

Lysholm Knee Scoring Scale

Patient Name: _____

Date: _____

Affected Knee: R L (Circle One)

Limp

<input type="checkbox"/> I have no limp when I walk	+5
<input type="checkbox"/> I have a slight or periodical limp when I walk	+3
<input type="checkbox"/> I have a severe and constant limp when I walk	+0

Support

<input type="checkbox"/> I do not use a cane or crutches	+5
<input type="checkbox"/> I use a cane or crutches with some weight-bearing	+2
<input type="checkbox"/> Putting weight on my hurt leg is impossible	+0

Locking

<input type="checkbox"/> I have no locking and no catching sensation in my knee	+15
<input type="checkbox"/> I have catching sensation but no locking sensation in my knee	+10
<input type="checkbox"/> My knee locks occasionally	+6
<input type="checkbox"/> My knee locks frequently	+2
<input type="checkbox"/> My knee feels locked at this moment	+0

Instability

<input type="checkbox"/> My knee never gives way	+25
<input type="checkbox"/> My knee rarely gives way, only during athletics or other vigorous activities	+20
<input type="checkbox"/> My knee frequently gives way during athletics or other vigorous activities; in turn I am unable to participate in these activities	+15
<input type="checkbox"/> My knee occasionally gives way in daily activities	+10
<input type="checkbox"/> My knee often gives way in daily activities	+5
<input type="checkbox"/> My knee gives way every step I take	+0

Pain

<input type="checkbox"/> I have no pain in my knee	+25
<input type="checkbox"/> I have intermittent or slight pain in my knee during vigorous activities	+20
<input type="checkbox"/> I have marked pain in my knee during vigorous activities	+15
<input type="checkbox"/> I have marked pain in my knee during or after walking more than 1 mile	+10
<input type="checkbox"/> I have marked pain in my knee during or after walking less than 1 mile	+5
<input type="checkbox"/> I have constant pain in my knee	+0

Swelling

<input type="checkbox"/> I have no swelling in my knee	+10
<input type="checkbox"/> I have swelling in my knee only after vigorous activities	+6
<input type="checkbox"/> I have swelling in my knee after ordinary activities	+2
<input type="checkbox"/> I have swelling constantly in my knee	+0

Stair-climbing

<input type="checkbox"/> I have no problems climbing stairs	+10
<input type="checkbox"/> I have slight problems climbing stairs	+6
<input type="checkbox"/> I can climb stairs only one at a time	+2
<input type="checkbox"/> Climbing stairs is impossible for me	+0

Squatting

<input type="checkbox"/> I have no problems squatting	+5
<input type="checkbox"/> I have slight problems squatting	+4
<input type="checkbox"/> I cannot squat beyond a 90° bend in my knee	+2
<input type="checkbox"/> Squatting is impossible because of my knee	+0

Scoring Guide:

Lysholm Knee Score: Summation of points

Lysholm Knee Score: _____ Points