA1, no disturbances <input type="checkbox"/> ASA2, mild/moderate	<input type="checkbox"/> ASA3, severe <input type="checkbox"/> ASA4, life-threatening	<input type="checkbox"/> ASA5, moribund <input type="checkbox"/> unknown/ not documented	
	<b>Intervention</b>			
	<input type="checkbox"/> complete revision <input type="checkbox"/> femoral revision <input type="checkbox"/> tibial revision <input type="checkbox"/> patella revision <input type="checkbox"/> subsequent patella prosthesis <input type="checkbox"/> subsequent patella prosthesis with exchange of PE	<input type="checkbox"/> subsequent partial prosthesis, second compartment <input type="checkbox"/> conversion from unicomp. to total prosthesis <input type="checkbox"/> exchange of PE <input type="checkbox"/> comp. removal, without spacer implant. <input type="checkbox"/> component removal, spacer implantation <input type="checkbox"/> reimplantation posthesis	<input type="checkbox"/> arthrodesis <input type="checkbox"/> prosthesis preserving revision <input type="checkbox"/> reconstruction plasty <input type="checkbox"/> reconstruction extensors <input type="checkbox"/> osteosynthesis <input type="checkbox"/> other intervention .....	
	<b>Type of arthroplasty (Classification in online help)</b>			
	<input type="checkbox"/> BCR (bicruciate retaining) <input type="checkbox"/> PCR (post. cruciate retaining) <input type="checkbox"/> CS (cruciate sacrificing) / UCOR <input type="checkbox"/> PS (posterior stabilized) <input type="checkbox"/> SC / CCK semi-constrained <input type="checkbox"/> CCK constrained condylar knee	<input type="checkbox"/> hinge type <input type="checkbox"/> unicompartamental medial <input type="checkbox"/> unicompartamental lateral <input type="checkbox"/> femoropatellar <input type="checkbox"/> other arthroplasty .....	IMPLANT SPECIFICATION	<b>Subtyp</b> <input type="checkbox"/> mobile bearing <input type="checkbox"/> fixed bearing
	<b>Technology</b>	<b>Component registration</b> <input type="checkbox"/> yes <i>Mark when Intervention indicates an implant.</i> <input type="checkbox"/> no		
<input type="checkbox"/> conventional <input type="checkbox"/> minimal invasive	<input type="checkbox"/> computer assisted tibial <input type="checkbox"/> computer assisted femoral	<input type="checkbox"/> patient specific instrumentation <input type="checkbox"/> other technology .....		
<b>Fixation of components</b>	<b>Components additional</b>			
<input type="checkbox"/> FE + TI cemented <input type="checkbox"/> FE + TI not cemented	<input type="checkbox"/> FE no cement, TI cement <input type="checkbox"/> FE cement, TI no cement	<input type="checkbox"/> none <input type="checkbox"/> Sleeve FE <input type="checkbox"/> Stem FE <input type="checkbox"/> Stem TI	<input type="checkbox"/> Sleeve TI <input type="checkbox"/> Augmente FE <input type="checkbox"/> Augmente TI <input type="checkbox"/> Allograft <input type="checkbox"/> Autograft <input type="checkbox"/> other .....	
<b>Fixation components additional</b>	<b>Patellar component</b>	<b>Fixation patellar component</b>	<b>Fixation of trochlea component</b>	
<input type="checkbox"/> Stem FE <input type="checkbox"/> Stem TI <input type="checkbox"/> cemented <input type="checkbox"/> uncemented	<input type="checkbox"/> Stem TI <input type="checkbox"/> cemented <input type="checkbox"/> uncemented <input type="checkbox"/> status after patellectomy	<input type="checkbox"/> cemented <input type="checkbox"/> uncemented	<input type="checkbox"/> cemented <input type="checkbox"/> uncemented	
<b>Vacuum mixing</b>	<b>Individual cement add-ons by surgeon</b>			
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> no <input type="checkbox"/> yes, contrast agent		<input type="checkbox"/> yes, antibiotics	
All details regarding the cement will be collected in the subform cement.		<b>Surgeon</b> .....	<b>Assistant (optional)</b> .....	

