Print Form

ATLAS PHYSICAL THERAPY
KEEPING SUPPORT IN YOUR WORLD

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# The Lower Extremity Functional Scale

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

**Today, *do you* or *would you* have any difficulty at all with:**

| | Activities | Extreme Difficulty / Unable to Perform | Quite a bit of Difficulty | Moderate Difficulty | A Little bit of Difficulty | No Difficulty |
|---|---|---|---|---|---|---|
| 1 | Any of your usual work, house work, or school activities. | 0 | 1 | 2 | 3 | 4 |
| 2 | Your usual hobbies, recreational or sporting activities. | 0 | 1 | 2 | 3 | 4 |
| 3 | Getting into or out of the bath. | 0 | 1 | 2 | 3 | 4 |
| 4 | Walking between rooms. | 0 | 1 | 2 | 3 | 4 |
| 5 | Putting on your shoes and socks. | 0 | 1 | 2 | 3 | 4 |
| 6 | Squatting. | 0 | 1 | 2 | 3 | 4 |
| 7 | Lifting an object, like a bag of groceries from the floor. | 0 | 1 | 2 | 3 | 4 |
| 8 | Performing light activities around your home. | 0 | 1 | 2 | 3 | 4 |
| 9 | Performing heavy activities around your home. | 0 | 1 | 2 | 3 | 4 |
| 10 | Getting into or out of a car. | 0 | 1 | 2 | 3 | 4 |
| 11 | Walking 2 blocks. | 0 | 1 | 2 | 3 | 4 |
| 12 | Walking a mile. | 0 | 1 | 2 | 3 | 4 |
| 13 | Going up or down 10 stairs (about 1 flight of stairs). | 0 | 1 | 2 | 3 | 4 |
| 14 | Standing for 1 hour. | 0 | 1 | 2 | 3 | 4 |
| 15 | Sitting for 1 hour. | 0 | 1 | 2 | 3 | 4 |
| 16 | Running on even ground. | 0 | 1 | 2 | 3 | 4 |
| 17 | Running on uneven ground. | 0 | 1 | 2 | 3 | 4 |
| 18 | Making sharp turns while running fast. | 0 | 1 | 2 | 3 | 4 |
| 19 | Hopping. | 0 | 1 | 2 | 3 | 4 |
| 20 | Rolling over in bed. | 0 | 1 | 2 | 3 | 4 |
| | **Column Totals:** | | | | | |

**Minimum Level of Detectable Change (90% confidence): 9 points** **SCORE : _____ / 80**

Patient Name: _____ Date : _____