

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

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