

Lysholm Knee Rating System

Name _____ Date _____ Therapist _____

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.

- | | | |
|----|---|----|
| 1. | LIMP (5 points) | |
| | <input type="checkbox"/> None | 5 |
| | <input type="checkbox"/> Slight or periodic | 3 |
| | <input type="checkbox"/> Severe and constant | 0 |
| 2. | SUPPORT (5 points) | |
| | <input type="checkbox"/> None | 5 |
| | <input type="checkbox"/> Cane or crutch needed | 2 |
| | <input type="checkbox"/> Weight bearing impossible | 0 |
| 3. | LOCKING (15 points) | |
| | <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 (25 points) | |
| | <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 (25 points) | |
| | <input type="checkbox"/> None | 25 |
| | <input type="checkbox"/> Intermittent and light during strenuous activities | 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 (10 points) | |
| | <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 (10 points) | |
| | <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 (5 points) | |
| | <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 |