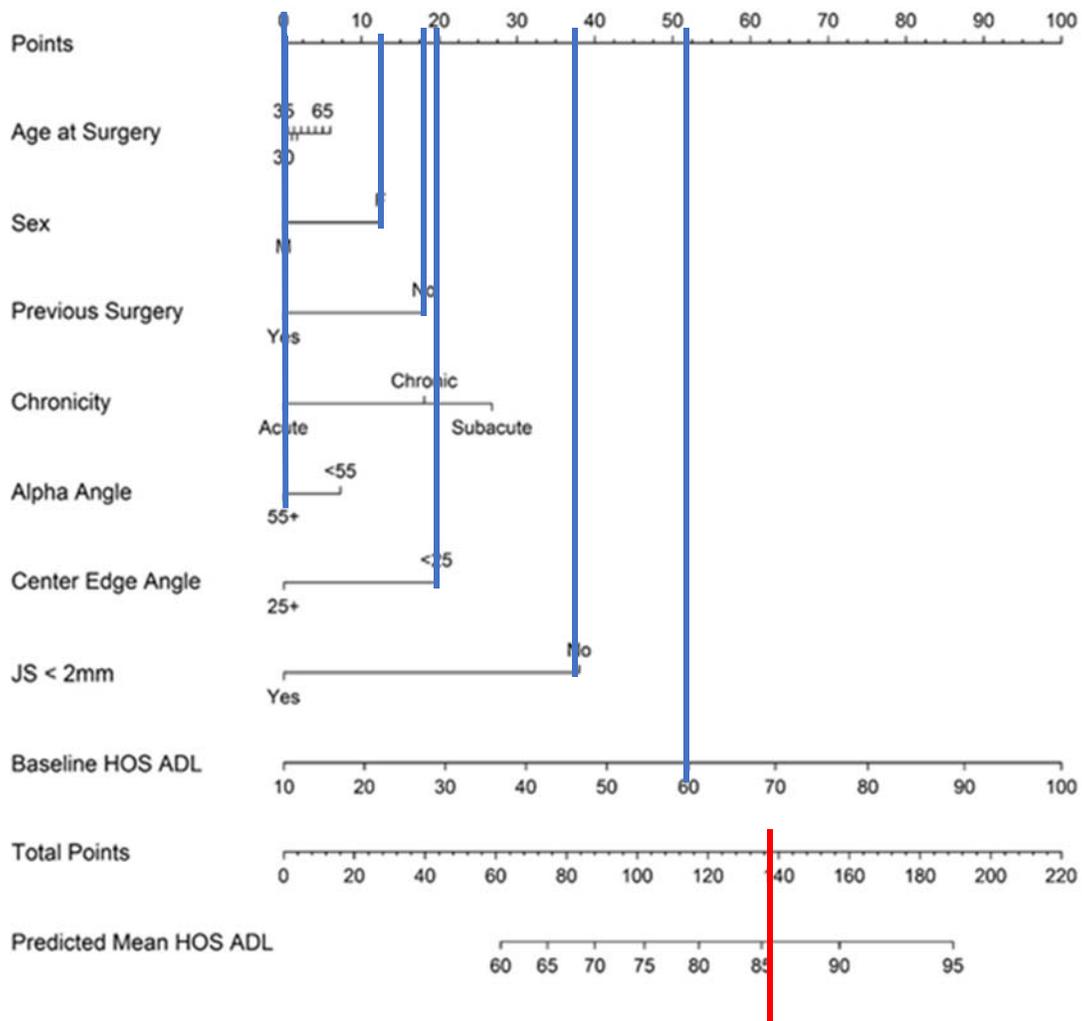
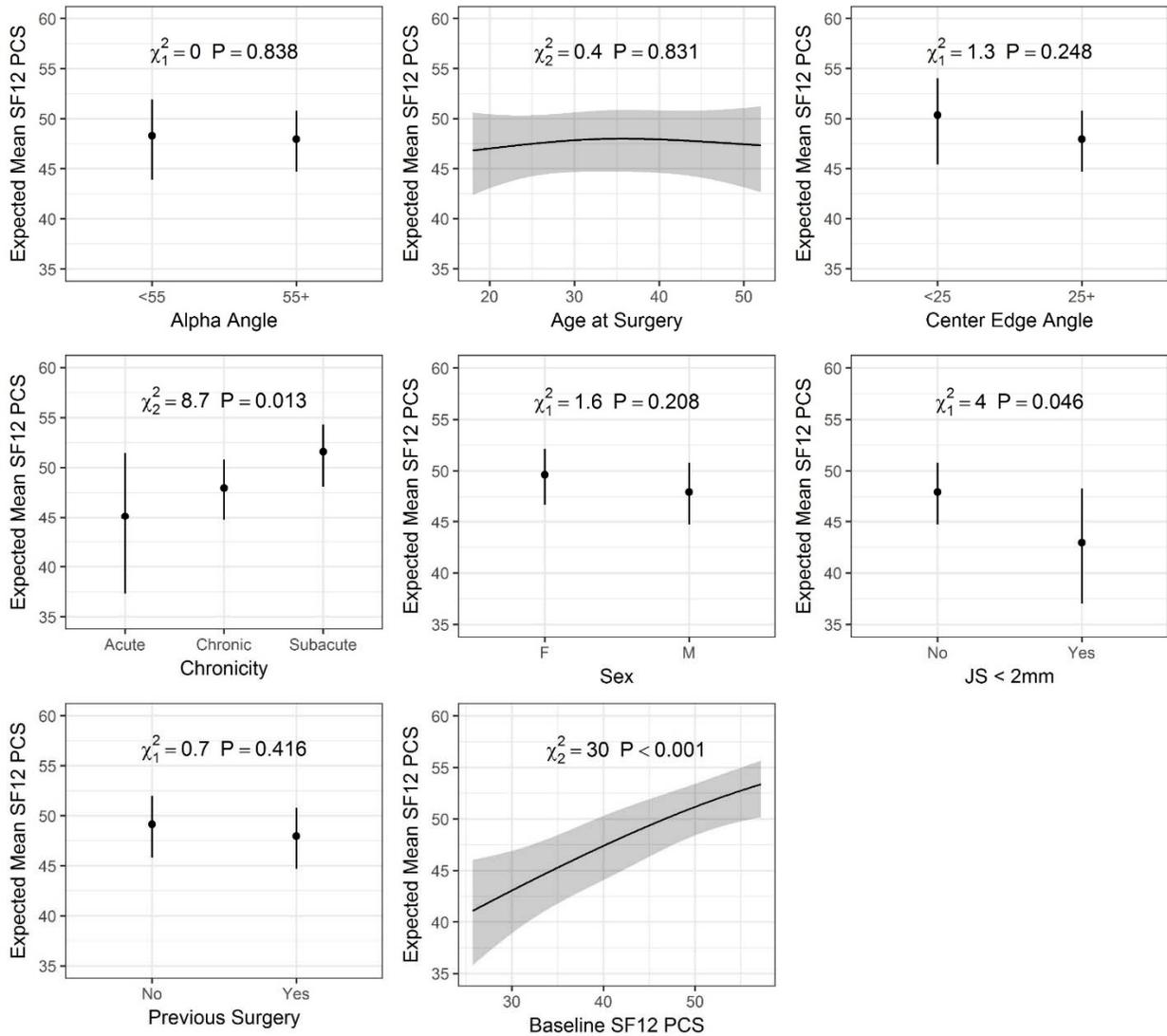


Appendix

Appendix Figure A1. An example of how the predictive tool for postoperative HOS-ADL outcomes score would be used. Sample patient is 28 year-old (0 points) female (12.5 points) with no previous surgery (18 points) with an acute injury (0 points) at presentation. The patient has an alpha angle of 72 (0 points), a center edge angle of 24 (20 points) and no joint space less than 2mm (37.5 points). The patients baseline HOS ADL is 60 (52 points). Final prediction of HOS-ADL would be 87 based on a total of 140 points.



Appendix Figure A2. Illustration of the effect of preoperative variables assessed on the postoperative SF12 PCS scores. The dot represents the mean value for each variable and the line/shaded region represents the 95% confidence interval/region. $P < 0.05$ is considered significant for an independent predictor of postoperative SF12 PCS scores. In these graphical illustrations, higher preoperative SF12 PCS scores ($p < 0.001$), joint space greater than 2 mm ($p = 0.046$), and subacute chronicity of symptoms (3 months – 1 year) ($p = 0.013$) are independent predictors of improved postoperative SF12 PCS scores.



Appendix Figure A3. Illustration of the effect of preoperative variables assessed on the postoperative patient satisfaction with surgical outcome. The dot represents the mean value for each variable and the line/shaded region represents the 95% confidence interval/region. $P < 0.05$ is considered significant for an independent predictor of postoperative patient satisfaction. In these graphical illustrations, joint space greater than 2 mm ($p < 0.001$), higher preoperative SF12 PCS scores ($p = 0.034$) and SF12 MCS scores ($p = 0.039$) are independent predictors of improved postoperative patient satisfaction with surgical outcome.

