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

**RIGHT HAND:**

**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. 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*)
      1. Thumb – Button (*Multi-select*)
      2. All Fingers – Button (*Single Select*)

(or)

* + 1. Thumb – Button (*Multi-select*)
    2. Second Finger – Button (*Multi-select*)
    3. Third Finger – Button (*Multi-select*)
    4. Fourth Finger – Button (*Multi-select*)
    5. Fifth Finger – Button (*Multi-select*)

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

1. IP (0-80) (*Text Box*) with prior **3** exam values if available
2. MCP (0-60) (*Text Box*) with prior **3** exam values if available
3. Radial Abduction (0-90) (*Text Box*) with prior **3** exam values if available

(II) All Finger Values \_[date & DR. x3]

1. DIP (0-90) (*Text Box*) with prior **3** exam values if available
2. PIP (0-100) (*Text Box*) with prior **3** exam values if available
3. MP (0-90) (*Text Box*) with prior **3** exam values if available

(III) Second Finger Values \_[date & DR. x3]

1. DIP (0-90) (*Text Box*) with prior **3** exam values if available
2. PIP (0-100) (*Text Box*) with prior **3** exam values if available
3. MP (0-90) (*Text Box*) with prior **3** exam values if available

(IV) Third Finger Values \_[date & DR. x3]

1. DIP (0-90) (*Text Box*) with prior **3** exam values if available
2. PIP (0-100) (*Text Box*) with prior **3** exam values if available
3. MP (0-90) (*Text Box*) with prior **3** exam values if available

(V) Fourth Finger Values \_[date & DR. x3]

1. DIP (0-90) (*Text Box*) with prior **3** exam values if available
2. PIP (0-100) (*Text Box*) with prior **3** exam values if available
3. MP (0-90) (*Text Box*) with prior **3** exam values if available

(VI) Fifth Finger Values \_[date & DR. x3]

1. DIP (0-90) (*Text Box*) with prior **3** exam values if available
2. PIP (0-100) (*Text Box*) with prior **3** exam values if available
3. MP (0-90) (*Text Box*) with prior **3** exam values if available

(VII) Self Restricted:

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

(VIII) Pain causing motion:

1. All – Button (*Single Select*)

(or)

1. DIP – Button (*Multi-select*)
2. PIP – Button (*Multi-select*)
3. MP – Button (*Multi-select*)
4. Instability:
   1. No – Button (*Single Select*)
   2. Yes– Button (*Single Select*) with (*Text Box*)
5. Triggering:
   1. No – Button (*Single Select*)
   2. Yes– Button (*Single Select*) with (*Text Box*)
6. Amputated:
   1. No – Button (*Single Select*)
   2. Yes– Button (*Single Select*) with (*Text Box*)
7. Symptom Magnification:
   1. No – Button (*Single Select*)
   2. Yes– Button (*Single Select*) with (*Text Box*)
8. Sensation:
   1. Intact – Button (*Single Select*)
   2. Decreased – 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*)

Add Details:

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

*Text Box*