

Your Name: _____	Your Age: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Referred By: Dr. _____	Scored By: _____	Date: _____	Score: _____

Completing this questionnaire will provide your Physical Therapist with important information about how your hip, knee, and ankle functions during normal activities.

1: LIMP		2: SUPPORT	
<input type="checkbox"/> None	5	<input type="checkbox"/> None	5
<input type="checkbox"/> Slight or periodic	3	<input type="checkbox"/> Cane or crutch needed	3
<input type="checkbox"/> Severe and constant	0	<input type="checkbox"/> Weight bearing impossible	0
3: LOCKING		4: INSTABILITY	
<input type="checkbox"/> None	15	<input type="checkbox"/> Never gives way	25
<input type="checkbox"/> Catching sensations, but no locking	10	<input type="checkbox"/> Rarely during athletic activities/physical exertion	20
<input type="checkbox"/> Locking occasionally	6	<input type="checkbox"/> Frequently during athletic activities/physical exertion	15
<input type="checkbox"/> Locking frequently	2	<input type="checkbox"/> Occasionally during daily activities	5
<input type="checkbox"/> Locked joint at examination	0	<input type="checkbox"/> Often during daily activities	0
5: PAIN		6: SWELLING	
<input type="checkbox"/> None	25	<input type="checkbox"/> None	10
<input type="checkbox"/> Intermittent and light during strenuous activities	20	<input type="checkbox"/> After strenuous activities	6
<input type="checkbox"/> Marked during strenuous activity	15	<input type="checkbox"/> After ordinary activities	2
<input type="checkbox"/> Marked during or after walking more than 1.2 miles	10	<input type="checkbox"/> Constant	0
<input type="checkbox"/> Market during or after walking less than 1.2 miles	5		
<input type="checkbox"/> Constant	0		
7: STAIRS		8: SQUATTING	
<input type="checkbox"/> No problem	10	<input type="checkbox"/> No problem	5
<input type="checkbox"/> Slight problem	6	<input type="checkbox"/> Slight problem	4
<input type="checkbox"/> One step at a time	2	<input type="checkbox"/> Not beyond halfway, 90° flexion of the knee	2
<input type="checkbox"/> Impossible	0	<input type="checkbox"/> Impossible	0

COMMENTS