For all single/multi select need OTHERS option with text box

**CERVICAL SPINE:**

**Surgical Scar:**

1. No – Button (*Single-Select*)
2. Yes – Button (*Single-Select*)
   1. Size (*Text Box*)
   2. Status
      1. Well Healed – Button (*Single Select*)
      2. Healed – Button (*Single Select*)
      3. Not Healed – Button (*Single Select*)
      4. Others – Button (*Single Select*) with (*Text Box*)
   3. Appearance
      1. Scar – Button (*Single Select*)
      2. Surgical Scar – Button (*Single Select*)
      3. Incision scar – Button (*Single Select*)
      4. Portal Scar – Button (*Single Select*)
      5. Laceration Scar – Button (*Single Select*)
      6. Others – Button (*Single Select*) with (*Text Box*)
   4. Aspect
      1. Anterior – Button (*Multi-select*)
      2. Posterior – Button (*Multi-select*)
      3. Medial – Button (*Multi-select*)
      4. Lateral – Button (*Multi-select*)

(or)

* + 1. Others – Button (*Single Select*) with (*Text Box*)
  1. Sides
     1. Right – Button (*Single Select*)
     2. Left – Button (*Single Select*)
     3. Bilateral – Button (*Single Select*)
     4. Others – Button (*Single Select*) with (*Text Box*)

**Normal Examination:**

1. **Not performed** – Button (*Single Select*)
   1. Due to recent surgery – Button (*Single Select*)
   2. Due to complaint of pain – Button (*Single Select*)
   3. Since the claimant is not cooperative – Button (*Single Select*)
   4. Since the claimant did not wish to perform – Button (*Single Select*)
   5. Since the claimant is not allowed to remove the brace – Button (*Single Select*)
   6. Others – Button (*Single Select*) with (*Text Box*)
2. **Yes**– Button (*Single Select*)
3. **No** – Button (*Single Select*)

**If No,**

1. Alignment**:**
   1. Normal – Button (*Single Select*)
   2. Abnormal – Button (*Single Select*) with (*Text Box*)
2. Tenderness**:**
   1. No – Button (*Single Select*)
   2. Yes – Button (*Single Select*)
      1. Classification
         1. Diffuse – Button (*Multi-select*)
         2. Mild – Button (*Multi-select*)
         3. Moderate – Button (*Multi-select*)
         4. Severe – Button (*Multi-select*)

(or)

* + - 1. Others – Button (*Single Select*) with (*Text Box*)
    1. Level
       1. All – Button (*Single Select*)

(or)

* + - 1. C1 – Button (*Multi-select*)
      2. C2 – Button (*Multi-select*)
      3. C3 – Button (*Multi-select*)
      4. C4 – Button (*Multi-select*)
      5. C5 – Button (*Multi-select*)
      6. C6 – Button (*Multi-select*)
      7. C7 – Button (*Multi-select*)

(or)

* + - 1. Others – Button *(Single Select*) with (*Text Box*)
    1. Position
       1. Paracervical muscles – Button (*Multi-select*)
       2. Trapezial muscles – Button (*Multi-select*)
       3. Medial scapular muscles – Button (*Multi-select*)
       4. Occipital muscles – Button (*Multi-select*)

(or)

* + - 1. Others – Button (*Single Select*) with (*Text Box*)
    1. Sides
       1. Right – Button (*Single Select*)
       2. Left – Button (*Single Select*)
       3. Bilateral – Button (*Single Select*)
       4. Others – Button (*Single Select*) with (*Text Box*)

1. Spasm**:**
   1. No – Button (*Single Select*)
   2. Yes – Button (*Single Select*)
      1. Classification
         1. Mild – Button (*Multi-select*)
         2. Moderate – Button (*Multi-select*)
         3. Severe – Button (*Multi-select*)

(or)

* + - 1. Others – Button (*Single Select*) with (*Text Box*)
    1. Level
       1. All – Button (*Single Select*)

(or)

* + - 1. C1 – Button (*Multi-select*)
      2. C2 – Button (*Multi-select*)
      3. C3 – Button (*Multi-select*)
      4. C4 – Button (*Multi-select*)
      5. C5 – Button (*Multi-select*)
      6. C6 – Button (*Multi-select*)
      7. C7 – Button (*Multi-select*)

(or)

* + - 1. Others – Button *(Single Select*) with (*Text Box*)
    1. Position
       1. Paracervical muscles – Button (*Multi-select*)
       2. Trapezial muscles – Button (*Multi-select*)
       3. Medial scapular muscles – Button (*Multi-select*)
       4. Occipital muscles – Button (*Multi-select*)

(or)

* + - 1. Others – Button (*Single Select*) with (*Text Box*)
    1. Sides
       1. Right – Button (*Single Select*)
       2. Left – Button (*Single Select*)
       3. Bilateral – Button (*Single Select*)
       4. Others – Button (*Single Select*) with (*Text Box*)

1. ROM**:**
   1. **WNL** – Button (*Single Select*)
   2. **Not performed** – Button (*Single Select*)
      1. Due to recent surgery – Button (*Single Select*)
      2. Due to complaint of pain – Button (*Single Select*)
      3. Since the claimant is not cooperative – Button (*Single Select*)
      4. Since the claimant did not wish to perform – Button (*Single Select*)
      5. Since the claimant is not allowed to remove the brace – Button (*Single Select*)
      6. Others – Button (*Single Select*) with (*Text Box*)
   3. **Abnormal** – Button (*Single Select*)

(I) Values \_[date & DR. x3]

* + 1. Flexion (45) (*Text Box*) with prior **3** exam values if available
    2. Extension (45) (*Text Box*) with prior **3** exam values if available
    3. Right Rotation (60) (*Text Box*) with prior **3** exam values if available
    4. Left Rotation (60) (*Text Box*) with prior **3** exam values if available
    5. Right Bending (80) (*Text Box*) with prior **3** exam values if available
    6. Left Bending (80) (*Text Box*) with prior **3** exam values if available

(II) Self Restricted:

1. No – Button (*Single Select*)
2. Yes – Button (*Single Select*)

(III) Pain causing motion:

1. All – Button (*Single Select*)

(or)

1. Flexion – Button (*Multi-select*)
2. Extension – Button (*Multi-select*)
3. Right Rotation – Button (*Multi-select*)
4. Left Rotation – Button (*Multi-select*)
5. Right bending – Button (*Multi-select*)
6. Left bending – Button (*Multi-select*)
7. Suboptimal Effort:
   1. No – Button (*Single Select*)
   2. Yes– Button (*Single Select*) with (*Text Box*)
8. Atrophy:
   1. No – Button (*Single Select*)
   2. Yes– Button (*Single Select*) with (*Text Box*)
9. Symptom Magnification:
   1. No – Button (*Single Select*)
   2. Yes– Button (*Single Select*) with (*Text Box*)
10. Orthopedic Tests:
    1. Not performed – Button (*Single Select*)
       1. Due to recent surgery – Button (*Single Select*)
       2. Due to complaint of pain – Button (*Single Select*)
       3. Since the claimant is not cooperative – Button (*Single Select*)
       4. Since the claimant did not wish to perform – Button (*Single Select*)
       5. Since the claimant is not allowed to remove the brace – Button (*Single Select*)
       6. Others – Button (*Single Select*) with (*Text Box*)
    2. Performed – Button (*Single Select*)
       1. Hoffman
          1. Negative – Button (*Single Select*)
          2. Positive – Button (*Single Select*)
          3. Not performed – Button (*Single Select*)
             1. Due to recent surgery – Button (*Single Select*)
             2. Due to complaint of pain – Button (*Single Select*)
             3. Since the claimant is not cooperative – Button (*Single Select*)
             4. Since the claimant did not wish to perform – Button (*Single Select*)
             5. Since the claimant is not allowed to remove the brace – Button (*Single Select*)
             6. Others – Button (*Single Select*) with (*Text Box*)
       2. Spurling
          1. Negative – Button (*Single Select*)
          2. Positive – Button (*Single Select*)
          3. Not performed – Button (*Single Select*)
             1. Due to recent surgery – Button (*Single Select*)
             2. Due to complaint of pain – Button (*Single Select*)
             3. Since the claimant is not cooperative – Button (*Single Select*)
             4. Since the claimant did not wish to perform – Button (*Single Select*)
             5. Since the claimant is not allowed to remove the brace – Button (*Single Select*)
             6. Others – Button (*Single Select*) with (*Text Box*)
       3. Compression
          1. Negative – Button (*Single Select*)
          2. Positive – Button (*Single Select*)
          3. Not performed – Button (*Single Select*)
             1. Due to recent surgery – Button (*Single Select*)
             2. Due to complaint of pain – Button (*Single Select*)
             3. Since the claimant is not cooperative – Button (*Single Select*)
             4. Since the claimant did not wish to perform – Button (*Single Select*)
             5. Since the claimant is not allowed to remove the brace – Button (*Single Select*)
             6. Others – Button (*Single Select*) with (*Text Box*)
11. Neurological Examination:
    1. **Not Performed** – Button (*Single Select*)
12. Due to recent surgery – Button (*Single Select*)
13. Due to complaint of pain – Button (*Single Select*)
14. Since the claimant is not cooperative – Button (*Single Select*)
15. Since the claimant did not wish to perform – Button (*Single Select*)
16. Since the claimant is not allowed to remove the brace – Button (*Single Select*)
17. Others – Button (*Single Select*) with (*Text Box*)
    1. **Performed** – Button (*Single Select*)
       1. Muscle Strength:
          1. **5/5** – Button (*Single Select*)
             1. Biceps – Button (*Multi-select*)
             2. Triceps – Button (*Multi-select*)
             3. Wrist Extension – Button (*Multi-select*)
             4. Grip – Button (*Multi-select*)
             5. Interossei – Button (*Multi-select*)

(or)

* + - * 1. Others – Button (*Single Select*) with (*Text Box*)
      1. **Decreased** – Button (*Single Select*) with (*Text Box*)
         1. Biceps – Button (*Multi-select*)
         2. Triceps – Button (*Multi-select*)
         3. Wrist Extension – Button (*Multi-select*)
         4. Grip – Button (*Multi-select*)
         5. Interossei – Button (*Multi-select*)

(or)

* + - * 1. Others – Button (*Single Select*) with (*Text Box*)
      1. **Not performed** – Button (*Single Select*)

1. Due to recent surgery – Button (*Single Select*)
2. Due to complaint of pain – Button (*Single Select*)
3. Since the claimant is not cooperative – Button (*Single Select*)
4. Since the claimant did not wish to perform – Button (*Single Select*)
5. Since the claimant is not allowed to remove the brace – Button (*Single Select*)
6. Others – Button (*Single Select*) with (*Text Box*)

Sides

Right – Button (*Single Select*)

Left – Button (*Single Select*)

Bilateral – Button (*Single Select*)

* + 1. Sensation:
       1. **Intact** – Button (*Single Select*)
       2. **Decreased** – Button (*Single Select*) with (*Text Box*)
          1. C5-T1 – Button (*Single Select*)
          2. Others – Button (*Single Select*) with (*Text Box*)
       3. **Not performed** – Button (*Single Select*)

1. Due to recent surgery – Button (*Single Select*)
2. Due to complaint of pain – Button (*Single Select*)
3. Since the claimant is not cooperative – Button (*Single Select*)
4. Since the claimant did not wish to perform – Button (*Single Select*)
5. Since the claimant is not allowed to remove the brace – Button (*Single Select*)
6. Others – Button (*Single Select*) with (*Text Box*)

Sides

Right – Button (*Single Select*)

Left – Button (*Single Select*)

Bilateral – Button (*Single Select*)

* + 1. Reflexes:
       1. 2+ – Button (*Single Select*)
       2. 1+ – Button (*Single Select*)
       3. 0 – Button (*Single Select*)
          1. Equal – Button (*Multi-select*)
          2. Symmetrical – Button (*Multi-select*)

Sides

Right – Button (*Single Select*)

Left – Button (*Single Select*)

Bilateral – Button (*Single Select*)

Others – Button (*Single Select*) with (*Text Box*)

Add Details:

1. No – Button (*Single Select*)
2. Yes – Button (*Single Select*)

*Text Box*