

Hemophilia Activity Negotiation Decision Chart

YOU					Your Team	Together
Activity	Joint(s)	Muscle(s)	Detail:	Rank	CCT's Opinion	Your Compromise Plan
_____	<u>Upper Body</u> <input type="checkbox"/> L. Shoulder <input type="checkbox"/> R. Shoulder <input type="checkbox"/> L. Elbow <input type="checkbox"/> R. Elbow <u>Lower Body</u> <input type="checkbox"/> L. Knee <input type="checkbox"/> R. Knee <input type="checkbox"/> L. Ankle <input type="checkbox"/> R. Ankle <u>Additional</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<u>Upper Body</u> _____ _____ _____ <u>Lower Body</u> _____ _____ _____ _____ <u>Additional</u> _____ _____ _____	<input type="checkbox"/> team <input type="checkbox"/> solo <input type="checkbox"/> social <input type="checkbox"/> indoor <input type="checkbox"/> outdoor <input type="checkbox"/> pure fun <input type="checkbox"/> competitive <input type="checkbox"/> hobby <input type="checkbox"/> exercise <input type="checkbox"/> transportation <input type="checkbox"/> contact <input type="checkbox"/> non-contact <input type="checkbox"/> self defence	_____		
_____	<u>Upper Body</u> <input type="checkbox"/> L. Shoulder <input type="checkbox"/> R. Shoulder <input type="checkbox"/> L. Elbow <input type="checkbox"/> R. Elbow <u>Lower Body</u> <input type="checkbox"/> L. Knee <input type="checkbox"/> R. Knee <input type="checkbox"/> L. Ankle <input type="checkbox"/> R. Ankle <u>Additional</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<u>Upper Body</u> _____ _____ _____ <u>Lower Body</u> _____ _____ _____ _____ <u>Additional</u> _____ _____ _____	<input type="checkbox"/> team <input type="checkbox"/> solo <input type="checkbox"/> social <input type="checkbox"/> indoor <input type="checkbox"/> outdoor <input type="checkbox"/> pure fun <input type="checkbox"/> competitive <input type="checkbox"/> hobby <input type="checkbox"/> exercise <input type="checkbox"/> transportation <input type="checkbox"/> contact <input type="checkbox"/> non-contact <input type="checkbox"/> self defence	_____		