

LYSHOLM KNEE RATING SYSTEM

Name _____ Number _____ Date _____

By completing this questionnaire, your therapist will gain information as to how you function during normal activities. Mark the box which best describes you knee function today.

- | | | | |
|----|--|-------------|----|
| 1. | LIMP | (5 points) | |
| | <input type="checkbox"/> None | | 5 |
| | <input type="checkbox"/> Slight or periodic | | 3 |
| | <input type="checkbox"/> Severe and constant | | 0 |
| | | | |
| 2. | SUPPORT | (5 points) | |
| | <input type="checkbox"/> None | | 5 |
| | <input type="checkbox"/> Cane or crutch needed | | 2 |
| | <input type="checkbox"/> Weight bearing impossible | | 0 |
| | | | |
| 3. | LOCKING | (15 points) | |
| | <input type="checkbox"/> None | | 15 |
| | <input type="checkbox"/> Catching sensation, but no locking | | 10 |
| | <input type="checkbox"/> Locking occasionally | | 6 |
| | <input type="checkbox"/> Locking frequently | | 2 |
| | <input type="checkbox"/> Locked joint at examination | | 0 |
| | | | |
| 4. | INSTABILITY | (25 points) | |
| | <input type="checkbox"/> Never gives away | | 25 |
| | <input type="checkbox"/> Rarely during athletic activities/physical exertion | | 20 |
| | <input type="checkbox"/> Frequently during athletic activities/physical exertion | | 15 |
| | <input type="checkbox"/> Occasionally during daily activities | | 10 |
| | <input type="checkbox"/> Often during daily activities | | 5 |
| | <input type="checkbox"/> Every step | | 0 |
| | | | |
| 5. | PAIN | (25 points) | |
| | <input type="checkbox"/> None | | 25 |
| | <input type="checkbox"/> Intermittent and light during strenuous activities | | 20 |
| | <input type="checkbox"/> Marked during strenuous activities | | 15 |
| | <input type="checkbox"/> Marked during or after walking more than 2 km. (1.2 mi) | | 10 |
| | <input type="checkbox"/> Marked during or after walking less than 2 km. (1.2 mi) | | 5 |
| | <input type="checkbox"/> Constant | | 0 |
| | | | |
| 6. | SWELLING | (10 points) | |
| | <input type="checkbox"/> None | | 10 |
| | <input type="checkbox"/> After strenuous activities | | 6 |
| | <input type="checkbox"/> After ordinary activities | | 2 |
| | <input type="checkbox"/> Constant | | 0 |
| | | | |
| 7. | STAIRS | (10 points) | |
| | <input type="checkbox"/> No problem | | 10 |
| | <input type="checkbox"/> Slight problem | | 6 |
| | <input type="checkbox"/> One step at a time | | 2 |
| | <input type="checkbox"/> Impossible | | 0 |
| | | | |
| 8. | SQUATTING | (5 points) | |
| | <input type="checkbox"/> No problem | | 5 |
| | <input type="checkbox"/> Slight problem | | 4 |
| | <input type="checkbox"/> Not beyond 90° of flexion of the knee (halfway) | | 2 |
| | <input type="checkbox"/> Impossible | | 0 |