Report Supplementary Material 8 Study Eligibility Form

Participant ID: ☐☐☐☐ **UK FROST TRIAL: STUDY ELIGIBILITY FORM**

This form is for the Research Nurse/Associate to complete. Eligibility **must** be confirmed by the designated individual within the shoulder team (e.g. surgeon, physiotherapist).

Please complete this form for any patient: 1) aged 18 years or older including diabetics;
2) with clinical diagnosis of frozen shoulder characterised by restriction of passive external rotation in the affected shoulder to less than 50% of the contralateral shoulder;
3) who has radiographs that exclude glenohumeral joint pathology e.g. glenohumeral arthritis.

Date eligibility assessed: ☐☐ / ☐☐ / ☐☐☐☐ (day / month / year) **Duration of symptoms (months):** ☐☐

Patient's sex: Male ☐ Female ☐

Date of birth: ☐☐ / ☐☐ / ☐☐☐☐ (day / month / year)

Affected shoulder: Left ☐ Right ☐

Stratification factor: Patient has diabetes? No ☐ Type 1 Diabetes ☐ Type 2 Diabetes ☐

Confirm the series of X-rays used: *(please cross all boxes that apply)*
Please note: AP and Axillary are the recommended projections. If Axillary can't be done because of shoulder stiffness or arm positioning problems, a modified Axillary should be performed i.e. there should only be two orthogonal plain radiographs.

Anteroposterior view ☐ Axillary view ☐ Modified Axillary View ☐

Reasons to exclude the patient which would make them ineligible:
(please cross all boxes that apply)

a. Bilateral concurrent frozen shoulder ☐

b. Secondary trauma i.e. trauma to shoulder that required hospital care (e.g. fracture, dislocation, rotator cuff tear) ☐

c. Secondary to other causes (e.g. recent breast surgery, radiotherapy) ☐

d. Trial treatment is contraindicated (e.g. unfit for anaesthesia or corticosteroid) ☐

e. Patient not resident in catchment area of a participating site ☐

f. Patient lacks mental capacity and unable to understand the trial or instructions for treatment ☐

Is the patient **eligible** based on the above exclusion criteria? Yes ☐ No ☐

Is there **another reason to exclude** the patient from the trial? This does not include whether a patient does / does not want to take part in the trial, for which a 'Consent Status Form' should be completed. Yes ☐ No ☐

If 'Yes', please record the reason in the box below.

If the patient is **eligible** and there is **no other reason to exclude** the patient, you should approach the patient for consent and complete the 'Consent Status Form'.

If the patient is **not eligible** or there is **another reason to exclude** the patient, please indicate which treatment the patient received. *(please cross one box only)*

Physiotherapy ☐ Manipulation under anaesthesia ☐ Arthroscopic capsular release ☐ Other* ☐ *If 'Other', please specify:

Form completed:
Name: ____ Signature: ____ Date: ☐☐ / ☐☐ / ☐☐☐☐

Eligibility confirmed:
Name: ____ Signature: ____ Date: ☐☐ / ☐☐ / ☐☐☐☐

Thank you for completing this form which should be returned in the freepost envelope provided.