

# LYSHOLM KNEE SCORING SCALE

Name \_\_\_\_\_

Date \_\_\_\_\_

TOTAL \_\_\_\_\_ / 100

Instructions: Below are common complaints which people frequently have with their knee problems. Please check the ONE statement which best describes your condition in the **past 24 hours**.

## I LIMP

- I have no limp when I walk. (5)
- I have a slight limp or periodical limp when I walk. (3)
- I have a severe and constant limp when I walk. (0)

## II USING CANE OR CRUTCHES

- I do not use a cane or crutches. (5)
- I use a can or crutches with some weight-bearing. (2)
- Putting weight on my hurt leg is impossible. (0)

## III LOCKING SENSATION IN THE KNEE

- I have no locking and no catching sensations in my knee. (15)
- I have catching sensations but no locking sensations in my knee. (10)
- My knee locks occasionally. (6)
- My knee locks frequently. (2)
- My knee feels locked at this moment. (0)

## IV GIVING WAY SENSATIONS FROM THE KNEE

- My knee never gives way. (25)
- My knee rarely gives way, only during athletics or other vigorous activities. (20)
- My knee frequently gives way during athletics or other vigorous activities, in turn I am unable to participate in these activities. (15)
- My knee occasionally gives way during daily activities. (10)
- My knee often gives way during daily activities. (5)
- My knee gives way every step I take. (0)

## V PAIN

- I have no pain in my knees. (25)
- I have intermittent or slight pain in my knee during vigorous activities. (20)
- I have marked pain in my knee during vigorous activities. (15)
- I have marked pain in my knee during or after walking more than one mile. (10)
- I have marked pain in my knee during or after walking less than one mile. (5)
- I have constant pain in my knee. (0)

## VI SWELLING

- I have no swelling in my knee. (10)
- I have swelling in my knee only after vigorous activities. (6)
- I have swelling in my knee only after ordinary activities. (2)
- I have swelling constantly in my knee. (0)

## VII CLIMBING STAIRS

- I have no problems climbing stairs. (10)
- I have slight problems climbing stairs. (6)
- I can climb stairs only one at a time. (2)
- Climbing stairs is impossible for me. (0)

## VIII SQUATTING

- I have no problems with squatting. (5)
- I have slight problems squatting. (4)
- I cannot squat beyond a 90 degree bend in my knee. (2)
- Squatting is impossible because of my knee. (0)

Instructions: Please place an X on the line to indicate the amount of knee pain you have had in your knee(s) the **past 24 hours**. The scale ranges from "no pain at all" to the "worst possible pain."

RIGHT KNEE      NO PAIN      \_\_\_\_\_      WORST PAIN POSSIBLE

LEFT KNEE      NO PAIN      \_\_\_\_\_      WORST PAIN POSSIBLE