TOEPPERWEIN PHYSICAL THERAPY & Spine Rehab

Patient-Specific Functional Scale	**Affected Side of Body:** ☐ **Right** ☐ **Left** ☐ **Both**

Identify up to 5 activities that you are unable to do or are having moderate to extreme difficulty doing as a result of your _____ pain. For each activity, rate the level of difficulty you have performing each activity using the 0-10 scale listed below. **The higher the number, the more easily you can perform the activity. The lower the number, the more difficulty you have.**

Once you have included the activities you are unable to do or are having moderate to extreme difficulty doing, you may also include activities that you are having just a little bit of difficulty doing. Only include these activities if you have not already listed 5 activities you have moderate to extreme difficulty doing.

Note: if you are filling this form out at a follow up appointment, be sure to rate the same activities you listed at your initial appointment. Ask your therapist for a copy of your initial form so that you can rate the same activities.

Activity	Rating Scale – **(Please mark only 1 box for each question)**
0 being unable to perform the activity - 10 being able to perform activity at same level before pain	
1.	Unable ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Able
2.	Unable ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Able
3.	Unable ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Able
4.	Unable ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Able
5.	Unable ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Able
_____ / 50 Functional Restrictions	

Name:_____ Date:_____