

Modified Oswestry Low Back Pain Disability Questionnaire*

This questionnaire has been designed to give your therapist information as to how your back pain has affected your ability to manage in everyday life. Please answer every question by placing a mark in the **one** box that best describes your condition today. We realize you may feel that two of the statements may describe your condition, but please mark **only the box that most closely describes your current condition.**

P a i n I n t

- I can tolerate the pain I have without having to use pain medication.
- The pain is bad, but I can manage without having to take pain medication.
- Pain medication provides me with complete relief from pain.
- Pain medication provides me with moderate relief from pain.
- Pain medication provides me with little relief from pain.
- Pain medication has no effect on my pain.

Personal Care (, Washing, Dressing)

- I can take care of myself normally without causing increased pain.
- I can take care of myself normally, but it increases my pain.
- It is painful to take care of myself, and I am slow and careful.
- I need help, but I am able to manage most of my personal care.
- I need help every day in most aspects of my care.
- I do not get dressed, I wash with difficulty, and I stay in bed.

Lifting

- I can lift heavy weights without increased pain.
- I can lift heavy weights, but it causes increased pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if the weights are conveniently positioned (, on a table).
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything at all.

Walking

- Pain does not prevent me from walking any distance.
- Pain prevents me from walking more than 1 mile. (1 mile = 1.6 km).
- Pain prevents me from walking more than 1/2 mile.
- Pain prevents me from walking more than 1/4 mile.
- I can walk only with crutches or a cane.
- I am in bed most of the time and have to crawl to the toilet.

Sitting n s i t t y

- I can sit in any chair as long as I like.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me from sitting for more than 1 hour.
- Pain prevents me from sitting for more than 1/2 hour.
- Pain prevents me from sitting for more than 10 minutes.
- Pain prevents me from sitting at all.

Standing

- I can stand as long as I want without increased pain.
- I can stand as long as I want, but it increases my pain.
- Pain prevents me from standing for more than 1 hour.
- Pain prevents me from standing for more than 1/2 hour.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

Sleeping

- Pain does not prevent me from sleeping well.
- I can sleep well only by using pain medication.
- Even when I take medication, I sleep less than 6 hours.
- Even when I take medication, I sleep less than 4 hours.
- Even when I take medication, I sleep less than 2 hours.
- Pain prevents me from sleeping at all.

Social Life

- My social life is normal and does not increase my pain.
- My social life is normal, but it increases my level of pain.
- Pain prevents me from participating in more energetic activities (, sports, dancing).
- Pain prevents me from going out very often.
- Pain has restricted my social life to my home.
- I have hardly any social life because of my pain.

Please complete questionnaire on other side.

Oswestry Low Back Pain Disability Questionnaire

Martin Roland



Oswestry Low Back Pain Disability Questionnaire

Reliability of the Modified Oswestry Low Back Pain Disability Questionnaire Margaret McCarty Stanisic,1993

Comparison of a Revised Oswestry Low Back Pain Disability Questionnaire to the Classic Oswestry Questionnaire and the Roland-morris Questionnaire Tina M. Vandenbroucke,1999

The Revised Oswestry Low-back Pain Disability Questionnaire Nicholas Hudson-Cook,Kathy Tomes-Nicholson,Anglo-European College of Chiropractic,1988

The Construct Validity of the Oswestry Disability Questionnaire for the Low Back Pain Population Jane Jarosz,1995

Responsiveness of the Revised Oswestry Disability Questionnaire as a Measure of Outcome in Back Pain Research Robert Glynn Fish,1995

The Implementation of the Oswestry Disability Index in an Outpatient Pain Relief Institute Vern Commet,2011 Background Low back pain is prevalent worldwide and is a disabling factor of almost epidemic proportions One in four United States adults has experienced at least one daylong episode of low back pain Low back pain is also one of the most common presenting complaints in the primary care outpatient clinic Literature has shown that 15 40% of low back pain may be attributed to a facet mediated cause In 2008 the Department of Health and Human Services Office of the Inspector General released findings showing that the request for treatment of chronic low back pain from facet injections alone submitted to Medicare reached a staggering 307 million in 2006 An estimated 63% of those treated did not meet qualifications as defined by Medicare for the treatments resulting in 96 million in improper payments to providers Foreground The new Local Coverage Determination LCD requires documentation of the use of a specific pain and disability measuring tool The purpose of the capstone project was to implement the patient rated Oswestry Low Back Pain Disability Index ODI at a local pain relief institute The ODI describes adult patients level of perceived disability regarding their facet generated back pain The use of the ODI can assist the providers of the institute in complying with the Medicare LCD Medicare reimbursement denials reached 400 000 in 2009 at the institute secondary to the changes instituted by the Medicare LCD The long term objective of the project was to help maximize Medicare reimbursements The medical director and his group were concerned about the delay if not total lack of care due to a fear of not being reimbursed by Medicare Objectives The goal of the capstone project was to change provider practice in order to comply with the Medicare guidelines and to use the ODI to guide the plan of care for patients with facet generated back pain The two fold change was first to provide educational training for the providers and staff in the use and purpose of the ODI in meeting compliance of a patient disability measuring tool in relation to Medicare proposed requirements And second was to identify ways that staff could ensure the use of the ODI at initial intake appointments and during post treatment Methods The project director PD performed a two month post initiation retrospective chart review and a four month retrospective chart review to evaluate providers scoring and documentation of the use of the tool in the patients charts at intake and during post treatment follow up visits The PD reported on the findings of provider and staff compliance with the use of ODI to providers and staff at regular intervals two and four months after initiation Outcomes At the two month review of charts 99% of new patients were given the ODI to fill out in their intake data By four months compliance reached 100% For every treatment group outlined in the project incremental improvements were achieved by the four month review Unintended consequences experienced included that many patients did not return for their one month follow up appointment if they had shown significant improvement at the two week follow up This skewed the data on the one month follow up appointments both at the two and four month reviews

Rehabilitation of the Spine Craig Liebenson,2007 The foremost authorities from chiropractics orthopaedics and physical therapy present a practical overview of spinal rehabilitation This clinical resource presents the most current and significant spinal rehab information showing how to apply simple and inexpensive rehabilitation in the office The updated Second Edition includes clinical regional protocols and chapters on diagnostic triage acute care functional assessment recovery care outcomes and biopsychosocial aspects A bonus DVD offers demonstrations of key therapies and procedures

PPA (Physiotherapy Pain Association) recommendations for low back pain-related functional limitation outcome measures George Peat,2004 The aim of this report is to provide a recommendation on which outcome measures should be preferred in relation to the outcome of treatment for people with low back pain Contents Summary of the second edition Preface to the second edition Methodology Expert panel consensus statements Roland Morris disability questionnaire RDQ Oswestry disability index ODI Aberdeen back pain scale ABPS Quebec back pain disability scale QBPDS Conclusion References for first edition References for second edition Appendices

Geriatric Rehabilitation Manual Timothy L. Kauffman,John O. Barr,Michael L. Moran,2007-01-01 This manual gives step by step guidance on the evaluation and treatment of geriatric diseases and disorders It covers incidence of disorders diagnostic tests associated diagnoses clinical implications for mobility and rehabilitation techniques It offers a broad overview of the effects of aging on all body systems Special geriatric considerations for laboratory assessment thermoregulations and pharmacology are also discussed This manual is a resource for all training clinicians in geriatric care and is a quick reference guide for students and practitioners in this field

Functional Assessment for Adults with Disabilities National Academies of Sciences, Engineering, and Medicine,Health and Medicine Division,Board on Health Care Services,Committee on Functional Assessment for Adults with Disabilities,2019-08-31 The U S Social Security Administration SSA provides disability benefits through the Social Security Disability Insurance SSDI and Supplemental Security Income SSI programs To receive SSDI or SSI disability benefits an individual must meet the statutory definition of disability which is the inability to engage in any substantial gainful activity SGA by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months SSA uses a five step sequential process to determine whether an adult applicant meets this definition Functional Assessment for Adults with Disabilities examines ways to collect information about an individual s physical and mental cognitive and noncognitive functional abilities relevant to work requirements This report discusses the types of information that support findings of limitations in functional abilities relevant to work requirements and provides findings and conclusions regarding the collection of information and assessment of functional abilities relevant to work requirements

Low Back Disorders Stuart McGill,2007 This second edition of Low Back Disorders provides research information on low back problems and shows readers how to interpret the data for clinical applications

Measuring Health Ian McDowell, 2006-03-09 Worldwide economic constraints on health care systems have highlighted the importance of evidence based medicine and evidence based health policy The resulting clinical trials and health services research studies require instruments to monitor the outcomes of care and the output of the health system However the over abundance of competing measurement scales can make choosing a measure difficult at best *Measuring Health* provides in depth reviews of over 100 of the leading health measurement tools and serves as a guide for choosing among them LNow in its third edition this book provides a critical overview of the field of health measurement with a technical introduction and discussion of the history and future directions for the field This latest edition updates the information on each of the measures previously reviewed and includes a complete new chapter on anxiety measurement to accompany the one on depression It has also added new instruments to those previously reviewed in each of the chapters in the book LChapters cover measurements of physical disability social health psychological well being anxiety depression mental status testing pain general health status and quality of life Each chapter presents a tabular comparison of the quality of the instruments reviewed followed by a detailed description of each method covering its purpose and conceptual basis its reliability and validity and where possible shows a copy of the actual scale To ensure accuracy of the information each review has been approved by the original author of each instrument or by an acknowledged expert

Measuring and Valuing Health Benefits for Economic Evaluation John Brazier, Julie Ratcliffe, Joshua Saloman, Aki Tsuchiya, 2017 There are not enough resources in health care systems around the world to fund all technically feasible and potentially beneficial health care interventions Difficult choices have to be made and economic evaluation offers a systematic and transparent process for informing such choices A key component of economic evaluation is how to value the benefits of health care in a way that permits comparison between health care interventions such as through costs per quality adjusted life years QALY *Measuring and Valuing Health Benefits for Economic Evaluation* examines the measurement and valuation of health benefits reviews the explosion of theoretical and empirical work in the field and explores an area of research that continues to be a major source of debate It addresses the key questions in the field including the definition of health the techniques of valuation who should provide the values techniques for modelling health state values the appropriateness of tools in children and vulnerable groups cross cultural issues and the problem of choosing the right instrument This new edition contains updated empirical examples and practical applications which help to clarify the readers understanding of real world contexts It features a glossary containing the common terms used by practitioners and has been updated to cover new measures of health and wellbeing such as ICECAP ASCOT and AQOL It takes into account new research into the social weighting of a QALY the rising use of ordinal valuation techniques use of the internet to collect data and the use of health state utility values in cost effectiveness models This is an ideal resource for anyone wishing to gain a specialised understanding of health benefit measurement in economic evaluation especially those working in the fields of health economics public sector economics pharmacoeconomics health services research public health and quality of life research

Back Pain Martin Roland, 1989

Pain Management Secrets E-Book Charles E. Argoff, Andrew Dubin, Julie Pilitsis, Gary McCleane, 2009-07-31 No matter what questions arise in practice or while preparing for boards Pain Management Secrets 3rd Edition has the answers A two color page layout portable size and a list of the Top 100 Secrets in pain management help you better meet the challenges you face today You'll find all the features you rely on from the Secrets Series a question and answer format lists mnemonics tables and an informal tone that make reference fast and easy Expedites reference and review with a question and answer format bulleted lists mnemonics and practical tips from the authors Features a two color page layout Key Points boxes and lists of useful web sites to enhance your reference power Presents a chapter containing Top 100 Secrets providing you with an overview of essential material for last minute study or self assessment Fits comfortably in the pocket of your lab coat so you have it conveniently on hand at all times Features new editors Charles E Argoff MD and Gary McCleane MD who present a thorough update on the latest in pain management Presents a new contemporary internal design that helps you navigate the text easier

Rehabilitation Outcome Measures Emma K Stokes, 2010-12-14 Rehabilitation Outcome Measures is a comprehensive review and comparison of measurement instruments in rehabilitation It includes a high level section on professional practice in physiotherapy and an introduction to the World Health Organisation's WHO International Classification of Health For those who wish to learn more about the relevance of reported measurement properties the text focuses on how this knowledge can assist clinical decision making Additionally the book reviews a range of measurements in neurological rehabilitation as well mobility fatigue physical activity and patient satisfaction Rehabilitation Outcome Measures is directed at students preparing for clinical practice as well as researchers and practitioners seeking information about a range of measurement instruments Provides details on how to manage a project and select an outcome measure Introduction to WHO's International Classification of Functioning Disability and Health Boxes with specific links to clinical decision making Easy format for review of measurement possibilities in each domain Clear review of 36 measurement instruments

Lumbar Spine Disorders Richard M. Aspden, Richard William Porter, 1996 This is a companion to Volume 1 with the same title and a similar approach namely to draw together current understanding of the multifactorial nature of back pain Both volumes together contain chapters contributed by most of the leading researchers into back pain in the UK and as such they constitute an unparalleled resource Rather than concentrating on specialist areas such as surgery or the lumbar spine the emphasis is on understanding the function and failure of the spine and its component tissues As such it contains material which is applicable to anyone with an interest in any aspect of the spine from biomechanics to blood flow epidemiology to economics nerves to nutrition and everything else in between

Surgery for Low Back Pain Marek Szpalski, Robert Gunzburg, Björn L. Rydevik, Jean-Charles Le Huec, Michael Mayer, 2014-12-13 Low back pain is a very common problem that is increasingly being treated surgically This book aims to evaluate carefully the possible surgical approaches to low back pain with detailed appraisal of the factors leading to their success or failure It begins by explaining the scientific basis for surgery and considering the different diagnostic techniques that may be employed thereby elucidating the surgical rationale indications and contraindications The value of conservative options is also assessed to help the reader weigh the need for surgery The various surgical modalities including the most recent are then fully described and evaluated with the aid of numerous illustrations The book concludes with a chapter devoted to evidence based analysis of the outcome of surgery in patients with low back pain This book will be invaluable to orthopaedic and neurosurgeons rheumatologists neurologists and all who are concerned with the effective treatment of this often debilitating condition

Clinical Reasoning for Manual Therapists E-Book Mark A Jones,Darren A Rivett,2003-11-04 A practical text covering the theory and the practice of clinical reasoning skills for all physical therapists Provides readers with activities to improve their own clinical reasoning within their own clinical setting With a range of very high caliber international contributors in the field of physiotherapy practice this book gives the answers to the practitioner s question of how does one apply the theoretical knowledge involved in clinical reasoning to practice and how can one become a better practitioner as a result This book will provide readers with activities to improve their own clinical reasoning within their own clinical setting Increase clinicians awareness of the clinical reasoning process Encourage clinicians reflection of their own reasoning including factors that influence their reasoning typical errors they may be making and how to promote skilled reasoning

Handbook of Pain Assessment, Third Edition Dennis C. Turk,Ronald Melzack,2011-08-08 This definitive clinical reference comprehensively reviews the most advanced methods for assessing the person in pain The field s leading authorities present essential information and tools for evaluating psychosocial behavioral situational and medical factors in patients subjective experience functional impairment and response to treatment Empirically supported instruments and procedures are detailed including self report measures observational techniques psychophysiological measures and more Best practice recommendations are provided for assessing the most prevalent pain syndromes and for working with children older adults and people with communication difficulties The book also weighs in on the limitations of existing methods and identifies key directions for future research

Fuel your quest for knowledge with this thought-provoking masterpiece, **Oswestry Low Back Pain Disability Questionnaire**. This educational ebook, conveniently sized in PDF (Download in PDF: *), is a gateway to personal growth and intellectual stimulation. Immerse yourself in the enriching content curated to cater to every eager mind. Download now and embark on a learning journey that promises to expand your horizons. .

Table of Contents Oswestry Low Back Pain Disability Questionnaire

1. Understanding the eBook Oswestry Low Back Pain Disability Questionnaire
 - The Rise of Digital Reading Oswestry Low Back Pain Disability Questionnaire
 - Advantages of eBooks Over Traditional Books
2. Identifying Oswestry Low Back Pain Disability Questionnaire
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Oswestry Low Back Pain Disability Questionnaire
 - User-Friendly Interface
4. Exploring eBook Recommendations from Oswestry Low Back Pain Disability Questionnaire
 - Personalized Recommendations
 - Oswestry Low Back Pain Disability Questionnaire User Reviews and Ratings
 - Oswestry Low Back Pain Disability Questionnaire and Bestseller Lists
5. Accessing Oswestry Low Back Pain Disability Questionnaire Free and Paid eBooks
 - Oswestry Low Back Pain Disability Questionnaire Public Domain eBooks
 - Oswestry Low Back Pain Disability Questionnaire eBook Subscription Services
 - Oswestry Low Back Pain Disability Questionnaire Budget-Friendly Options
6. Navigating Oswestry Low Back Pain Disability Questionnaire eBook Formats
 - ePub, PDF, MOBI, and More
 - Oswestry Low Back Pain Disability Questionnaire Compatibility with Devices
 - Oswestry Low Back Pain Disability Questionnaire Enhanced eBook Features

7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Oswestry Low Back Pain Disability Questionnaire
 - Highlighting and Note-Taking Oswestry Low Back Pain Disability Questionnaire
 - Interactive Elements Oswestry Low Back Pain Disability Questionnaire
8. Staying Engaged with Oswestry Low Back Pain Disability Questionnaire
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Oswestry Low Back Pain Disability Questionnaire
9. Balancing eBooks and Physical Books Oswestry Low Back Pain Disability Questionnaire
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Oswestry Low Back Pain Disability Questionnaire
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine Oswestry Low Back Pain Disability Questionnaire
 - Setting Reading Goals Oswestry Low Back Pain Disability Questionnaire
 - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Oswestry Low Back Pain Disability Questionnaire
 - Fact-Checking eBook Content of Oswestry Low Back Pain Disability Questionnaire
 - Distinguishing Credible Sources
13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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non violent crisis intervention training nvcit teaches learners how to safely defuse nervous aggressive or violent behaviour at the earliest possible time the focus of this training is to build the knowledge and skills needed to recognize and manage crisis behaviors that one may encounter in clinical settings

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