**Report Supplementary Material 7** 52 Week Complications Form

## UK FROST: COMPLICATIONS FORM AT 52 WEEKS

The Research Nurse/Associate should complete this form to record the complications that the patient has had in the **past 12 months**.

Participant ID: ☐☐☐☐ Name form completed by: _____ Signature: _____ Date form completed: ☐☐ / ☐☐ / ☐☐☐☐ (day / month / year)

**If you have not already done so, please complete a separate adverse event form for each complication that the patient has had relating to their affected shoulder in the past 12 months.**

Please place a cross in the box for 'Yes' or 'No' for ALL the complications listed below that apply to the affected shoulder. Please record the action taken to treat the complication whether it was a hospital admission and/or attendance at a hospital clinic.

| Complications to the affected shoulder | | Date of event (dd/mm/yyyy) | Hospital admission (duration in days) | Hospital Clinic (number of visits) |
|---|---|---|---|---|
| Surgical Site Infection *(As defined by NICE guidelines)* | Yes ☐ No ☐ | ☐☐ / ☐☐ / ☐☐☐☐ | Duration: ☐☐ days | ☐☐ |
| Delayed Wound Healing *(Any wound that did not heal within 2 weeks)* | Yes ☐ No ☐ | ☐☐ / ☐☐ / ☐☐☐☐ | Duration: ☐☐ days | ☐☐ |
| Complex Regional Pain Syndrome *(Persistent painful swelling of the hand and / or shoulder on affected side restricting full finger flexion)* | Yes ☐ No ☐ | ☐☐ / ☐☐ / ☐☐☐☐ | Duration: ☐☐ days | ☐☐ |
| Excessive bleeding or bruising at site of intervention (e.g. surgical wound or injection site) | Yes ☐ No ☐ | ☐☐ / ☐☐ / ☐☐☐☐ | Duration: ☐☐ days | ☐☐ |
| Injury to bone i.e. fracture of humerus or scapula during procedure | Yes ☐ No ☐ | ☐☐ / ☐☐ / ☐☐☐☐ | Duration: ☐☐ days | ☐☐ |
| Rotator cuff injury as a result of procedure | Yes ☐ No ☐ | ☐☐ / ☐☐ / ☐☐☐☐ | Duration: ☐☐ days | ☐☐ |
| Nerve Injury | Yes ☐ No ☐ | ☐☐ / ☐☐ / ☐☐☐☐ | Duration: ☐☐ days | ☐☐ |
| Recurrent shoulder stiffness requiring further treatment | Yes ☐ No ☐ | ☐☐ / ☐☐ / ☐☐☐☐ | Duration: ☐☐ days | ☐☐ |
| Post-procedural worsening of shoulder pain | Yes ☐ No ☐ | ☐☐ / ☐☐ / ☐☐☐☐ | Duration: ☐☐ days | ☐☐ |
| Conversion of planned day case procedure to overnight stay for pain control | Yes ☐ No ☐ | ☐☐ / ☐☐ / ☐☐☐☐ | Duration: ☐☐ days | ☐☐ |

| Complications to the affected shoulder | | Date of event (dd/mm/yyyy) | Hospital admission (duration in days) | Hospital Clinic (number of visits) |
|---|---|---|---|---|
| Bone or Joint infection *(Confirmed by positive cultures)* | Yes ☐ No ☐ | ☐☐ / ☐☐ / ☐☐☐☐ | Duration: ☐☐ days | ☐☐ |
| Steroid flare *(Worsening of shoulder pain following injection)* | Yes ☐ No ☐ | ☐☐ / ☐☐ / ☐☐☐☐ | Duration: ☐☐ days | ☐☐ |
| Septic joint arthritis *(following injection)* | Yes ☐ No ☐ | ☐☐ / ☐☐ / ☐☐☐☐ | Duration: ☐☐ days | ☐☐ |
| Transient hyperglycaemia *(following injection)* | Yes ☐ No ☐ | ☐☐ / ☐☐ / ☐☐☐☐ | Duration: ☐☐ days | ☐☐ |
| Injuries related to healing or cooling of tissues *(from physiotherapy)* | Yes ☐ No ☐ | ☐☐ / ☐☐ / ☐☐☐☐ | Duration: ☐☐ days | ☐☐ |
| Other (specify): _____ | Yes ☐ No ☐ | ☐☐ / ☐☐ / ☐☐☐☐ | Duration: ☐☐ days | ☐☐ |
| Other (specify): _____ | Yes ☐ No ☐ | ☐☐ / ☐☐ / ☐☐☐☐ | Duration: ☐☐ days | ☐☐ |

Please place a cross in the box for 'Yes' or 'No' for ALL the medical complications listed below. Please record the action taken to treat the complication whether it was a hospital admission and/or attendance at a hospital clinic.

| Medical Complications | | Date of event (dd/mm/yyyy) | Hospital admission (duration in days) | Hospital Clinic (number of visits) |
|---|---|---|---|---|
| Myocardial Infarction | Yes ☐ No ☐ | ☐☐ / ☐☐ / ☐☐☐☐ | Duration: ☐☐ days | ☐☐ |
| Stroke | Yes ☐ No ☐ | ☐☐ / ☐☐ / ☐☐☐☐ | Duration: ☐☐ days | ☐☐ |
| Chest Infection | Yes ☐ No ☐ | ☐☐ / ☐☐ / ☐☐☐☐ | Duration: ☐☐ days | ☐☐ |
| Venous thrombo-embolism requiring treatment | Yes ☐ No ☐ | ☐☐ / ☐☐ / ☐☐☐☐ | Duration: ☐☐ days | ☐☐ |

**Thank you for completing the form and please return to York Trials Unit in the freepost envelope provided.**



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