

(3) As you read the description or view the video of the techniques, check those that the patient is restricted from performing. If the patient is restricted from performing all of the techniques, check “All Techniques.” An explanation of why the patient is unable to perform the techniques must be provided.

TECHNIQUES

REASON FOR EXEMPTION

<input type="checkbox"/> All Techniques	
<i>Countermoves</i>	
<input type="checkbox"/> High Block	
<input type="checkbox"/> Mid-Range Block – Straight Arm Blows	
<input type="checkbox"/> Mid-Range Block – Roundhouse Blows	
<input type="checkbox"/> Low Block – “X” Block	
<input type="checkbox"/> Low Block – Leg Raise	
<input type="checkbox"/> Evasive Sidestep	
<input type="checkbox"/> Evasive Sidestep with Redirection	
<input type="checkbox"/> One Wrist / Forearm Grab Release	
<input type="checkbox"/> Two Wrist / Forearm Grab Release	
<input type="checkbox"/> Rear Two Hand Release	
<input type="checkbox"/> Two Hands Together Grab Release	
<input type="checkbox"/> Front Choke Backstroke Release	
<input type="checkbox"/> Front Choke Wrist Release	
<input type="checkbox"/> Rear Bear Hug Release	
<input type="checkbox"/> Front Bear Hug Release	
<input type="checkbox"/> Bite Escape	
<input type="checkbox"/> Headlock Escape	
<input type="checkbox"/> Full Nelson Escape	
<input type="checkbox"/> Double Arm Lock Escape	
<input type="checkbox"/> Front Hairpull Escape	
<input type="checkbox"/> Rear Hairpull Escape	
<input type="checkbox"/> Ground Defense	

TECHNIQUES**REASON FOR EXEMPTION**

<i>Touch Techniques</i>	
<input type="checkbox"/> Straight Arm Escort - Extended	
<input type="checkbox"/> Straight Arm Escort - Close	
<i>Control Techniques</i>	
<input type="checkbox"/> Ground Control	
<input type="checkbox"/> Baskethold	
<input type="checkbox"/> Wrap-Around	
<input type="checkbox"/> Arm Bar	
<input type="checkbox"/> Arm Control	
<input type="checkbox"/> Team Arm Control	
<i>Takedowns</i>	
<input type="checkbox"/> Straight Arm to a Takedown	
<input type="checkbox"/> Baskethold to a Takedown	
<input type="checkbox"/> Arm Bar to a Takedown	
<input type="checkbox"/> Immediate Team Takedown	
<i>Mechanical Restraints</i>	
<input type="checkbox"/> Standing Front Handcuffing/Uncuffing	
<input type="checkbox"/> Standing Rear Handcuffing/Uncuffing	
<input type="checkbox"/> Prone Handcuffing	
<input type="checkbox"/> Leg Cuffing/Uncuffing – Kneeling Position	
<input type="checkbox"/> Leg Cuffing/Uncuffing – Hands on Wall	
<input type="checkbox"/> Restraint Belt Application/Removal	
<input type="checkbox"/> Waist Chain Application/Removal	
<i>Searching</i>	
<input type="checkbox"/> Person Search	