



PATIENT INFORMATION (TO BE COMPLETED BY PATIENT)

Name: _____ Age: _____ (years) Male Female
 Weight: _____ (lbs.) Height: _____ (inches)

Ability to use shoulder preoperatively:
(i.e. Global Shoulder Function Score)
 Score (0-10) with 10 = full mobility

Pain Evaluation: Score (0-10) with 10 = extreme pain

Preoperative pain on a daily basis
(i.e. Visual Analog Score) **Preoperative pain when lying on your side**



(TO BE COMPLETED BY SURGEON)

CASE IDENTIFICATION

Patient ID: _____
 Predict+ ID: _____
 Surgeon: _____
 Shoulder Side: _____
 CT planning No CT planning

Patient Diagnosis

- Osteoarthritis
- Rotator Cuff Tear (rTSA only)
- Rotator Cuff Arthropathy (rTSA only)
- Rheumatoid Arthritis
- Osteonecrosis
- Other

Device Types

- Equinox aTSA Equinox rTSA

What are the patient's comorbidities?

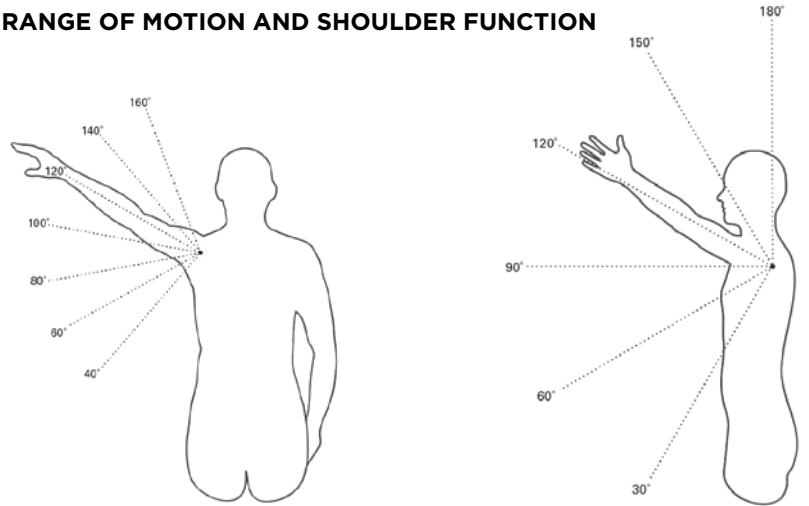
Check all that apply.

- No Known Comorbidities
- Hypertension
- Heart Disease
- Diabetes
- Inflammatory Arthritis
- Tobacco Use

Has the patient previously had a surgical operation on the shoulder? Yes No

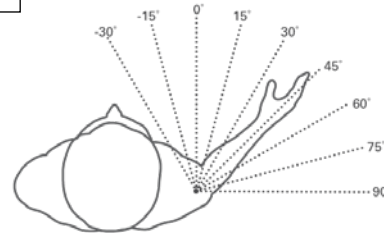
Will the upcoming arthroplasty be on the patient's dominant shoulder? Yes No

RANGE OF MOTION AND SHOULDER FUNCTION

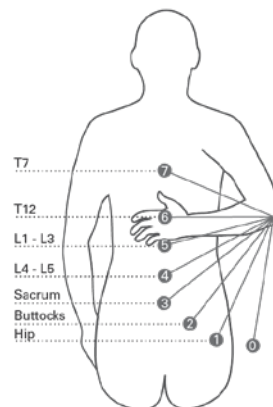


Active Abduction (Degrees)

Active Forward Elevation (Degrees)



Active External Rotation with the Arm at the Side (Degrees)



Active Internal Rotation

- T7 or higher Sacrum
- T8 - T12 Buttocks
- L1 - L3 Hip
- L4 - L5 Thigh or Less