Office Based Ultrasound for Rotator Cuff Tear Study
Anatomic Data Form

Ultrasound _____, Magnetic Resonance _____, Operative Data _____.

1. Study Site Number (1=CCF, 2=Chicago, 3=Minnesota) ..... ___
2. Patient Study ID (Medical Record #) .....
3. Date ..... ___ ___ / ___ ___ / ___ ___ ___ ___

A. Rotator Cuff

1. Full thickness tear (0=No, 1=Yes) .....**(Required)** ___
2. Size, AP and ML dimensions ..... AP ___ ___ . ___ cm ML ___ ___ . ___ cm
3. Tendons involved (0=No, 1=Yes) **For each**
   1) SST ..... ___
   2) IST ..... ___
   3) T. Minor ..... ___
   4) Subscapularis ..... ___
4. Partial thickness tear (0=No, 1=Yes) ..... **(Required)** ___
5. Size, AP and ML dimensions ..... AP ___ ___ . ___ cm ML ___ ___ . ___ cm
6. Tendons involved (0=No, 1=Yes) **For each**
   1) SST ..... ___
   2) IST ..... ___
   3) T. Minor ..... ___
   4) Subscapularis ..... ___

B. Biceps Tendon (0=No, 1=Yes) **For each**

1. Partial tear ..... ___
2. Fluid ..... ___
3. Absent ..... ___
4. Subluxation ..... ___

C. Other (0=No, 1=Yes) **For each**

(MRI _____, Operative ____)

1. SLAP ..... ___
2. Ganglion Cyst ..... ___
3. GH DJD ..... ___
4. Bankart Lesion ..... ___
5. Hill-Sachs Lesion ..... ___