Draft

RADIOGRAPHIC FOLLOW UP ASSESSMENT FORM FOR VERSO SHOULDER

HOSP NO: | | | | | | | | | | |

Shade Circles Like This--> ●

STUDY NO: | | | | |

HOSPITAL: | | | | | | | | | | | | |

SIDE OPERATED: ○ **Left** ○ **Right**

GENDER: ○ **Male** ○ **Female**

FOLLOW UP:

○ POSTOP IMM ○ 3 MONTHS ○ 1 YEAR ○ 3 YEARS

○ 6 WEEKS ○ 6 MONTHS ○ OTHER (PLEASE SPECIFY)

YEARS: | |

MONTHS: | |

A. No Lucency.
B. Partial Line < 1mm.
C. Progressive Line > 2mm.
D. Prosthesis Displacement (Loosening).

GLENOID LUCENCIES - Anterior Posterior View:

Zone 1: ○ A ○ B ○ C ○ D **Zone 2:** ○ A ○ B ○ C ○ D

Zone 3: ○ A ○ B ○ C ○ D **Zone 4:** ○ A ○ B ○ C ○ D

Zone 5: ○ A ○ B ○ C ○ D **Zone 6:** ○ A ○ B ○ C ○ D

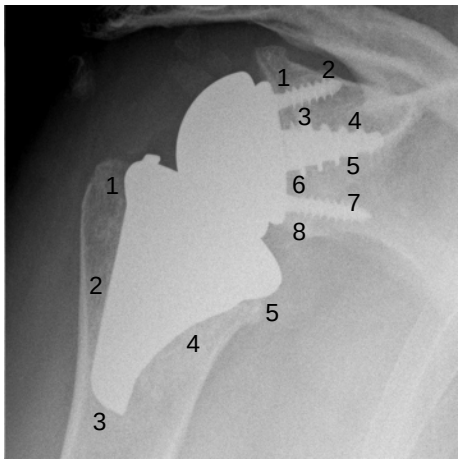
Zone 7: ○ A ○ B ○ C ○ D **Zone 8:** ○ A ○ B ○ C ○ D

HUMERAL LUCENCIES - Anterior Posterior View:

Zone 1: ○ A ○ B ○ C ○ D **Zone 2:** ○ A ○ B ○ C ○ D

Zone 3: ○ A ○ B ○ C ○ D **Zone 4:** ○ A ○ B ○ C ○ D

Zone 5: ○ A ○ B ○ C ○ D



GLENOID LUCENCIES - Axillary View:

Zone 1: ○ A ○ B ○ C ○ D **Zone 2:** ○ A ○ B ○ C ○ D

Zone 3: ○ A ○ B ○ C ○ D **Zone 4:** ○ A ○ B ○ C ○ D

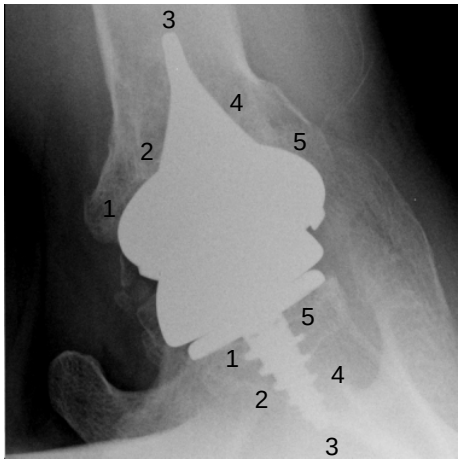
Zone 5: ○ A ○ B ○ C ○ D

HUMERAL LUCENCIES - Axillary View:

Zone 1: ○ A ○ B ○ C ○ D **Zone 2:** ○ A ○ B ○ C ○ D

Zone 3: ○ A ○ B ○ C ○ D **Zone 4:** ○ A ○ B ○ C ○ D

Zone 5: ○ A ○ B ○ C ○ D



GLENOID NOTCHING DEGREE
(Nerot Grading System for Inferior Scapular)

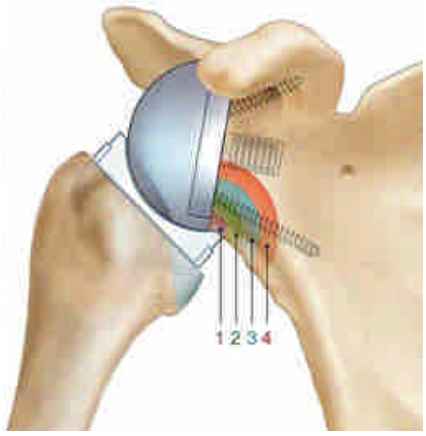
○ No Notch

○ Erosion of Lateral Pillar Only (small notch)

○ Erosion of Lateral Pillar with Sclerotic Margins, Indicating Stability

○ Erosion Beyond Inferior Screw, Indicating Evolution

○ Erosion Under Baseplate as First Sign of Loosening



Evaluator: _____

DATE: | | / | | / | | | | |

D D / M M / Y Y Y Y