

Lysholm Knee Rating System

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

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|----|-------------|--|----|
| 1. | Limp | <input type="checkbox"/> None | 5 |
| | | <input type="checkbox"/> Slight or periodic | 3 |
| | | <input type="checkbox"/> Severe and constant | 0 |
| 2. | Support | <input type="checkbox"/> None | 5 |
| | | <input type="checkbox"/> Cane or crutch needed | 2 |
| | | <input type="checkbox"/> Weight bearing impossible | 0 |
| 3. | Locking | <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 | <input type="checkbox"/> Never gives way | 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 | <input type="checkbox"/> None | 25 |
| | | <input type="checkbox"/> Intermittent and light during strenuous activity | 20 |
| | | <input type="checkbox"/> Marked during strenuous activity | 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 | <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 | <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 | <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 |