

LifeConnections Health Center

Nurturing health through the human connection

Services delivered by North First Street Medical Group

LYSHOLM KNEE SCORING SCALE

Name: _____ Date: _____

This questionnaire has been designed to give your Physical Therapist information as to how your knee pain has affected your ability to manage everyday life. Below are common complaints that people frequently have with their knee problems. Please answer every section and mark only **ONE** box which best describes your condition at this moment.

I. LIMP:

- I have no limp when I walk. (5)
- I have a slight or periodical limp when I walk. (3)
- I have a severe and constant limp when I walk. (0)

II. USING CANE OR CRUTCHES:

- I do not use a cane or crutches. (5)
- I use a cane or crutches with some weight-bearing. (2)
- Putting weight on my hurt leg is impossible. (0)

III. LOCKING SENSATION IN THE KNEE:

- I have no locking and no catching sensations in my knee. (15)
- I have catching sensations but no locking sensations in my knee. (10)
- My knee locks occasionally. (6)
- My knee locks frequently. (2)
- My knee feels locked at this moment. (0)

IV. GIVING WAY SENSATION FROM THE KNEE:

- My knee never gives way. (25)
- My knee rarely gives way only during athletics or other vigorous activities. (20)
- My knee frequently gives way during athletics or other vigorous activities and in turn, I am unable to participate in these activities. (15)
- My knee often gives way during daily activities. (5)
- My knee gives way every step I take. (0)

V. PAIN:

- I have no pain in my knee. (25)
- I have intermittent or slight pain in my knee during vigorous activities. (20)
- I have marked pain in my knee during vigorous activities. (15)
- I have marked pain in my knee during or after walking more than 1 mile. (10)
- I have marked pain in my knee during or after walking less than 1 mile. (5)
- I constant pain in my knee. (0)

VI. SWELLING:

- I have no swelling in my knee. (10)
- I have swelling in my knee only after vigorous activities. (6)
- I have swelling in my knee after ordinary activities. (2)
- I have swelling constantly in my knee. (0)

VII. CLIMBING STAIRS:

- I have no problems climbing stairs. (10)
- I have slight problems climbing stairs. (6)
- I can climb stairs only one at a time. (2)
- Climbing stairs is impossible for me. (0)

VIII. SQUATTING:

- I have no problems squatting. (5)
- I have slight problems squatting. (4)
- I cannot squat beyond a 90 degree bend in my knee. (2)
- Squatting is impossible because of my knee(s). (0)

TOTAL: _____/100

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