



The Lower Extremity Functional Scale

This questionnaire has been designed to give your therapist information as to how your lower extremity injury has affected your ability to manage everyday life. We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower extremity 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
1.	Any of your usual work, housework, 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

Reprinted from Binkley, J., Stratford, P., Lott, S., Riddle, D., & The North American Orthopaedic Rehabilitation Research Network, *The Lower Extremity Function Scale: Scale development, measurement properties, and clinical application*, Physical Therapy, 1999, 79, 4371-383, with permission of the American Physical Therapy Association.

Patient Name: _____

Date: _____