



Lower Extremity Functional Scale (LEFS)

Patient 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 enter the number that best describes the level of difficulty for each activity.

Today do you, or would you have difficulty at all with (enter the number that best describes the level of difficulty):

0 Extreme Difficulty or Unable to Perform Activity

2 Moderate difficulty

4 No difficulty

1 Quite a Bit of Difficulty

3 A Little Bit of Difficulty

Any of your usual work, housework or school activities	
Your usual hobbies, recreational or sporting activities	
Getting into or out of the bath	
Walking between rooms	
Putting on your shoes or socks	
Squatting	
Lifting an object, like a bag of groceries from the floor	
Performing light activities around your home	
Performing heavy activities around your home	
Getting into or out of a car	

Walking 2 blocks	
Walking a mile	
Going up or down 10 stairs (about 1 flight of stairs)	
Standing for 1 hour	
Sitting for 1 hour	
Running on even ground	
Running on uneven ground	
Making sharp turns while running fast	
Hopping	
Rolling over in bed	

Office Use Only: Score: ____/80 points (MDC & MCID: 9 points; No Disability 80)

ICD-9 Code: _____

Number of PT Sessions: _____

Gender: M F Age: _____

PT Initials: _____

Lower Extremity Functional Scale (LEFS)

Binkley, J. M., Stratford, P. W., Lott, S. A., and Riddle, D. L. (1999). The Lower Extremity Functional Scale (LEFS): Scale Development, Measurement Properties, and Clinical application. *Phys Ther*, 79:371–383

MDC: 9 scale points (90% CI)

MCID: 9 scale points (90% CI)

Higher scores indicate increase in function

Test-retest reliability was excellent ($R=0.94$ [95% lower limit confidence interval (CI) 0.89]).

Correlations between the LEFS and the SF-36 physical function subscale and physical component score were $r=0.80$ (95% lower limit CI 0.73) and $r=0.64$ (95% lower limit CI 0.54), respectively.

Higher correlation between the prognostic rating of change and the LEFS than between the prognostic rating of change and the SF-36 physical function score.

The potential error associated with a score on the LEFS at a given point in time is 65.3 scale points (90% CI)

The LEFS is reliable, and construct validity was supported by comparison with the SF-36.

The sensitivity to change of the LEFS was superior to that of the SF-36 in patients with LE musculoskeletal conditions (defined as any condition of the joints, muscles, or other soft tissues of the LE) in outpatient PT.

The LEFS is efficient to administer and score and is applicable for research purposes and clinical decision making for individual patients.