I.M.P.R.E.S.S.
(Proximal Tibia)
Surgical Summary
To be completed by the PHYSICIAN

Directions: Answer every question by filling in the correct circle or writing in the information. If you need to change an answer, completely erase or cross out the incorrect mark, initial, and fill in the correct information. Mark only one answer for each question unless otherwise instructed. Shade circles like this: ☐

<table>
<thead>
<tr>
<th>Patient Study Number</th>
<th>Completed By: __________________</th>
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<tr>
<td>Clinic: __________________</td>
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<tr>
<th>Visit Date (MM/DD/YY)</th>
<th>Visit Schedule (check appropriate box)</th>
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<td>__ __ / __ __ / __ __</td>
<td>☐ Day of Surgery</td>
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Complete questions 02-16 only if “Intramedullary nail” used.

01. Component used
- ☐ Intramedullary nail
- ☐ Locking plate (Skip to question 17)

02. Entry portal
- ☐ Superolateral (“A”)
- ☐ Superomedial (“A”)
- ☐ Inferior (front of tibia “B”)

Surgical Technique
03. Semiextended (Partial arthrotomy)
- ☐ Yes
- ☐ No

04. Incision length ___ ___ ___ mm

05. Incision type
- ☐ Medial paratendinous
- ☐ Lateral paratendinous
- ☐ Tendon split

Component Details
06. Length ___ ___ ___ mm

07. Diameter ___ ___ . ___ mm

08. Material
- ☐ Stainless steel
- ☐ Titanium

09. Manufacturer
- ☐ DePuy
- ☐ Smith & Nephew
- ☐ Stryker
- ☐ Synthes
- ☐ Zimmer
- ☐ Other (Specify): __________________________

10. Knee position during proximal locking
- ☐ Extended
- ☐ Flexed

11. Proximal locking – number of screws
   a. Off axis ___ ___#
   b. Transverse ___ ___#

12. Distal locking – number of screws
   a. Off axis ___ ___#
   b. Transverse ___ ___#

13. Fixed angle interlocking screws
   a. Proximal ___ ___#
   b. Distal ___ ___#

14. Lag screws (for non-displaced intraarticular fracture)
   - ☐ Yes
   - ☐ No (Skip to question 16)

15. If ‘Yes’, specify width of screws and number used
   a. Width ___ . ___ mm
   b. Number ___ ___#

16. Blocking screws
   - None
   - Before nail
   - After nail
   a. Posterior
   b. Medial
   c. Lateral

Complete questions 17-26 only if “Locking plate” used

Surgical Technique
17. Technique
   - ☐ Percutaneous application
   - ☐ Open reduction (Skip to question 19)

18. If “Percutaneous application”, specify incision type
   - ☐ Vertical
   - ☐ S-shaped
   - ☐ Other (Specify): __________________________

Please continue on next page
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(Proximal Tibia) 

19. If “Open reduction”, specify incision type 
   ○ Vertical 
   ○ Hockey stick 
   ○ Other (Specify): __________________ 

20. Incision length ___ ___ ___ mm 

Component Details 
21. Plate Length ___ ___ ___ mm 

22. Number of holes in plate 
   a. Shaft ___ ___ # 
   b. Metaphysis ___ ___ # 

23. Number of locked screws 
   a. Shaft – bicortical ___ ___ # 
   b. Shaft – unicortical ___ ___ # 
   c. Metaphysis ___ ___ # 

24. Number of unlocked screws 
   a. Shaft – bicortical ___ ___ # 
   b. Shaft – unicortical ___ ___ # 
   c. Metaphysis ___ ___ # 

25. Material 
   ○ Stainless steel 
   ○ Titanium 

26. Manufacturer 
   ○ DePuy 
   ○ Smith & Nephew 
   ○ Stryker 
   ○ Synthes 
   ○ Zimmer 
   ○ Other (Specify below) __________________ 

27. If open fracture, date and time of irrigation and debridement 
   a. Date ___ ___ / ___ ___ / ___ ___ (MM/DD/YY) 
   b. Time ___ ___ : ___ ___ AM / PM (circle one) 

28. Date and time of definitive fixation 
   a. Date ___ ___ / ___ ___ / ___ ___ (MM/DD/YY) 
   b. Time ___ ___ : ___ ___ AM / PM (circle one) 

29. Stabilization prior to definitive fixation 
   ○ Brace 
   ○ External fixation 
   ○ Plaster / fiberglass 
   ○ Traction 
   ○ Other (Specify): __________________ 

30. Length of surgery (skin to skin) ___ ___ ___ minutes 

31. Fluoroscopy time ___ ___ ___ seconds 

32. Fasciotomy performed (Mark all that apply) 
   ○ None 
   ○ Posterior 
   ○ Anterior 
   ○ Lateral 

33. Fixation of upper extremity fracture 
   ○ None 
   ○ Right 
   ○ Left 
   ○ Bilateral 

34. Fixation of lower extremity fracture 
   ○ None 
   ○ Right 
   ○ Left 
   ○ Bilateral 

35. Fixation of spine fracture 
   ○ None 
   ○ Right 
   ○ Left 
   ○ Bilateral 

36. Did the patient have abdominal surgery? 
   ○ Yes 
   ○ No 

37. Did the patient have any other surgical procedures? 
   ○ Yes (Specify below) 
   ○ No 

38. Planned secondary surgeries (Mark all that apply) 
   ○ None 
   ○ Bone graft 
   ○ Flap coverage 
   ○ Irrigation and debridement 
   ○ VAC placement 
   ○ Other (Specify below) __________________ 

39. Radiographic alignment on post-operative films 
   a. ___ ___ ° ○ Varus or ○ Valgus 
   b. ___ ___ ° ○ Anterior angulation or ○ Posterior angulation 

40a. Rotational alignment of affected extremity 
   ○ Normal (Skip to question 41) 
   ○ Internally rotated 
   ○ Externally rotated 
   ○ If “Internally” or “Externally” rotated, specify degrees ___ ___ 

41a. Leg length discrepancy 
   ○ None (Skip to question 42) 
   ○ Affected leg shorter than unaffected leg 
   ○ Affected leg longer than unaffected leg 
   ○ If ‘Short’ or ‘Long’, specify discrepancy ___ ___ mm 

42. Will CPM be used? 
   ○ Yes 
   ○ No