

NAME: _____

DX: _____

DATE: _____

MODIFIED-L FOOT & ANKLE SCORING SCALE

Under each category, please mark the ONE item which best describes your current condition

| | | |
|----------------|---|----|
| LIMP | None | 5 |
| | Slight/periodical | 3 |
| | Severe/constant | 0 |
| 1 FOOT SUPPORT | 10 sec. or more | 5 |
| | Less than 10 sec. | 2 |
| | Unable to balance on 1 foot | 0 |
| LOCKING | No locking/catching | 15 |
| | Catching/ but no locking | 10 |
| | Locks occasionally | 6 |
| | Locks frequently | 2 |
| | Locked joint | 0 |
| INSTABILITY | Never rolls or gives way | 25 |
| | Rarely rolls/gives way during high exertion | 20 |
| | Frequently rolls/gw during high exertion | 15 |
| | Occasionally rolls/gw in daily activity | 10 |
| | Often rolls/ gives way in daily activity | 5 |
| | Rolls or gives way during each step | 0 |
| PAIN | None | 25 |
| | Inconsistent/slight during severe exertion | 20 |
| | Marked during severe exertion | 15 |
| | Marked on or after walking >1.5 miles | 10 |
| | Marked on or after walking < 1.5 miles | 5 |
| | Constant | 0 |
| SWELLING | None | 10 |
| | On severe exertion | 6 |
| | On ordinary exertion | 2 |
| | Constant | 0 |
| STAIR CLIMBING | No problem | 10 |
| | Slightly impaired | 6 |
| | One step at a time | 2 |
| | Impossible | 0 |
| HOPPING | No Problem | 5 |
| | Slightly impaired | 4 |
| | Significantly impaired | 2 |
| | Impossible | 0 |

TOTAL = _____