

B.1.Scapula examination

dyskinesia	right	left	Normal, bilateral
Superomedial border prominence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inferomedial border prominence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical border	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B.2.Shoulder Tests

Test	right	left	Normal, bilateral
O'brien	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impingment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hawkins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inf. instability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infraspinatus trigger points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B.3. wrist

History	Radial side pain	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral
	Ulnar side pain	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral
Examination:	Radial side	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
		Crepitus <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral
		Finkelstein's test <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral
	Ulnar side	Pain <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

		Crepitus <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral
		Pain on resisted dorsi flex and ulnar deviation <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral
		clicking sensation on wrist movement <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral
		Press test <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral

B.4. Hook of hamate

History	Ulnar wrist pain	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral
	Reduced grip strength	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral
Examination:	Hook of hamate	Tenderness <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral

B.5. Tibialis anterior Tendon

History	Anterior ankle pain	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral
	Anterior ankle stiffness	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral
	Anterior ankle aggravated by activity	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral
Examination:	Tibialis Anterior tendon	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
		Crepitus <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral

		pain on resisted dorsiflexion and eccentric inversion <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral
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B.6. Suprascapular nerve:

History	pain in posterior and lateral of shoulder	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral
	shoulder weakness	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> full force, bilateral
Examination:	Supraspinatus	atrophy in <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral
	Infraspinatus	atrophy in <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral

B.7. Elbow

History	Radial side pain	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral
	Ulnar side pain	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral
Examination:	Radial side	Tenderness <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral
		Pain in resisted wrist extension <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral
	Pain in resisted middle finger extension <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral	
	Ulnar side	Tenderness <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral

		Pain in resisted wrist flexion <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral
		Pain in resisted forearm pronation <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral

B.8. Pars interarticularis:

History	unilateral low backache	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral
	Hyperextension precipitated the pain.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Examination:	extension with rotation	Pain <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral
	Lordotic posture	<input type="checkbox"/> yes	<input type="checkbox"/> no
	tenderness	<input type="checkbox"/> right <input type="checkbox"/> left Level:.....	<input type="checkbox"/> no pain, bilateral

B.9. Sesamoid Bone

History	Toe sesamoid pain	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral
	Examination:	Toe Sesamoid	Tenderness <input type="checkbox"/> right <input type="checkbox"/> left
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	



فرم ب 3 معاینات اختصاصی پیش از رقابت ورزش های راکتی