

Name: _____

Date: _____

LYSHOLM KNEE SCORING SCALE

Instructions: Below are common complaints that people frequently have with their knee problems. Please check the statement that best describes your condition.

SECTION 1 – LIMP

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

SECTION 2 – USING CANE OR CRUTCHES

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

SECTION 3 – LOCKING SENSATION IN THE KNEE

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

SECTION 4 – GIVING WAY SENSATION 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)

SECTION 5 – PAIN

- I have no pain in my knee. (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 1 mile. (10)
- I have marked pain in my knee during or after walking less than 1 mile. (5)
- I have constant pain in my knee. (0)

SECTION 6 – 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 after ordinary activities. (2)
- I have swelling constantly in my knee. (0)

SECTION 7 – CLIMBING STAIRS

- I have no problem 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)

SECTION 8 – SQUATTING

- I have no problems 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)

TOTAL _____ / 100

Please mark on the line below the amount of pain you have had in the past 24 hours. The scale is from no pain at all to worst pain possible.

Right Knee No pain at all _____ worst pain possible

Left Knee No pain at all _____ worst pain possible