

B.1. Patellar Tendon:

History	Ant knee pain	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral
Examination:	Inferior pole	tenderness in <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral
	Patellar tendon	thickening in <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral

B.2.foot:

History	Medial malleolus pain	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral
	Toe sesamoid pain	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral
Examination:	Medial malleolus:	Tenderness <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral
		Swelling <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral
	Toe Sesamoid	Tenderness <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral
		Swelling <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral
		Restricted p.flex. <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral

B.3.Proneal tendon:

History	lateral ankle pain	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral
	retromalleolar Swelling	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral
Examination:	peroneal tendons:	Tenderness	<input type="checkbox"/> normal, bilateral

		<input type="checkbox"/> right <input type="checkbox"/> left	
		Swelling <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral
		Crepitus <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral
	passive inversion	Pain <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral
	resisted eversion	Pain <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral

B.1. Olecranon burs:

History	Posterior elbow pain	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral
Examination:	Olecranon burs	tenderness in <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral