

TEGNER LYSHOLM KNEE SCORE



PHYSIOTUTORS

This questionnaire is designed to give your Physical Therapist information as to how your knee problems have affected your ability to manage in everyday life Please answer every section and mark only the ONE box which best applies to you at this moment.

Patient Name: _____

Date: _____

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)

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)

3 - LOCKING SENSATION IN THE KNEE

- ☐ I have no locking and no catching sensation 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)

4 - GIVING WAY SENSATION FROM THE KNEE

- ☐ My knee never gives way. (25)
- ☐ My knee rarely gives way, only during athletics or vigorous activity. (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 frequently gives way during daily activities. (10)
- ☐ My knee often gives way during daily activities. (5)
- ☐ My knee gives way every step I take. (0)

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)

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)

7 – 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)

8 – SQUATTING

- ☐ I have no problems squatting. (5)
☐ I have slight problems squatting. (4)
☐ I cannot squat beyond a 90° bend in my knee. (1)
☐ Squatting is impossible because of my knee. (0)

TOTAL: _____/100

Instructions: Please place a mark on the line to indicate the amount of pain you have had in your knee(s) in the past 24 hours.

RIGHT KNEE

No pain at all Worst pain possible

LEFT KNEE

No pain at all

Worst pain possible



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MORE INFORMATION

