

Healthy Body Chiropractic

Lower Extremity Functional Scale

Name: _____

Date: _____

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. Please check **(v)** an answer for **each** activity.

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

	Extreme Difficulty	Or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
1. Any of your usual work, household, 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 <u>light</u> 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						

Score: _____/80

MDC (minimum detectable change) = 9 pts

Error +/- 5 scale points