

PATIENT NAME:_	
MR #:	
DATE:	

LOWER EXTREMITY FUNCTIONAL SCALE

			Extrei difficu	ulty Quite a			little bit		
housework or school activities. 2. Your usual hobbies, recreational or sporting activities. 3. Getting into or out of the bath. 4. Walking between rooms. 5. Putting on your shoes or socks. 6. Squatting. 7. Lifting an object, like a bag of groceries from the floor. 8. Performing light activities around your home. 9. Performing heavy activities around your home. 10. Getting into or out of a car. 11. Walking 2 blocks. 12. Walking a mile. 13. Going up or down 10 stairs (about 1 flight of stairs). 14. Standing for 1 hour. 15. Sitting for 1 hour. 16. Running on even ground. 17. Running on uneven ground. 18. Making sharp turns while running fast. 19. Hopping.		Activities					of difficulty	No difficulty	
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 17. Running on uneven ground. 18. Making sharp turns while running fast. 19. Hopping. 	15.	Sitting for 1 hour.							
18. Making sharp turns while running fast.19. Hopping.	16.	Running on even ground.							
fast. 19. Hopping.	17.	Running on uneven ground.							
	18.								
20. Rolling over in bed.	19.	Hopping.							
	20.	Rolling over in bed.							
LEFS SCORE			LEFS SCORE						
IMPAIRMENT			IMPAIRMENT						

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