Shoulder & Elbow Centre

Reading Shoulder Unit

www.readingshoulderunit.com

Draft

VERSO SHOULDER HISTORICAL & OPERATIVE FORM

HOSP NO:

Shade Circles Like This--> ●

STUDY NO:

HOSPITAL:

Gender: ○ **Male** ○ **Female**

Side: ○ **Left** ○ **Right**

SURGEON:

Date of Surgery: **D D** / **M M** / **Y Y Y Y**

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 arthoplasty

HUMERAL SHELL:
○ Small ○ Medium ○ Large
○ Extra large

STEMMED HUMERAL SHELL :
○ 6 mm ○ 8 mm ○ 10 mm
○ 12 mm

MEGA HUMERAL HEAD:
○ 2/3 sphere ○ Hemisphere

LINER: **Diameter:** ○ 36 mm ○ 41 mm
Standard: ○ +3 mm ○ +6 mm ○ +9 mm ○ +12 mm
Retentive: ○ +3 mm ○ +6 mm ○ +9 mm ○ +12 mm

GLENOID HEAD DIAMETER: ○ 36 mm ○ 41 mm

GLENOID LOW PROFILE SCREWS:
Please specify the numbers of screws have been used
○ 15 mm ○ 20 mm ○ 25 mm
○ 30 mm ○ 35 mm
○ 40 mm ○ 45 mm ○ 50 mm

SURGICAL APPROACH

○ ANTERO-SUPERIOR (RECOMMENDED)

○ DELTOPECTORAL

○ OTHER (PLEASE SPECIFY BELOW)

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

FORWARD ELEVATION: ° **EXTERNAL ROTATION:** °

INTERNAL ROTATION: °

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)

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 _____

D D / M M / Y Y Y Y

PLEASE PLACE ALL IMPLANT LABELS ON THE REVERSE OF THIS FORM