National Joint Registry
Working for patients, committed to excellence

MDS version 8.0
Shoulder operation

Form: MDSv8.0 S1 v1

S1 Shoulder Primary

Important:
Please tick relevant boxes. All component stickers should be affixed to the accompanying 'Minimum Data Set form component labels sheet'. Please ensure that all sheets are stapled together.

Patient addressograph

All fields are mandatory unless otherwise indicated

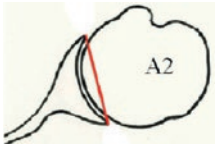
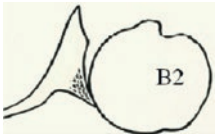
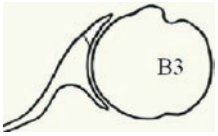
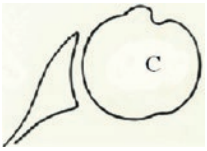
Remember! Make a note of the NJR reference number when you enter the data	**NJR ref:**

Patient details				
NJR patient consent obtained	Yes ☐	No ☐	Not recorded ☐	
If 'Yes' or 'No' was selected for patient consent above, was consent provided by a consultee on behalf of the patient?	Yes ☐	No/Not known ☐	This refers to NJR consent being provided by a third party on behalf of the patient, not the 'consent to operate' normally obtained by the consultant. If an 'NJR Patient Consultee Declaration Form' has not been completed, this section should be completed as 'No/Not known'	
Has the patient consented to linkage of study data to NJR data?	Yes ☐	No/Not known ☐	Study ID (max 25 characters)	
Body Mass Index (enter either H&W **or** BMI **or** tick Not available box)	Height (In M) Weight (In KG)	BMI	Not available ☐	
Handedness	Left ☐	Right ☐	Ambidextrous ☐	Unknown ☐

Patient identifiers			
Forename(s)			
Surname			
Sex	Male ☐	Female ☐	Indeterminate ☐
Date of birth (DD/MM/YYYY)			
Patient postcode		Overseas address ☐	
NHS number **or** National Patient Identifier (if available)			
Patient hospital ID			
Patient email address (if provided)			
Patient mobile phone number (if provided)			

Operation details					
Hospital					
Operation date (DD/MM/YYYY)					
Anaesthetic types	General	☐	Regional – nerve block		☐
Patient ASA grade	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Operation funding	NHS ☐	Independent ☐			

Surgeon details						
Consultant in charge						
Operating surgeon number one						
Operating surgeon number one Grade	Consultant ☐	SPR/ST3-8 ☐	Senior Fellow (Post-CCT or equivalent) ☐	F1-ST2 ☐	Specialty doctor/SAS ☐	Other ☐
Dual consultant operation?	Yes ☐	No ☐				
Operating consultant number two (if dual consultant operation)						
First assistant Grade	Consultant ☐	Other ☐				

Shoulder primary procedure details								
Side	**Left** ☐	**Right** ☐						
Indications for implantation (select all that apply)	Osteoarthritis	☐	Metastatic cancer/malignancy	☐				
	Avascular necrosis (AVN)	☐	Dislocation arthropathy	☐				
	Cuff tear arthropathy	☐	Infection – previous	☐				
	Cuff tear without arthropathy	☐	Infection – active	☐				
	Inflammatory arthropathy	☐	Other	☐				
	Trauma							
	Trauma acute	☐						
	Trauma chronic	☐						
Shoulder glenoid morphology	Radiograph type (select all that apply)	CT	☐	MRI	☐	X-ray	☐	
	Modified Walch (for concentric, posterior and anterior) - (select only one)							
	Centred humeral head, minor erosion	☐						
	Centred humeral head, major central glenoid erosion. A line drawn from the anterior to the posterior rim of the native glenoid transects the humeral head.	☐						
	Posterior subluxated head, no bony erosion	☐						
	Posterior subluxated head, posterior erosion with biconcavity of the glenoid	☐						
	Monoconcave and posteriorly worn, with at least 15° of retroversion or at least 70% posterior humeral head subluxation, or both.	☐						
	Dysplastic glenoid with at least 25° of retroversion not caused by erosion	☐						

	Any level of glenoid anteversion /anterior defect or with humeral head anterior subluxation of less than 40%	☐		
	Superior wear (select if any superior wear)			
	Any level of superior wear/superior defect	Yes ☐	No ☐	

Previous surgery (not arthroplasty) (Select all that apply)	None	☐	For cuff tear	☐
	For fracture	☐	For gleno-humeral arthritis	☐
	For instability	☐	Previous arthrodesis	☐
	For impingement	☐	Other	☐

Surgical approach				
Patient procedure	Resurfacing total arthroplasty	☐	Stemmed conventional total arthroplasty	☐
	Resurfacing hemiarthroplasty	☐	Stemmed hemiarthroplasty	☐
	Stemless conventional total arthroplasty	☐	Stemmed total reverse arthroplasty	☐
	Stemless hemiarthroplasty	☐	Interpositional arthroplasty (glenohumeral)	☐
	Stemless total reverse arthroplasty	☐	Planned incomplete primary procedure	☐

Fixation humerus	Uncemented ☐	Cemented ☐	Not applicable ☐	
Fixation glenoid	Uncemented ☐	Cemented ☐	Hybrid ☐	Not applicable ☐
Approach	Delto-Pectoral ☐	Trans-deltoid ☐	Other ☐	
Patient specific instruments?	Yes ☐	No ☐		
Computer guided surgery used?	Yes ☐	No ☐		

Biological resurfacing (glenoid) (select all that apply)	None	☐	Reaming	☐
	Microfracture	☐	Interposition	☐

Thromboprophylaxis regime (intention to treat)			
Chemical		In hospital	At home
	Aspirin	☐	☐
	LMWH	☐	☐
	Pentasaccharide (e.g. Fondaparinux)	☐	☐
	Warfarin	☐	☐
	Direct thrombin inhibitor (e.g. Dabigatran)	☐	☐
	Factor Xa inhibitor (e.g.Rivaroxaban/Apixaban)	☐	☐
	Other	☐	☐
	None	☐	☐

Mechanical	Foot pump	☐	Other	☐
	Intermittent calf compression	☐	None	☐
	TED stockings	☐		

Bone graft used								
Was humeral bone graft used?	Yes	☐	No	☐				
Humeral – form	Structural	☐	Morsellised/chips	☐				
Humeral – type	Autograft	☐	Allograft	☐	Synthetic	☐	Other	☐
Was glenoid bone graft used?	Yes	☐	No	☐				
Glenoid – form	Structural	☐	Morsellised/chips	☐				
Glenoid – type	Autograft	☐	Allograft	☐	Synthetic	☐	Other	☐

Structural implant or other augment(s) used e.g. augment, spacer, block, wedge, collar, segment					
Were humeral structural implant or other augment(s) used?	Yes	☐	No	☐	
Were glenoid structural implant or other augment(s) used?	Yes	☐	No	☐	
If yes, please affix implant labels under "Accessories"					

Rotator cuff						
Rotator cuff condition	Normal	☐	Attenuated	☐	Absent/torn	☐
Rotator cuff repaired?	Yes	☐	No	☐		
Repair type	Primary repair	☐	Augmented patch repair	☐		

Other soft tissues				
Long head biceps (LHB) present?	Yes	☐	No	☐
LHB tenotomy performed?	Yes	☐	No	☐
LHB tenodesis performed?	Yes	☐	No	☐
Muscle transfer?	Yes	☐	No	☐
Other?	Yes	☐	No	☐

Surgeon's notes

Intra-operative event						
Untoward intra-operative event (select all that apply)	None	☐	Fracture glenoid	☐	Other	☐
	Fracture humerus	☐	Vascular injury	☐		

Pre-operative Oxford scores – tick one box for every question. If no scores available select pre-operative Oxford scores Not available				
Pre-operative Oxford score date (DD/MM/YYYY)				Not available ☐
1. During the past 4 weeks… How would you describe the **worst** pain you had from your shoulder?				Not available ☐
None ☐	Mild ☐	Moderate ☐	Severe ☐	Unbearable ☐
2. During the past 4 weeks… Have you had any trouble dressing yourself because of your shoulder?				Not available ☐
No trouble at all ☐	A little bit of trouble ☐	Moderate trouble ☐	Extreme difficulty ☐	Impossible to do ☐
3. During the past 4 weeks… Have you had any trouble getting in and out of a car or using public transport because of your shoulder?				Not available ☐
No trouble at all ☐	A little bit of trouble ☐	Moderate trouble ☐	Extreme difficulty ☐	Impossible to do ☐
4. During the past 4 weeks… Have you been able to use a knife and fork at the same time?				Not available ☐
Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐
5. During the past 4 weeks… Could you do the household shopping on your own?				Not available ☐
Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐
6. During the past 4 weeks… Could you carry a tray containing a plate of food across a room?				Not available ☐
Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐
7. During the past 4 weeks… Could you brush/comb your hair with the affected arm?				Not available ☐
Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐
8. During the past 4 weeks… How would you describe the pain you usually had from your shoulder?				Not available ☐
None ☐	Very mild ☐	Mild ☐	Moderate ☐	Severe ☐
9. During the past 4 weeks… Could you hang your clothes up in a wardrobe, using the affected arm?				Not available ☐
Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With great difficulty ☐	No, impossible ☐
10. During the past 4 weeks… Have you been able to wash and dry yourself under both arms?				Not available ☐
Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐
11. During the past 4 weeks… How much has pain from your shoulder interfered with your usual work (including housework)?				Not available ☐
Not at all ☐	A little bit ☐	Moderately ☐	Greatly ☐	Totally ☐
12. During the past 4 weeks… Have you been troubled by pain from your shoulder in bed at night?				Not available ☐
No nights ☐	Only 1 or 2 nights ☐	Some nights ☐	Most nights ☐	Every night ☐

Minimum Data Set form – component labels

1. Please affix any component labels to this sheet and ensure any extra component label sheets are attached to the main Minimum Data Set form.
2. Ensure all component details are provided, including cement.
3. The NJR **does not** record the following: wire, mesh, cables or surgical tools.

Humeral stem (if used)	Humeral component
Glenoid component (if used)	Cement (if used)
Accessories	