Function First Physical Therapy

<u>Lower Extremity Function Scale</u>

We are interested in knowing whether you are having any difficulty at all with the activities listed bellow <u>because of your lower limb problem</u> for which you are currently seeking attention.

Circle one of the numbers for each item. Please provide and answer for each activity.

0 Unable to perform
1 Quite a bit difficult
2 Moderate difficulty
3 A little bit of difficulty
4 No difficulty

"<u>Today</u>, do you or would you have any difficulties at all with":

a) Any of your usual work, housework or school activities	*0*	*1*	*2*	*3*	*4*
b) Your usual hobbies, occupational or sports activities	*0*	*1*	*2*	*3*	*4*
c) Rolling over in bed	*0*	*1*	*2*	*3*	*4*
d) Getting into or out of bed	*0*	*1*	*2*	*3*	*4*
e) Putting on your socks or shoes	*0*	*1*	*2*	*3*	*4*
f) Getting into or out of the bath	*0*	*1*	*2*	*3*	*4*
g) Squatting	*0*	*1*	*2*	*3*	*4*
h) Lifting an object, like a groceries bag from the floor	*0*	*1*	*2*	*3*	*4*
i) Performing light activities around your home	*0*	*1*	*2*	*3*	*4*
j) Performing heavy activities around your home	*0*	*1*	*2*	*3*	*4*
k) Getting into or out of a car	*0*	*1*	*2*	*3*	*4*
l) Walking two blocks	*0*	*1*	*2*	*3*	*4*
m) Walking one mile	*0*	*1*	*2*	*3*	*4*
n) Standing for one hour	*0*	*1*	*2*	*3*	*4*
o) Sitting for one hour	*0*	*1*	*2*	*3*	*4*
p) Going up or down 10 stairs (about one flight)	*0*	*1*	*2*	*3*	*4*
q) Running on even ground	*0*	*1*	*2*	*3*	*4*
r) Running on uneven ground	*0*	*1*	*2*	*3*	*4*
s) Making sharp tuns while running fast	*0*	*1*	*2*	*3*	*4*
t) Hopping or jumping	*0*	*1*	*2*	*3*	*4*

Patient's Name: _____ *Date:* _____