



LYSHOLM KNEE EVALUATION

eform v 3.1

Patient Name: _____

Side: Left

Patient ID: _____

Right

Date of review: (complete either the date of review or the follow up period below)

Follow up period: Pre Op OR _____ Weeks / Months / Years (add the delay and circle one)

Patients - please place an X in one box on each line to indicate your response to that question.

1. Do you have a limp ?

- None
- Slight or periodical limp
- Severe and constant limp

2. What support do you need for walking ?

- None
- Stick or crutch
- Weight bearing impossible

3. Does your knee lock ?

- No locking or catching sensations
- Catching sensation but no locking
- Locking occasionally
- Locking frequently
- Locked joint on examination

4. How unstable is your Knee ?

- Never gives way
- Rarely during athletics or other severe exertion
- Frequently during athletics
- Occasionally during daily activities
- Often during daily activities
- Every step

5. How painful is your Knee ?

- None
- Inconstant and slight during severe exertion
- Marked during severe exertion
- Marked on or after walking more than 2 km
- Marked on or after walking less than 2 km
- Constant

6. Do you have swelling in your knee ?

- None
- On severe exertion
- On ordinary exertion
- Constant

7. Can you climb stairs ?

- No problems
- Slightly impaired
- One step at a time
- Impossible

8. Can you squat ?

- No problems
- Slightly impaired
- Not beyond 90 degrees
- Impossible