LYSHOLM KNEE SCORING SCALE

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

I. 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)**

II. 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)**

III. LOCKING SENSATION IN THE KNEE

_____ **I have no locking and no catching sensations in my knee. (15)**
_____ **I have catching sensation but no locking sensation 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 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)**

V. 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)**

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 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 squatting. (5)**
____ **I have slight problems squatting. (4)**
____ **I can not squat beyond a 90 degree bend in my knee. (2)**
____ **Squatting is impossible because of my knee. (0)**

TOTAL_____/100

INSTRUCTIONS: Please place an X on the line to indicate the amount of 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 possible pain

LEFT KNEE _____

no pain worst possible pain