

Boulet Physical Therapy & Wellness Institute

Relieving your pain • Restoring your movement

Lysholm Knee Rating System

Name: _____

Date: _____

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
 None Slight or periodic Severe and constant
2. SUPPORT
 None Cane or crutch needed Weight bearing impossible
3. LOCKING
 None Catching sensation, but no locking
 Locking occasionally Locking frequently Locked joint at examination
4. INSTABILITY
 Never gives way Rarely during athletic activities/ physical exertion
 Frequently during athletic activities/ physical exertion
 Occasionally during daily activities
 Often during daily activities
 Every step
5. PAIN
 None Intermittent and light during strenuous activity
 Marked during strenuous activity
 Marked during or after walking more than 2 km (1.2 miles)
 Marked during or after walking less than 2 km (1.2 miles)
 Constant
6. SWELLING
 None After strenuous activities After ordinary activities Constant
7. STAIRS
 No problem Slight problem One step at a time Impossible
8. SQUATTING
 No problem Slight problem Not beyond 90° of flexion of the knee (halfway) Impossible