



**SHOULDER ARTHROPLASTY
OPERATIVE FORM**
Registry Form #1

Name: _____

MRN: _____

DOB: _____

Imprint Area

PLEASE CHECK YOUR LOCATION:

Surgeon (please print surgeon name)

Operative Date (MM/DD/YY)
/ /

Operative Site
 Left Right

ESJH ESSC
 EUHM PIEDMONT

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