Outpatient Rehabilitation Services 159 Wells Avenue, Newton, MA 02459

LOWER EXTREMITY FUNCTIONAL SCALE

HIP, KNEE, FOOT & ANKLE

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 any difficulty at all with:

Activities	Extreme Difficulty or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
Any of your usual work, housework, or school activities.	0	1	2	3	4
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 or 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
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

Therapist Name:				Score:
Date:	I/E	F/U	D/C	Score = Sum or responses ÷ Number possible x 100

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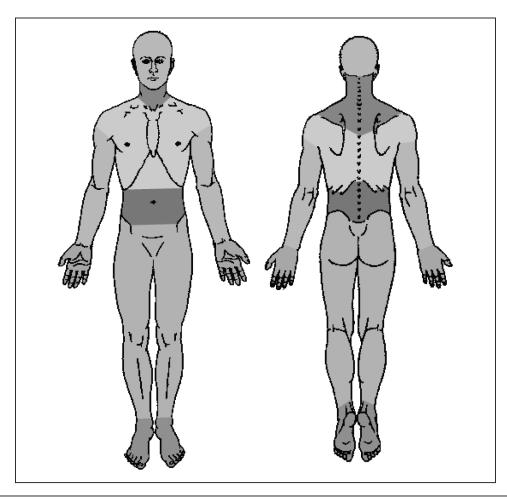
PAIN DIAGRAM AND RATING

Please use the diagram below to indicate the symptoms you have experienced over the past 24 hours. <u>Be VERY precise when drawing the location of your pain.</u> Use the key to indicate the type of symptoms

Key: Pins

Pins and Needles = 000000 Burning = xxxxxx
 Stabbing
 = ////////

 Deep Ache
 = zzzzzz



Please rate you	ur <i>curre</i>	nt level of	pain on th	ne followir	ng scale (check one	e)						
0	1	2	3	4	5	6	7	8	9	10			
(no pain)									(worst	(worst imaginable pain)			
Please rate you	ur <i>worst</i>	level of pa	ain in the	last 24 ho	ours on th	ne followin	g scale (d	check one)				
0	1	2	3	4	5	6	7	8	9	10			
(no pain)									(worst	(worst imaginable pain)			
Please rate you	ur <i>best</i> l	level of pa	n in the la	ast 24 ho	urs on the	following	scale (cl	neck one)					
0	1	2	3	4	5	6	7	8	9	10			
(no pain)									(worst	t imaginable p	ain)		

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