

**ProFHER TRIAL: STUDY ELIGIBILITY FORM**

Participant identification number:

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This form is for **orthopaedic specialists** to complete when assessing patient's eligibility to enter the trial.

**Please complete this form for any patient aged 16 or above, presenting within three weeks of their injury with a radiologically confirmed displaced fracture of the proximal humerus with involvement of the surgical neck. This includes all Neer 2, 3 part fractures involving the surgical neck and 4 part fractures.**

Name of Orthopaedic Specialist:

Patient's Hospital Number:

Date today:

		/			/				
Day			Month			Year			

Date of injury to shoulder:

		/			/				
Day			Month			Year			

Patient's sex:

*(please cross one box)*

Male

Female

Date of birth:

		/			/				
Day			Month			Year			

Affected shoulder:

*(please cross one box)*

Left

Right

**The displaced fracture MUST involve the surgical neck for inclusion in the trial. In addition, does the fracture involve:**

*(please cross all boxes that apply)*

Greater tuberosity

Lesser tuberosity

What series of X-rays were used?

*(please cross all boxes that apply)*

Anteroposterior view

Axillary (or modified axillary) view

Scapular Y-Lateral

Exclusion criteria: *(please cross all boxes that apply)*

a. Associated dislocation of the injured shoulder joint:

f. Pathological fracture (but not osteoporotic):

b. Open fracture:

g. Terminal illness:

c. Other upper limb fractures:

h. Patient not resident in trauma-centre catchment area:

d. Clear indication for surgery such as severe soft tissue compromise requiring surgery or emergency treatment (e.g. neurovascular injury or dysfunction):

i. Mentally incompetent (unable to understand the trial or instructions for rehabilitation):

e. Co-morbidities that preclude surgery or anaesthesia:

j. Other reason to exclude the patient:

If you crossed the box for j. please record your reason in the box below:

Is the patient eligible? *(please cross one box)*

Yes

No

If the patient is **eligible** then the designated person(s) in your hospital should obtain patient consent.If the patient is **not eligible** then what treatment would you advise for this patient?*(please cross one box)*

Surgery

Not Surgery

**Thank you for completing this form.** Could you now please give this form to the designated person so that the form can be checked for completeness and posted to York Trials Unit.

