

# The Healing Arts Clinic at Multnomah Village

*An Association of Independent Practitioners*

Joyce D. McClure DC DACRB – Donald Fuegy DC

3644 SW Troy St. Suite 200 – Portland, Oregon 97219

## Lower Extremity Functional Scale

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower limb problem for which you are currently seeking attention.

Please check (✓) an answer for **each** activity.

**Today, do you or would you have any difficulty at all with:**

<b>Activities</b>	<b>Extreme Difficulty Or Unable to Perform Activity</b>	<b>Quite a Bit of Difficulty</b>	<b>Moderate Difficulty</b>	<b>A Little Bit of Difficulty</b>	<b>No Difficulty</b>
Any of your usual work, household, or school activities					
Your usual hobbies, recreational or sporting activities					
Getting into or out of the bath					
Walking between rooms					
Putting on your shoes or socks					
Squatting					
Lifting an object, like a bag of groceries from the floor					
Performing light activities around your Home					
Performing heavy activities around your Home					
Getting into or out of a car					
Walking 2 blocks					
Walking a mile					
Going up or down 10 stairs (about 1 flight of stairs)					
Standing for 1 hour					
Sitting for 1 hour					
Running on even ground					
Running on uneven ground					
Making sharp turns while running fast					
Hopping					
Rolling over in bed					

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Patient name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Score \_\_\_\_\_/80

MDC (minimum detectable change) = 9 pts

Error +/- 5 scale points

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## Low Back Pain and Disability Questionnaire (Roland-Morris)

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions: When your back hurts, you may find it difficult to do some of the things you normally do. **Mark only the sentences that describe you today.**

- I stay at home most of the time because of my back.
- I change position frequently to try and get my back comfortable.
- I walk more slowly than usual because of my back.
- Because of my back, I am not doing any jobs that I usually do around the house.
- Because of my back, I lie down to rest more often.
- Because of my back, I have to hold on to something to get out of an easy chair.
- Because of my back, I try to get other people to do things for me.
  
- I get dressed more slowly than usual because of my back.
- I only stand up for short periods of time because of my back.
- Because of my back, I try not to bend or kneel down.
- My back is painful almost all of the time.
- I find it difficult to turn over in bed because of my back.
- My appetite is not very good because of my back pain.
- I have trouble putting on my socks (stockings) because of the pain in my back.
  
- I only walk short distances because of my back pain.
- I sleep less well because of my back.
- Because of my back pain, I get dressed with help from someone else.
- I sit down for most of the day because of my back.
- I avoid heavy jobs around the house because of my back.
- Because of back pain, I am more irritable and bad tempered with people than usual.
- Because of my back I go upstairs more slowly than usual.
- I stay in bed most of the time because of my back.

Pain Scale: Rate the severity of your pain by checking one box on the following scale;

No Pain	1	2	3	4	5	6	7	8	9	10	Worst Pain
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## REVISED OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE

**PLEASE READ:** This questionnaire is designed to enable us to understand how much your low back/leg pain is affecting your ability to manage everyday activities. Please answer each section by circling the ONE CHOICE that best applies to you today. We realize that you may feel that more than one statement may relate to you, but **PLEASE JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

<p><i>SECTION 1 – Pain Intensity</i></p> <p>A. I have no pain          B. The pain is mild          C. The pain comes and goes and is moderate          D. The pain does not vary much and is moderate          E. The pain comes and goes and is severe          F. The pain does not vary much and is severe</p>	<p><i>SECTION 6 - Standing</i></p> <p>A I can stand as long as I want without pain.          B Standing eventually causes some pain, but it does not increase with time.          C Standing eventually gives me pain which I can relieve by shifting my weight.          D Standing eventually gives me pain which I can not relieve by shifting my weight.          E I get pain soon on standing.          F I avoid standing because I get pain straight away.</p>
<p><i>SECTION 2 - Personal Care</i></p> <p>A I would not have to change my way of washing or dressing to avoid pain.          B I do not normally change my way of washing or dressing even though it causes some pain.          C Washing and dressing increases the pain, but I manage not to change my way of doing it.          D Washing and dressing increases the pain and I find it necessary to change my way of doing it.          E Because of the pain, I am unable to do some washing and dressing without help.          F Because of the pain, I am unable to do any washing or dressing without help.</p>	<p><i>SECTION 7 - Sleeping</i></p> <p>A I get no pain in bed.          B I get some pain in bed but it does not disturb my sleep.          C I get some pain in bed which sometimes disturbs my sleep.          D I get pain in bed which often disturbs my sleep.          E I get pain in bed which always disturbs my sleep.          F Pain prevents me from sleeping at all.</p>
<p><i>SECTION 3 - Lifting</i></p> <p>A I can lift heavy weights without extra pain.          B I can lift heavy weights, but it causes extra pain.          C Pain prevents me from lifting heavy weights from any height.          D Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, (eg. on a table)          E Pain prevents me from lifting heavy weights off the floor, but I can manage medium weights if they are conveniently positioned.          F I can only lift very light weights at the most.</p>	<p><i>SECTION 8 - Social Life</i></p> <p>A My social life is normal and gives me no pain.          B My social life is normal but increases the pain.          C Pain has no significant effect on my social life apart from limiting more energetic interests, (e.g., dancing)          D Pain has restricted my social life and I do not go out very often.          E Pain has restricted my social life to my home.          F I have hardly any social life because of the pain.</p>
<p><i>SECTION 4 - Walking</i></p> <p>A I can walk as long as I want without getting pain.          B Walking gives me pain which does not increase with time.          C Walking gives me pain which I can relieve by varying my pace.          D I get pain only when I walk long distances.          E I get pain when I walk short distances.          F I avoid walking because it gives me pain straight away.</p>	<p><i>SECTION 9 - Traveling</i></p> <p>A I get no pain while traveling.          B I get some pain while traveling, but none of my usual forms of travel make it any worse.          C I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.          D I get extra pain while traveling which compels me to seek alternative forms of travel.          E Pain restricts all forms of travel.          F Pain prevents all forms of travel except that done lying down.</p>
<p><i>SECTION 5 - Sitting</i></p> <p>A I can sit in any chair as long as I like without pain.          B I can sit in some types of chairs as long as I like without getting pain.          C I get pain only when I get out of some seats.          D I get pain after sitting in most seats.          E I get pain soon on sitting in most seats.          F Sitting in most seats gives me pain straight away.</p>	<p><i>SECTION 10 - Changing Degree of Pain</i></p> <p>A My pain has gone.          B My pain is rapidly getting better.          C My pain varies but is slowly getting better.          D My pain is getting neither better nor worse.          E My pain is slowly worsening.          F My pain is rapidly worsening.</p>

Patient name \_\_\_\_\_ Patient signature \_\_\_\_\_ Date \_\_\_\_\_