

INTRA-ARTICULAR INITIATIVE FORM

Date:.....

Diagnostics

VAS (preop):

0.....100

Procedure Arthrocentesis (Right/Left) HA Injection (Right/Left)
Blood injection (Right/Left) Arthroscopy (Right/Left)

Preoperative medications:

.....
.....

Anesthesia Local (.....) General (.....) Sedation (.....) Conscious Sedation (.....)

Upper joint space volume:

Lower joint space volume:

Method: Single needle (....) Double needle (....) Diagnostic arthroscopy (.....) Operative arthroscopy (.....) Arthroscopic lysis-avage (....)

Washing solution SF (.....) RL (.....)

Amount of washing solution:

VAS during the procedure:

0.....100

Mandibular measurements after the procedure:

Maximum mouth opening:
To be taken from the form

Processing time (min):

Degree of difficulty (0: very easy, 1: easy, 2: moderately difficult, 3: difficult, 4: very difficult, 5: failed)

By operator:.....

By patient:.....

VAS (postop):

0.....100

Patient satisfaction (post operative day 0)

Very good good..... medium..... bad..... very bad.....

Patient satisfaction (post operative day 1)

Very good good..... medium..... bad..... very bad.....

Patient satisfaction (post operative week 2)

Very good good..... medium..... bad..... very bad.....

Patient satisfaction (post operative week 4)

Very good good..... medium..... bad..... very bad.....