

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.landing Test:

Coronal plane:	Increased hip adduction	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral
Sagittal plane:	Increased pelvic tilt	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral

B.4. adductors:

History	Medial Groin pain	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral	<input type="checkbox"/> Pain with twisting <input type="checkbox"/> Pain in straight line <input type="checkbox"/> Pain with sit-up <input type="checkbox"/> worse with exercise <input type="checkbox"/> with back pain
	Central Groin pain	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral	
Examination	Thomas Test:	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral	
	Resisted hip flex.	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral	
	Adductor squeeze	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral	
	Resisted sit-up	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral	
	Pubic tenderness	<input type="checkbox"/> pain	<input type="checkbox"/> no pain	
	drehmann test	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral	

B.5. Leg

History	Leg pain	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral	<input type="checkbox"/> localized <input type="checkbox"/> diffuse <input type="checkbox"/> worse with exercise <input type="checkbox"/> better with exercise <input type="checkbox"/> worse with exercise <input type="checkbox"/> posteromedial
Examination	Restricted plant. Flex.	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral	
	Tunning fork pain	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral	

B.6. Lateral Leg

History	Lateral hip pain	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral
	Lateral knee pain	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> no pain, bilateral

Examination:	Lateral hip pain	Jump sign on greater trochanter palpitation <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> normal, bilateral
	Lateral knee	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