INTERNATIONAL PERTHES STUDY GROUP

Screening - Physician Questionnaire

Patient Study ID_____

Investigator's Name_____

Date of Consent
(MM/DD/YYYY) _____

Date of Birth
(MM/DD/YYYY) _____

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1. Does the patient have any of the following? ***Please check all that apply***.

- ☐ Coagulopathy
- ☐ Down Syndrome
- ☐ Hemoglobinopathy
- ☐ Leukemia
- ☐ Treatment with chemotherapy >30 consecutive days
- ☐ Skeletal Dysplasia
- ☐ Congenital or acquired hip disease on affected hip
- ☐ Endocrine Dysfunction
- ☐ Hemophilia
- ☐ Treatment with oral or IV steroids >30 consecutive days
- ☐ Sickle Cell disease
- ☐ None

2. Current affected hip for study enrollment. o Left o Right

3. Does this patient have bilateral Perthes? o Yes o No

   If yes, enter the Record ID number for the contralateral hip if it is enrolled in an IPSG study_____

4. Is the date of Perthes symptoms onset known? o Yes o No

   If yes, what is the date of Perthes symptoms onset _____ *(If only month is known, enter MM/01/YYYY)*

5. Date of first diagnostic x-ray: _____

6. Date of presentation to an IPSG member or their group: _____

7. How long did this patient experience symptoms prior to initial presentation?

   - o 1-2 weeks
   - o 2 months
   - o 3 months
   - o 3-6 months
   - o 6-12 months
   - o Greater than 1 year

8. What is the patient's Waldenstrom stage at presentation to an IPSG member or their group?

   - o Ia
   - o Ib
   - o IIa
   - o IIb
   - o IIIa
   - o IIIb (Does not qualify)
   - o IV (Does not qualify)

For Waldenstrom **IIb and IIIa** only: *(Answer in degrees)*

8a. What is your measurement of maximum hip abduction for the AFFECTED hip? _____

8b. What is your measurement of maximum hip abduction for the CONTRALATERAL hip? _____

9. Did the patient have weight-bearing restrictions upon presentation to an IPSG member or their group?
   - o Yes
   - o No

10. What is the **PRIMARY** treatment for this patient's LCPD?

Please note this is used by TSRH to assign the patient to the appropriate cohort.

o **Surgical** (e.g., osteotomy, osteotomy + non-weight-bearing, drilling)

Choose applicable treatment option:

- o Osteotomy
- o Osteotomy + 6 weeks NWB post operatively
- o Osteotomy + 6 months NWB post operatively
- o Multiple epiphyseal drilling / tunneling
- o Multiple epiphyseal drilling / tunneling + arthrodiastasis

o **Non-Surgical** (e.g., bracing, soft tissue release, physical therapy, restricted weight-bearing, symptomatic treatment, non-osteotomy).

Choose all applicable treatment options:

- □ Bracing
- □ Casting
- □ Soft tissue release
- □ Symptomatic treatment (i.e., NSAIDs, physical therapy)

11. Has the patient had a **perfusion** MRI? o No o No, but it is scheduled o Yes Date: _____

12. Has the patient had a **non-perfusion** MRI? o No o No, but it is scheduled o Yes Date:_____

13. What is the treating provider's measurement of epiphyseal avascularity, aka hypoperfusion (100% - % perfusion)?

- o 0 – 25%
- o 26 – 50%
- o 51 – 75%
- o 76 – 100%
- o Not Applicable (Late Stage or <6 Registry)

End of physician screening questions