SHADY GROVE
PHYSICAL THERAPY
& REHAB CENTER

8907 Shady Grove Court
Gaithersburg, Maryland 20877
T 301-921-9818 F 301-921-0719
www.shadygrovept.com

LOWER QUARTER FUNCTION FORM

Name: ____________________ Physician: ___________________ DOB: ______________ Date:______________

In the boxes below, check the number that indicates your level of pain or difficulty when performing these tasks. A 5-Point scale is indicated, with 0=easy to perform, 5= hard to perform, N/A= not applicable.

ACTIVITY	0 EASY	1	2	3	4 HARD	5 UNABLE	N/A
Can you put shoes/socks on?							
Can you get in/out of the tub?							
Can you get in/out of car?							
Can you stand?							
Can you walk?							
Can you kneel?							
Can you squat?							
Can you jump?							
Can you run?							

Length of Activity	O 60+Min	1 60 Min	2 45 Min	3 30 Min	4 15 Min	5 0 Min	N/A
How long can you walk?							
How long can you stand?							

Work	0 No Limitation	1	2	3	4	5 Not able to work
Do you have any physical limitations at work?						

If you have limitations at work, what are they? ____

Assistive Devices (Circle what you use) None Brace Crutches Cane Walker Wheelchair Other

Do you have the following? (Circle what you use) Swelling Grinding Locking Giving way Popping Stiffness

What recreational activities can you *not* do because of your injury / Illness? ____________________________
____

How else has this injury/illness affected you? ____

What is the most important thing that you want to work on in physical therapy? __________________________

RATE YOUR PAIN LEVEL (Place X on the following line)

No Pain 0 ____ **10 Excruciating**

SHADY GROVE
PHYSICAL THERAPY
& REHAB CENTER

8907 Shady Grove Court
Gaithersburg, Maryland 20877
T 301-921-9818 **F** 301-921-0719
www.shadygrovept.com