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

**LEFT HIP:**

**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. ASIS – Button (*Multi-select*)
       2. Anterior Groin – Button (*Multi-select*)
       3. Greater trochanteric joint – Button (*Multi-select*)
       4. Flexors – Button (*Multi-select*)
       5. Gluteal – 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 (120) ( *Text Box*) with prior **3** exam values if available
    2. Extension (30) (*Text Box*) with prior **3** exam values if available
    3. Abduction (45) (*Text Box*) with prior **3** exam values if available
    4. Adduction (35) (*Text Box*) with prior **3** exam values if available
    5. External Rotation (45) (*Text Box*) with prior **3** exam values if available
    6. Internal Rotation (45) (*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. Abduction – Button (*Multi-select*)
4. Adduction – Button (*Multi-select*)
5. External Rotation – Button (*Multi-select*)
6. Internal Rotation – Button (*Multi-select*)
7. Instability:
   1. No – Button (*Single Select*)
   2. Yes– Button (*Single Select*) with (*Text Box*)
8. Symptom Magnification:
   1. No – Button (*Single Select*)
   2. Yes– Button (*Single Select*) with (*Text Box*)
9. 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. Faber test
         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. Trendelenburg test
         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*)

Add Details:

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

*Text Box*