

Tegner Lysholm Knee Scoring Scale

Clinician's name _____ Patient's Name _____ Date _____

This questionnaire has been designed to give your therapist information as to how your knee pain has affected your ability to manage in everyday life. Please answer every question by placing a mark in the box that best describes your condition today.

During the past 4 weeks.....

Section 1 -Limp
None
Slight or periodical
Severe and constant

Section 2 -Support
None
Stick or crutch
Weight-bearing impossible

Section 3 - Pain
None
Inconstant and slight during severe exertion
Marked during severe exertion
Marked on or after walking more than 2 km
Marked on or after walking less than 2 km
Constant

Section 4 - Instability
Never giving way
Rarely during athletics or other severe exertion
Frequently during athletics or other severe exertion (or incapable of participation)
Occasionally in daily activities
Often in daily activities
Every step

Section 5 -Locking
No locking and no catching sensations
Catching sensation but no locking
LockingOccasionally
Frequently
Locked joint on examination

Section 6 - Swelling
None
On severe exertion
On ordinary exertion
Constant

Section 7 - Stair-climbing
No problems
Slightly impaired
One step at a time
Impossible

Section 8 - Squatting
No problems
Slightly impaired
Not beyond 90°
Impossible

Grading the Tegner Lysholm Knee Scoring Scale

<65 Poor 65-83 Fair 84-90 Good >90 Excellent

Score is

Impairment is

Therapist Signature