# LOWER EXTREMITY FUNCTIONAL SCALE[1]

PANTHER PHYSICAL THERAPY & SPORTS PERFORMANCE

**SECTION 1: TO BE COMPLETED BY PATIENT**

Name:_____ Age:_____ Date:_____

Occupation:_____ Onset of Lower Extremity pain:_____(this episode)

**SECTION 2: TO BE COMPLETED BY PATIENT**

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower limb problem for which you are currently seeking attention. Please provide an answer for each activity.

**Today do you, or would you have difficulty at all with:** (Circle one number on each line)

| | Extreme Difficulty or Unable to Perform Activity | Quite a bit of Difficulty | Moderate Difficulty | A Little Bit of Difficulty | No Difficulty |
|---|---|---|---|---|---|
| a. Any of your usual work, housework or school activities. | 0 | 1 | 2 | 3 | 4 |
| b. Your usual hobbies, recreational or sporting activities. | 0 | 1 | 2 | 3 | 4 |
| c. Getting into or out of the bath. | 0 | 1 | 2 | 3 | 4 |
| d. Walking between rooms. | 0 | 1 | 2 | 3 | 4 |
| e. Putting on your shoes or socks. | 0 | 1 | 2 | 3 | 4 |
| f. Squatting | 0 | 1 | 2 | 3 | 4 |
| g. Lifting an object, like a bag of groceries from the floor. | 0 | 1 | 2 | 3 | 4 |
| h. Performing light activities around your home. | 0 | 1 | 2 | 3 | 4 |
| i. Performing heavy activities around your home. | 0 | 1 | 2 | 3 | 4 |
| j. Getting into or out of a car. | 0 | 1 | 2 | 3 | 4 |
| k. Walking 2 blocks. | 0 | 1 | 2 | 3 | 4 |
| l. Walking a mile. | 0 | 1 | 2 | 3 | 4 |
| m. Going up or down 10 stairs (about 1 flight of stairs). | 0 | 1 | 2 | 3 | 4 |
| n. Standing for 1 hour. | 0 | 1 | 2 | 3 | 4 |
| o. Sitting for 1 hour. | 0 | 1 | 2 | 3 | 4 |
| p. Running on even ground. | 0 | 1 | 2 | 3 | 4 |
| q. Running on uneven ground. | 0 | 1 | 2 | 3 | 4 |
| r. Making sharp turns while running fast. | 0 | 1 | 2 | 3 | 4 |
| s. Hopping. | 0 | 1 | 2 | 3 | 4 |
| t. Rolling over in bed. | 0 | 1 | 2 | 3 | 4 |
| **COLUMN TOTALS:** | | | | | |

**SECTION 3: TO BE COMPLETED BY PHYSICAL THERAPIST/PROVIDER**

**SCORE**:_____ out of 80 (No Disability 80, SEM 5, MDC 9) **Initial** **FU ___ weeks** **Discharge**

[1] adapted from Binkley J et al; Phys Ther; 79: 371-383, 1999.