SHOULDER FORM

Australian Orthopaedic Association
National Joint Replacement Registry

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 ....

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)

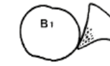
- Loosening .... ☐
- Lysis .... ☐
- Infection... ☐
- Implant Breakage *specify* .... ☐
- Instability .... ☐
- Dislocation.. ☐
- Component Dissociation...................................... ☐
- Fracture *specify* .... ☐
- Other *specify* .... ☐

GLENOID MORPHOLOGY*

CT Scan Yes ☐ No ☐

A1 ☐

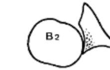
B1 ☐



C ☐

A2 ☐

B2 ☐



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.*

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. ....

CEMENT

GLENOID **NO** ☐ **YES** ☐

CEMENT NAME ....

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

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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. ....

CEMENT

HUMERAL **NO** ☐ **YES** ☐

CEMENT NAME ....

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

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) ....

IMAGE DERIVED INSTRUMENTATION (IDI) **NO** ☐ **YES** ☐

(Affix label here)

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** ....../....../.........