

KUJALA SCORE / ANTERIOR KNEE PAIN SCALE (AKPS)



PHYSIOTUTORS

Name: _____ Date: _____

Age: _____

Knee: L/R

Duration of symptoms: _____ years _____ months

For each question, circle the latest choice (letter), which corresponds to your knee symptoms.

1: LIMP

- (a) None (5)
- (b) Slight or periodical (3)
- (c) Constant (0)

2: SUPPORT

- (a) Full support without pain (5)
- (b) Painful (3)
- (c) Weight bearing impossible (0)

3: WALKING

- (a) Unlimited (5)
- (b) More than 2 km (3)
- (c) 1-2 km (2)
- (d) Unable (0)

4: STAIRS

- (a) No difficulty (10)
- (b) Slight pain when descending (8)
- (c) Pain both when descending and ascending (5)
- (d) Unable (0)

5. SQUATTING

- (a) No difficulty (5)
- (b) Repeated squatting painful (4)
- (c) Painful each time (3)
- (d) Possible with partial weight bearing (2)
- (e) Unable (0)

6. RUNNING

- (a) No difficulty (10)
- (b) Pain after more than 2 km (8)
- (c) Slight pain from start (6)
- (d) Severe pain (3)
- (e) Unable (0)

7. JUMPING

- (a) No difficulty (10)
- (b) Slight difficulty (7)
- (c) Constant pain (2)
- (d) Unable (0)

8. PROLONGED SITTING WITH THE KNEES FLEXED

- (a) No difficulty (10)
- (b) Pain after exercise (8)
- (c) Constant pain (6)
- (d) Pain forces to extend knees temporarily (4)
- (e) Unable (0)

9. PAIN

- (a) None (10)
- (b) Slight and occasional (8)
- (c) Interferes with sleep (6)
- (d) Occasionally severe (3)
- (e) Constant and severe (0)

10. SWELLING

- (a) None (10)
- (b) After severe exertion (8)
- (c) After daily activities (6)
- (d) Every evening (4)
- (e) Constant (0)

11. ABNORMAL PAINFUL KNEECAP (PATELLAR) MOVEMENTS (SUBLUXATIONS)

- (a) None (10)
- (b) Occasionally in sports activities (6)
- (c) Occasionally in daily activities (4)
- (d) At least one documented dislocation (2)
- (e) More than two dislocations (0)

12. ATROPHY OF THIGH

- (a) None (5)
- (b) Slight (3)
- (c) Severe (0)

13. FLEXION DEFICIENCY

- (a) None (5)
- (b) Slight (3)
- (c) Severe (0)

MORE INFORMATION

