**JOINT MOBILITY DISABILITY ASSESSMENT (MODIFIED) SCALE**

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| **SR.NO** | **CASE NO** | **HAEMOPHILIA TYPE** | **JOINT AFFECTED** | **BEFORE MEDICATION** | | | | | | | **AFTER MEDICATION** | | | | | | |
| PAIN TYPE | SWELLING | RANGE OF MOTION | | | DEFORMITY | MEDICATION FREQUENCY | PAIN | SWELLING | RANGE OF MOTION | | | DEFORMITY | MEDICATION |
| Active | Supportive | None |  |  | ACTIVE | Supportive | NONE |  |  |
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