**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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