

## Scoring the Lower Extremity Functional Scale (LEFS) Questionnaire:

The LEFS is easy to administer and score and can be used to establish functional goals. It is applicable to a wide range of disability levels and all lower-extremity conditions.<sup>1</sup> This questionnaire measures a patient's initial function, ongoing progress, and final outcome.<sup>1</sup> It is a self-report condition-specific measure that has been proven to yield reliable and valid measurements.

### Scoring

LEFS is scored via summation of all responses (one answer per section) and compared to a total possible score of 80. (**Score = sum of responses / 80**)

80

The LEFS **raw score is the final score** and should be compared to the total possible score of 80 as a reference

Error +/- 5 points; an observed score is within 5 points of a patients "true" score.

Minimum detectable change (MDC): 9 points; change of more than 9 points on the LEFS represents a true change.

Minimum clinically important difference (MCID): 9 points; "Clinicians can be reasonably confident that a change of greater than 9 points is... a clinically meaningful functional change."<sup>1</sup>

<sup>1</sup> Binkley JA, Stratford PW, Lott SA, Riddle DL. The Lower Extremity Functional Scale (LEFS): Scale Development, Measurement Properties, and Clinical Application. Physical Therapy (1999) 79, 371-383.

# Patient Summary Form

**Instructions**  
Please complete this form within the specified timeframe and fax to the specified fax number as indicated on Plan Summary or plan information previously provided.  
\*Fax number may vary by plan.

**Patient Information**  
 Patient name: Last, First, MI, Female, Male, Patient date of birth, Patient address, City, State, Zip code, Patient insurance ID#, Health plan, Group number, Referring physician (if applicable), Date referral issued (if applicable), Referral number (if applicable).

**Provider Information**  
 1. Name of the billing provider or facility (as it will appear on the claim form), 2. Federal tax ID(EN) of entity in box #1, 3. Name and credentials of the individual performing the service(s), 4. Alternate name (if any) of entity in box #1, 5. NPI of entity in box #1, 6. Phone number, 7. Address of the billing provider or facility indicated in box #1, 8. City, 9. State, 10. Zip code.

**Provider Completes This Section:**  
 Date you want THIS submission to begin: [ ] [ ] [ ] [ ] [ ] [ ]  
 Cause of Current Episode: 1. Traumatic, 2. Unspecified, 3. Repetitive, 4. Post-surgical, 5. Work related, 6. Motor vehicle.  
 Date of Surgery: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 Type of Surgery: 1. ACL Reconstruction, 2. Rotator Cuff/Labral Repair, 3. Tendon Repair, 4. Spinal Fusion, 5. Joint Replacement, 6. Other.  
 Diagnosis (ICD code): 1°, 2°, 3°, 4°.  
 Anticipated CMT Level: 1. 88940, 2. 88942, 3. 88941, 4. 88943.  
 Current Functional Measure Score: Neck index, DASH, Back index, LEFS.

**Patient Completes This Section:**  
 Symptoms began on: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 Indicate where you have pain or other symptoms: [Diagram of human torso and limbs]

1. Briefly describe your symptoms:  
 2. How did your symptoms start?  
 3. Average pain:  
 Last 24 hours: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 Past week: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 4. How often do you experience this:  
 1. Constantly, 2. Often, 3. Sometimes, 4. Not at all.  
 5. How much does this bother you:  
 1. Not at all, 2. A little, 3. A moderate amount, 4. A great deal.  
 6. How is your condition:  
 1. N/A - This is a new injury, 2. Improving, 3. Stable, 4. Getting worse.  
 7. In general, how would you describe your condition:  
 1. Excellent, 2. Good, 3. Fair, 4. Poor, 5. Very poor.  
 Patient Signature: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

OptumHealth recommends completion of outcome measures at the time of the initial submission (**baseline**), request for additional services (**response to treatment**), and patient discharge (**effectiveness of intervention**).

Document the score on the Patient Summary Form.

## THE LOWER EXTREMITY FUNCTIONAL SCALE

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower limb Problem for which you are currently seeking attention. Please provide an answer for each activity.

Today, do you or would you have any difficulty at all with:

	Activities	Extreme Difficulty or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
1	Any of your usual work, housework, or school activities.	0	1	2	3	4
2	Your usual hobbies, recreational or sporting activities.	0	1	2	3	4
3	Getting into or out of the bath.	0	1	2	3	4
4	Walking between rooms.	0	1	2	3	4
5	Putting on your shoes or socks.	0	1	2	3	4
6	Squatting.	0	1	2	3	4
7	Lifting an object, like a bag of groceries from the floor.	0	1	2	3	4
8	Performing light activities around your home.	0	1	2	3	4
9	Performing heavy activities around your home.	0	1	2	3	4
10	Getting into or out of a car.	0	1	2	3	4
11	Walking 2 blocks.	0	1	2	3	4
12	Walking a mile.	0	1	2	3	4
13	Going up or down 10 stairs (about 1 flight of stairs).	0	1	2	3	4
14	Standing for 1 hour.	0	1	2	3	4
15	Sitting for 1 hour.	0	1	2	3	4
16	Running on even ground.	0	1	2	3	4
17	Running on uneven ground.	0	1	2	3	4
18	Making sharp turns while running fast.	0	1	2	3	4
19	Hopping.	0	1	2	3	4
20	Rolling over in bed.	0	1	2	3	4
Column Totals:		0	1	2	3	4

Minimum Level of Detectable Change (90% Confidence): 9 points

SCORE: 29 / 80

Reprinted from Binkley, J., Stratford, P., Lott, S., Riddle, D., & The North American Orthopaedic Rehabilitation Research Network, The Lower Extremity Functional Scale: Scale development, measurement properties, and clinical application. Physical Therapy. 1999; 79: 4371-383 with permission of the

Score = sum of responses = 29 / 80 \* For OptumHealth forms please enter the sum of responses as the "score" on the Patient Summary Form (i.e. 29)