SHOULDER FORM

Australian Orthopaedic Association
National Joint Replacement Registry

SIDE 1

Place **PATIENT DETAILS** label here

and/or

if any patient details are not available on the hospital label please complete below

Surname: ..... Female: ☐ Male: ☐

First Name: ..... Middle Initial: .....

Address: .....

..... Post Code: .....

Hospital Patient No: ..... DOB: ...../...../.....

Medicare No: ..... DVA No. .....
(If applicable)

Name of Hospital: ..... State: .....

Consultant Surgeon Code: .....

Weight (kg) ..... Height (cm) ..... ASA .....

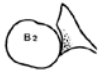
GLENOID MORPHOLOGY*

CT Scan Yes ☐ No ☐

A1 ☐ 

A2 ☐ 

B1 ☐ 

B2 ☐ 

C ☐ 

Tick one diagram box only

* Reprinted from The Journal of Arthroplasty, Vol 14(6), G Walch, R Badet, A Boulahia, & A Khoury, Morphologic study of the Glenoid in primary glenohumeral osteoarthritis, Figure 2: Different morphologic types of the glenoid in primary genohumeral osteoarthritis, pg. 757, (1999), with permission from Elsevier.

ROTATOR CUFF

GRADE 0 ☐ Normal Tendon

GRADE I ☐ Tendinopathy / Partial Thickness

GRADE 11A ☐ Full Thickness (<1CM)

GRADE IIB ☐ Full Thickness (>1CM)

GRADE III ☐ Large (>2 tendons / decentred head)

Rotator Cuff Repair Undertaken

☐ **Yes** ☐ **No**

PLEASE COMPLETE THIS SECTION IN FULL

(If bilateral use **TWO** forms)

OPERATION DATE ...../...../..... **L** ☐ **R** ☐

PRIMARY ☐

Osteoarthritis ☐

Post Traumatic Arthritis ☐

Rotator Cuff Arthropathy ☐

Rheumatoid Arthritis ☐

Other Inflammatory Arthritis ☐

Fracture *specify* ☐

Osteonecrosis/Avascular Necrosis ☐

Dislocation ☐

Instability ☐

Tumour *specify* ☐

Other *specify* ☐

REVISION/RE-OPERATION ☐

(includes removal, exchange or addition of one or more components)

Loosening ☐

Lysis ☐

Infection ☐

Implant Breakage *specify* ☐

Instability ☐

Dislocation ☐

Component Dissociation ☐

Fracture *specify* ☐

Other *specify* ☐

GLENOID COMPONENTS

(Mark relevant box, place company labels on coloured areas or complete details by hand)

Company .....

Prosthesis Name .....

Cat/Ref No. .....

Lot No. .....

Company .....

Prosthesis Name .....

Cat/Ref No. .....

Lot No. .....

Company .....

Prosthesis Name .....

Cat/Ref No. .....

Lot No. .....

Please return form to: **Locked Bag 2, Hutt St Post Office, ADELAIDE SA 5000**

Please complete Side 2

SHOULDER FORM

Australian Orthopaedic Association
National Joint Replacement Registry

SIDE 2

CEMENT

(Use company label or complete details: if more than one mix is used, use only 1 label)

Humeral **NO** ☐ **YES** ☐

Cement Name .....

Glenoid **NO** ☐ **YES** ☐

Cement Name .....

HUMERAL COMPONENTS

(Mark relevant box, place company labels on coloured areas or complete details by hand)

Company .....
Prosthesis Name .....
Cat/Ref No. .....
Lot No. .....

Company .....
Prosthesis Name .....
Cat/Ref No. .....
Lot No. .....

Company .....
Prosthesis Name .....
Cat/Ref No. .....
Lot No. .....

Company .....
Prosthesis Name .....
Cat/Ref No. .....
Lot No. .....

ADDITIONAL COMPONENTS

Company .....
Prosthesis Name .....
Cat/Ref No. .....
Lot No. .....

RE-OPERATION

This is an additional operation on a joint that has previously received a prosthesis. A re-operation however, is not a revision. (i.e) IT DOES NOT involve removal, exchange or addition of one or more components. It is usually an isolated soft tissue and/or bony procedure.

Re-operation performed .....

Reason for re-operation .....

Comments (If required) .....

TECHNOLOGY ASSISTED

tick all that apply

Computer Navigated ..... **NO** ☐ **YES** ☐
System used: .....

Image Derived Instrumentation (IDI)..... **NO** ☐ **YES** ☐
System used: .....

Robotic Assisted ..... **NO** ☐ **YES** ☐
System used: .....

Other ..... **NO** ☐ **YES** ☐
System used: .....

Affix label here if available:

ADDITIONAL COMMENTS (or Extra Labels)

ALL SECTIONS of this form MUST be COMPLETED

Thank you for completing this form - For further information contact (08) 8128 4280

Completed by ..... **Date** ...../...../.....