

Scapula Fracture Study

Inclusion / Exclusion Criteria

Surgeon Name Optional = _____

Patient Study ID = _____

Screen Date = _____

Please answer **ALL** of the following inclusion/exclusion questions and retain this form for study records.

Inclusion Criteria

1. Is the patient between the ages of 18 and 85?	YES	No
2. Does the patient have an extraarticular scapular fracture?	YES	No
3. Is the scapular fracture isolated or in concert with non-displaced ipsilateral fractures of the clavicle, coracoid, or acromion?	YES	No
4. Is the patient free of pre-existing neuromuscular or psychiatric dysfunction?	YES	No
5. Is the patient free of previous upper extremity injury or neuromuscular condition that would impede objective functional outcome?	YES	No
7. Is the patient English speaking	YES	No
8. Did the patient sign informed consent	YES	No

Number 6 Deleted.

If you answered **NO** to any of the above inclusion questions, then the patient is **EXCLUDED**.

Exclusion Criteria

1. Does the patient have a previous upper extremity injury or neuromuscular condition that would impede objective functional outcome?	YES	No
2. Does the patient have a displaced fracture of the ipsilateral acromion, clavicle or coracoid?	YES	No
3. Does the patient have a concomitant injury to the ipsilateral forelimb or humerus?	YES	No
4. Is the patient unable mentally or physically to perform the functional evaluation?	YES	No
5. Does the patient have a concurrent injury that will impede objective functional outcome?	YES	No
6. Is the patient unable to or unwilling to follow-up for 1 year?	YES	No
7. Does the patient have a poor propensity to follow up (i.e. drugs, alcohol, etc.)?	YES	No
8. Is the patient non-English speaking?	YES	No
9. Is the patient currently or pending incarceration in prison?	YES	No

If you answered **YES** to any of the above exclusion questions, then the patient is **EXCLUDED**.

Eligibility: Is the patient eligible for the study based on the above criteria? YES NO

- If yes, please: obtain informed consent, complete the Patient Demographic and Radiograph Forms per the requirements of the initial trauma evaluation. Please have the patient complete the Outcome Assessment Form as though it was the day **PRIOR TO** injury.
- If no, the patient is not eligible; then STOP. Please retain form for study records.