KAISER PERMANENTE®

**ACLR REGISTRY**
**OPERATIVE FORM**
**Registry Form**

**NAME:** _____

**MRN:** _____

| SURGEON | DOB | |
|---|---|---|
| | / / | ☐ KSMC (Sunnybrook)<br>☐ KWMC (Westside)<br>☐ NW_Other _____ |
| **OPERATIVE DATE (MM/DD/YY)** | **OPERATIVE SITE** | **GENDER** |
| / / | ☐ LEFT ☐ RIGHT | ☐ MALE ☐ FEMALE |

**INJURY DATE (MM/DD/YY):** / /

**Occupational Health Services/Workers comp** *(please check)*: ☐

| **Diagnosis** | Reconstructed | Repair | Left in situ | None-Healed at time of surgery | Other |
|---|---|---|---|---|---|
| ☐ ACL | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ ALL | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ LCL | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ MCL | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ PCL | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ PLC | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ Other | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ None | | | | | |

**Activities that lead to injury:**

☐ Baseball/Softball ☐ Basketball
☐ Cheerleading/Dance ☐ Cycle
☐ Fall ☐ Football
☐ Gymnastics ☐ Martial Arts
☐ MCA/MVA ☐ Racket Sports
☐ Running/Hiking/Walking ☐ Skateboard
☐ Skiing/Snowboarding ☐ Soccer
☐ Volleyball ☐ Water Sports
☐ Work ☐ Other: _____

**Is this a: Revision** ☐ **No** ☐ **Yes** ☐ **Single Stage** ☐ **Stage 1 of 2** ☐ **Stage 2 of 2**

**Index knee prior meniscus/ cartilage surgery:** ☐No ☐Yes- if yes, what procedure:
☐Meniscus repair ☐Meniscus transplant ☐Microfacture/drilling ☐Osteochondral autograft
☐Osteochondral allograft ☐Partial or total menisectomy abrasion ☐Other: _____

**Contralateral knee normal:** ☐Yes ☐ No – if no, please describe:
☐ Cartilage injury/surgery ☐ Current ACL Insufficiency ☐ Ligament injury/surgery ☐ Meniscus injury/surgery
☐ Prior ACL reconstruction ☐ Other ligament injury/surgery:

| **Cartilage Injury Location** | **Size (mm)** | **Grade** | **WBA**(°) | None | Debridement | Microfx/drilling abrasion | Osteochondral allograft | Osteochondral autograft | Other |
|---|---|---|---|---|---|---|---|---|---|
| ☐Patella | ___x___ | _____ | N/A | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐Trochlea | ___x___ | _____ | _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐MFC | ___x___ | _____ | _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐LFC | ___x___ | _____ | _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐MTP | ___x___ | _____ | N/A | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐LTP | ___x___ | _____ | N/A | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

☐ **MEDIAL Meniscus**

**Type:** **Length** (mm)**:**
☐Complex _____
☐Radial _____
☐Horizontal _____
☐Vertical _____
☐Partial Thickness Tear _____
☐Root Tear _____
☐Other: _____ _____

**Procedure** *(check all that apply)***:**
☐Repair:
☐Sutures ☐All inside device
☐Sutures through tunnel w/ Button
☐Sutures through tunnel w/ Bone Anchor
☐Sutures through tunnel w/ Bone Bridge
☐Partial menisectomy: _____% remaining
☐Trephinated ☐Rasped ☐Left in situ

☐ **LATERAL Meniscus**

**Type:** **Length** (mm)**:**
☐Complex _____
☐Radial _____
☐Horizontal _____
☐Vertical _____
☐Partial Thickness Tear _____
☐Root Tear _____
☐Other: _____ _____

**Procedure** *(check all that apply)***:**
☐Repair:
☐Sutures ☐All inside device
☐Sutures through tunnel w/ Button
☐Sutures through tunnel w/ Bone Anchor
☐Sutures through tunnel w/ Bone Bridge
☐Partial menisectomy _____ % remaining
☐Trephinated ☐Rasped ☐Left in situ

**Physis:** ☐Open ☐Closed **Femoral tunnel drilled via:** ☐Tibial tunnel ☐Medial portal ☐Lateral approach ☐Unknown

## SINGLE BUNDLE

| AUTOGRAFT | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Graft Type** | ACL | ALL | LCL | MCL | PCL | PLC | OTHER____ | Width (mm) | Diameter | Number of Strands |
| BPTB | | | | | | | | | | |
| HAMSTRING | | | | | | | | | | |
| QUAD TENDON | | | | | | | | | | |
| REPAIR ONLY | | | | | | | | | | |
| OTHER_____ | | | | | | | | | | |

| ALLOGRAFT | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Graft Type** | ACL | ALL | LCL | MCL | PCL | PLC | OTHER____ | Width (mm) | Diameter | Number of Strands |
| BPTB | | | | | | | | | | |
| ACHILLES | | | | | | | | | | |
| TIBIALIS ANTERIOR | | | | | | | | | | |
| TIBIALIS POSTERIOR | | | | | | | | | | |
| QUAD TENDON | | | | | | | | | | |
| HAMSTRING | | | | | | | | | | |
| PERONEUS LONGUS | | | | | | | | | | |
| REPAIR ONLY | | | | | | | | | | |
| OTHER_____ | | | | | | | | | | |

## DOUBLE BUNDLE

| AUTOGRAFT | | | | | |
|---|---|---|---|---|---|
| **Graft Type** | Anteromedial-Double Bundle | Posterolateral-Double Bundle | Width (mm) | Diameter | Number of Strands |
| BPTB | | | | | |
| HAMSTRING | | | | | |
| QUAD TENDON | | | | | |
| OTHER_____ | | | | | |

| ALLOGRAFT | | | | | |
|---|---|---|---|---|---|
| **Graft Type** | Anteromedial-Double Bundle | Posterolateral-Double Bundle | Width (mm) | Diameter | Number of Strands |
| BPTB | | | | | |
| ACHILLES | | | | | |
| TIBIALIS ANTERIOR | | | | | |
| TIBIALIS POSTERIOR | | | | | |
| QUAD TENDON | | | | | |
| HAMSTRING | | | | | |
| PERONEUS LONGUS | | | | | |
| OTHER_____ | | | | | |

| **ACL GRAFT FIXATION** *(please place implant labels in appropriate section below)*: | |
|---|---|
| **Femoral**<br>☐ ***None*** *(please check)* | **Tibial**<br>☐ ***None*** *(please check)* |
| **SUPPLEMENTAL FIXATION:** | |
| **Femoral**<br>☐ ***None*** *(please check)* | **Tibial**<br>☐ ***None*** *(please check)* |
| **ADDITIONAL FIXATION IMPLANTS:** ☐ ***None*** *(please check)* | |
| | |
| **MENISCAL FIXATION IMPLANTS:** ☐ ***None*** *(please check)* | |
| | |
| **GRAFT:** ☐ ***None*** *(please check)* | |
| | |
| **OTHER GENERAL IMPLANTS:** ☐ ***None*** *(please check)* | |
| | |

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