

Bodies In Balance Physical Therapy Lower Extremity Functional Scale (LEFS)

Name: _____

CIRCLE ONE response from the menu options that best describes the level of difficulty that you have or would have performing the activity because of your lower limb problem (hip, knee, ankle, foot) which brings you in to therapy.

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