VAUGHAN PHYSIOTHERAPY CLINIC

- **Web** vaughanphysiotherapy.com
- **Tel** (905) 669-1221
- **Fax** (905) 669-6995
- **Email** info@vaughanphysiotherapy.com
- **Address** 398 Steeles Ave W, Unit 201, Thornhill, ON L4J 6X3

Scan for your patient portal: book, forms and receipts

Lower Extremity Function Scale (LEFS)

Get better today.

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower limb problem. Please answer every activity, based on how you are today.

Patient name *		**Date of birth ***	Y Y Y Y - M M - D D

Leg affected	☐ Left ☐ Right ☐ Both	**Time point**	☐ Initial ☐ Mid-point ☐ Discharge
Surgery or condition		**Date of surgery**	Y Y Y Y - M M - D D

Today, do you or would you have any difficulty at all with:

0 = extreme difficulty or unable · 1 = quite a bit · 2 = moderate · 3 = a little bit · 4 = no difficulty

Activity	0	1	2	3	4
1. Any of your usual work, 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)	○	○	○	○	○
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	○	○	○	○	○
20. Rolling over in bed	○	○	○	○	○

Signature *		**Date ***	Y Y Y Y - M M - D D

Office use: LEFS total (0 to 80)		**Reviewed by**	

Office use: add the 20 answers. Higher scores mean better function. A change of 9 points or more is clinically meaningful.