



Functional Outcomes Worksheet **Lumbar Spine**

NAME: _____ DATE: _____ Initial Visit /Follow up/ Discharge Visit

Instructions: Choose **ONE** answer under each heading that **best** describes your current abilities regarding the **specific reason or body part** you are being treated for.

WALKING

- Pain does not keep me from walking
- I can only walk about ½ mile or 30 minutes
- I can only walk about ¼ mile or 15 minutes
- I can only walk a few hundred feet or 5 minutes
- I need assistance to walk
- I can only walk a few feet, with assistance

WORK (at home or at your job)

- I can do as much work as I want
- I can only do my usual work
- I can do my usual work if I can rest occasionally
- I can only do work that's easier than usual (light duty)
- I need lots of breaks to do any work
- I cannot work AT ALL

PERSONAL CARE (*Washing, Dressing, etc*)

- I can manage all personal care without symptoms
- I can manage all personal care with some increased symptoms
- Personal care requires slow, concise movements due to increased symptoms
- I need help to manage some personal care
- I need help to manage all personal care
- I cannot manage any personal care

SLEEPING

- I have no trouble sleeping
- My sleep is mildly disturbed (less than 1 hr sleepless)
- My sleep is mildly disturbed (1-2 hrs sleepless)
- My sleep is moderately disturbed (2-3 hrs sleepless)
- My sleep is greatly disturbed (3-5 hrs sleepless)
- My sleep is completely disturbed (5-7 hrs sleepless)

RECREATION/SPORTS

(*List activity* _____)

- I can do all my activities as usual
- I have symptoms but still do all my activities
- My symptoms prevent me from doing some activities
- I can only do a few of my usual activities
- I can only do activities that don't require physical effort
- I cannot do ANY of my hobbies or recreational activities

DRIVING

- I can drive my car or travel without extra pain
- I can drive my car or travel as long as I want with slight pain
- I can drive my car or travel as long as I want with moderate pain
- I cannot drive my car or travel as long as I want Because of moderate pain
- I can hardly drive at all or travel because of severe pain
- I cannot drive my car or travel at all

LIFTING

- I can lift heavy weights without extra pain
- I can lift heavy weights but it gives extra pain
- Pain prevents me from lifting heavy weights, but manage if they are conveniently positioned (i.e. on a table)
- Pain prevents me from lifting heavy weights but I 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

STANDING

- I can stand as long as I want without pain
- I can stand as long as I want, but it gives me extra pain
- Pain prevents me from standing for more than 1 hour
- Pain prevents me from standing for more than ½ hour
- Pain prevents me from standing for more than 10 minutes
- Pain prevents me from standing at all

SQUATTING

- I can squat fully without the use of my arms for support
- I can squat fully, but with pain or using my arms for support
- I can squat ¾ of my normal depth, but less than fully
- I can squat ½ of my normal depth, but less than ¾
- I can squat ¼ of my normal depth, but less than ½
- I am unable to squat any distance due to pain or weakness

SITTING

- 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 sitting more than 1 hour
- Pain prevents me sitting more than ½ hour
- Pain prevents me sitting more than 10 minutes
- Pain prevents me from sitting at all

TREATMENT AREA/BODY PART PAIN

Please circle the number indicating your worst pain during the **last 24 hours**:

0	1	2	3	4	5	6	7	8	9	10

0= No pain

1= Tolerable discomfort

2= Minimal pain, when in certain positions or situations, can be ignored

3= Pain cannot be ignored, but can be tolerated, minimal concentration interference

4= Pain occasionally interferes with concentration, minimal pain compensation behaviors, performance difficulties with one or two tasks

5= Pain interferes with concentration and/or performance difficulties 25% of the time, pain compensation behaviors displayed

6= Pain interferes with concentration and performance difficulties 50% of the time, pain compensation behaviors displayed

7= Pain interferes with concentration and performance difficulties 75% of the time, pain compensation behaviors displayed

8= Pain continuously interferes with concentration and performance is limited, pain compensation behaviors displayed

9= Intolerable pain, concentration and performance interference except basic needs of eating, toileting

10= Intolerable pain, unable to concentrate, performance difficulties and limitations in all tasks, hospitalization required.

This item for Follow Up/Discharge Visit Only

TREATMENT AREA/BODY PART IMPROVEMENT INDEX

Please circle the percentage of your improvement since beginning therapy:

0	10	20	30	40	50	60	70	80	90	100

No improvement

Complete recovery