



## OR Form - Physician Questionnaire

Patient Study ID \_\_\_\_\_

Date of Procedure (MM/DD/YYYY) \_\_\_\_\_

1. What procedures were performed on this date of service?

Circle all that apply and answer corresponding sub-questions below.

- A. Adductor Tenotomy →  Open  Percutaneous
- B. Arthrogram →
- C. Elective Implant Removal
- D. Epiphyseal Drilling or Tunneling →
- E. Femoral Valgus Osteotomy →
- F. Femoral Varus Osteotomy →
- G. Greater Trochanteric Apophysiodesis →
- H. Hip Distractor Application →
- I. Hip Distractor Removal
- J. I&D Infection →
- K. Osteochondroplasty
- L. Pelvic Osteotomy →
- M. Petrie Cast Application →
- N. Physeal Arrest for LLD
- O. Relative Femoral Neck Lengthening
- P. Repeat Epiphyseal Drilling →
- Q. Surgical Hip Dislocation
- R. Other:

→Name and describe the **other** procedure performed below:

**B. Arthrogram (Late Stage cohorts only)**

B1) Goniometer measure of Passive Hip Abduction under anesthesia (with leg in extension) in degrees:

- Left: \_\_\_\_\_
- Right: \_\_\_\_\_

B2) Hinge Abduction was:

- Not Present
- Mild
- Severe
- I am unsure

B3) Was the hip congruent in...

- ...Neutral?  Yes  No  Unsure
- ...Adduction?  Yes  No  Unsure
- ...Abduction?  Yes  No  Unsure

B4) In Maximum abduction, the dye pools is...

- Thin (similar width throughout the articular surface)
- Symmetric (as in cases with femoral head flattening)
- Asymmetric (wedge shaped, as in hinge abduction)

**D. Epiphyseal Drilling or Tunneling**

Number of drills performed: \_\_\_\_\_

Size of drill or K-wire used (in millimeters): \_\_\_\_\_ mm



## OR Form - Physician Questionnaire

### E. Femoral Valgus Osteotomy

- E1) Type of implant used for osteotomy
- Blade Plate
  - Locking Plate
  - Contoured DCP
  - Other: \_\_\_\_\_
- E2) Degrees of Valgus Introduced: \_\_\_\_\_

### F. Femoral Varus Osteotomy

- F1) Type of implant used for osteotomy
- Blade Plate
  - Locking Plate
  - Contoured DCP
  - Other: \_\_\_\_\_
- F2) Degrees of Varus Introduced: \_\_\_\_\_

### G. Greater Trochanteric Apophysiodesis

- Technique used:
- Open Curettage
  - Percutaneous Curettage/Drilling
  - Placement of Bone Block
  - Screw
  - Top Screw of Plate
  - Other: \_\_\_\_\_

### H. Hip Distractor Application

- Describe the type of distractor used: \_\_\_\_\_
- Number of pelvic pins used: \_\_\_\_\_
- Number of femoral pins used: \_\_\_\_\_
- Immediate distraction: \_\_\_\_\_mm
- Total intended distraction: \_\_\_\_\_mm
- Planned length of fixator use:
- 3 months
  - 4 months
  - Other: \_\_\_\_\_

### J. I&D Infection

Describe the type and severity of infection (perioperative infections only):

### L. Pelvic Osteotomy

- L1) Type of Pelvic Osteotomy
- Chiari
  - Periacetabular (Bernese)
  - Salter
  - Shelf
  - Double
  - Triple
  - Other: \_\_\_\_\_

- L2) Pelvic implant or bone graft used:
- Iliac crest autograft
  - Screws
  - Smooth K-wires/pins
  - Structural allograft
  - Threaded K-wires/pins
  - Other: \_\_\_\_\_

### M. Petrie Cast Application

Intended duration of Petrie casting (in weeks): \_\_\_\_\_

### P. Repeat Epiphyseal Drilling

Number of drills performed: \_\_\_\_\_

Size of drill or K-wire used (in millimeters): \_\_\_\_\_mm

## OR Form - Physician Questionnaire

2. Did any complications occur during the surgery/procedure performed?

- No
- Yes – please describe:

3. What post-operative casting/orthosis have you (treating physician) prescribed?

- None
- Abduction pillow
- Wide abduction brace
- Single leg spica
- Double leg spica
- Other: \_\_\_\_\_

4. What is the planned length of post-procedural weight-bearing restrictions?

*Patients in 8-11 Early Stage Cohort:*

- 6 weeks non-weight bearing
- 6 months non-weight bearing
- Other: \_\_\_\_\_

*Patients in all other cohorts:*

- No restrictions
- ≤ 6 weeks
- 7-12 weeks
- 3-6 months
- > 6 months
- Other: \_\_\_\_\_

5. What is the patient's post-operative weight-bearing status?

- Bed rest
- Wheelchair only or wheelchair with transfer/bathroom privileges
- Non-weight bearing with crutches or walker
- Toe touch weight bearing with crutches or walker
- Partial weight bearing with crutches or walker (25-50% of body weight)
- Weight bearing as tolerated with no sports
- Weight bearing as tolerated with low impact sports only (swimming/cycling)
- Other: \_\_\_\_\_

**END OF PHYSICIAN QUESTIONNAIRE**