

# The Modules: Foot and Ankle

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The **Foot and Ankle Module** was developed late 2011. The first users will no doubt find things missing and maybe some fields that don't fit where they are, or need modification. Please let us know. We welcome suggestions and can make changes which we will introduce in subsequent updates.

Don't be daunted by what you may consider as too much data to collect when you first look through the various screens. You can select from a lot of options, from the very brief to the very detailed.

It's hard to find a balance and provide a system that gives everyone what they want. Some of you will want to record detailed information about all of your procedures if your focus is collecting data for publication. Others of you will throw your arms up in horror at this level of detail, and will just want to use the program to track what you've done by diagnosis and procedure name; maybe record any complications and a patient score to make sure that the patient was happy.

Also, since Socrates will be with you for your entire practice, what you use it for now will change over time: you may decide to follow different surgeries and patients in varying levels of detail.

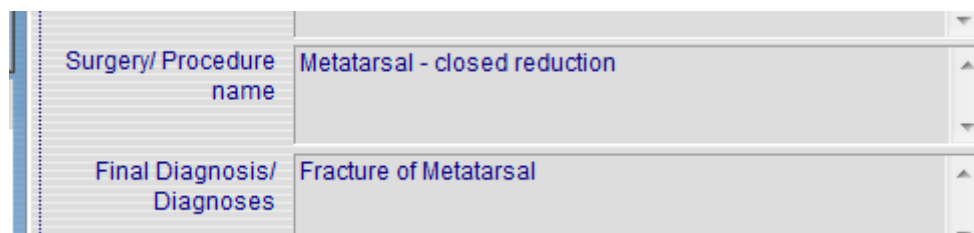
Regulatory and reimbursement changes are ever-present, and it may become mandatory to follow some of the new procedures and implants in a different level of detail over time. Socrates will let you adapt your needs to cover all the possible scenarios. It's like a one-size-fits-all program, even if you do get a bit lighter or heavier over the years. There is quite a bit of *customisation* possible also, and we regularly add new fields and scores as they become necessary due to changes in technology and technique.

You can set up "Favourites" for some of the screens so that almost all the fields that you might routinely check for some procedures would be populated with one tick for those surgeries. Some procedures such as trauma and chondral lesions aren't set up for these features, they are not as common and there's not a lot that's routine about them. For those that are you would then just change the details in the cases that are different from the Favourite, add anything non-standard (such as the tear or lesion sizes), and Save. This takes less than a minute. Some surgeons have as many as 15 operations saved, one click, 30 seconds making any changes, and they have a huge amount of data captured, and an op report can be generated.

Take a bit of time to look around and decide what screen you are going to use for what procedures.

Let us show you an example of the various levels of detail that you could collect for a procedure.

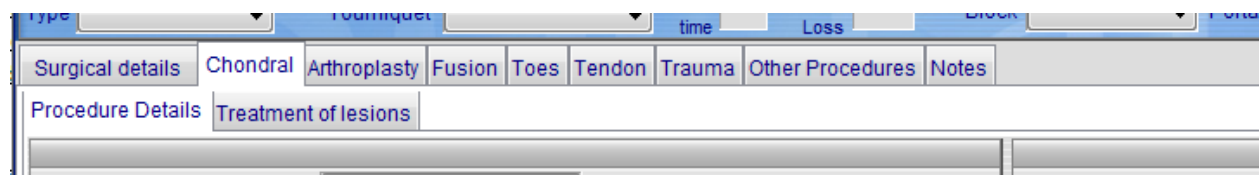
You can go "Lite" and just record the Diagnosis and Procedure Name, with or without a Patient Score. This minimal approach still enables you to track what you did, and what happened. You can also use the diagnosis or procedure codes lists such as CPT and ICD codes as well or instead of the clinically descriptive ones.



Surgery/ Procedure name	Metatarsal - closed reduction
Final Diagnosis/ Diagnoses	Fracture of Metatarsal

-- OR --

Use the surgical details screen screen, which allows you to record a lot more detail in the relevant tabs. The procedures covered are on the tabs below. See more details later in this chapter.



Type	Tourniquet	time	Loss	Block	Post			
Surgical details	Chondral	Arthroplasty	Fusion	Toes	Tendon	Trauma	Other Procedures	Notes
Procedure Details	Treatment of lesions							

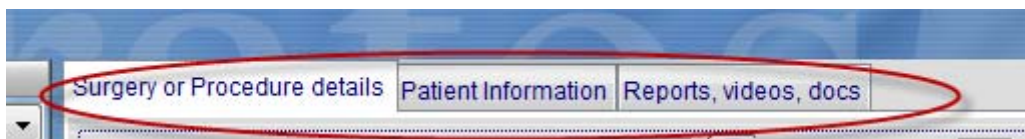
Hopefully by the time you've got this far, you've realised that you have choices over how much detail the level of data you enter, and it won't have to take you as long to enter the data as it did to do the operation....

## HISTORY SCREEN

The first section of this screen records **General Details**: Surgeon, Hospital, Assistants, Referring Dr and Insurance companies. Any **studies** the patient may be enrolled in are entered in the next window (these are created in the Set-Up screen).

Note: Any notes that may have been entered on the other screens are also displayed on the front screen.

On the right of this screen are 3 tabs.

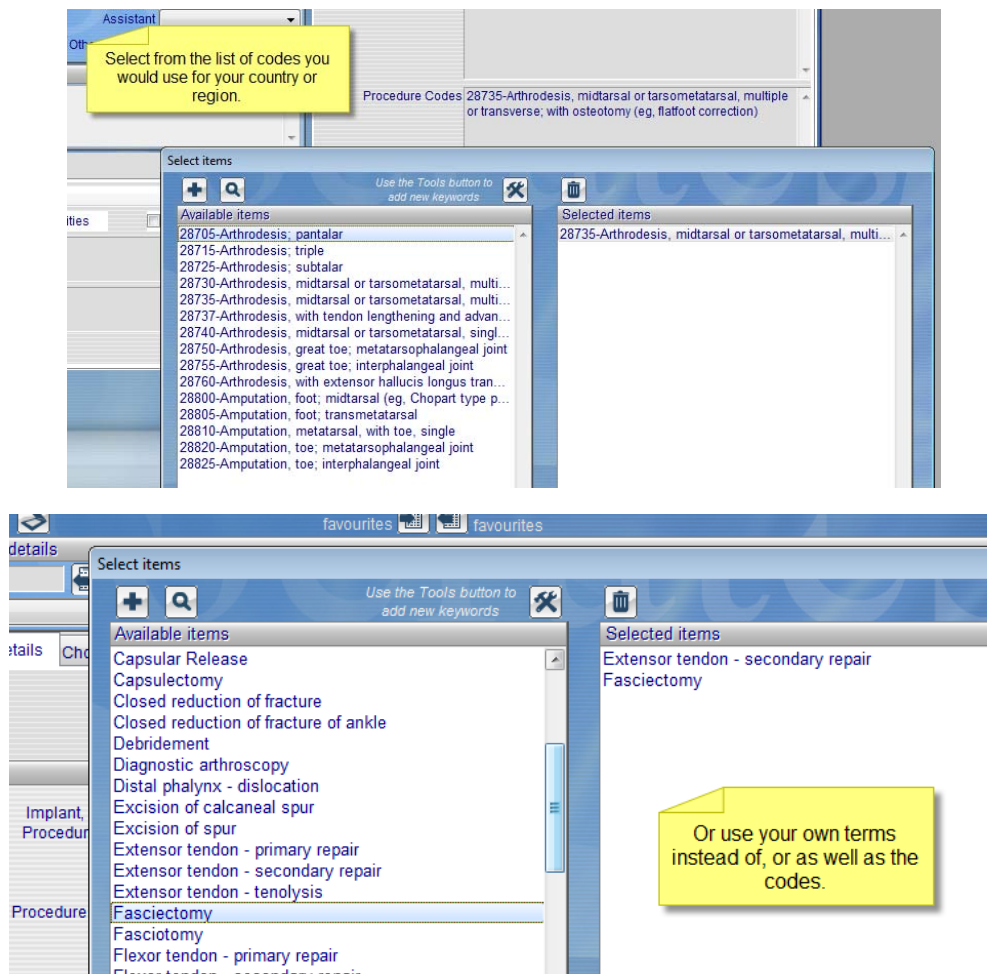


### Surgery or procedure details

The first captures the date of the surgery or beginning of the treatment to be added. We usually refer to a surgery but Socrates can be used for any procedure, or non-operative treatment as well. It just needs a date to be entered as a baseline so follow up delays can be calculated, i.e. 3 month, 1 year, 5 year follow up.

The diagnosis and procedure name can be entered in one of two ways – using a clinically descriptive term and or the codes that you might use – CPT, ICD etc.

Why are there two? Codes used for billing might not be descriptive enough for research, nor are they always what's done since they often don't keep up with technology. Plus you might want to use your own descriptive terms for the different surgeries you do. You can add, remove or import your own lists of these at any time. So you have the option of choosing which you want to use, or both. You will need to import your own codes lists, there are too many in the world for us to import them all, and often surgeons only use a small number of the codes in their own practice. It's easy to import them in one list, or just add them in as you go - see the chapter on Set Up.

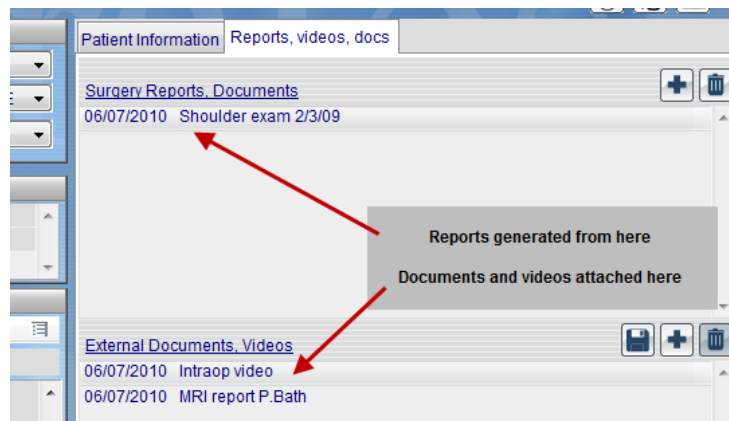


## Patient information

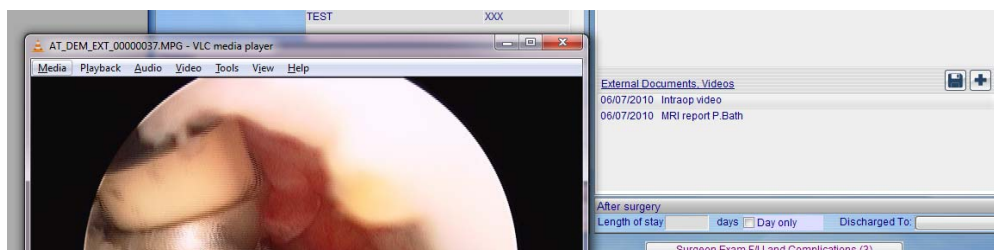
The next captures some information about the history of the patient's weight and height, BMI (calculated by the program) some details of their injury, workers comp, insurance status, litigation pending, how it occurred, the duration of symptoms, and length of stay.

Surgery or Procedure details		Patient Information		Reports, videos, docs	
Pre-Op Height and Weight:	Weight	90.00	in Kgs		
	Height	156.00	in Cms		
	BMI	37.00	Obesity	Medium Obesity	
Date of injury or joint problems	01/02/2006	Date of examination	01/05/2006		
Dominant side	Same as injury/affected side				
Injury to exam time	13	weeks	Injury to surgery time	1	weeks
Workers Compensation	Yes	Covered by Insurance			
Is litigation pending due to this injury?					
Opposite site	Normal				
Other joint problems					
Onset of symptoms	Sudden				
Cause of injury	Work accident				
Duration of symptoms	1-3 months	Years:			
After surgery					
Length of stay	days	<input checked="" type="checkbox"/> Day only	Discharged To:	Home	

## Reports, Videos and Documents



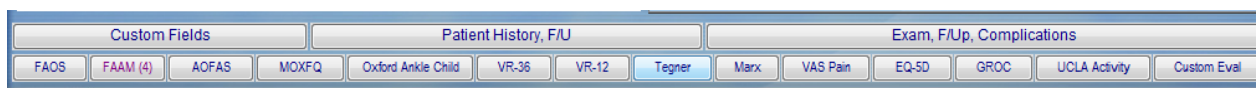
**Videos** and any type of **electronic document** (PDF, Word, Excel, etc.) can be imported and stored with the surgery record for viewing. Simply click on the **Add icon** to attach a document or video relevant to this surgery. See the chapter on X-rays and videos for more information.



**Reports**, such as **Surgery Reports** and **Examination Reports** can be generated from the fields you entered into the program. They are generated and stored in Socrates, exported as word or pdf documents or printed from this window. They work like a word processing document with a macro set up. As long as the data is entered into Socrates you can generate a report from it. Here's an example of a Rotator Cuff Repair operation report from the Shoulder module.

Fairlyland Orthopaedics 112 Santas Way South Pole		phone: +50 453 2389 fax: +50 453 7689
Name: Sam WILLIS	DOB: 04/07/1977	Age: 43
Surgeon: Trevor Toogood	Assistant: Mary Hopkins	
Anaesthetist: Mark Sleepyhead	Anaesthetic: General	
Hospital: Earlyout Hospital		
Diagnosis: Partial Rotator Cuff Tear		
Type: Primary		
Surgery performed: Rotator Cuff Repair, Sub acromial decompression		
Preoperative score: Constant (out of 100): 58		
<b>Intra-operative findings:</b>		
Range of Motion: Forward flexion: 170		Abduction: 170
ER at 0: 75	ER at 90: 80	IR at 90: 80
Anterior translation: 0		Sulcus: 0
Posterior translation: 0		
<b>Rotator Cuff Pathology:</b>		
Tear present: Yes		
Tendons involved: Supraspinatus		
<b>Supraspinatus:</b>		
Tendon quality: Thin/very poor quality		Extent of tear: Full
Calcification: Single deposit		Tear pattern: Crescent
Tear size - AP 1 ML 2		Medial retraction (mm): 1.5
Distance from greater tuberosity: 1cm		Medial to glenoid: 1cm
<b>Infraspinatus:</b>		
Tendon quality: Delaminated		
Calcification: Liquid		
Extent of tear: Partial		

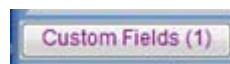
At the bottom of the history screen are two rows of tabs. The bottom are all the scores/surveys that have been selected to display – more about this later.





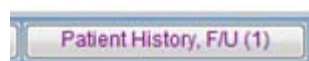
The top row has the following.

## Custom fields



You can create your own Custom Fields and Evaluations (these are on the bottom row with the scores) to capture recurring Events. These can be new exclusive lists, multi boxes, numeric values, or dates. See the chapter on Set-Up and Customisation for details on how to add these fields. Once you have added them your new list will show up in these tabs just like all the fields in the program. Below is an example of some custom fields set up to capture details that are not on the regular screens. It's only limited by your imagination.

## Patient History and Follow-Up Screen

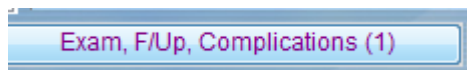


You probably won't want to collect these data from everyone but if you treat high-level sports patients, or if returning to work is an important aspect of a surgery outcome, it can be useful data. The dreaded insurance companies sometime want to know this data, so it's there if you need it.

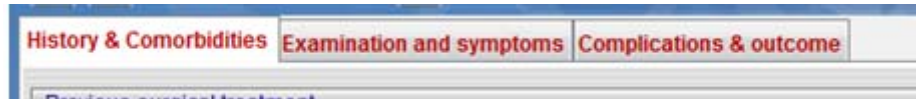
This screen tracks the patient's work, functional and sport history over the period of their follow-up until they are discharged from follow-up *for this surgery*. Questions relating to the patient's work, sporting and general function are recorded **pre-operatively** and **at subsequent visits**. Some of the questions are only relevant post-operatively: return-to-work and sports questions, for example. The **Main Sport window** can be added, modified or deleted through the **Adaptable Fields** option on the **Set-Up Screen**. This form is scannable for both pre- and post-op follow-up. The pre-op version includes the questions from the first screen, about the history of the injury, workers' comp, duration of symptoms, etc.

This is also a web based score, and both the pre- and post-op versions and can be filled in by the patient online just like all the web based scores.

## Surgeon Examination and Follow-Up Screen



This screen has 3 sections.



### Previous Surgery Details

Previous Surgery details field allows you to record if there have been previous surgeries, the number and what they were. If you want more detail, record these in the Notes.

### Comorbidities

It's up to you about how much detail you want to collect here but it's obviously a good idea to at least record if the patient had significant comorbidities. It's becoming more important to record this sort of information, patients can now go on-line and score themselves using a number of patient-related outcome scores and compare themselves to others. But we all know that all patients are not the same, if you collect some data to demonstrate this it helps to explain results that may differ between patients, and between surgeons. The list can be added to at any time, and more than one can be added to the record, and over time this may change. There is a check box to record this also.

### Charlson Comorbidity Index

This is a validated list of comorbidities which, when selected and totalled, will give a score which can be used to classify patients according to risk, and subsequent cost to care for.

Available items	
Myocardial infarct	
Congestive heart failure	
Peripheral vascular disease	
Dementia	
Chronic pulmonary disease	
Connective tissue disease	
Ulcer disease	
Mild liver disease	
Diabetes	
Hemiplegia	
Moderate or severe renal disease	
Diabetes with end organ damage	
Any tumor	
Leukemia	
Lymphoma	
Moderate or severe liver disease	
Metastatic solid tumor	
AIDS	

Charlson Comorbidity index	
Charlson Comorbidities	Connective tissue disease Diabetes with end organ damage
Total score	3
History Notes	

## Examination and Symptoms

This screen to record ROM and other clinical examination details has not yet been developed for this module. Only the blood and biochemistry test fields are active at this stage.

History & Comorbidities	
<div> <div> <div>ESR</div> <div>INR</div> </div> <div> <div>CRP</div> <div>PTT</div> </div> <div> <div>Hb</div> <div>Unassigned</div> </div> <div> <div>Unassigned</div> <div>Unassigned</div> </div> </div>	
More coming here in future releases.	

## Complications and Outcome Status

The second tab of the **History screen** allows you to record details about any complications, from the very basic, to a lot more detail. You may need to collect more extensive detail if you are involved in a study, or following a new procedure or implant where complications are a key endpoint. In most cases, surgeons find it sufficient to just record a "Yes" in the Complications drop-down menu, click on the **modify icon**, and then double-click into the Complications window to record what it was. You can also collect details of failures, reoperations or revisions here.

History & Comorbidities		Examination and symptoms		Complications & outcome	
<div> <div> <div>Complications</div> <div> <div>Complication occurrence</div> <div>Yes</div> </div> <div> <div>Intra op</div> <div><input type="checkbox"/></div> </div> <div> <div>Early</div> <div><input checked="" type="checkbox"/></div> </div> <div> <div>Late</div> <div><input type="checkbox"/></div> </div> <div> <div>Date</div> <div></div> <div>weeks</div> </div> <div> <div>Complications</div> <div>Bleeding from anti - coagulation</div> </div> <div> <div>Reoperation</div> <div>No</div> </div> <div> <div>Date</div> <div></div> <div>weeks since op</div> </div> <div> <div>Revision</div> <div></div> </div> <div> <div>Date</div> <div></div> <div>weeks since op</div> </div> </div> </div> <div> <div>Additional Details</div> <div> <div>Complication:</div> <div><input type="checkbox"/> Local</div> <div>Duration</div> <div></div> <div>days</div> <div><input type="checkbox"/> General</div> <div>Duration</div> <div></div> <div>days</div> </div> <div> <div>Caused by comorbidity</div> <div></div> </div> <div> <div>Caused by the product/device/procedure</div> <div></div> </div> <div> <div>Hospitalised due to complication</div> <div></div> </div> <div> <div>If so how many days</div> <div></div> <div>days</div> </div> <div> <div>Outcome</div> <div></div> </div> <div> <div>Adverse event</div> <div></div> </div> <div> <div>Serious adverse event</div> <div></div> </div> </div>					

Outcome

Status

Ongoing

No further Follow up

☐

Date of failure

weeks

Cause

Patient is deceased

☐

Date of death

Keywords/Notes

Keywords

Complications Notes

## Radiology Follow-Up Screen

This screen has not yet been developed for this module.



# SCORES

The following scores have been included. If you want others added contact us. Choose which scores you want displayed on the screen from the Set Up screen as seen above. The complete list of scores and forms is at the end of this document. All the patient based scores are available for web based data entry.

The screenshot shows the 'Foot & Ankle' module setup screen. On the left, a list of scores is shown with checkboxes: Patient History, F/U; Exam, F/Up, Complications; Radiology F/U; SOMOS F/U; FAOS; FAAM; AOFAS; MOXFQ; Oxford Ankle Child; VR-36; VR-12; SF-36; SF-12; Tegner; Marx; VAS Pain; EQ-5D; GROC; UCLA Activity; Custom Eval; and Pat Satis+VAS. On the right, a photo shows a patient using a tablet. Below the photo, the 'Foot and Ankle Ability Measure' form is displayed. The form includes a header with the Socrates logo and title, a instruction box, and a table for rating difficulty levels.

	No difficulty	Slight difficulty	Moderate difficulty	Extreme difficulty	Unable to do	N/A
Standing	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking on even ground	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking on even ground without shoes	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking up hills	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking down hills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going up stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Example of a section of a scan form for the AFOAS screen.

The screenshot shows the 'American Foot and Ankle Scores' form. It includes a header with the Socrates logo, title, and ICRS logo. Below the header, there are fields for Patient Name, Patient ID, Date of review, and Follow up period. The form also includes a section for 'Ankle Scale' with a 'Pain' sub-section. The 'Pain' sub-section has four radio button options: None, Mild, occasional; Moderate, daily; and Severe, almost always present.

**Pain**

☐ None

☐ Mild, occasional

☐ Moderate, daily

☐ Severe, almost always present

**FAAM Foot and Ankle Ability Measure**

Reference: Foot Ankle International Vol 26, No 11, November 2005; Martin RL, Irgang JJ, Burdett RG, Conti SF, Van Swearingen JM

Patient name: **ARKWRIGHT Trevor** Injury: **Exam** Module: **Foot & Ankle**  
 Patient ID: **479830** Side: **Right** Bilateral: **No**  
 Latest FUP: **24m** Surgery: **03/04/2008** Protocol:

Evaluation date:  F/U: **24m** Method of completion:  Name:  Next Score:

**Activities of Daily Living subscale**

Standing	2 Slight difficulty
Walking on even ground	2 Slight difficulty
Walking on even ground without shoes	1 No difficulty at all
Walking up hills	2 Slight difficulty
Walking down hills	1 No difficulty at all
Going up stairs	2 Slight difficulty
Going down stairs	2 Slight difficulty
Walking on uneven ground	1 No difficulty at all
Stepping up and down curbs	1 No difficulty at all
Squatting	1 No difficulty at all
Coming up on your toes	1 No difficulty at all
Walking initially	1 No difficulty at all
Walking 5 minutes or less	2 Slight difficulty
Walking approximately 10 minutes	2 Slight difficulty
Walking 15 minutes or greater	2 Slight difficulty
Home responsibilities	2 Slight difficulty
Activities of daily living	1 No difficulty at all
Personal care	2 Slight difficulty
Light to moderate work (standing, walking)	1 No difficulty at all
Heavy work (push/pulling, climbing, carrying)	2 Slight difficulty
Recreational activities	1 No difficulty at all

How would you rate your current level of function during your usual activities of daily living from 0 to 100, with 100 being your level of function prior to your foot or ankle problem and 0 being the inability to perform any of your usual daily activities? **70**

**Sports subscale**

Running	2 Slight difficulty
Jumping	2 Slight difficulty
Landing	2 Slight difficulty
Starting and stopping quickly	2 Slight difficulty
Cutting/lateral movements	2 Slight difficulty
Low impact activities	2 Slight difficulty
Ability to perform activity with your normal technique	2 Slight difficulty
Ability to participate in your desired sport as long as you would like	2 Slight difficulty

How would you rate your current level of function during your sport activities of daily living from 0 to 100, with 100 being your level of function prior to your foot or ankle problem and 0 being the inability to perform any of your sports activities? **60**

**Function**

How would you rate your current level of function? **2 Nearly normal**

**FAAM Scores**

ADL subscale score **87**  
 Sport subscale score **75**

3 / 3

**Score results** can be displayed by clicking on the **results icon** (next to the trash bin) and then a **graph** can be viewed, printed or exported for the individual result.

**FAAM Foot and Ankle Ability Measure**

Reference: Foot Ankle International Vol 26, No 11, November 2005; Martin RL, Irgang JJ, Burdett RG, Conti SF, Van Swearingen JM

Patient ID: **479830** Exam:  Side: **Right** Bilateral: **No**  
 Latest FUP: **24m** Surgery: **03/04/2008** Protocol:

Evaluation date:  F/U: **24m** Method of completion:  Name:  Next Score:

**Activities of Daily Living subscale**

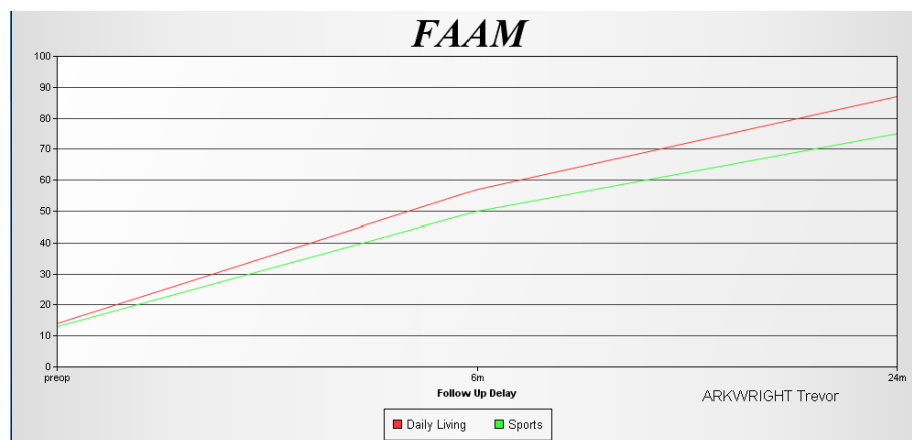
Standing	2 Slight difficulty
Walking on even ground	2 Slight difficulty
Walking on even ground without shoes	1 No difficulty at all
Walking up hills	2 Slight difficulty
Walking down hills	1 No difficulty at all

How would you rate your current level of function during your usual activities of daily living from 0 to 100, with 100 being your level of function prior to your foot or ankle problem and 0 being the inability to perform any of your usual daily activities? **70**

**Sports subscale**

Graph

FAAM Scores				
Follow-Up	Date	Completion method	FAAM ADL score	FAAM Sports
preop			14	13
6m			57	50
24m			87	75



## Surgery Screens

### Arthroplasty

There are 2 screens, one for the surgical procedure, implants used, any keywords and details of bone grafting.

**Foot & Ankle Surgery details**

Patient ID 5677 Exam Side Left ☐ Bilateral  
Latest FUP Surgery 04/05/2009 Protocol

Common details  
Date 04/05/2009 Age 86 Operator Surgeon Approach Open Blood Loss Anaes. time Anaesthetic General  
Type Primary OR Time 60 min Anaesthetic rating Primary Pathology Degenerative Portals Bilateral No

Surgical details Chondral Arthroplasty Custom Fields Notes

Surgical Details Revision Details

☐ Intra op Complications (Go to Surgeon follow up and complications screen and enter details)

Pathology Osteoarthritis  
Cause of Osteoarthritis Idiopathic  
☐ Leg Length Equal or mms (+ for long, -ve for short)  
Procedure Total Ankle Arthroplasty  
Approach Direct lateral  
Bilateral sequence

Additional Details  
Bone Quality A Dense  
Ancillary procedures Tendo Achilles lengthening  
Additional Procedures Cortical window  
Additional implants/fixation Wires/cables  
Drains

Implant Details  
Tibial Component Brand Size  
Fixation Coating  
Spacer Size  
Talar Component Brand Size  
Fixation Coating  
Articulating surface  
☐ Screws used Number of screws

Bone Graft Details - Location  
Tibia Bone Graft Details Talus Bone Graft Details  
Details Autograft  
Allograft details Autograft details  
Sterilisation  
Procedure

The next records revision details.

Surgical details Chondral Arthroplasty Custom Fields Notes

Surgical Details Revision Details

Previous Surgery details  
Previous Arthroplasty Total ankle replacement  
# of previous arthroplasty procedures  
Time since < one year years  
Stage: Not Staged

Details of Failure  
Date of Failure  
Type Clinical Failure  
Cause of failure Loosening  
Loosening Location  
Loosening Cause Particle disease/wear  
Wear/Osteo Location  
Infection Detail  
Fracture Cause  
Implant Breakage locn

Details of Previous implants:  
Tibial: Fixation Cement  
Coating  
Status Loose  
Talus: Fixation Cement  
Coating Microstructured  
Status Loose  
Bearing Surface Metal/PE  
Tibial Component Moderate wear  
Talar Component Moderate wear  
Spacer Severe wear  
Components Replaced All  
Details, if partial  
☐ No previous implants/spacer

Other findings:  
Metallosis  
Osteolysis Mild  
☐ Other  
Describe in notes

### Chondral procedures

For those who are using the knee module you will see that this screen is essentially the same with changes made to record the different anatomical locations for the ankle.

Primary Secondary Tertiary Time mm Time mm Time mm Time mm Time mm Time mm Time mm Time mm Time mm Time mm

Surgical details \*\* Chondral \*\* \*\* Arthroplasty \*\* Custom Fields Notes

Procedure Details Treatment of lesions

Cause of failure

Number of lesions 3 Kissing Lesions Yes

Number of lesions treated 2 Biopsy taken No

Details of surgical repair procedures

Microfracture Size of awl/drill  mm Number of holes

Burr used  Size of burr  mm

Auto OC Plugs Number of plugs

Diameter of plugs: Donor  x  mm Recipient  x  mm

Donor site  Graft used

ACI Cell harvest biopsy date  Time since biopsy (weeks)

Type Chondral  Location  Technique

Suture technique  Periosteum site

Intra op Complications ☐

(Go to Surgeon follow up and complete screen and enter details)

Additional Procedures ☐ Microfracture ☐

Other pathology

Drains used

A second screen allows users to record individual lesion sizes, treatment and the degree of damage using either ICRS or Outerbridge. We know this is a lot of detail but remember that you can always just select a procedure name – ACI, Chondroplasty, Microfracture and bypass these screens altogether.

Surgical details Chondral Arthroplasty Custom Fields Notes

Procedure Details Treatment of lesions

Select the location of the lesion/s

Lesion	Preop size (mms) width length area	Postop size (mms) width length area	Lesion site	Plugs number	Cont ained	Uncont ained	Debrid	Shav ing	Microf Drilling 2 stage	ACI
1	4 4 16	5 5 25	TDMED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	3 3 9	4 4 16	TDCEN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Select the grade of chondral damage. The question mark will bring up the diagram.

ICRS Grade ? Outer bridge ? OCD lesion ICRS ?

Grade 1b ?

Grade 1a ?

Latest FUP 04/05/2009 DOS Surgery 04

ICRS Classification of Chon

ICRS Grade 0 - Normal

ICRS Grade 1 - Nearly Normal  
(Superficial lesions, full thickness (20) or less)

ICRS Grade 2 - Abnormal



## Fusion

The Fusion tab covers Ankle, Subtalar, Triple and Midfoot arthrodesis procedures. Each screen enables you to record details of the procedure, approach, graft used and implants.

## Toes

Options are Hallux Valgus, Rigidus and procedures to the lesser toes.



### Tendon

Surgical details	Chondral	Arthroplasty	Fusion	Toes	Tendon	Trauma	Other Procedures	Notes
<b>Achilles Tendon-Acute Rupture</b>								
Clinical indication Pain								
Radiological confirmation Ultrasound								
Procedure Open tendoAchilles repair								
Approach Posteromedial								
Additional procedure Flexor hallucis longus transfer								
Type of suture technique Krakow								
Type of suture Resorbable								
Charnley Weight Used Yes								
<b>Delayed presentation tendon rupture</b>								
Days since injury								
Clinical indication								
Radiological confirmation								
Procedure								
Approach								
Additional procedure								
Type of suture technique								
Charnley Weight Used								
<b>Implant, Brand, Procedure Type</b>								

### Trauma

Details on trauma procedure to the Ankle, Plafond, Talus, Lisfranc, Calcaneus, and Other.

Surgical details	Chondral	Arthroplasty	Fusion	Toes	Tendon	Trauma	Other Procedures	Notes
<b>Ankle</b>								
Fixation								
If Delayed								
Injury to fixation days								
Type								
Fracture Details								
Fracture Classification								
<input type="checkbox"/> Danis-Weber <input type="checkbox"/> Henderson classification <input type="checkbox"/> Maisonneuve Fracture <input type="checkbox"/> Dupuytren's Fracture <input type="checkbox"/> Pilon/Pestle Fracture <input type="checkbox"/> Bosworth Fracture <input type="checkbox"/> Tillaux and Wagstaffe-LeForte Fractures <input type="checkbox"/> Other								
Fracture sites								
Other fracture sites								
Associated pathology								
Procedure								
Approach								
Additional procedure								
Ancillary procedures								
Bone quality								
<b>Non-Union Details</b>								
Duration (months)								
Type of non-union								
# previous surgeries								
<b>Implants/fixation</b>								
# of screws								
# of staples								
# of plates								
# of pins								
<b>Graft Details</b>								
<input type="checkbox"/> Bone Graft used								
Type of graft								
<b>Implant, Brand, Procedure Type</b>								
HUDI								
HUDI								

### Other

Surgical details	Chondral	Arthroplasty	Fusion	Toes	Tendon	Trauma	Other Procedures	Notes
<b>Other</b>								
Location/site of fracture								
<input type="checkbox"/> Navicular <input type="checkbox"/> Cuneiform <input type="checkbox"/> Distal Phalange <input type="checkbox"/> Middle Phalange <input type="checkbox"/> Proximal Phalange <input type="checkbox"/> Metatarsal <input type="checkbox"/> Cuboid <input type="checkbox"/> Jones Fracture <input type="checkbox"/> Aviator's Fracture <input type="checkbox"/> Dancer's Fracture <input type="checkbox"/> March Fracture <input type="checkbox"/> Beak Fracture								

## Post-Op and Rehab Screen

This is a window common to all modules, and is accessed by clicking on the **Rehab icon** at the top right of the **Shoulder History** screen.

Created: 13/05/2010 13:55 - Admin Modified: 10/11/2009 11:56 - Admin

Patient name: ARKWRIGHT Trevor Injury: 01/02/2006 Module: Shoulder

Patient ID: 479830 Latest record: 13/05/2010 4y

Side: Right Bilateral

Post-Op and Rehab Screen

General Patient Information Reports, videos, docs

Created: 13/05/2010 10:05 - Admin Modified: 13/05/2010 10:05 - Admin

Patient name: ARKWRIGHT Trevor Injury: 01/02/2006 Module: Shoulder

Patient ID: 479830 Latest record: 13/05/2010 4y

Exam: 01/05/2006 Side: Right Bilateral

Surgeon: 01/02/2006 Protocol:

General

DVT prophylaxis: Anti embolic stockings

Anticoagulation: LMWH

Rehabilitation protocol: B

Compliance with rehab: Partial

Viscosupplementation: B

Antibiotics: Yes

Antiinflammatories: Yes

Neutraceuticals: No

Pain Management

Own Analgesic protocol: B

Post op analgesia: Epidural

Pain pump used: Yes

Route of administration: Nerve Block

Location used: Home

Delivery method: Bolus

## Follow-Up Protocols

Don't lose your patients (unless you want to!). You can choose a **Follow-Up Protocol** so the program knows when the patients are due back for their next follow-up and then can remind you. These are essential for the web scores as this is how the program knows what scores to send out at what time points. The different protocols in the drop-down menu are created by you in the **Set-Up screen** (**tools icon**).

Miscellaneous F/U Protocols F/U Delay Scores

Select Module: Module Shoulder

Select Protocol: Protocol

Current Protocol: Std Rotator Cuff, Primary TSR, High level athlete study

Protocol Name:

Timepoint Details: Number of Units: 2, Unit Type: Years

Scores: preop, 6w, 4m, 1y, 2y

Protocols created in the Set Up screen with follow up time points.

Module: Shoulder

Side: Right Left

Bilateral: No Staged Simultaneous Previous-other side

Create bilateral records

Bilateral records (2) will be created for current side and opposite side

Select the one you want for this surgery from your list.

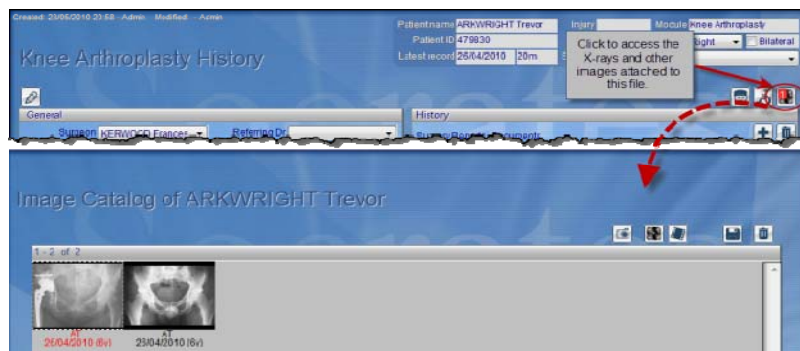
F/U Protocol: High level athlete study, Primary TSR, Std Rotator Cuff

Use this window to SCORE OR EVAL the History window

## IMAGES (XRAYs, VIDEOS, CT SCANS, MRIs, ETC.)

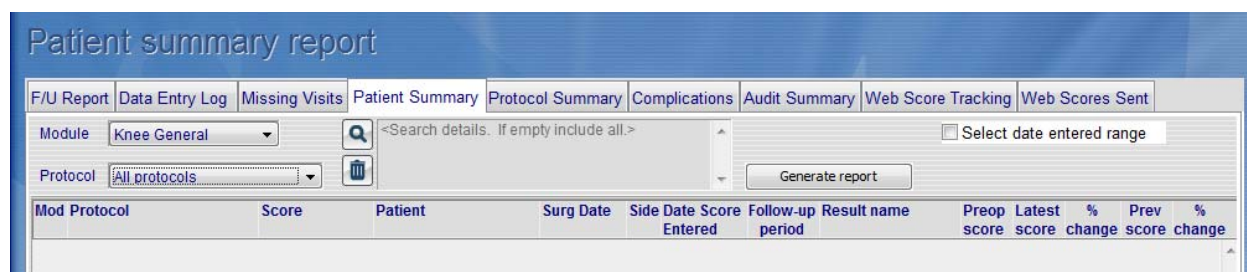


Images can be stored, searched for, printed, and exported from the **Hip** and **Knee Arthroplasty Surgery** screens, by clicking on the **X-ray icon** on the right of the screens. See the chapter on **Images** for more details, including how to give the images **Keywords** for easy searching and selection at a later date.



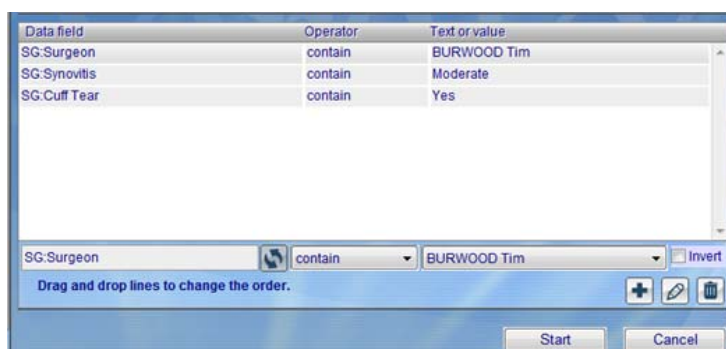
## Reports

There are several reports built into the program which make it easy to track your patients progress, when they are due back, who has missed their time points, which have deteriorated since their last visit, and how the group are doing overall. Most of these require a protocol so the data can be grouped so it's really a good idea to spend some time setting these up.

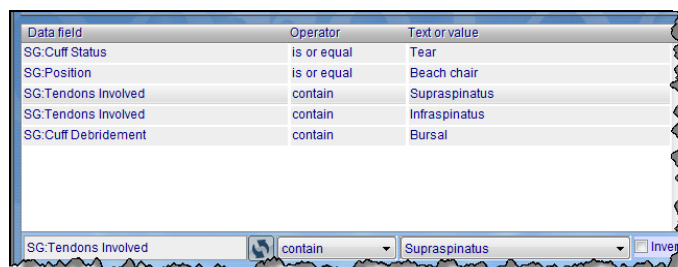


## SEARCH

A specialised search function in Socrates' **Surgery screens** allows you to search for any field or combination of fields in the program. The example below shows the window that sets up a search for all surgeries with Dr Burwood with moderate synovitis and rotator cuff tear. See the chapter on Searching for details on setting up your own Searches.

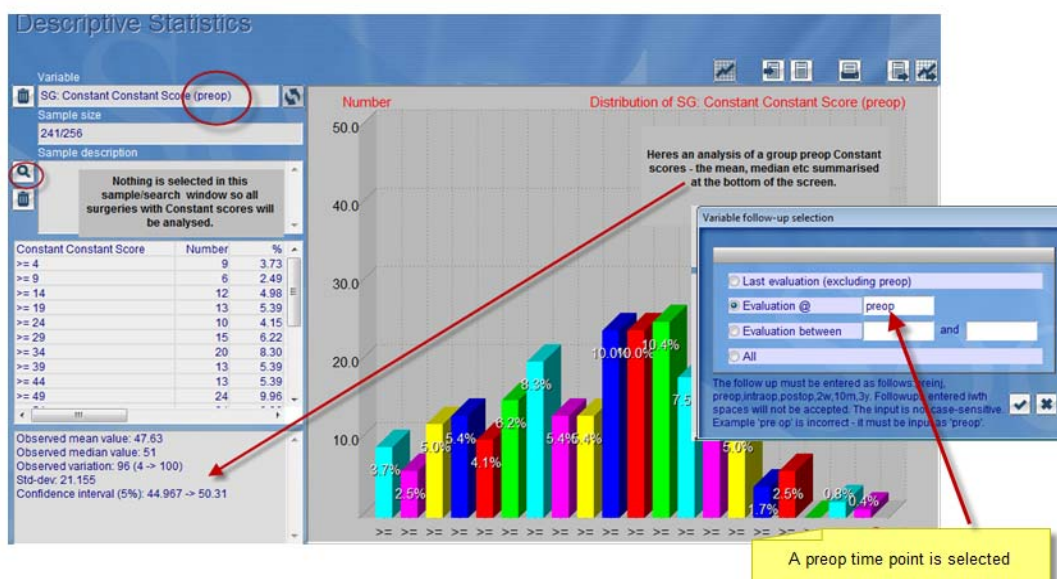
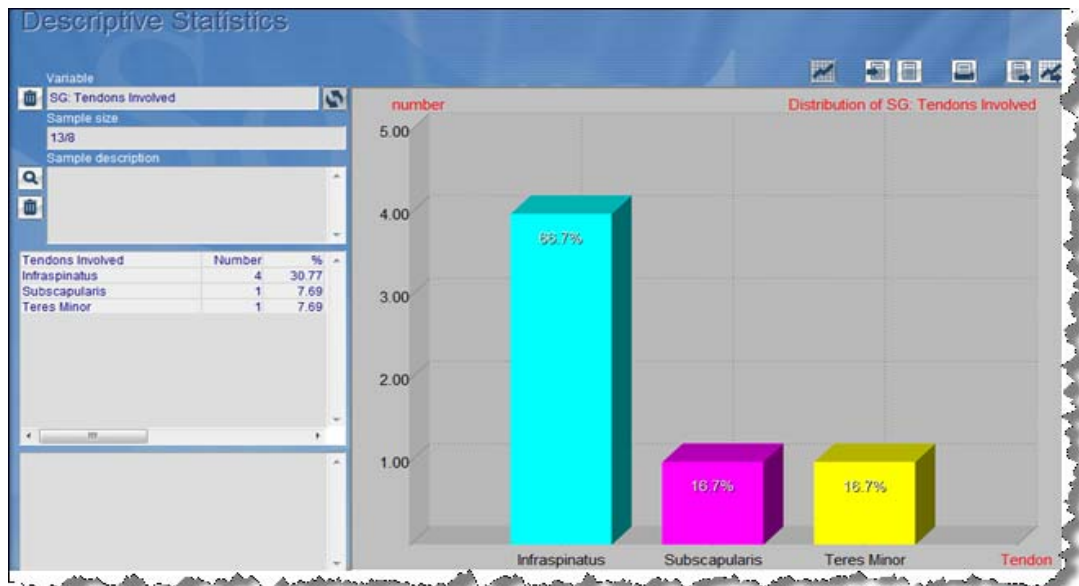


There's no limit to the number of parameters you can add to your search.



## STATISTICS

Socrates provides you with basic Descriptive Statistics functions to enable you to calculate and demonstrate your own basic statistics without the help of a statistician. However, if you do find you want to do more sophisticated statistical analysis, all of the fields in Socrates can be exported to Excel for transfer to a dedicated stats package. See the chapter on Statistics and Export for more information. Here are a couple of examples using the shoulder module.



By the time you have read this you will have an understanding of the features of the foot and ankle module. If you are the person setting up your database you will now need to go to the Set Up chapter and start getting your database ready for your own use.



## FORMS

All the screens in Socrates have forms to match. There are also scannable forms inside the all the forms folders in their individual modules folders but these can be printed out from each screen where you see a print icon. There are also scannable forms for the surgical details. On the home page there is also a link to the Socrates web site which will access the up-to-date forms.



## List of Forms

There are forms available for all scores, as shown on the list below.

LEGEND							
<b>Y:</b> these forms are available in the format of the column heading.							
<b>ALG missing:</b> Y indicates that an algorithm is built in to the score so that if some questions are missing, a score is still possible. See chapter on scores for individual scores information.							
<b>Scan forms:</b> forms available as a scannable PDF to capture data via a Scanner							
<b>Type:</b> QS = patient questionnaire; SU = surgeon form; SC = Score							
<b>Patient/Surg:</b> P indicates the patient completes the form; S is a surgeon completed form; C is combined							

FOOT & ANKLE	FA	WORD FORM	WEB SCORE	SCAN FORM	ALG MISSG	Type	Patient /Surg
GROC Global Rating of Change		Y		Y		QS	P
Patient History Work & Sport PreOp	SG1a	Y	Y	Y		QS	P
Patient Satisfaction, Normal, and Pain VAS Postop	S8	Y	Y	Y		QS	P
Patient Satisfaction, Normal, and Pain VAS Preop	S8	Y	Y	Y		QS	P
Patient Work & Sport PostOp	SG1b	Y	Y	Y		QS	P
SOMOS - US Military Patient History	NEW	Y	Y	Y		QS	P
AFAS - American Foot and Ankle Scale		Y		Y		SC	P
Euroqol EQ5D		Y	Y	Y		SC	P
FAAM - Foot and Ankle Ability Measure		Y	Y	Y		SC	P
FAOS - Foot and Ankle Outcome Score		Y	Y	Y		SC	P
Marx Activity Score		Y	Y	Y		SC	P
MOX Foot	NEW	Y	Y	y		SC	P
Oxford Childrens Foot	NEW	Y	Y	y		SC	P



FOOT & ANKLE	FA	WORD FORM	WEB SCORE	SCAN FORM	ALG MISSG	Type	Patient /Surg
Oxford Childrens Foot - Parents	NEW	Y	Y	y		SC	P
Tegner Activity Score		Y	Y			SC	P
UCLA Activity		Y	Y			SC	P
VAS Pain			Y	Y		SC	P
Veteran Rand-12 General Health Survey	NEW	Y	Y	Y		SC	P
Veteran Rand-36 General Health Survey	NEW	Y	Y	Y		SC	P
Ankle Chondral Surgical Details	FA1	Y		n/a		SU	S
Arthroplasty Revision Details	FA3	Y		Y		SU	S
Arthroplasty Surgical Details	FA2	Y		Y		SU	S
Complications		Y		Y		SU	S
Fusion Ankle Arthrodesis Details	FA4	Y		n/a		SU	S
Fusion Midfoot Arthrodesis Details	FA7	Y		n/a		SU	S
Fusion Subtalar Details	FA5	Y		n/a		SU	S
Fusion Triple Arthrodesis Details	FA6	Y		n/a		SU	S
Other Procedures	FA18	Y		n/a		SU	S
Patient Demographics and Surgery Details	NEW	Y		n/a		SU	S
Rehab and PostOp	S9	Y				SU	S
Tendon	FA11	Y		n/a		SU	S
Toes - Hallux Rigidis	FA8	Y		n/a		SU	S
Toes - Hallux Valgus	FA9	Y		n/a		SU	S
Toes - Lesser Toes	FA10	Y		n/a		SU	S
Trauma - Ankle	FA12	Y		n/a		SU	S
Trauma - Calcaneus	FA16	Y		n/a		SU	S
Trauma - Lisfranc	FA15	Y		n/a		SU	S
Trauma - Other	FA17	Y		n/a		SU	S
Trauma - Plafond Fracture	FA13	Y		n/a		SU	S
Trauma - Talus	FA14	Y		n/a		SU	S