

Date (dd/mmm/yyyy): _____ Participant ID: _____

PAO ± Hip Arthroscopy Study

Appendix D

Time interval: Pre-op

Patient Information

1. Subject ID: _____
2. Operative hip: Left Right
3. Sex: Male Female
4. Month/year of birth (mmm/yyyy): _____


Patient History

1. Pain location: (check all that apply) Anterior (groin) Anterior (thigh) Lateral Posterior (buttock) Other (specify) :
2. Pain chronicity: (select one) < 6 months 6 months - 1 year 1 - 3 years 3 - 5 years > 5 years

PAO ± Hip Arthroscopy Study

Time interval: Pre-op 2-4 weeks 6 months 12 months 24 months post-op

Radiographic Finding Digital Measurements

1. Anteroposterior pelvis: No Yes
If yes, answer the following:
- 1) Patient is: Standing Supine
- 2) Date of X-ray (dd/mmm/yyyy): _____
- 3) Tönnis classification (select one of the following):
- Grade 0 (no signs of osteoarthritis)
 - Grade 1 (increased sclerosis of the head nad acetabulum)
 - Grade 2 (small cysts in the head or acetabulum, moderate joint space narrowing, moderate loss of head sphericity)
 - Grade 3 (large cysts in head or acetabulum, severe joint space narrowing or obliteration, severe deformity of femoral head, evidence of necrosis)
- 4) Lateral center edge angle (Wiberg): _____ °
- 5) Acetabular inclination (Tönnis angle): _____ °
- 6) Alpha angle: _____ °
- 7) Cross over sign: No Yes
If yes, select crossover location below:
- Superior 1/3 of acetabulum
 - Middle 1/3 of acetabulum
 - Inferior 1/3 of acetabulum
- 8) Posterior wall sign: No Yes
- 9) Prominence of ischial spin (PRIS) sign: No Yes
- 10) Congruency classification (select one of the following):
- Excellent
 - Good
 - Fair
 - Poor
- 

Excellent Good Fair Poor
2. Faux profile view: No Yes
If yes, answer the following:
- 1) Date of X-ray (dd/mmm/yyyy): _____
- 2) Anterior roof angle: _____ °
- 3) Posterior joint space narrowing: No Yes

PAO ± Hip Arthroscopy Study

Radiographic Finding Digital Measurements (Continued)

3. Dunn view: No Yes

If yes, answer the following:

1) 45° or 90° Dunn

2) Date of X-ray (dd/mmm/yyyy): _____

3) Alpha angle: _____ °

4. MRI study : No Yes

If yes, answer the following:

1) Date of MRI (dd/mmm/yyyy): _____

2) Labral tear: No Yes

3) Acetabular cyst: No Yes

4) Femoral head cyst : No Yes

5) Alpha angle at 3 o'clock position: _____ °

6) Alpha angle at 130 position: _____ °

5. 3D CT scan No Yes

If yes, date of scan (dd/mmm/yyyy): _____

PAO ± Hip Arthroscopy Study

Time interval: Intra-op

Surgical procedure

1. Arthroscopy: No Yes

If yes, select one of the following:

Beck cartilage damage

- 0 Normal (macroscopically sound cartilage)
- 1 Malacia (roughening of surface, fibrillation)
- 2 Pitting malacia (roughening, partially thinning and full-thickness defects or deep fissuring to the bone)
- 3 Debonding (loss of fixation to the subchondral bone, macroscopically sound cartilage; carpet phenomenon)
- 4 Cleavage (loss of fixation to the subchondral bone; frayed edges, thinning of the cartilage)
- 5 Defect (full-thickness defect)

Labral damage

2. Concurrent procedures (select all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Acetabular articular cartilage grafting | <input type="checkbox"/> Femoral head chondroplasty |
| <input type="checkbox"/> Acetabular articular cartilage fixation | <input type="checkbox"/> Femoral head microfracture |
| <input type="checkbox"/> Acetabular chondroplasty | <input type="checkbox"/> Femoral head/neck osteochondroplasty |
| <input type="checkbox"/> Acetabular microfracture | <input type="checkbox"/> Labral reconstruction (graft) |
| <input type="checkbox"/> Acetabular rim osteoplasty | <input type="checkbox"/> Labral recontouring/shrinkage/thermal stabilizatoin |
| <input type="checkbox"/> Adhesiolysis-head neck junction | <input type="checkbox"/> Labral refixation/repair |
| <input type="checkbox"/> Adhesiolysis-labrocapsular junction | <input type="checkbox"/> Labral resection (partial) |
| <input type="checkbox"/> Arthroscopic partial capsulectomy | <input type="checkbox"/> Labral resection (complete) |
| <input type="checkbox"/> Arthotomy | <input type="checkbox"/> Ligamentum teres debridement |
| <input type="checkbox"/> Arthroscopic capsular incision/closure (longitudinal) | <input type="checkbox"/> Ligamentum teres repair |
| <input type="checkbox"/> Capsular tightening | <input type="checkbox"/> Open arthrotomy |
| <input type="checkbox"/> Femoral head articular cartilage fixation | <input type="checkbox"/> Psoas lengthening/release |
| <input type="checkbox"/> Femoral head articular grafting | <input type="checkbox"/> Synovectomy |
| <input type="checkbox"/> Femoral head central resection | |

3. Subspine (AIIIS) decompression: No Yes

4. Duration of surgery from skin incision to wound closure: _____ min

5. Transexamic acid: No Yes

6. DVT prevention: No Yes

If yes, select from the following:

- Xarelto LMW Heparin ASA
- Other (specify: _____)

PAO ± Hip Arthroscopy Study

Time Interval: Track all adverse events within 90 day via retrospective chart review

Post-op Adverse Events

Please use the below grading scheme to indicate post-op adverse events.

Grade	Definition
1	Any deviation from the normal postoperative course without the need for pharmacological treatment or surgical, endoscopic and radiological interventions. Allowed therapeutic regimens are: drugs (antiemetics, antipyretics, analgesics, diuretics), electrolytes and physiotherapy.
2	Requiring pharmacological treatment with drugs other than those allowed for Grade 1 complications. Blood transfusions and total parenteral nutrition are also included.
3a	Requiring surgical, endoscopic or radiological intervention (not under general anaesthesia)
3b	Requiring surgical, endoscopic or radiological intervention (under general anaesthesia)
4a	Life-threatening complication requiring ICU management (single organ)
4b	Life-threatening complication requiring ICU management (multi organ)
5	Death of a patient

<u>Adverse events</u>	No	Yes (select one)						
		1	2	3a	3b	4a	4b	5
1. Airway/breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cardiac arrest/failure/arrhythmia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Compartment syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Cutaneous injury (e.g., pressure sore)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Delirium/altered mental status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Dysphagia/dysphonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. GI bleed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Hematoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Ileus/bowel obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Implant/instrumentation related:								
a. Loss of reduction/alignment/correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Peri-implant fracture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Joint instability/dislocation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Aseptic loosening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Infection:								
a. Superficial wound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deep wound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Urinary tract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Systemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Myocardial infarction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAO ± Hip Arthroscopy Study

Post-op Adverse Events (Continued)							
14. Neurological deterioration:							
a. Sciatic nerve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Femoral nerve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Obturator nerve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Lateral femoral cutaneous nerve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Pudendal nerve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Non-union/mal union:							
a. Ilium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ischium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Pubis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Pain - new onset							
17. Pneumonia							
18. Renal insufficiency							
19. Thrombolytic event:							
a. DVT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. PE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Soft tissue reconstruction/repair fracture							
21. Wound dehiscence							
22. Wound drainage:							
a. Serous (requiring treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. How many days longer than expected did this patient stay in hospital due to adverse events (provide #): _____ day(s)

25. Did complications require :

- Not applicable
- Revision
- Reoperation
- Readmission

26. Treatment (select all that apply, and provide date of treatment) :

- | | |
|---|----------------|
| <input type="checkbox"/> Arthroscopy | Date: _____ |
| <input type="checkbox"/> Hardware removal | Date: _____ |
| <input type="checkbox"/> Bone excision | Date: _____ |
| <input type="checkbox"/> Hip replacement | Date: _____ |
| <input type="checkbox"/> Wound I&D | Date: _____ |
| <input type="checkbox"/> Other | Specify: _____ |
| | Date: _____ |

27. Other notes: