

| Tendon          | Wrist                                                                                                      |                                       |                                      |                                        |
|-----------------|------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------|----------------------------------------|
| Flexor Tendon   | <input type="checkbox"/> Tear<br><input type="radio"/> Partial Tear<br><input type="radio"/> Complete Tear | <input type="checkbox"/> Tendonopathy | <input type="checkbox"/> Subluxation | <input type="checkbox"/> Tenosynovitis |
| Extensor Tendon | <input type="checkbox"/> Tear<br><input type="radio"/> Partial Tear<br><input type="radio"/> Complete Tear | <input type="checkbox"/> Tendonopathy | <input type="checkbox"/> Subluxation | <input type="checkbox"/> Tenosynovitis |

| Ligament/Cartilage                       |                                                                                                            |                                       |                                        |  |
|------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------|--|
| Intrinsic Ligament Injury                |                                                                                                            |                                       |                                        |  |
| Scapholunate                             | <input type="radio"/> Partial Tear                                                                         | <input type="radio"/> Complete Tear   |                                        |  |
| Lunotriquetral                           | <input type="radio"/> Partial Tear                                                                         | <input type="radio"/> Complete Tear   |                                        |  |
| Triangular Fibrocartilage Complex (TFCC) |                                                                                                            |                                       |                                        |  |
| Ulnar/Capsular                           | <input type="radio"/> Partial Tear                                                                         | <input type="radio"/> Complete Tear   |                                        |  |
| Disc/Radial                              | <input type="radio"/> Partial Tear                                                                         | <input type="radio"/> Complete Tear   |                                        |  |
| Ulnolunate Impaction Syndrome            | [ ]                                                                                                        |                                       |                                        |  |
| Radioulnar Ligament Injury               | [ ]                                                                                                        |                                       |                                        |  |
| Extrinsic Ligament Injury                | [ ]                                                                                                        |                                       |                                        |  |
| Collateral Ligament Complex Injury       | <input type="checkbox"/> Tear<br><input type="radio"/> Partial Tear<br><input type="radio"/> Complete Tear | <input type="checkbox"/> Bowstringing | <input type="checkbox"/> Stener Lesion |  |
| Instability Patterns                     |                                                                                                            |                                       |                                        |  |
| VISI                                     | [ ]                                                                                                        |                                       |                                        |  |
| DISI                                     | [ ]                                                                                                        |                                       |                                        |  |
| SLAC wrist                               | [ ]                                                                                                        |                                       |                                        |  |

| Bones           |                                   |                                    |                                                  |                              |
|-----------------|-----------------------------------|------------------------------------|--------------------------------------------------|------------------------------|
| All Bones       | <input type="checkbox"/> Fracture | <input type="checkbox"/> Contusion | <input type="checkbox"/> Subluxation/Dislocation | <input type="checkbox"/> AVN |
| Chondral Injury | [ ]                               |                                    |                                                  |                              |

| Muscle            |     |  |  |  |
|-------------------|-----|--|--|--|
| Anomalous Muscles | [ ] |  |  |  |

| Other                  |                                |                                      |                                          |  |
|------------------------|--------------------------------|--------------------------------------|------------------------------------------|--|
| Carpal or Guyon Tunnel | <input type="checkbox"/> Mass  | <input type="checkbox"/> Impingement |                                          |  |
| Joint Effusion         | <input type="checkbox"/> Wrist | <input type="checkbox"/> MCP Joint   | <input type="checkbox"/> Interphalangeal |  |
| Ganglion/Bursa         | [ ]                            |                                      |                                          |  |
| Arthritis              | [ ]                            |                                      |                                          |  |