

# MADDEN PHYSICAL THERAPY

## Knee, Ankle, Foot Questionnaire

### Lower Extremity Functional Scale

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date: \_\_\_\_\_

<b>Activities</b> Please rate the difficulty levels below by the way you are feeling today.	<b>Extreme Or unable to perform Activity</b>	<b>Quite a bit of difficulty</b>	<b>Moderate difficulty</b>	<b>A little bit of difficulty</b>	<b>No difficult</b>
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
Getting into or out of the bath.	0	1	2	3	4
Walking between rooms.	0	1	2	3	4
Putting on your shoes or socks.	0	1	2	3	4
Squatting.	0	1	2	3	4
Lifting an object, like a bag of groceries from the floor.	0	1	2	3	4
Performing <b>light</b> activities around your home.	0	1	2	3	4
Performing <b>heavy</b> activities around your home.	0	1	2	3	4
Getting into or out of a car.	0	1	2	3	4
Walking 2 blocks.	0	1	2	3	4
Walking a mile.	0	1	2	3	4
Going up or down 10 stairs (about 1 flight of stairs)	0	1	2	3	4
Standing for 1 hour.	0	1	2	3	4
Sitting for 1 hour.	0	1	2	3	4
Running on even ground.	0	1	2	3	4
Running on uneven ground.	0	1	2	3	4
Making sharp turns while running fast.	0	1	2	3	4
Hopping.	0	1	2	3	4
Rolling over in bed.	0	1	2	3	4

Column Totals:

SCORE: \_\_\_\_\_ /80