Scapula Fracture Study   Data Collection Grid

CASE REPORT FORM	Completed By	Trauma presentation	2 wks	6 wks	12 wks	24 wks	52 wks
Pt Demographic	Physician	x					
Pt Injury Form	Physician	x					
Inclusion/Exclusion	Physician	x					
Physical Eval	Physician	x	x	x	x	x	x
Radiographic Eval**	Physician	x	x	x	x	qr v	qr v
OTA Classification	Physician	x					
Video motion (optional)	Physician		x	x			
Patient Outcome	Patient	x*	x	x	x	x	x

*Patient self-assessment at Trauma Presentation should reflect function immediately pre-injury

**CT optional

Imaging will be collected at the dgnqy intervals and assessed using the attached protocol.

Rrckp'Hkm 'Cuuguuo gpv"

3+'Cv'4'y ggmu'pqp-qr 'qpn{'uvcpfkpi 'uecwr rc'CR'cpf 'gkvj gt'['qt'czkmct{'xkgy 0"
4+'Cv'8'qt'34'y ggmu'qr 'cpf 'pqp-qr 'uvcpfkpi 'uecr wrc'CR'cpf 'gkvj gt'['qt'czkmct{'xkgy 0