



Reading Shoulder Unit



www.readingshoulderunit.com



VERSO SHOULDER HISTORICAL & OPERATIVE FORM

HOSP NO: <input type="text"/>	Shade Circles Like This--> ●	STUDY NO: <input type="text"/>
HOSPITAL: <input type="text"/>	Gender: <input type="radio"/> Male <input type="radio"/> Female	
SURGEON: <input type="text"/>	Side: <input type="radio"/> Left <input type="radio"/> Right	
<input type="text"/>	Date of Surgery: <input type="text"/> / <input type="text"/> / <input type="text"/>	
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DIAGNOSIS: ROTATOR CUFF ARTHROPATHY RA POST TRAUMATIC ARTHROPATHY
 REVISION OF SURFACE REPLACEMENT REVISION OF STEMMED PROSTHESIS
 FAILED ROTATOR CUFF REPAIR NON-UNION REVISION OF REVERSED PROTHESIS
 OTHER (PLEASE SPECIFY)

WHICH PROCEDURE WAS PERFORMED? Reversed total shoulder replacement Hemi arthroplasty

HUMERAL SHELL: <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large <input type="radio"/> Extra large	STEMMED HUMERAL SHELL : <input type="radio"/> 6 mm <input type="radio"/> 8 mm <input type="radio"/> 10 mm <input type="radio"/> 12 mm	MEGA HUMERAL HEAD: <input type="radio"/> 2/3 sphere <input type="radio"/> Hemisphere
LINER: Diameter: <input type="radio"/> 36 mm <input type="radio"/> 41 mm Standard: <input type="radio"/> +3 mm <input type="radio"/> +6 mm <input type="radio"/> +9 mm <input type="radio"/> +12 mm Retentive: <input type="radio"/> +3 mm <input type="radio"/> +6 mm <input type="radio"/> +9 mm <input type="radio"/> +12 mm	GLENOID LOW PROFILE SCREWS: Please specify the numbers of screws have been used <input type="radio"/> 15 mm <input type="text"/> <input type="radio"/> 20 mm <input type="text"/> <input type="radio"/> 25 mm <input type="text"/> <input type="radio"/> 30 mm <input type="text"/> <input type="radio"/> 35 mm <input type="text"/> <input type="radio"/> 40 mm <input type="text"/> <input type="radio"/> 45 mm <input type="text"/> <input type="radio"/> 50 mm <input type="text"/>	
GLENOID HEAD DIAMETER: <input type="radio"/> 36 mm <input type="radio"/> 41 mm		

SURGICAL APPROACH

ANTERO-SUPERIOR (RECOMMENDED)

OTHER (PLEASE SPECIFY BELOW)

DELTOPECTORAL

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RANGE OF MOTION ON TABLE: (passive movement post replacement)

FORWARD ELEVATION:

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EXTERNAL ROTATION:

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°

INTERNAL ROTATION:

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TO OPPOSITE AXILLA? YES NO

TO HAIR / HEAD? YES NO

OTHER PROCEDURES PERFORMED

Acromioplasty

Excision lateral end clavicle

Impaction bone graft to the humeral side

Impaction bone graft to the glenoid side

Use of bone graft substitute

Biceps tenodesis

Lesser tuberosity osteotomy

Clavicular osteotomy

Other (Please specify below)

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GLENOID BASEPLATE INITIAL FIXATION: Solid Good/Minimally mobile Loose

HUMERAL SHELL INITIAL FIXATION: Solid Good/Minimally mobile Loose

COMPONENT STABILITY: Stable Mild Instability Unstable

STATE OF ROTATOR CUFF: Absent cuff Massive tear Supraspinatus tear

Subscapularis tear Infraspinatus tear Teres minor tear

ROTATOR CUFF REPAIRED?

YES NO

Signature _____

DATE:

		/			/				
D	D		M	M		Y	Y	Y	Y

PLEASE PLACE ALL IMPLANT LABELS ON THE REVERSE OF THIS FORM