

Lower Extremity Functional Assessment Advanced Test / Return to Play

Name: _____ Date: _____

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

Date of Injury: _____ Date of Surgery: _____

Diagnosis/Chief Complaint: _____

Vertical Jump

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: _____

Single Leg Long Jump

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: _____

Single Leg Triple Jump for Distance

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: _____

Single Leg Timed Agility Test (3 trials, record best attempt, consider all 3 for Quality Score)

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: _____

Leg Press (maximum lbs at 10 reps)

	Lbs.	% Body Weight
Involved		
Uninvolved		
% Difference		

Comments: _____

Sport Specific Testing

Activity : _____

Criteria

Comments

Mild differences in ability		
Moderate difficulty with task		
Inability to perform task		
Significant difference in direction change		
Reaches to splint involved leg		
Decreases weight bearing on involved leg		

Activity : _____

Criteria

Comments

Mild differences in ability		
Moderate difficulty with task		
Inability to perform task		
Significant difference in direction change		
Reaches to splint involved leg		
Decreases weight bearing on involved leg		

Activity : _____

Criteria

Comments

Mild differences in ability		
Moderate difficulty with task		
Inability to perform task		
Significant difference in direction change		
Reaches to splint involved leg		
Decreases weight bearing on involved leg		

Clinical Impression

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Recommendation

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Evaluator: _____

Date: _____