The Lower Extremity Functional Scale

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower limb problem for which you are currently seeking attention.

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

		Extreme Difficulty/ Unable	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
		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 of stairs).					
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.					
		Total Score:				

Interpretation

Scoring scale is 0-80 points where 0 represents the greatest disability and 80 represents the least disability.

Minimally Clinically Important Difference (MCID) Minimal Detectable Change (MDC)

ACL Reconstruction: MCID = 9 points; MDC = 9 points.

Various Lower Extremity Injuries: MCID = 9 points; MDC = 9 points. Hip Impairment: MCID = 6 points or 11.3%; MDC = 7 points or 11.3%. Total Knee/Hip Arthroplasty: MCID = 9 points; MDC = 9 points.

Lower Extremity Osteoarthritis: MDC = 9 points.

Hip Osteoarthritis: MDC = 9.9 points.

These are published values for specific populations and provide guidance if the patient does not have the listed condition.

Selected References

- Binkley JM, Stratford PW, Lott SA, et al. The Lower Extremity Functional Scale (LEFS): scale development, measurement properties, and clinical application. North American Orthopaedic Rehabilitation Research Network. *Phys Ther*. 1999;79(4):371-383.
- 2. Wang YC, Hart DL, Stratford PW, et al. Clinical interpretation of a lower-extremity functional scale-derived computerized adaptive test. *Phys Ther*. 2009;89(9):957-968. doi:10.2522/ptj.20080359
- 3. Pua YH, Cowan SM, Wrigley TV, et al. The Lower Extremity Functional Scale could be an alternative to the Western Ontario and McMaster Universities Osteoarthritis Index physical function scale. *J Clin Epidemiol*. 2009;62(10):1103-1111. doi:10.1016/j.jclinepi.2008.11.011