

Directions

- Use a #2 soft pencil for marking.
- Text answers must be entered with the web interface.
- All questions must be answered unless otherwise indicated.
- Completely fill in boxes to record answers.

Question types

- only 1 answer allowed
- mandatory question
- multiple answers allowed

periop postop / followup

Internal Use Only
Not read by scanner

Last name		First name		Gender
Street			M.R.N.	
Country code	Zip code	City		
Social security number			Birthdate (DD.MM.YYYY)	

Form to be completed with SSE surgery or followup.

Examination date

Day 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
 Month 1 2 3 4 5 6 7 8 9 10 11 12 Year 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Diagnosis

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Type of scoliosis

- | | | | | |
|--|---|---|---|--|
| <input type="checkbox"/> idiopathic | ➔ specify: | <input type="checkbox"/> infantile | <input type="checkbox"/> juvenile | <input type="checkbox"/> adolescent |
| <input type="checkbox"/> congenital | ➔ specify: | <input type="checkbox"/> failure of formation | <input type="checkbox"/> failure of segmentation | <input type="checkbox"/> combination of both |
| <input type="checkbox"/> neuromuscular | ➔ specify: | <input type="checkbox"/> myopathic conditions | <input type="checkbox"/> neuropathic conditions | |
| <input type="checkbox"/> posttraumatic | | | | |
| <input type="checkbox"/> postsurgical | | | | |
| <input type="checkbox"/> other..... | ➔ if myopathic conditions | <input type="checkbox"/> muscular dystrophy | ➔ if neuropathic conditions | <input type="checkbox"/> spinocerebellar dysfunction |
| <i>Please specify</i> | <input type="checkbox"/> arthrogryposis | <input type="checkbox"/> congenital myopathy | <input type="checkbox"/> upper motor neuron | <input type="checkbox"/> hereditary motor sensory neuropathy |
| | <input type="checkbox"/> lower motor neuron | | <input type="checkbox"/> mixed upper and lower motor neuron | |

Curve type - Lenke classification

- | | | | |
|---|--|----------------------------|-----------------------------------|
| <input type="checkbox"/> Type 1, main thoracic (MT) | <input type="checkbox"/> Type 4, triple major (TM) | Lumbar modifier | Imbalance |
| <input type="checkbox"/> Type 2, double thoracic (DT) | <input type="checkbox"/> Type 5, thoracolumbar/lumbar (TL/L) | <input type="checkbox"/> A | <input type="checkbox"/> none |
| <input type="checkbox"/> Type 3, double major (DM) | <input type="checkbox"/> Type 6, thoracolumbar/lumbar-main thoracic (TL/L -MT) | <input type="checkbox"/> B | <input type="checkbox"/> sagittal |
| | | <input type="checkbox"/> C | <input type="checkbox"/> coronal |
- Thoracic sagittal modifier (Th 5-Th12) - (hypo) N (normal) + (hyper)

Pulmonary function tests

optional

Pulmonary function
 liter VC (Vital Capacity) TLC (Total Lung Capacity)
 % of predicted value FEV1 (Forced Expiratory Volume in one second) FVC (Forced Vital Capacity)

Radiological skeletal maturation

optional

Risser sign / score	Triradiate cartilage (TRC)	Bone age determination
<input type="checkbox"/> US grading system	<input type="checkbox"/> open	<input type="checkbox"/> Greulich & Pyle
<input type="checkbox"/> French/European grading system	<input type="checkbox"/> closed	<input type="checkbox"/> Diméglio (Olecranon)
		<input type="checkbox"/> Tanner & Whitehouse
		<input type="checkbox"/> other method.....
		<i>Please specify</i>

Grade 0 1 2 3 4 5 **Bone age years** 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 **Bone age months** 0 1 2 3 4 5 6 7 8 9 10 11 12

Truncal appearance

optional

Photographs yes no *If YES, please upload photographs!* **Example: 37° = mark 3 in the 1st row and 7 in the 2nd row.*

Scoliometer (*in degrees)

Prox. thoracic (PT)	Main thoracic (MT)	Thoracolumbar/ lumbar (TL/L)
<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9

Operation/ additional surgical measures

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Osteotomy classification (Schwab) no osteotomies *Details of classification are provided in the dictionary of terms.*

<input type="checkbox"/> Grade I: <i>partial facet joint resection</i>	Th1 Th2 Th3 Th4 Th5 Th6 Th7 Th8 Th9 Th10 Th11 Th12 L1 L2 L3 L4 L5	Neuromonitoring <input type="checkbox"/> none <input type="checkbox"/> by surgeon <input type="checkbox"/> by neurophysiologist
<input type="checkbox"/> Grade II: <i>complete facet joint resection (Smith-Petersen)</i>	Th1 Th2 Th3 Th4 Th5 Th6 Th7 Th8 Th9 Th10 Th11 Th12 L1 L2 L3 L4 L5	
<input type="checkbox"/> Grade III: <i>pedicle and vertebral wedge resection (PSO)</i>	Th1 Th2 Th3 Th4 Th5 Th6 Th7 Th8 Th9 Th10 Th11 Th12 L1 L2 L3 L4 L5	
<input type="checkbox"/> Grade IV: <i>Grade III plus resection endplate and disc</i>	Th1 Th2 Th3 Th4 Th5 Th6 Th7 Th8 Th9 Th10 Th11 Th12 L1 L2 L3 L4 L5	
<input type="checkbox"/> Grade V: <i>monosegmental vertebrectomy (including adj. discs)</i>	Th1 Th2 Th3 Th4 Th5 Th6 Th7 Th8 Th9 Th10 Th11 Th12 L1 L2 L3 L4 L5	
<input type="checkbox"/> Grade VI: <i>multisegmental vertebrectomy</i>	Th1 Th2 Th3 Th4 Th5 Th6 Th7 Th8 Th9 Th10 Th11 Th12 L1 L2 L3 L4 L5	

Perioperative management of bleeding
 none fibrin glue S2-ala-screw right left
 FFP thrombin S2-ala-ileum-screw right left
 fibrinogen other..... Ileum-screw right left **If Ileum screws - no. of**
 tranexamic acid *Please specify* ev. both Right 1 2 3
 Left 1 2 3

Radiology yes no *If NO, Subform radiology is excluded.*

