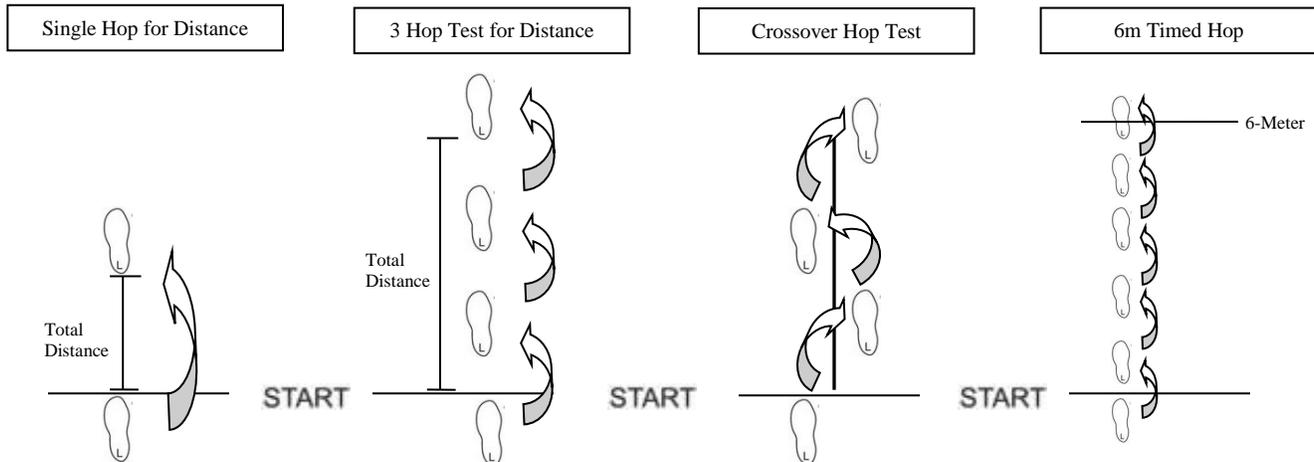


## Lower Extremity Functional Tests



### Single Hop for Distance

Patient stands with the front of their shoe behind the starting line. Ask the client to hop out as far as possible, sticking the landing with the knee bent to help decrease the risk for injury. The hop will be measured from the starting line to the back of the heel after completion of a trial. Each limb will be tested three times and distances scored for each limb.

### 3 Hop Test for Distance

Patient stands directly behind the starting line. Instruct them to perform three consecutive maximal-distance hops on one foot in a straight line direction. The athlete must stick the landing on the final jump. Total distance is measured from the starting line to the back of the heel after landing from the 3<sup>rd</sup> hop. Each limb will be tested three times and distances scored for each limb.

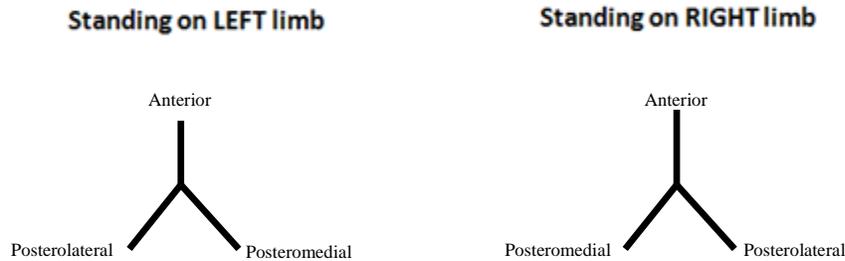
### Crossover Hop Test for Distance

Patient will perform a single leg triple hop crossing over a 4 inch line/tape on the floor. Beginning with the foot immediately behind the starting line, the subject will perform three cross-over hops on a single leg. Instruct the patient to hop as far as possible for all three hops and to hold the landing foot stationary on the last hop. Do not allow the patient to pause and compose themselves between hops. Record the score as the distance from the starting line to the back of the heel on the final landing. Test three times on each limb and record.

### 6 Meter Timed Hop for Distance

Place a piece of tape or make 6 meters from the starting line. Patient stands behind the starting line. Instruct the patient to perform single-leg hops over the 6 meter distance. Encourage large, forceful hops. End the test when the back of the patient's heel crosses the finish line. Measure time to the nearest 1/100<sup>th</sup> of a second. Each limb will be tested three times and times scored for each limb.

# Lower Extremity Functional Tests



## Y Balance Test

The goal of this test is to maintain single-leg balance while reaching as far as possible with the contralateral leg in three different directions. The three movement directions are anterior, posteromedial, and posterolateral. The six tests are to be performed in the following order: uninvolved anterior reach, involved anterior reach, uninvolved posteromedial, involved posteromedial, uninvolved posterolateral and involved posterolateral.

Starting position is single leg stance and ask the patient to reach with the opposite lower extremity while maintaining balance. Tell them to reach as far as possible without using the reach leg to provide support and return to the upright position after each reach while maintaining balance. The stance foot should not move from its original position.

Perform 3 trials and record the best score of the 3 trials for each position. For each leg, add the 3 direction scores together for a composite score.

*Revised 03/2019*

# Lower Extremity Functional Tests

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Physician: \_\_\_\_\_

Surgery Date: \_\_\_\_\_ Clinician: \_\_\_\_\_

Surgical Procedure: \_\_\_\_\_

Date of testing: \_\_\_\_\_ Pain: \_\_\_\_/10 Perceived Recovery Rating: \_\_\_\_/10

Patient Comments: \_\_\_\_\_

\_\_\_\_\_

## Y Balance Test (cm)

Involved Side:  Right  Left

	Involved	Uninvolved
Anterior		
Post-Medial		
Post-Lateral		
Sum		

% of Uninvolved: \_\_\_\_\_

## Single Hop for Distance (cm)

Involved Side:  Right  Left

	Involved	Uninvolved
Trial 1		
Trial 2		
Trial 3		
Average		

% of Uninvolved: \_\_\_\_\_

## 3 Hop Test for Distance (cm)

Involved Side:  Right  Left

	Involved	Uninvolved
Trial 1		
Trial 2		
Trial 3		
Average		

% of Uninvolved: \_\_\_\_\_

## Crossover Hop Test (cm)

Involved Side:  Right  Left

	Involved	Uninvolved
Trial 1		
Trial 2		
Trial 3		
Average		

% of Uninvolved: \_\_\_\_\_

## 6 Meter Timed Hop Test (seconds)

Involved Side:  Right  Left

	Involved	Uninvolved
Trial 1		
Trial 2		
Trial 3		
Average		

% of Uninvolved: \_\_\_\_\_

Clinician Signature \_\_\_\_\_

Date/Time \_\_\_\_\_

\* Please fax the completed form to the physician at Hays Orthopedic Institute (Fax: 785-261-7548)