



Physical Therapy & Vestibular Rehabilitation

Wendy Webb Schoenewald, PT, OCS
Joanne Haug, PT • Kelsey Hanlon PT, DPT
Palak Mulji, PT, DPT • Jenna McLane, PT, DPT
Amanda Nguyen, PT, DPT

Total Knee Arthroplasty Function Level Scale

Name: _____

Date: ____/____/____

Instructions: Please place an X on the line to indicate the sentence that best describes your functional level.

OUTDOOR AMBULATION

- I can ambulate without an assistive device 500 ft. or more (20)
- I can ambulate without an assistive device 200 ft. (15)
- I can ambulate with an assistive device 200 ft or more (10)
- I can ambulate with an assistive device 100-150 ft (8)
- I can ambulate with an assistive device 50-75 ft. (3)
- I can only ambulate with assistance from another person (0)

TRANSFERS

- I can transfer from a chair to stand and vice versa Without difficulty (15)
- I have minimal difficulty transferring from a chair to stand And vice versa (6)
- I have moderate difficulty transferring from a chair to stand and vice versa (4)
- I need assistance to stand from sitting and vice versa (0)

PAIN

- I have no pain in my knee with activity (20)
- I have intermittent or slight pain in my knee with walking (15)
- I have marked pain in my knee with walking (10)
- I have no pain in my knee at rest (5)
- I have constant pain in my knee (0)

SWELLING

- I have no swelling in my knee (10)
- I have swelling in my knee only after prolonged walking (6)
- I have swelling in my knee with ordinary activities. (4)
- I have constant swelling in my knee (0)

CLIMBING STAIRS

- I can climb the stairs without a railing (15)
- I can climb the stairs with a railing (10)
- I can climb stairs one at a time with a railing (5)
- I am unable to climb stairs (0)

CURBS

- I have no problems with curbs (10)
- I have slight problems with curbs (5)
- I am unable to use curbs (0)

CAR TRANSFERS

- I have no difficulty with car transfers (10)
- I need assistance to get out of a car (6)
- I need assistance to get into a car (4)
- I need assistance to get in and out of a car (0)

TOTAL: ____/100 = ____% ability →
____% impairment

INSTRUCTIONS: Please place an X on the line to indicate the amount of pain you have had in your knee(s) the past 24 hours. The scale ranges from "NO PAIN AT ALL" to the 'WORST POSSIBLE PAIN.'

Right Knee: No pain _____ Worst possible pain

Left Knee: No pain _____ Worst possible pain 6/24/2014