Lower Extremity Functional Scale

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 check ($\sqrt{\ }$) an answer for **each** activity.

Today, do you or would you have any difficulty at all with: **Extreme** Difficulty Or Unable Quite a A Little to Perform Bit of Moderate Bit of No **Activities Activity** Difficulty **Difficulty** Difficulty **Difficulty** Any of your usual work, household, or school activities Your usual hobbies, recreational or sporting activities Getting into or out of the bath Walking between rooms Putting on your shoes or socks Squatting Lifting an object, like a bag of groceries from the floor Performing light activities around your Home Performing heavy activities around your Home Getting into or out of a car Walking 2 blocks Walking a mile Going up or down 10 stairs (about 1 flight of stairs) Standing for 1 hour Sitting for 1 hour Running on even ground Running on uneven ground Making sharp turns while running fast Hopping Rolling over in bed Binkley JM, Stratford POW, Lott SA, Riddle DL. The lower extremity functional scale (LEFS): Scale development, measurement properties, and clinical application. Physical Therapy 1999;79:371-383. Signature: _____

_ Date: ____

MDC (minimum detectable change) = 9 pts Error ± 7.5 scale points

Patient name: _____

Score _____/80