

Lower Extremity Functional Scale (LEFS)

"The LEFS is easy to administer and score and is applicable to a wide range of disability levels and conditions and all lower-extremity sites."¹ It is a functional measure that, "... can be used by clinicians as a measure of patients' initial function, ongoing progress, and outcome as well as to set functional goals."¹ It is a self-report condition-specific measure that has been proven to yield reliable and valid measurements. "...the LEFS is more interpretable [than the SF-36 physical function subscale]...for determining minimally clinically important score changes and is a sufficient measure of reliability, variability, and sensitivity to change, at a level that is commensurate with utilization at an individual patient level."¹

Scoring

LEFS is scored via summation of all responses (one answer per section) and compared to a total possible score of 80. **(Score = X/80)**

The LEFS **raw score is the final score** and should be compared to the total possible score of 80 as a reference.

Error +/- 5 points; an observed score is within 5 points of a patients "true" score.

Minimum detectable change (MDC): 9 points; change of more than 9 points on the LEFS represents a true change.

Minimum clinically important difference (MCID): 9 points; "Clinicians can be reasonably confident that a change of greater than 9 points is... a clinically meaningful functional change."¹

¹ Binkley JA, Stratford PW, Lott SA, Riddle DL. The Lower Extremity Functional Scale (LEFS): Scale Development, Measurement Properties, and Clinical Application. *Physical Therapy* (1999) 79, 371-383.

ACN Group requests an outcome measure be completed on the initial submission (**baseline**), requests for additional services (**response to treatment**), and at patient discharge (**effectiveness of intervention**).

PT/OT Patient Summary Form
ACN Group, Inc Form PSF-002

Instructions: Complete this form and submit via web, mail, or fax to ACN Group within 3 days of the final date of service. www.acngroup.com

Female Male

Patient's Name (Last, First, MI) _____

Patient's Address _____

Patient's Insurance (CM) _____ Health Plan _____ Referral # _____

Referral Info (if required by health plan as stated on your Plan Summary.)
 Yes No

Referred _____ Referring Doctor _____ Date Referral Issued _____ Condition referred for _____

Type of Service: PT only, OT only, Both PT and OT

Nature of Condition: 1 Initial onset (within last 3 months), 2 Recurrent (multiple episodes of <3 months), 3 Chronic (continuous duration >3 months)

The date you want this Patient Summary to begin: _____

Anticipated Treatment Duration (weeks): 4, 8, 12, 16, 20

Cause of Current Episode: 1 Traumatic, 2 Unspecified, 3 Repetitive, 4 Post-surgical, 5 Work related, 6 Motor Vehicle

Date of Surgery: _____

Type of Surgery: 1 ACL, Plecton, 2 Instaur Cartilage Repair, 3 Tendon Repair, 4 Spinal Fusion, 5 Joint Replacement, 6 Other

Functional Outcome Measure Score: Neck Index: _____ DASH: _____ Back Index: _____ LEFS: _____

Enter Score Here

THE LOWER EXTREMITY FUNCTIONAL SCALE

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.

Today, do you or would you have any difficulty at all with:

	Activities	Extreme Difficulty or Unable to Perform Activity	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, re creational 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:					

Minimum Level of Detectable Change (90% Confidence): 9 points

SCORE: 29 / 80

Reprinted from Binkley, J., Stratford, P., Lott, S., Riddle, D., & The North American Orthopaedic Rehabilitation Research Network, *The Lower Extremity Functional Scale: Scale development, measurement properties, and clinical application*, Physical Therapy, 1999, 79, 4371-383, with permission of the American Physical Therapy Association.

Score = (sum of responses/80) = 29/80

* For ACN Group forms please enter the sum of responses as the "score" on the Patient Summary Form (i.e. 29)

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2	Your usual hobbies, re creational 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
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SCORE: ____ / 80

Please submit the sum of responses to ACN.

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