



experience effective physical therapy

Name: _____

Date: _____

Lower Extremity Functional Index (LEFI)

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.

Activities: Today, do you or would you have any difficulty at all with:	Extreme difficulty or unable	Quite a bit of Difficulty	Moderate Difficulty	A little bit of Difficulty	No Difficulty
1. Any of your usual work, housework, or school activities	0	1	2	3	4
2. Your usual hobbies, recreational or sporting activities	0	1	2	3	4
3. Getting into or out of the bath	0	1	2	3	4
4. Walking between rooms	0	1	2	3	4
5. Putting on your shoes or socks	0	1	2	3	4
6. Squatting	0	1	2	3	4
7. Lifting an object, like a bag of groceries from the floor	0	1	2	3	4
8. Performing light activities around your home	0	1	2	3	4
9. Performing heavy activities around your home	0	1	2	3	4
10. Getting into or out of a car	0	1	2	3	4
11. Walking 2 blocks	0	1	2	3	4
12. Walking a mile	0	1	2	3	4
13. Going up or down 10 stairs (about 1 flight of stairs)	0	1	2	3	4
14. Standing for 1 hour	0	1	2	3	4
15. Sitting for 1 hour	0	1	2	3	4
16. Running on even ground	0	1	2	3	4
17. Running on uneven ground	0	1	2	3	4
18. Making sharp turns while running fast	0	1	2	3	4
19. Hopping	0	1	2	3	4
20. Rolling over in bed	0	1	2	3	4
Column Totals					

Score: _____/80

Source variation ± 6 LEFTS points
MDC and MCID = 9 LEFS points

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