Patient Name:
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Date:

Lower Extremity Evaluation

Describe your average difficulty performing the following activities: 4 = No difficulty 3 = A little bit of dificulty 2 = Moderate difficulty 1 = Quite a bit of difficulty 0 = Extreme difficulty or unable to do Activity Any of your usual work, housework or school activities Next Dr.'s appt? Your usual hobbies, recreational or sporting activities Getting into or out of the bath Overall % Walking between rooms improvement Putting on your shoes or socks Squatting Lifting an object, like a bag of groceries from the floor Performing light activities around your home Pain rating Performing heavy activities around your home (0-10 scale) Getting into or out of a car \_\_\_\_\_ Walking 2 blocks Walking a mile Highest pain rating Going up or down 10 stairs (about 1 flight of stairs) is what % of day Standing for 1 hour Sitting for 1 hour Running on even ground **Original Score/Date** Running on uneven ground Making sharp turns while running fast Hopping Rolling over in bed Total

For office use		
	SLS: Eyes Open	Eyes Closed
	<u>R / L</u>	<u>R / L</u>
LEFS MCID = 9 points	Scoring: (LEFS score)/80*100	