



THE 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 answer each section by circling the **ONE CHOICE** that most applies to you. We realize that you may feel that more than one statement may describe your condition, but **PLEASE JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.** Please provide an answer for **EACH** activity

Today, do you or would you have any difficulty with:

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

Score: _____/80

NAME: _____ DATE: _____ SCORE: _____

PLEASE COMPLETE BACK PAGE →

TREATMENT AREA/BODY PART PAIN

Please circle the number indicating your worst pain during the **last 24 hours**:

0	1	2	3	4	5	6	7	8	9	10
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0= No pain

1= Tolerable discomfort

2= Minimal pain, when in certain positions or situations, can be ignored

3= Pain cannot be ignored, but can be tolerated, minimal concentration interference

4= Pain occasionally interferes with concentration, minimal pain compensation behaviors, performance difficulties with one or two tasks

5= Pain interferes with concentration and/or performance difficulties 25% of the time, pain compensation behaviors displayed

6= Pain interferes with concentration and performance difficulties 50% of the time, pain compensation behaviors displayed

7= Pain interferes with concentration and performance difficulties 75% of the time, pain compensation behaviors displayed

8= Pain continuously interferes with concentration and performance is limited, pain compensation behaviors displayed

9= Intolerable pain, concentration and performance interference except basic needs of eating, toileting

10= Intolerable pain, unable to concentrate, performance difficulties and limitations in all tasks, hospitalization required.

This item for Follow Up/Discharge Visit Only

TREATMENT AREA/BODY PART IMPROVEMENT INDEX

Please circle the percentage of your improvement since beginning therapy:

0	10	20	30	40	50	60	70	80	90	100
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No improvement

Complete recovery

Scoring the Lower Extremity Functional Scale (hip, knee, ankle, foot)

- Add up the circled scores for each item answered. If a patient marks 2 boxes, score the highest value box.
- If a patient completed all sections, enter this number into the functional assessment score in the EMR.
- If a patient did not complete all sections, write in the score achieved, cross out "80" and indicate total possible points. Therapists will need to use their clinical judgment to override the final score that is submitted in the EMR. The LEFS is your guide for determining the severity modifier in the case of MA patients but your judgment is the final arbiter.