

Australian Orthopaedic Foot and Ankle Society & Australian Orthopaedic Association National Joint Replacement Registry

Ankle Joint Form - User Guide

The data forms require both sides to be completed. Where possible please use hospital and company labels. If labels are unavailable write in the spaces provided.

Sections of Ankle Form

SIDE 1	Front of Ankle Form
Section 1	Patient Details
Section 2	Hospital Name, Surgeon Codes and Demographic Details
Section 3	Operation Details
Section 4	Talar Tilt/COFAS classification(s)
Section 5	Previous Procedures
Section 6	Concurrent Procedures
Section 7	Arthrodesis
Section 8	Bone Graft
SIDE 2	Back of Ankle Form
Section 9	Prosthesis/Components Section

Sections are highlighted on the form on the following page.

Instructional Guide

Instructional Guide	Clarifies roles, responsibilities and timing
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Overview of the Sections of the Form

ANKLE FORM

SIDE 1

Australian Orthopaedic Association
National Joint Replacement Registry
SIDE 1

Place **PATIENT DETAILS** label [here](#)
and/or
if any patient details are not available on the hospital label please complete below

Surname: Female: Male:
 First Name: Middle Init: **Section 1**
 Address:
 Hospital Patient No: Post Code:
 Medicare No: DOB:
 Name of Hospital: State:
 Consultant Surgeon Code: **Section 2**
 Weight (kg) Height (cm) ASA

PLEASE COMPLETE THIS SECTION IN FULL
(IF BILATERAL USE TWO FORMS)

<p>OPERATION DATE L <input type="checkbox"/> R <input type="checkbox"/></p> <p>PRIMARY TAR <input type="checkbox"/> ION <input type="checkbox"/></p> <p>PRIMARY ARTHRODESIS <input type="checkbox"/> ION <input type="checkbox"/></p> <p>DIAGNOSIS (tick more than one box if applicable)</p> <p>Osteoarthritis <input type="checkbox"/> Loosening <input type="checkbox"/></p> <p>Post Traumatic Arthritis <input type="checkbox"/> Lysis <input type="checkbox"/></p> <p>Rheumatoid Arthritis <input type="checkbox"/> Infection <input type="checkbox"/></p> <p>Other Inflammatory Arthritis <input type="checkbox"/> Implant Breakage specify <input type="checkbox"/></p> <p>Fracture specify <input type="checkbox"/> Instability <input type="checkbox"/></p> <p>Instability <input type="checkbox"/> Dislocation <input type="checkbox"/></p> <p>Malalignment <input type="checkbox"/> Component Dissociation <input type="checkbox"/></p> <p>Other specify <input type="checkbox"/> Fracture specify <input type="checkbox"/></p> <p>Non-Union of arthrodesis <input type="checkbox"/></p> <p>Mal-Union of arthrodesis <input type="checkbox"/></p> <p>Other specify <input type="checkbox"/></p>	<p>DIAGNOSIS (tick more than one box if applicable)</p> <p>Loosening <input type="checkbox"/></p> <p>Lysis <input type="checkbox"/></p> <p>Infection <input type="checkbox"/></p> <p>Implant Breakage specify <input type="checkbox"/></p> <p>Instability <input type="checkbox"/></p> <p>Dislocation <input type="checkbox"/></p> <p>Component Dissociation <input type="checkbox"/></p> <p>Fracture specify <input type="checkbox"/></p> <p>Non-Union of arthrodesis <input type="checkbox"/></p> <p>Mal-Union of arthrodesis <input type="checkbox"/></p> <p>Other specify <input type="checkbox"/></p>
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PRE-OP XR TALAR TILT: MORTISE VIEW ANKLE & LATERAL TIBIAL LINE
Please complete this section for TAR and Arthrodesis

Valgus Varus Neither Angle Degree (Scan for Guide)
(Primary only - Circle one above) (Write degree above)

Pre op COFAS Type: 1 2 3 4 5a 5b 5c 5d 5e 5f 5g 5h 5i 5j 5k 5l 5m 5n 5o 5p 5q 5r 5s 5t 5u 5v 5w 5x 5y 5z
(Circle one) **Section 4**

COFAS reoperation code: 2 3 4 5 6 7 8 9 10 11 12 13
(Circle one)

Previous Procedures

Planovalgus Reconstruction	NO <input type="checkbox"/>	YES <input type="checkbox"/>
Cavovarus Reconstruction	NO <input type="checkbox"/>	YES <input type="checkbox"/>
Supramalleolar Osteotomy	NO <input type="checkbox"/>	YES <input type="checkbox"/>
TAR	NO <input type="checkbox"/>	YES <input type="checkbox"/>
Arthrodesis	NO <input type="checkbox"/>	YES <input type="checkbox"/>

Fracture Fixation (Tick all that apply)

One Malleolus	>1 Malleolus	NO <input type="checkbox"/>	YES <input type="checkbox"/>
Pilon / Talus Fracture	Syndesmosis	NO <input type="checkbox"/>	YES <input type="checkbox"/>

Concurrent Surgeries (Tick all that apply)

Achilles Lengthening	NO <input type="checkbox"/>	YES <input type="checkbox"/>
Ligament Stabilization	NO <input type="checkbox"/>	YES <input type="checkbox"/>
Hindfoot Reconstruction	NO <input type="checkbox"/>	YES <input type="checkbox"/>
Forefoot / Midfoot Reconstruction	NO <input type="checkbox"/>	YES <input type="checkbox"/>
Other specify	NO <input type="checkbox"/>	YES <input type="checkbox"/>

Arthrodesis

NO <input type="checkbox"/>	YES <input type="checkbox"/>	Arthroscopic	NO <input type="checkbox"/>	YES <input type="checkbox"/>
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Fixation Type (tick all that apply)

Screws	External Fixat	NO <input type="checkbox"/>	YES <input type="checkbox"/>
Plate	Other	NO <input type="checkbox"/>	YES <input type="checkbox"/>

Bone Graft (tick all that apply)

Autograft	Allograft	NO <input type="checkbox"/>	YES <input type="checkbox"/>
Synthetic	Biologic	NO <input type="checkbox"/>	YES <input type="checkbox"/>

(Stickers can be placed on reverse of this form) **Section 8**

V8.5 Please return form to ADANJRR, Locked Bag 2, Hutt St Post Office, Adelaide, SA, Australia 5000
Please complete Side 2

ANKLE FORM

SIDE 2

Australian Orthopaedic Association
National Joint Replacement Registry
SIDE 2

TIBIAL COMPONENTS
(Mark relevant box, place company labels on coloured areas or complete details by hand)

Company	.....
Prosthesis Name	.....
Cat/Ref No.	.....
Lot No.	.....

Company	.....
Prosthesis Name	.....
Cat/Ref No.	.....
Lot No.	.....

TALAR COMPONENTS
(Mark relevant box, place company labels on coloured areas or complete details by hand)

Company	.....
Prosthesis Name	.....
Cat/Ref No.	.....
Lot No.	.....

Company	.....
Prosthesis Name	.....
Cat/Ref No.	.....
Lot No.	.....

CEMENT

TIBIAL	NO <input type="checkbox"/>	YES <input type="checkbox"/>
TALAR	NO <input type="checkbox"/>	YES <input type="checkbox"/>

CEMENT NAME
(Use company label or complete details; if more than one mix is used, use only 1 label)

SURGEON ASSISTIVE TOOLS
(Tick all that apply - affix label below if available)

Computer navigated NO YES
System used :

Image Derived Instrumentation (IDI) NO YES
System used :

ADDITIONAL COMMENTS (or Extra Labels)

.....

ADDITIONAL COMMENTS (or Extra Labels)

.....

V8.5 Thank you for completing this form - For further information contact (08) 8128 4280
Completed by Date/...../.....

Side 1

Section 1: Patient Details

- Hospital labels can be used.
- Complete any details not included on the hospital label, as this information is necessary to match patient details if surgery is undertaken at a later date.

Section 2: Hospital Name, Surgeon Codes and Demographic Details

- Complete the hospital name and state.
- Inclusion of the consultant surgeon code (AOA Member number) is optional however if their surgeon code is not included this procedure may not be matched to that surgeon.
- Weight and Height of patient.
- ASA Score.

Section 3: Operation Details

- Complete operation date.
- Side of surgery is important, one side per form - tick box for left or right side.
- If bilateral replacements are performed, please use two forms and indicate side on each form.
- Tick primary or revision box.
- Tick the appropriate diagnosis option/s (more than one box may be ticked).
- More than one box may be ticked for Revision surgery. If none of these diagnoses are appropriate, mark the “other” box and specify details.

Diagnosis – Primary

These descriptors account for the majority of causes of ankle arthritis.
Please note if fracture in this sense is selected, it is for an acute fracture.

Diagnosis – Revision/Reoperation

This section continues with the criteria utilised by the AOANJRR in previous registry data, relevant to total ankle replacement.

Both this section and the Canadian Orthopaedic Foot and Ankle Society (COFAS) reoperation type must be filled out for a reoperation (including any revisions) procedure.

Section 4: Talar Tilt/COFAS classification(s)

Please complete this section for TAR and Arthrodesis. Ensure you fill in EACH section (talar tilt, Pre-op COFAS Type, COFAS Reoperation Code) as required by the instructions below.

Pre-Op XR Talar Tilt

Required for:

- All primary TAR and Arthrodesis
- Not required for Revision / Reoperation procedures

On a Standard WB Ankle Xray series, measure the talar tilt.

Please

- Document the measurement in degrees (whole integers)
- Choose either Varus, Valgus or Neither (if 0 degrees).
- Example: Valgus 18 degrees.

Technique of measuring Talar Tilt

The angle of the **proximal talar surface** to the **lateral border of the tibia** in the distal diaphysis and metaphysis on the anteroposterior (AP) weightbearing ankle radiograph.



Pre-op COFAS Type (Modified)

Required for:

- All primary TAR and Arthrodesis
- Revision / reoperation procedures as appropriate

The **COFAS End-Stage Ankle Arthritis Classification System**¹ is a validated system used internationally and is the accepted gold standard descriptor of ankle arthritis. This is a modification of this system which also includes reoperations. Figures/tables have used in this section have been reproduced, and adapted as required, from this classification system¹.

Fill in the stage of arthritis, choosing **ONE** of types **1 to 6**.

Type 1	Type 2	Type 3	Type 4	Type 5a, 5b, 5c	Type 6
Isolated ankle arthritis	Ankle arthritis with an intraarticular deformity of more than 10 degrees +/- a tight heel cord	Ankle arthritis with an extra articular deformity (hindfoot varus / valgus, tibial malunion, forefoot ab- or ad- duction, plantar flexed first ray etc)	Types 1 – 3 plus subtalar, calcaneocuboid or talonavicular arthritis	Failed ankle arthrodesis	Failed TAR
				5a Ankle arthrodesis revised to ankle arthrodesis	
				5b Ankle arthrodesis to TAR (i.e. takedown of fusion)	
				5c Extension of ankle arthrodesis (i.e. unplanned / unstaged late hind foot or mid foot)	
				For Type 5 – 6 complete COFAS re-operation code as well.	


¹Krause, F. G., Di Silvestro, M., Penner, M. J., Wing, K. J., Glazebrook, M. A., Daniels, T. R., et al. (2010). Inter- and Intraobserver Reliability of the COFAS End-Stage Ankle Arthritis Classification System. *Foot & Ankle International*, 31(2), 103–108?

[Refer to detailed explanation below](#)


Type 1 ankle arthritis occurs in isolation.

Type 2 ankle arthritis has an **intra-articular ankle deformity of more than 10 degrees (as measured for Pre-op XR Talar Tilt)** or a **tight heel cord**, or both an intra-articular deformity and tight heel cord.

Type 3 patients have ankle arthritis with deformity of the **hindfoot, tibia or forefoot**.

<p><u>Hindfoot deformity</u> The angle between the lateral border of the calcaneus and the long axis of the tibia on the AP view of the ankle.</p> <p>Varus more than 5 degrees, Valgus more than 10 degrees.</p> <p><u>Tibial deformity</u> An angulation of the lateral border of the tibia more than 10 degrees on the AP view of the ankle.</p> <p><u>Forefoot / Midfoot deformity</u> Talo-first metatarsal angle more than 10 degrees adduction or abduction on the AP view of the foot.</p> <p>Pes cavus or planus as the Talo-first metatarsal angle more than 10 degrees on the lateral view of the foot.</p>	
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Type 4 includes Type 1 to 3 plus subtalar, talonavicular or calcaneocuboid arthritis

<p><u>Subtalar / Talonavicular / Calcaneocuboid arthritis</u> Radiological arthritis in at least one of these joints. In the subtalar joint, two out of three criteria are present: subtalar pain on motion, restriction of subtalar motion, or radiographic arthritic change.</p>	
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Type 5 relates to failed ankle arthrodesis.

- **Type 5a** Ankle arthrodesis revised to ankle arthrodesis
- **Type 5b** Ankle arthrodesis converted to TAR
- **Type 5c** Extension of ankle arthrodesis i.e. unplanned late hindfoot or midfoot arthrodesis

Type 6 relates to failed ankle replacement.

This includes ankle replacement undergoing a reoperation with retention of implant.

COFAS Reoperation Code (Modified)

Required for:

- All revisions/reoperations of TAR and Arthrodesis

This section is to be completed for **ANY** reoperation (including revisions) on or around an ankle replacement or arthrodesis, regardless of a change in components.

Choose a single code: from 2 to 13. EXCLUDING Type 1.

This is a modification of the COFAS reoperation coding system for ankle replacement and arthrodesis², which is utilised internationally by major orthopaedic journals in reporting TAR outcomes.

This section also encompasses the range of occasions when a change of Polyethylene liner is performed.

1. ~~No reoperation at or around the ankle. DO NOT CHOOSE.~~
2. Isolated hardware removal around the ankle.
3. Repeat operation outside the ankle replacement or arthrodesis (eg, osteotomy, fusion, or ligament repair) but related to the replacement or arthrodesis
4. Ankle gutter or heterotopic ossification debridement without exchange of metal components, with or without intact polyethylene exchange
5. Exchange of polyethylene liner as a result of polyethylene liner failure
6. Debridement of an osteolytic cyst without exchange of metal components with or without intact polyethylene exchange.
7. Deep infection or wound complication requiring operative debridement (without exchange of metal components in ankle replacement), with or without intact polyethylene exchange
8. Revision of arthrodesis due to malposition or nonunion (no infection)
9. Implant failure leading to revision of metal components due to aseptic loosening, component fracture, or malposition (no infection)
10. Revision of metal component(s) secondary to infection.
11. Amputation above the level of the ankle.
12. Removal of TAR Components with ankle arthrodesis.
13. Removal of TAR Components with extended TibioTaloCalcaneal (TTC) arthrodesis.

² Younger, A.S., Glazebrook, M., Veljkovic, A., Goplen, G., Daniels, T.R., Penner, M., Wing, K.J., Dryden, P.J., Wong, H. and Lalonde, K.A., 2016. A coding system for reoperations following total ankle replacement and ankle arthrodesis. *Foot & Ankle International*, 37(11), pp.1157-1164. <https://doi.org/10.1177/1071100716659037>.

Section 5: Previous Procedures

This section is to be completed if previous procedures have been confirmed. This includes procedures performed as a Primary Stage **before** the **Index** Arthroplasty.

Please tick yes/no at the top to state if any previous procedures were done. If yes, please complete the remainder of the section, including ticking “no” for any procedures not done.

These are grouped into:

- **Planovalgus Reconstruction.** Evidence of osteotomy or arthrodesis for previous correction. Specifics not required. Yes/No Only.
- **Cavovarus Reconstruction.** Evidence of osteotomy or arthrodesis for previous correction. Specifics not required. Yes/No Only.
- **Supramalleolar Osteotomy.** Yes/No Only. Specifics not required.
- **Previous TAR.** Tick Yes/No. Fill in type/brand.
- **Previous Arthrodesis.** Tick Yes/No. List the Location of the arthrodesis. For example; Subtalar. Name each joint fused individually (up to 5 can be named). **DO NOT USE TERMS SUCH AS TRIPLE OR DOUBLE FUSION.**
- **Fracture Fixation.** Tick Yes/No, then if yes, fill in all that apply below.

These options do not include all possible previous procedures, they have been chosen as those most likely to influence the outcome of TAR or Ankle arthrodesis.

Section 6: Concurrent Procedures

This section only describes procedures undertaken at the time of index surgery. This is divided into 4 main categories. The specifics of these procedures is not required, only tick boxes, no free text (except for “other”).

Please tick yes/no at the top to state if any concurrent surgeries were done. If yes, please complete the remainder of the section, including ticking “no” for any procedures not done.

- **Achilles lengthening.** Tick yes or no. Use for any form of proximal or distal Gastrocnemius, Soleus or Achilles lengthening procedure.
- **Ligament stabilisation.** Tick which applies. Specifics not required.
- **Hindfoot reconstruction.** Hindfoot defined as the level including the navicular and proximal to the navicular. Tick which applies.
 - No
 - Osteotomies
 - Arthrodesis
 - Or both
- **Forefoot / Midfoot reconstruction.** Forefoot defined as the including the cuneiforms and distal to the cuneiforms. Tick which applies.
 - No
 - Osteotomies

- Arthrodesis
- Or both
- **Other.** Tick Yes/No. Provide details (specify) e.g. intraoperative fracture.

Section 7: Arthrodesis

Definition of Arthroscopic Ankle Arthrodesis

Ankle arthroscopic arthrodesis involves joint preparation and percutaneous fixation with screws and / or plates where the joint capsule is not breached. If the capsule is opened for fixation or joint preparation (“mini open technique”), this is considered an open technique.

Please fill in as required.

- Tick yes if primary or revision Ankle Arthrodesis

If yes, please continue to fill in the remainder of the section.

- Arthroscopic: tick yes/no
- Fixation type: tick all that apply

If implant stickers are available, they should be used. If implant stickers are not available, there is no need for written documentation.

Section 8: Bone Graft

Please fill in as required.

Tick Yes/No, then if yes, fill in all that apply below.

Allograft is irradiated unprocessed bone.

Biologics include processed or enhanced allograft eg demineralised bone.

Side 2

Where possible please use hospital and product labels. If labels are unavailable write in the spaces provided.

Section 9: Prosthesis/Components Section

Cement

- Tick yes or no for each component where applicable.
- If yes, use a cement label or write in the cement details.
- Only one label is required if multiple mixes are used.

Surgeon Assistive Tools

- Tick yes or no for each type. Add label where applicable.

Additional Comments

Can be used as required.

Instructional Guide

Roles, responsibilities and timing.

- **Cyan / teal** to be completed by hospital staff or surgeon at the time of surgery.
- **Yellow** to be completed by surgeon prior to, or at surgery.
- **Green** only required for arthrodesis.

ANKLE FORM	Australian Orthopaedic Association National Joint Replacement Registry	SIDE 1																																																																																																																																							
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Joint Fused:.....						NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	One Malleolus	<input type="checkbox"/>	>1 Malleolus	<input type="checkbox"/>	<input type="checkbox"/>	Pilon / Talus Fracture	<input type="checkbox"/>	Syndesmosis	<input type="checkbox"/>	<input type="checkbox"/>		NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	Achilles Lengthening	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	Ligament Stabilization	NO	<input type="checkbox"/>	Medial	<input type="checkbox"/>				Lateral	<input type="checkbox"/>	Hindfoot Reconstruction	NO	<input type="checkbox"/>	Osteotomy	<input type="checkbox"/>				Arthrodesis	<input type="checkbox"/>	Forefoot / Midfoot Reconstruction	NO	<input type="checkbox"/>	Osteotomy	<input type="checkbox"/>				Arthrodesis	<input type="checkbox"/>	Other <i>specify</i>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>		NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	Arthroscopic	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>		<input type="checkbox"/>	IM Nail.....	<input type="checkbox"/>	Screws	<input type="checkbox"/>	External Fixation	<input type="checkbox"/>	Plate	<input type="checkbox"/>	Other.....	<input type="checkbox"/>		NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	Autograft	<input type="checkbox"/>	Allograft	<input type="checkbox"/>	Synthetic	<input type="checkbox"/>	Biologic	<input type="checkbox"/>
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ANKLE FORM



Australian Orthopaedic Association
National Joint Replacement Registry

SIDE 2

TIBIAL COMPONENTS

(Mark relevant box, place company labels on coloured areas or complete details by hand)

Company
Prosthesis Name
Cat/Ref No.
Lot No.

Company
Prosthesis Name
Cat/Ref No.
Lot No.

TALAR COMPONENTS

(Mark relevant box, place company labels on coloured areas or complete details by hand)

Company
Prosthesis Name
Cat/Ref No.
Lot No.

Company
Prosthesis Name
Cat/Ref No.
Lot No.

CEMENT

TIBIAL NO YES
TALAR NO YES

CEMENT NAME
(Use company label or complete details: if more than one mix is used, use only 1 label)

SURGEON ASSISTIVE TOOLS

(Tick all that apply - affix label below if available)

Computer navigated NO YES
System used :
Image Derived Instrumentation (IDI) NO YES
System used :

ADDITIONAL COMMENTS (or Extra Labels)

.....

ALL SECTIONS of this form MUST be COMPLETED

ADDITIONAL COMMENTS (or Extra Labels)

.....

ALL SECTIONS of this form MUST be COMPLETED

V8.5 Thank you for completing this form - For further information contact (08) 8128 4280 Completed by Date/...../.....