

## LANDING ERROR SCORING SYSTEM (LESS)

### SAGGITAL VIEW:

	Check if an error:		
	1	2	3
1. Knee Flexion Angle at Initial Contact: <b>&gt; 30 deg.</b> Error if <b>NO</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hip Flexion Angle at Initial Contact: <b>Hips are Flexed</b> Error if <b>NO</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Trunk Flexion Angle at Initial Contact: <b>Trunk is Flexed</b> Error if <b>NO</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Knee Flexion Displacement: <b>&gt; 45 deg. more than Initial Contact</b> Error if <b>NO</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hip Flexion Displacement: <b>Hips flex more than Initial Contact</b> Error if <b>NO</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Trunk Flexion Displacement: <b>Trunk flexes more than Initial Contact</b> Error if <b>NO</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Ankle Plantar-Flexion Angle at Initial Contact: <b>Toe to heel</b> Error if <b>NO</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### FRONTAL VIEW:

8. Initial Foot Contact: <b>Symmetrical</b> Error if <b>NO</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Lateral Trunk Flexion at Initial Contact: <b>Trunk is Vertical</b> Error if <b>NO</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Knee Valgus Angle at Initial Contact: <b>Knees over mid foot</b> Error if <b>NO</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Stance Width: <b>&lt; Shoulder width</b> Error if <b>YES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Stance Width: <b>&gt; Shoulder width</b> Error if <b>YES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Max IR Foot Position: <b>Toes &gt; 30 deg. IR at max flexion</b> Error if <b>YES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Max ER Foot Position: <b>Toes &gt; 30 deg. ER at max flexion</b> Error if <b>YES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Knee Valgus Displacement: <b>Medial knee movement at max flexion</b> Error if <b>YES</b> (Tibial tubercle inside 1 <sup>st</sup> ray)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### OVERALL:

16. Joint Displacement (Sagittal Plane) SOFT = no error, AVERAGE = 1 error, STIFF = 2 errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Overall Impression EXCELLENT = no error, AVERAGE = 1 error, POOR = 2 errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTALS: \_\_\_\_\_ AVG: \_\_\_\_\_