

## LE FUNCTIONAL ASSESSMENT SUMMARY SHEET

Test Date: \_\_\_\_\_ Surgery Date: \_\_\_\_\_ Involved Side :  Right  Left

ROM / Girth / Atrophy: Right: \_\_\_\_\_ Left: \_\_\_\_\_

Overhead Squat Test										
Unable	Pain	Heel off	Add w/ decent	Add w/ ascent	Lat shift	↓ Hip Flex	KF < 90	↑ LB Flex	LOB	Asym

  

Single Leg Squat Test										
Unable	Pain	Heel off	Add w/ decent	Add w/ ascent	Tberg	Cork Screw	KF < 45	↑ LB Flex	LOB	Asym

Overall Quality of movement:  Excellent  Average  Poor \_\_\_\_\_

<u>Strength Index</u>	<u>Right</u>	<u>Left</u>	<u>% Involved /Uninvolved</u>
Kincom/Biodex (speed: ___)	Con/Ecc:	Con/Ecc:	Con/Ecc:
Quadriceps			
Hamstrings			
Quad / Body Wgt Ratio			
<b>Single Hop</b> (Distance, cm)	1. 2. <b>Avg.</b>	1. 2. <b>Avg.</b>	
<b>Triple Hop</b> (Distance of 3 hops, cm)	1. 2. <b>Avg.</b>	1. 2. <b>Avg.</b>	
<b>Cross Over Hop</b> (Distance of 3 hops, cm)	1. 2. <b>Avg.</b>	1. 2. <b>Avg.</b>	
<b>6 Meter Timed Hop</b> (6 meters in seconds)	1. 2. <b>Avg.</b>	1. 2. <b>Avg.</b>	

<b>Knee Outcome Survey (KOS)</b> ADLS : _____ Sports : _____ (if applicable) Global Rating: _____	<b>Landing Error Scoring System:</b> _____ $\leq 4 =$ low risk $\geq 6 =$ high risk Comments: _____
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Cleared for Full Participation:  Yes  No If no, Why? \_\_\_\_\_

Recommended Transition to Play Phase:  I (Red)  II (Yellow)  III (Blue)  IV (Green)

Additional Recommendations before Return to Play \_\_\_\_\_

Therapist Name / Signature / License # \_\_\_\_\_