



Name: _____

Date: _____

Functional Score: _____ / 100 Pain Scale Score: _____ / 100 FOR THERAPIST USE ONLY
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LYSHOLM KNEE SCALE

LIMP (5 points)

None	5
Slight or periodical	3
Severe and constant	0

SUPPORT (5 points)

Full Support	5
Stick or crutch	3
Weight bearing impossible	0

WALKING, RUNNING, AND JUMPING (70 points)

A. Instability :

Never giving way	30
Rarely during athletic or other severe exertion	25
Frequently during athletic or other severe exertion (or unable to participate)	20
Occasionally in daily activities	10
Often in daily activities	5
Every step	0

B. Pain :

None	30
Inconstant and slight during severe exertion	25
Marked on giving way	20
Marked during severe exertion	15
Marked on or after walking more than 2 km	10
Marked on or after walking less than 2 km	5
Constant and severe	0

C. Swelling :

None	10
With giving way	7
On severe exertion	5
On ordinary exertion	2
Constant	0

ATROPHY OF THIGH (5 Points)

None	5
1-2 cm.	3
More than 2 cm.	0

VISUAL ANALOG PAIN SCALE

Make a mark (/) along the line, which describes your pain between “No Pain At All” and “Worst pain imaginable.”

No Pain at All

Worst Pain Imaginable
