



## Tegner Lysholm Knee Scoring sheet:

Clinician's name (or ref) .....

Patient's name (or ref)  
.....

This questionnaire has been designed to give your therapist information as to how your knee pain has affected your ability to manage in everyday life. Please answer every question by placing a mark in the box that best describes your condition today.

### During the past 4 weeks.....

#### Section 1 -Limp

- None
- Slight or periodical
- Severe and constant

#### Section 2 -Support

- None
- Stick or crutch
- Weight-bearing impossible

#### Section 3 - Pain

- 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

#### Section 4 - Instability

- Never giving way
- Rarely during athletics or other severe exertion
- Frequently during athletics or other severe exertion (or incapable of participation)
- Occasionally in daily activities
- Often in daily activities
- Every step

#### Section 5 -Locking

- No locking and no catching sensations
- Catching sensation but no locking
- LockingOccasionally
- Frequently
- Locked joint on examination

#### Section 6 - Swelling

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

#### Section 7 - Stair-climbing

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

#### Section 8 - Squatting

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

Your Tegner Lysholm Knee Score is: