Therapy Services



Our specialty is you.

## Low Back Self Assessment

**314-205-6551** Phone 314-576-2371 Fax

| Name .      | Date Age   |
|-------------|--|
| Occupa      | onRecreational / Sport Activities  |
| What        | your goals for physical therapy?   |
| Curren      | fedications  |
|             | No Pain Mild Moderate Severe Severe Possible  0 1 2 3 4 5 6 7 8 9 10   |
| _           | Please rate your pain on a scale of 1 through 10.  |
|             | Area Presently At Best At Worst  DW Back / Buttock  Eight Leg  Eft Leg   |
| affect      | Oswestry Low Back Pain Questionnaire uestionnaire has been designed to give the physical therapist information as to how you pain has your ability to manage everyday life. Please answer all sections. Completely fill in only one box in on that applies to you. We realize that you may consider that two or more choices apply to you, but please fill the one that most clearly describes your problem.   |
|             | Section 1 – Pain Intensity  he pain comes and goes and is very mild.  he pain is mild and does not vary much.  he pain comes and goes and is moderate.  he pain is moderate and does not vary much.  Score  (office use only)  |
|             | he pain comes and goes and is severe. he pain is severe and does not vary much.  |
|             | Section 2 – Personal Care (washing, dressing, etc.) would not have to change my way of washing or dressing in order to avoid pain. do not normally change my way of washing or dressing even though it causes some pain. Vashing and dressing increases the pain but I can manage not to change my way of doing it. Vashing and dressing increases the pain and I find it necessary to change my way of doing it. ecause of the pain I am unable to do some washing and dressing without help. ecause of the pain I am unable to do any washing and dressing without help. |
| _<br>_<br>_ | Section 3 – Lifting can lift heavy weights without extra pain. can lift heavy weights, but it causes extra pain. ain prevents me from lifting heavy weights off the floor. ain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently ositioned on the table etc.  |

☐ I can only lift very light weights at the most.

positioned.

Pain prevents me from lifting heavy weights, but I can manage light to medium weights if conveniently

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## Low Back Self Assessment Section 4 – Walking

|                                      | I have no pain with walking I have some pain with walking but it does not increase with distance. I cannot walk more than 1 mile without increasing pain. I cannot walk more than ½ mile without increasing pain. I cannot walk more than ¼ mile without increasing pain. I cannot walk at all without increasing pain.   |  |
|--------------------------------------|---|--|
|                                      | Section 5- Sitting  |  |
|                                      | I can sit in a chair as long as I like.  I can only sit in my favorite chair as long as I like.  Pain prevents me from sitting more than one hour.  Pain prevents me from sitting more than 30 minutes.  Pain prevents me from sitting more than 10 minutes.  I avoid sitting because it increases pain straight away.  |  |
| Section 6- Standing                  |   |  |
|                                      | I can stand as long as I want without pain.   |  |
|                                      | I have some pain on standing but it does not increase with time.  I cannot stand for longer than one hour without increasing pain.  I cannot stand for longer than ½ hour without increasing pain.  I cannot stand for longer than 10 minutes without increasing pain.  I avoid standing because it increases the pain straight away.   |  |
| Section 7- Sleeping                  |   |  |
|                                      | I get no pain in bed. I get pain in bed but it does not prevent me from sleeping well. Because of pain my normal sleep night is reduced by less than ½. Because of pain my normal sleep night is reduced by less than ½. Because of pain my normal sleep night is reduced by less than ¾. Pain prevents me from sleeping at all.  |  |
| Section 8 - Social Life              |   |  |
|                                      | My social life is normal and gives me no pain.  My social life is normal but increases the degree of pain.  Pain has no significant effect on my social life apart from limiting my more energetic interests, eg. dancing   |  |
|                                      | etc. Pain has restricted my social life and I do not go out very often. Pain has restricted my social life to my home. I have hardly any social life because of pain.   |  |
| Section 9 – Traveling                |   |  |
|                                      | I get no pain while traveling.  I get some pain traveling but none of my usual forms of traveling make it any worse.  I get extra pain while traveling but it does not compel me to seek alternative forms of traveling.  I get extra pain while traveling which compels me to seek alternative forms of traveling.  Pain restricts all forms of traveling.  Pain restricts all forms of traveling except that done lying down. |  |
| Section 10 – Changing Degree of Pain |   |  |
|                                      | My pain is rapidly getting better.  My pain fluctuates but overall is definitely getting better.  My pain seems to be getting better but improvement is slow at present.  My pain is neither getting better nor getting worse.  My pain is gradually worsening.  My pain is rapidly worsening.  |  |