TOEPPERWEIN PHYSICAL THERAPY & Spine Rehab

Back Index	Please rate your ability to do the following activities: (*Please mark only 1 box for each area)*		
Pain Intensity	0. ☐ The pain comes and goes and it is very mild	**Sleeping**	0. ☐ I get no pain in bed
	1. ☐ The pain is mild and does not vary much		1. ☐ I get pain in bed but it does not prevent me from sleeping well
	2. ☐ The pain comes and goes and is moderate		2. ☐ Because of pain my normal sleep is reduced by less than 25%
	3. ☐ The pain is moderate and does not vary much		3. ☐ Because of pain my normal sleep is reduced by less than 50%
	4. ☐ The pain comes and goes and is very severe		4. ☐ Because of pain my normal sleep is reduced by less than 75%
	5. ☐ The pain is very severe and does not vary much		5. ☐ Pain prevents me from sleeping at all
Personal Care	0. ☐ I do not have to change my way of washing or dressing in order to avoid pain	**Lifting**	0. ☐ I can lift heavy weights without extra pain
	1. ☐ I do not normally change my way of washing or dressing even though it causes some pain		1. ☐ I can lift heavy weights but it causes extra pain
	2. ☐ Washing/dressing increases the pain but I manage not to change my way of doing it		2. ☐ Pain prevents me from lifting heavy weights off the floor
	3. ☐ Washing/dressing increases the pain and I find it necessary to change my way of doing it		3. ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned
	4. ☐ Because of the pain I am unable to do some washing and dressing without help		4. ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights
	5. ☐ Because of the pain I am unable to do any washing and dressing without help		5. ☐ I can only lift very light weights
Traveling	0. ☐ I get no pain while traveling	**Sitting**	0. ☐ I can sit in any chair as long as I like
	1. ☐ I get some pain while traveling but none of my usual forms of travel make it worse		1. ☐ I can only sit in my favorite chair as long as I like
	2. ☐ I get extra pain while traveling but it does not cause me to seek alternate forms of travel		2. ☐ Pain prevents me from sitting more than 1 hour
	3. ☐ I get extra pain while traveling which causes me to seek alternate forms of travel		3. ☐ Pain prevents me from sitting more than 1/2 hour
	4. ☐ Pain restricts all forms of travel except that done while lying down		4. ☐ Pain prevents me from sitting more than 10 minutes
	5. ☐ Pain restricts all forms of travel		5. ☐ I avoid sitting because it increases pain immediately
Standing	0. ☐ I can stand as long as I want without pain	**Social Life**	0. ☐ My social life is normal and gives me no extra pain
	1. ☐ I have some pain with standing but it does not increase with time		1. ☐ My social life is normal but increases the degree of pain
	2. ☐ I cannot stand for longer than 1 hour without increasing pain		2. ☐ Pain has no significant effect on my social life apart from limiting my more energetic interests (e.g., dancing, etc.)
	3. ☐ I cannot stand for longer than 1/2 hour without increasing pain		3. ☐ Pain has restricted my social life and I do not go out very often
	4. ☐ I cannot stand for longer than 10 minutes without increasing pain		4. ☐ Pain has restricted my social life to my home
	5. ☐ I avoid standing because it increases pain immediately		5. ☐ I have hardly any social life because of pain
Walking	0. ☐ I have no pain while walking	**Changing Degree of Pain**	0. ☐ My pain is rapidly getting better
	1. ☐ I have some pain while walking but it doesn't increase with distance		1. ☐ My pain fluctuates but overall is definitely getting better
	2. ☐ I cannot walk more than 1 mile without increasing pain		2. ☐ My pain seems to be getting better but improvement is slow
	3. ☐ I cannot walk more than 1/2 mile without increasing pain		3. ☐ My pain is neither getting better or worse
	4. ☐ I cannot walk more than 1/4 mile without increasing pain		4. ☐ My pain is gradually worsening
	5. ☐ I cannot walk at all without increasing pain		5. ☐ My pain is rapidly worsening

Index score – [sum of all statements selected / (# of sections with a statement selected x 5)] X 100 Back Index Score_____

Name:_____ Date:_____

TOEPPERWEIN PHYSICAL THERAPY & Spine Rehab

(Please mark only 1 box for each area)

Lower Extremity Functional Scale	Extreme Difficulty	Quite a Bit Difficulty	Moderate Difficulty	A little Bit of Difficulty	No Difficulty
Any of your usual work, housework, or school activities.	☐0	☐ 1	☐ 2	☐3	☐ 4
Your usual hobbies, recreational or sporting activities.	☐0	☐ 1	☐ 2	☐3	☐ 4
Getting into or out of the bath.	☐0	☐ 1	☐ 2	☐3	☐ 4
Walking between rooms.	☐0	☐ 1	☐ 2	☐3	☐ 4
Putting on your shoes or socks.	☐0	☐ 1	☐ 2	☐3	☐ 4
Squatting.	☐0	☐ 1	☐ 2	☐3	☐ 4
Lifting an object, like a bag of groceries from the floor.	☐0	☐ 1	☐ 2	☐3	☐ 4
Performing light activities around your home.	☐0	☐ 1	☐ 2	☐3	☐ 4
Performing heavy activities around your home.	☐0	☐ 1	☐ 2	☐3	☐ 4
Getting into or out of a car.	☐0	☐ 1	☐ 2	☐3	☐ 4
Walking 2 blocks.	☐0	☐ 1	☐ 2	☐3	☐ 4
Walking a mile.	☐0	☐ 1	☐ 2	☐3	☐ 4
Going up or down 10 stairs (about 1 flight of stairs).	☐0	☐ 1	☐ 2	☐3	☐ 4
Standing for 1 hour.	☐0	☐ 1	☐ 2	☐3	☐ 4
Sitting for 1 hour.	☐0	☐ 1	☐ 2	☐3	☐ 4
Running on even ground.	☐0	☐ 1	☐ 2	☐3	☐ 4
Running on uneven ground.	☐0	☐ 1	☐ 2	☐3	☐ 4
Making sharp turns while running fast.	☐0	☐ 1	☐ 2	☐3	☐ 4
Hopping.	☐0	☐ 1	☐ 2	☐3	☐ 4
Rolling over in bed.	☐0	☐ 1	☐ 2	☐3	☐ 4
Column Totals:	_____	_____	_____	_____	_____
Minimum Level of Detectable Change (90% Confidence): 9 points	SCORE:_____/ 80				

Name:_____ Date:_____