

Scapula Fracture Study

Radiograph Form

Patient Study ID = _____

Date of Radiograph (MM/DD/YY) = _____

Follow-up Interval: Initial 2weeks 6weeks
 12weeks 24week** 52weeks**

Extremity: Left Right

Plain Films:

**Include supine views for medialization only if displacement is greater than 1cm*

***If healed x-rays optional.*

RADIOGRAPHS	Standing (AP)	Supine (AP)*	Standing (Scap)	Supine (Scap)*	Scap-Y
Glenoid medialization* (unilateral, using osseous overlap)					XXXXX
Glenopolar angle (unilateral)					XXXXX
Chest XR (medialization compared to the contralateral side)			XXXXX	XXXXX	XXXXX
Scapular Y displacement	XXXXX	XXXXX	XXXXX	XXXXX	

CT/Cuguo gpv Optional:

N/A (if s/p initial trauma eval): _____

Scapular shortening (CT with arms ADducted): _____ mm

Glenoid Medialization (CT with arms ADducted): _____ mm