# Article information:

Lower Extremity Functional Scale (LEFS): Scale Development, Measurement Properties, and Clinical Application | Physical Therapy | Oxford Academic
<https://academic.oup.com/ptj/article/79/4/371/2857730>

# Article summary:

1. The Lower Extremity Functional Scale (LEFS) is a reliable and valid self-report measure for assessing lower-extremity musculoskeletal dysfunction.

2. The LEFS has superior sensitivity to change compared to the SF-36 in this population.

3. The LEFS is efficient to administer and score, making it applicable for research purposes and clinical decision making for individual patients.

# Article rating:

May be slightly imbalanced: The article presents the information in a generally reliable way, but there are minor points of consideration that could be explored further or claims that are not fully backed by appropriate evidence. Some perspectives may also be omitted, and you are encouraged to use the research topics section to explore the topic further.

# Article analysis:

The article titled "Lower Extremity Functional Scale (LEFS): Scale Development, Measurement Properties, and Clinical Application" presents the development and validation of a new self-report condition-specific measure, the LEFS. The study aimed to assess the reliability, construct validity, and sensitivity to change of the LEFS in patients with lower-extremity musculoskeletal dysfunction referred to outpatient physical therapy clinics.

The article provides a detailed description of the study methodology and results. The authors report that the test-retest reliability of the LEFS scores was excellent, and construct validity was supported by comparison with the SF-36. The sensitivity to change of the LEFS was superior to that of the SF-36 in this population. The authors conclude that the LEFS is reliable, valid, sensitive to change, efficient to administer and score, and applicable for research purposes and clinical decision making for individual patients.

However, there are some potential biases in this study that need consideration. Firstly, all subjects were recruited from physical therapy clinics; therefore, they may not be representative of all patients with lower-extremity musculoskeletal dysfunction. Secondly, only English-speaking patients were included in this study; thus it may not be generalizable to non-English speaking populations. Thirdly, there is no mention of any conflicts of interest or funding sources for this study.

Moreover, while the authors claim that existing condition-specific scales designed for the lower extremity are not superior to SF-36; however, they do not provide sufficient evidence or data to support this claim. Additionally, there is no discussion on how this new scale compares with other existing measures such as WOMAC or KOOS.

Furthermore, while the authors report on internal consistency and test-retest reliability of LEFS scores; they do not provide information on inter-rater reliability or responsiveness over longer periods beyond four weeks.

In conclusion, while this article presents a promising new self-report condition-specific measure, the LEFS, there are some potential biases and limitations that need to be considered. Further research is needed to validate the scale in different populations and settings and compare it with other existing measures.

# Topics for further research:

* Comparison of LEFS with WOMAC or KOOS
* Inter-rater reliability of LEFS scores
* Long-term responsiveness of LEFS scores
* Validity of LEFS in non-English speaking populations
* Comparison of LEFS with other lower-extremity condition-specific scales
* Funding sources and conflicts of interest in LEFS development and validation.

# Report location:

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