

Data collection sheet:

Patient name: _____ **File Number:** _____

Gender: _____

Vt	Group: A B						
1	Treatment 1 in either A or B group	Pre-treatment			Post-treatment		
		Type	Present	Absent	Type	Present	Absent
		RUE			RUE		
		RUF			RUF		
		RLE			RLE		
		RLF			RLF		
		LUE			LUE		
		LUF			LUF		
		LLE			LLE		
		LLF			LLF		
<u>Cavitations</u> :		Present		Absent			
2	Treatment 2 in either A or B group	Pre-treatment			Post-treatment		
		Type	Present	Absent	Type	Present	Absent
		RUE			RUE		
		RUF			RUF		
		RLE			RLE		
		RLF			RLF		
		LUE			LUE		
		LUF			LUF		
		LLE			LLE		
		LLF			LLF		
<u>Cavitations</u> :		Present		Absent			

Vt		Group: A B					
3	Treatment 3 in either A or B group	Pre-treatment			Post-treatment		
		Type	Present	Absent	Type	Present	Absent
		RUE			RUE		
		RUF			RUF		
		RLE			RLE		
		RLF			RLF		
		LUE			LUE		
		LUF			LUF		
		LLE			LLE		
		LLF			LLF		
<u>Cavitations</u> :		Present			Absent		
<u>CROSSOVER</u>							
4	Treatment 4 in either A or B group	Pre-treatment			Post-treatment		
		Type	Present	Absent	Type	Present	Absent
		RUE			RUE		
		RUF			RUF		
		RLE			RLE		
		RLF			RLF		
		LUE			LUE		
		LUF			LUF		
		LLE			LLE		
		LLF			LLF		
<u>Cavitations</u> :		Present			Absent		
5	Treatment 5 in either A or B group	Pre-treatment			Post-treatment		
		Type	Present	Absent	Type	Present	Absent
		RUE			RUE		
		RUF			RUF		
		RLE			RLE		
		RLF			RLF		
		LUE			LUE		
		LUF			LUF		
		LLE			LLE		
		LLF			LLF		
<u>Cavitations</u> :		Present			Absent		

6	Treatment 6 in either A or B group	Pre-treatment			Post-treatment		
		Type	Present	Absent	Type	Present	Absent
		RUE			RUE		
		RUF			RUF		
		RLE			RLE		
		RLF			RLF		
		LUE			LUE		
		LUF			LUF		
		LLE			LLE		
		LLF			LLF		
Cavitations :		Present		Absent			