

Lower Extremity Functional Assessment Basic Test / Return to Running

Name: _____ Date: _____

Gender: Male Female Ht: _____ Wt: _____ Sport(s): _____

Date of Injury: _____ Date of Surgery: _____

Diagnosis/Chief Complaint: _____

Single Leg Squats (45 degrees) - Maximum reps without loss of balance

Involved	Uninvolved	% Difference

Quality Points

Quality Points % Difference

Uninvolved		Involved		Rational for Minus Points
<input type="text"/>	Possible	<input type="text"/>	Possible	
<input type="text"/>	Minus Points	<input type="text"/>	Minus Points	
<input type="text"/>	Total Score	<input type="text"/>	Total Score	

Comments: _____

Controlled Landing (up 2 / land 1)

Quality Points

Quality Points % Difference

Uninvolved		Involved		Rational for Minus Points
<input type="text"/>	Possible	<input type="text"/>	Possible	
<input type="text"/>	Minus Points	<input type="text"/>	Minus Points	
<input type="text"/>	Total Score	<input type="text"/>	Total Score	

Comments: _____

Controlled Landing (up 1 / land 1)

Quality Points

Quality Points % Difference

Uninvolved		Involved		Rational for Minus Points
	Possible		Possible	
	Minus Points		Minus Points	
	Total Score		Total Score	

Comments: _____

Leg Press (maximum lbs at 10 reps)

	Lbs.	% Body Weight
Involved		
Uninvolved		
% Difference		

Comments: _____

Clinical Impression

Recommendation

Evaluator: _____ **Date:** _____