NailLift Clinical Case Submission Form

De-Identified Educational / Clinical Review

This form is intended for structured educational and clinical case review within the NailLift training system. Please avoid including directly identifiable patient inform

1. Provider Information

Provider Name: _____

Clinic Name: _____

Certification Level: _____

Email: _____

Case ID: _____

2. Patient Characteristics

Age Range:

☐ Under 18 ☐ 18–30 ☐ 31–50 ☐ 51–70 ☐ 70+

Activity Level:

☐ Sedentary ☐ Moderate ☐ Athletic / High Activity

Other Health Factors Affecting Nail: _____

3. Nail Assessment (Initial)

Pain Level (1–5): _____

Involution Type:

☐ Mild ☐ Moderate ☐ Severe ☐ Trumpet/Pincer

☐ Unilateral

Ingrown / Infection Present? _____

Stage / Description: _____

Nail Quality:

☐ Healthy ☐ Thickened ☐ Thin ☐ Rigid ☐ Flexible

☐ Trauma / Uneven

☐ Granulation Tissue Present ☐ Recurrent Pressure / Footwear Issue

Previous Nail Surgery? _____

Remove all patient identifiers before submission.

Application & Follow-Up

4. Application Details

Method Used:

- ☐ Under
- ☐ Over

Clips Used:

- ☐ 2
- ☐ 3
- ☐ 4

Clip Configuration / More Information: _____

Reason for Method Selection:

- ☐ Nail too short
- ☐ Severe involution
- ☐ Rigid nail
- ☐ Flexible nail
- ☐ Distal leverage concern
- ☐ Better proximal engagement
- ☐ Patient comfort
- ☐ Inflammation present
- ☐ Footwear / pressure concerns
- ☐ Previous experience

Other: _____

Brace Size / Type: _____

Treatment Goal: _____

5. Immediate Mechanical Effect

- ☐ Strong global effect
- ☐ Moderate global effect
- ☐ Mostly local effect
- ☐ Minimal visible correction

Notes on Immediate Effect:

6. Image Documentation

- ☐ Before
- ☐ Immediately After
- ☐ Follow-Up
- ☐ Top-down
- ☐ Distal
- ☐ Lateral

Remove all patient identifiers before submission.

Follow-Up & Reflection

7. Follow-Up Assessment

Follow-Up Date: _____

Pain Level (1–5): _____

Follow-Up Mechanical Effect:

- ☐ Strong global effect
- ☐ Moderate global effect
- ☐ Mostly local effect
- ☐ Minimal visible correction

Structural Change Observed: ☐ Minimal ☐ Moderate ☐ Significant

- ☐ Effect became more local over time
- ☐ Unsure
- ☐ Reapplication Performed

If reapplied, why? _____

8. Provider Reflection / Additional Information

What mechanical behavior did you observe?

Why did you choose this approach?

What feedback or questions do you have for the educator team?

9. Provider Declaration

I confirm this case has been appropriately de-identified and that patient consent for educational and clinical review has been obtained in accordance with applica

Provider Signature: _____

Remove all patient identifiers before submission.

Date: _____