

**NEW KNEE SOCIETY SCORE: PRE-OP
TO BE COMPLETED BY SURGEON**

Page 1 of 1

SUBJECT INITIALS	SUBJECT IDENTIFIER	DATE OF EVALUATION	AFFECTED SIDE
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			<input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT

To be completed by surgeon

Charnley Function Classification (use code below)

- A Unilateral Knee Arthritis
 B1 Unilateral TKA, opposite knee arthritic
 B2 Bilateral TKA

- C1 TKR, but remote arthritis affecting ambulation
 C2 TKR, but medical condition affecting ambulation
 C3 Unilateral or Bilateral TKA with Unilateral or Bilateral THA

OBJECTIVE KNEE INDICATORS

(To be completed by surgeon)

ALIGNMENT

1. Alignment: measured on AP standing X-ray (Anatomic Alignment) (Mark ONE.)

- ☐ Neutral: 2 - 10 degrees valgus
☐ Varus: < 2 degrees valgus
☐ Valgus: > 10 degrees valgus

INSTABILITY

2. Medial / Lateral Instability:
 measured in full extension (Mark ONE.)

- ☐ None
☐ Little or < 5 mm
☐ Moderate or 5 mm
☐ Severe or > 5 mm

3. Anterior / Posterior Instability:
 measured at 90 degrees (Mark ONE.)

- ☐ None
☐ Moderate < 5 mm
☐ Severe > 5 mm

JOINT MOTION

4. Range of motion:

Deductions

Flexion Contracture (Mark ONE.)

- ☐ 0 degrees
☐ 1 - 5 degrees
☐ 6 -10 degrees
☐ 11-15 degrees
☐ > 15 degrees

Extensor Lag (Mark ONE.)

- ☐ 0 degrees
☐ <10 degrees
☐ 10 - 20 degrees
☐ > 20 degrees

5. Passive Flexion:

(measured with goniometer)

6. Extension:

(measured with goniometer)

☐ check if hyperextension

7. Pain: (Mark ONE.)

- ☐ None
☐ Mild or occasional
☐ Mild or occasional stairs only
☐ Mild or occasional walking and stairs
☐ Moderate occasional
☐ Moderate continual
☐ Severe

10008 - Attune™ Primary TKA Survivorship



a Johnson & Johnson company

OPERATIVE DETAILS

Page 1 of 2

eCRF 11

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1. SURGEON NAME:

2. INTRAOPERATIVE COMPLICATIONS? (Mark ONE.)

☐ No ☐ Yes, please complete the Adverse Event eCRF

3. CONFIGURATION OF Attune™ DEVICE IMPLANT: (Mark ONE.)

☐ CR FB ☐ PS FB
☐ CR RP ☐ PS RP

4. SURGERY TIME:

Start/Cut time: : (24 hour clock)

Stop/Close time: : (24 hour clock)

or Duration (skin to skin): : min.

5. TOURNIQUET TIME:

Start/Up time: : (24 hour clock)

Stop/Down time: : (24 hour clock)

or Duration: : min.

6. ANESTHESIA TYPE: (Mark ALL that apply.)

☐ Epidural ☐ Femoral Nerve Block
☐ General ☐ Sciatic Nerve
☐ Spinal ☐ Other - specify

7. SKIN INCISION: (Mark ONE.)

☐ Midline ☐ Medial
☐ Lateral ☐ Other - specify

8. DEEP APPROACH: (Mark ONE.)

☐ Medial parapatellar
☐ Midvastus
☐ Trivector
☐ Other - specify

9. HOW DID YOU MANAGE THE PATELLA? (Mark ONE.)

☐ Everted ☐ Subluxed

10. WAS THE PATELLA RESURFACED? (Mark ONE.)

☐ Yes ☐ No

11. WHAT WAS THE ORDER OF RESECTIONS? (Mark ONE.)

☐ Femur, Tibia, Patella
☐ Patella, Femur, Tibia
☐ Tibia, Femur, Patella
☐ Patella, Tibia, Femur
☐ Femur, Tibia (patella unresurfaced)
☐ Tibia, Femur (patella unresurfaced)

12. TRUMATCH® USED? (Mark ONE.)

☐ Yes ☐ No

13. INSTRUMENTS: (Mark ONE.)

☐ Single use instruments ☐ Reusable instruments

14. COMPUTER ASSISTED SURGERY: (Mark ONE.)

☐ Yes ☐ No

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15. BONE CEMENT: (Mark ONE for each)

- a) Femoral ☐ Yes ☐ No
- b) Tibial base ☐ Yes ☐ No
- c) Patella ☐ Yes ☐ Unresurfaced

16. ANTIBIOTIC CEMENT: (Mark ONE.)

- ☐ Yes ☐ No

17. PCL MANAGEMENT: (Mark ONE.)

- ☐ Intact
- ☐ Resected/Absent
- ☐ Balanced/Partial release

18. LIGAMENT BALANCING TECHNIQUE:

(Mark ONE for primary methodology)

- ☐ Knee balancer
- ☐ Spacer blocks
- ☐ Electronic sensor tensor (eST)
- ☐ Laminar spreader
- ☐ Attune balanced sizer
- ☐ Attune measured sizer
- ☐ Other - specify

19. WAS THE PATELLAR TRACKING ADEQUATE WITHOUT LATERAL RELEASE?

(Mark ONE.)

- ☐ Yes ☐ No

20. SOFT TISSUE RELEASES:

(Mark NONE or ALL that apply.)

- ☐ None

General

- ☐ Synovectomy

Medial

- ☐ Pes Anserinus
- ☐ Deep MCL
- ☐ Posteromedial capsule
- ☐ Superficial MCL

Lateral

- ☐ Biceps femoris
- ☐ Iliotibial tract
- ☐ LCL
- ☐ Lateral Retinaculum
- ☐ IT Band
- ☐ Popliteus
- ☐ Posterolateral Capsule

Extensor Mechanism

- ☐ Rectus snip
- ☐ Quad release
- ☐ Other - specify

21. DATE OF DISCHARGE:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	M	Y	Y	Y

DEVICE LOG

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<p>1. FEMORAL COMPONENT</p> <p>PLEASE AFFIX LABEL OR COMPLETE:</p> <p><input type="checkbox"/> N/A - not used</p> <p>Catalog Number: <div style="border: 1px solid black; width: 100px; height: 20px;"></div></p> <p>Lot Number: <div style="border: 1px solid black; width: 100px; height: 20px;"></div></p>	<p>5. CEMENT</p> <p>PLEASE AFFIX LABEL OR COMPLETE:</p> <p><input type="checkbox"/> N/A - not used</p> <p>Catalog Number: <div style="border: 1px solid black; width: 100px; height: 20px;"></div></p> <p>Lot Number: <div style="border: 1px solid black; width: 100px; height: 20px;"></div></p>
<p>2. TIBIAL BASE COMPONENT</p> <p>PLEASE AFFIX LABEL OR COMPLETE:</p> <p><input type="checkbox"/> N/A - not used</p> <p>Catalog Number: <div style="border: 1px solid black; width: 100px; height: 20px;"></div></p> <p>Lot Number: <div style="border: 1px solid black; width: 100px; height: 20px;"></div></p>	<p>6. CEMENT</p> <p>PLEASE AFFIX LABEL OR COMPLETE:</p> <p><input type="checkbox"/> N/A - not used</p> <p>Catalog Number: <div style="border: 1px solid black; width: 100px; height: 20px;"></div></p> <p>Lot Number: <div style="border: 1px solid black; width: 100px; height: 20px;"></div></p>
<p>3. TIBIAL INSERT</p> <p>PLEASE AFFIX LABEL OR COMPLETE:</p> <p><input type="checkbox"/> N/A - not used</p> <p>Catalog Number: <div style="border: 1px solid black; width: 100px; height: 20px;"></div></p> <p>Lot Number: <div style="border: 1px solid black; width: 100px; height: 20px;"></div></p>	<p>7. OTHER COMPONENT (1)</p> <p>PLEASE AFFIX LABEL OR COMPLETE:</p> <p><input type="checkbox"/> N/A - not used</p> <p>Catalog Number: <div style="border: 1px solid black; width: 100px; height: 20px;"></div></p> <p>Lot Number: <div style="border: 1px solid black; width: 100px; height: 20px;"></div></p>
<p>4. PATELLAR COMPONENT</p> <p>PLEASE AFFIX LABEL OR COMPLETE:</p> <p><input type="checkbox"/> N/A - not used</p> <p>Catalog Number: <div style="border: 1px solid black; width: 100px; height: 20px;"></div></p> <p>Lot Number: <div style="border: 1px solid black; width: 100px; height: 20px;"></div></p>	<p>8. OTHER COMPONENT (2)</p> <p>PLEASE AFFIX LABEL OR COMPLETE:</p> <p><input type="checkbox"/> N/A - not used</p> <p>Catalog Number: <div style="border: 1px solid black; width: 100px; height: 20px;"></div></p> <p>Lot Number: <div style="border: 1px solid black; width: 100px; height: 20px;"></div></p>