

To assess and improve the outcomes of KYON procedures, we would appreciate your participation in the following questionnaire.

**TO BE COMPLETED BY OPERATING SURGEON/S**

**Surgeon Name:** \_\_\_\_\_

**Surgeon email** \_\_\_\_\_

**When did you begin performing PGR?** \_\_\_\_\_ (mm/dd/yyyy)

**How many cases have you done?** \_\_\_\_\_ (#)

**How many cases had prior surgeries?** \_\_\_\_\_ (#)

**# of Complications:** \_\_\_\_\_ (#)

**Complication Types:** relaxation - \_\_\_\_\_ (#)

implant dislodgement - \_\_\_\_\_ (#)

infection - \_\_\_\_\_ (#)

aseptic loosening - \_\_\_\_\_ (#)

bone fracture - \_\_\_\_\_ (#)

additional comments: -

**# of Failures (removal of implants):** - \_\_\_\_\_ (#)

**On a scale of 1 to 5** (1 = less preferable, 3 = same, 5 = more preferable), **how would you rate PGR compared to your standard treatment?**  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

**Strengths of PGR:**

**Weaknesses of PGR:**

**Thank you for taking the time to complete this questionnaire.**

Fax or email the completed form/s to 617.567.3193 / [kyon.boston@verizon.net](mailto:kyon.boston@verizon.net)

or submit your data online @ [www.kyon.ch](http://www.kyon.ch)

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**TO BE COMPLETED BY CLINIC/TECHNICIAN**

**Patient Name:** \_\_\_\_\_

**Weight** \_\_\_\_\_

**Age (DOB):** \_\_\_\_\_ (mm/dd/yyyy)

**Gender:** \_\_\_\_\_ (male = M, female = F, male neutered = MN, female spayed = FS)

**Breed:** \_\_\_\_\_

**Lameness Duration:** \_\_\_\_\_ (months)

**Surgery Date:** \_\_\_\_\_ (mm/dd/yyyy)

**Questionnaire Completion Date** \_\_\_\_\_ (mm/dd/yyyy)

**TO BE COMPLETED BY OWNER VIA PHONE INTERVIEW**

**Was PGR the first surgery performed to address this condition?** \_\_\_\_\_ (yes/no). If no, what procedure/s were performed?  
\_\_\_\_\_

**Was your pet on pain management drugs prior to surgery?** \_\_\_\_\_ (yes/no)

**Is your pet still on pain management drugs?** \_\_\_\_\_ (yes/no)  
If yes, is the dosage: reduced / same / increased (circle one)

**On a scale of 1 to 5 (1 = worse, 3 = same, 5 = better), how would you rate your pets activity level after PGR?**

**Walking:** score \_\_\_\_\_

**Running:** score \_\_\_\_\_

**Jumping:** score \_\_\_\_\_

**Getting up:** score \_\_\_\_\_

**Lying down:** score \_\_\_\_\_

**Climbing stairs:** score \_\_\_\_\_

**Descending stairs:** score \_\_\_\_\_

**Are you satisfied with the outcome?** \_\_\_\_\_ (yes/no)

**Would you have the surgery performed again?** \_\_\_\_\_ (yes/no)

**Additional Comments:**

**Thank you for taking the time to complete this questionnaire.**

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