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

**LEFT ELBOW:**

**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. Arthroscopic Surgical Scar – Button (*Single Select*)
      6. Laceration Scar – Button (*Single Select*)
      7. 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*)

**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. Findings**:**
   1. No – Button (*Single Select*)
      1. Swelling – Button (*Multi-select*)
      2. Erythema – Button (*Multi-select*)
      3. Effusion – Button (*Multi-select*)
      4. Ecchymosis – Button (*Multi-select*)
      5. Redness – Button (*Multi-select*)
      6. Edema – Button (*Multi-select*)
      7. Deformity – Button (*Multi-select*)

(or)

* + 1. Others – Button *(Single Select*) with (*Text Box*)
  1. Yes – Button (*Single Select*)
     1. Swelling – Button (*Multi-select*)
     2. Erythema – Button (*Multi-select*)
     3. Effusion – Button (*Multi-select*)
     4. Ecchymosis – Button (*Multi-select*)
     5. Redness – Button (*Multi-select*)
     6. Edema – Button (*Multi-select*)
     7. Deformity – Button (*Multi-select*)

(or)

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

1. 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. Position
       1. Epicondyle joint – Button (*Multi-select*)
       2. Olecranon – Button (*Multi-select*)
       3. Radial Head – Button (*Multi-select*)
       4. Biceps – Button (*Multi-select*)
       5. Triceps – Button (*Multi-select*)

(or)

* + - 1. Others – Button *(Single Select*) with (*Text Box*)
    1. 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. 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 (150) (*Text Box*) with prior **3** exam values if available
    2. Extension (0) (*Text Box*) with prior **3** exam values if available
    3. Pronation (90) (*Text Box*) with prior **3** exam values if available
    4. Supination (90) (*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. Pronation – Button (*Multi-select*)
4. Supination – Button (*Multi-select*)
5. Pain with Resisted Extension:
   1. No – Button (*Single Select*)
   2. Yes– Button (*Single Select*)
6. Pain with Resisted Flexion:
   1. No – Button (*Single Select*)
   2. Yes– Button (*Single Select*)
7. Valgus Stress Instability:
   1. No – Button (*Single Select*)
   2. Yes– Button (*Single Select*) with (*Text Box*)
8. Varus Stress Instability:
   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. Tinel’s test (over ulnar nerve)
          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. Strength:
          1. 5/5 – Button (*Single Select*)
             1. Biceps – Button (*Multi-select*)
             2. Triceps – 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*)

(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*)

Add Details:

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

*Text Box*