



KAISER PERMANENTE®

SHOULDER ARTHROPLASTY OPERATIVE FORM

Registry Form #1

Name: _____

MRN: _____

DOB: _____

Imprint Area

Surgeon (please print surgeon name)

KAISER MRN: _____

Central Denver

South Denver

Rock Creek

Operative Date (MM/DD/YY)

/ /

Operative Site

Left

Right

Please ask the following questions:

On a scale of 0 to 10 with 0=no pain and 10=the worst possible pain, on average how much pain do you have in your joint being replaced? _____

What is the overall percent value of your shoulder if a completely normal shoulder represents 100%? _____ %

History of Proximal Humerus Fracture on this Joint: No Yes

Hand Dominance: Left Right Ambidextrous

Infection Prophylaxis (check all that apply):

IV Antibiotics

Clean Air (Hepa filter)

Space Suits

Other: _____

Abx. Irrigation

Laminar Flow

Antibiotic Cement

VTE Prophylaxis (list all anticipated)

None

Aspirin

Anti-inflammatory

Coumadin

Low molecular weight heparin

SCD

TED hose

Foot pump

Other _____

Revision No Yes

Reason for Surgery (check all that apply)

Osteoarthritis

Chronic dislocation

Infection

Pathologic fracture/tumor

Rheumatoid arthritis (RA)

Glenoid fracture

Osteonecrosis / AVN

Peri-prosthetic fracture

Rotator cuff arthropathy

Glenoid component loosening

Implant malposition

Post fracture arthritis

Acute humerus fracture

Glenoid Poly Liner Wear

Mal-Union

Rotator Cuff Tear (RCT)

Non-RA inflammatory arthritis

Humeral component loosening

Non-Union

Other _____

Capsulorrhaphy arthropathy

Glenoid wear after hemi

Failed ORIF

Arthrofibrosis

Painful hemi w/cuff dysfunction

Glenoid Morphology:

Type A1: The humeral head is centered with minor erosion central erosion

Type A2: The humeral head is centered with marked

Type B1: The humeral head is subluxated posteriorly with narrowing of the posterior joint space

Type B2: The humeral head is subluxated posteriorly with narrowing of the posterior joint space with erosion resulting in a biconcave glenoid

Type C: The humeral head is centered or slightly subluxated posteriorly with glenoid retroversion of more than 25°

If RCT, which rotator cuff tendon (check all that apply): Supraspinatus Infraspinatus Subscapularis Teres

Procedure (check all that apply)

Total shoulder arthroplasty

Reverse total shoulder arthroplasty

Lesser Tuberosity Osteotomy: No Yes

Subscapularis Repair: No Yes

Hemiarthroplasty

Hardware Removal s/p ORIF

Exchange/revision of humeral stem/head/liner

Humeral head resurfacing

Rotator cuff repair

Exchange/revision of the glenoid/glenosphere

Capsulorrhaphy

Explantation/ABX Spacer

Tendon Transfer

Other

Cement (check all that apply):

None

Humerus

Glenoid

Bone Graft (check all that apply):

None

Structural

Non-Structural

Bone Graft Structural Location (check all that apply):

Humerus

Glenoid

Bone Graft Non-Structural Location (check all that apply):

Humerus

Glenoid

Surgical Approach (check all that apply): Anterior (DP) Anterolateral Posterior Superior

Patient Specific Instrumentation (PSI): No Yes

Biological Glenoid Resurfacing: No Yes

Intra-op Complications? No Yes If yes, specify _____

Drain: Yes No

Humerus	Humeral Head
Glenoid	Metaphysis / Epiphysis
Cement	Cup / Insert
Bone Graft	Screws / Cables
Other	Other