

Patient/Acct#:
DOB:

Date: _____

Appendix 1. 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 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 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 |
| 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: | | | | | | |
| Score: _____ / 80 | | | | | | |

Appendix 1. Lower Extremity Functional Scale Measurement Properties

| LOWER EXTREMITY FUNCTIONAL SCALE MEASUREMENT PROPERTIES |
|---|
| LEFS is scored via summation of all responses (one answer per section) and compared to a total possible score of 80. |
| Error +/- 5 points; an observed score is within 5 points of patients "true" score. |
| Minimum detectable change (MDC): 9 points; change of more than 9 points on the LEFS represents a true change. |
| Minimum clinically important differences (MCID): 9 points; "Clinicians can be reasonably confident that a change of greater than 9 points is... a clinically meaningful functional change." |

Provider Signature _____