

Lower Extremity Functional Scale

If you're interested in this clinical form for use in Explorer Online please [get in touch](#).

Archetype Name	Lower Extremity Functional Scale (LEFS)																																		
Clinical Area(s)	Physiotherapy, Medical																																		
Description of Use	The Lower Extremity Functional Scale (LEFS) is a questionnaire containing 20 questions about a person's ability to perform everyday tasks.																																		
Availability	Yes, full access in Explorer Online																																		
Explorer Online Screenshot	<p>LOWER EXTREMITY FUNCTIONAL SCALE (LEFS)</p> <p>INSTRUCTIONS</p> <p>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 provide an answer for each activity.</p> <p>Today, do you or would you have any difficulty at all with:</p> <p>ACTIVITIES</p> <ul style="list-style-type: none"> ANY OF YOUR USUAL WORK, HOUSEWORK OR SCHOOL ACTIVITIES. <ul style="list-style-type: none"> <input type="radio"/> Extreme difficulty or unable to perform activity <input type="radio"/> Quite a bit of difficulty <input type="radio"/> Moderate difficulty <input type="radio"/> A little bit of difficulty <input type="radio"/> No difficulty YOUR USUAL HOBBIES, RECREATIONAL OR SPORTING ACTIVITIES. <ul style="list-style-type: none"> <input type="radio"/> Extreme difficulty or unable to perform activity <input type="radio"/> Quite a bit of difficulty <input type="radio"/> Moderate difficulty <input type="radio"/> A little bit of difficulty <input type="radio"/> No difficulty GETTING INTO OR OUT OF THE BATH. <ul style="list-style-type: none"> <input type="radio"/> Extreme difficulty or unable to perform activity <input type="radio"/> Quite a bit of difficulty <input type="radio"/> Moderate difficulty <input type="radio"/> A little bit of difficulty <input type="radio"/> No difficulty WALKING BETWEEN ROOMS. <ul style="list-style-type: none"> <input type="radio"/> Extreme difficulty or unable to perform activity <input type="radio"/> Quite a bit of difficulty <input type="radio"/> Moderate difficulty <input type="radio"/> A little bit of difficulty <input type="radio"/> No difficulty PUTTING ON YOUR SHOES OR SOCKS. <ul style="list-style-type: none"> <input type="radio"/> Extreme difficulty or unable to perform activity <input type="radio"/> Quite a bit of difficulty <input type="radio"/> Moderate difficulty <input type="radio"/> A little bit of difficulty <input type="radio"/> No difficulty SQUATTING. <ul style="list-style-type: none"> <input type="radio"/> Extreme difficulty or unable to perform activity 																																		
Report Preview	<p>Mrs Patient Marie TEST <small>Item: 13-000 (10%) Grade: Passable 30% at the time of observation</small></p> <p>Address: 12 Green Street PARKBOYDPORE QLD 4306 Phone: 08734566666 Address No: 490866371/1</p> <p>Lab No: CSD49056-E415-4408-9032-663835403641 Request Date: 21/09/2022 2:37 PM Effective Date: 21/09/2022 2:17 PM Consulted Date: 21/09/2022 2:15 PM</p> <p>Lower extremity functional scale (LEFS)</p> <p>INSTRUCTIONS</p> <p>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 provide an answer for each activity.</p> <p>Today, do you or would you have any difficulty at all with:</p> <p>ACTIVITIES</p> <table> <tbody> <tr> <td>Any of your usual work, housework or school activities.</td> <td>Extreme difficulty or unable to perform activity</td> </tr> <tr> <td>Your usual hobbies, recreational or sporting activities.</td> <td>Quite a bit of difficulty</td> </tr> <tr> <td>Getting into or out of the bath.</td> <td>Moderate difficulty</td> </tr> <tr> <td>Walking between rooms.</td> <td>A little bit of difficulty</td> </tr> <tr> <td>Putting on your shoes or socks.</td> <td>No difficulty</td> </tr> <tr> <td>Squatting.</td> <td>A little bit of difficulty</td> </tr> <tr> <td>Lifting an object, like a bag of groceries from the floor.</td> <td>Moderate difficulty</td> </tr> <tr> <td>Performing light activities around your home.</td> <td>Quite a bit of difficulty</td> </tr> <tr> <td>Performing heavy activities around your home.</td> <td>Extreme difficulty or unable to perform activity</td> </tr> <tr> <td>Getting into or out of a car.</td> <td>Quite a bit of difficulty</td> </tr> <tr> <td>Walking 2 blocks.</td> <td>Moderate difficulty</td> </tr> <tr> <td>Walking a mile.</td> <td>A little bit of difficulty</td> </tr> <tr> <td>Going up or down 10 stairs (about 1 flight of stairs).</td> <td>No difficulty</td> </tr> <tr> <td>Standing for 1 hour.</td> <td>A little bit of difficulty</td> </tr> <tr> <td>Sitting for 1 hour.</td> <td>Moderate difficulty</td> </tr> <tr> <td>Running on even ground.</td> <td>Quite a bit of difficulty</td> </tr> <tr> <td>Running on uneven ground.</td> <td>Extreme difficulty or unable to perform activity</td> </tr> </tbody> </table>	Any of your usual work, housework or school activities.	Extreme difficulty or unable to perform activity	Your usual hobbies, recreational or sporting activities.	Quite a bit of difficulty	Getting into or out of the bath.	Moderate difficulty	Walking between rooms.	A little bit of difficulty	Putting on your shoes or socks.	No difficulty	Squatting.	A little bit of difficulty	Lifting an object, like a bag of groceries from the floor.	Moderate difficulty	Performing light activities around your home.	Quite a bit of difficulty	Performing heavy activities around your home.	Extreme difficulty or unable to perform activity	Getting into or out of a car.	Quite a bit of difficulty	Walking 2 blocks.	Moderate difficulty	Walking a mile.	A little bit of difficulty	Going up or down 10 stairs (about 1 flight of stairs).	No difficulty	Standing for 1 hour.	A little bit of difficulty	Sitting for 1 hour.	Moderate difficulty	Running on even ground.	Quite a bit of difficulty	Running on uneven ground.	Extreme difficulty or unable to perform activity
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Mind Map	<p>ENTRY -- Lower Extremity Functional Scale (LEFS)</p> <ul style="list-style-type: none"> CLUSTER -- Instructions <ul style="list-style-type: none"> ELEMENT -- Score CLUSTER -- LEFS assessment CLUSTER -- Activities <ul style="list-style-type: none"> ELEMENT -- Any of your usual work, housework or school activities. ELEMENT -- Your usual hobbies, recreational or sporting activities. ELEMENT -- Getting into or out of the bath. ELEMENT -- Walking between rooms. ELEMENT -- Putting on your shoes or socks. ELEMENT -- Squatting. ELEMENT -- Lifting an object, like a bag of groceries from the floor. ELEMENT -- Performing light activities around your home. ELEMENT -- Performing heavy activities around your home. ELEMENT -- Getting into or out of a car. ELEMENT -- Walking 2 blocks. ELEMENT -- Walking a mile. ELEMENT -- Going up or down 10 stairs (about 1 flight of stairs). ELEMENT -- Standing for 1 hour. ELEMENT -- Sitting for 1 hour. ELEMENT -- Running on even ground. ELEMENT -- Running on uneven ground. ELEMENT -- Making sharp turns while running fast. ELEMENT -- Hopping. ELEMENT -- Rolling over in bed. 																																		

Excel File/Structure

CEN.LowerExtremityFunctionalScale.v1.xlsx

Editor Screenshot

- ☐ CEN.LowerExtremityFunctionalScale.v1
 - # ☐ Description
 - ☐ Uses 0 Archetype(s)
 - # ☐ Definition
 - # ☐ ENTRY - Lower Extremity Functional Scale (LEFS)
 - # ☐ CLUSTER - Instructions
 - # ☐ ELEMENT -
 - # ☐ CLUSTER - Activities
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 - # ☐ ELEMENT - Score
 - # ☐ Ontology
 - ☐ Presentation