### MODIFIED OSWESTRY LOW BACK PAIN DISABILITY INDEX (ODI)

**Purpose:** The ODI is a disease-specific disability measure is used to establish a level of disability, stage a patient's acuity status<sup>1</sup>, and monitor change over time.

#### Scoring:

1. The ODI is made up of 10 questions. Each question is scored from 0-5 (minimum to maximum).

	EXAMPLE:  Pain Intensity  The pain is mild and comes and goes. (A check at this level is scored as 0)  The pain is mild and does not vary much. (A check at this level is scored as 1)
	The pain is moderate and comes and goes. (A check at this level is scored as 2)  The pain is moderate and does not vary much. (A check at this level is scored as 3)  The pain is severe and comes and goes. (A check at this level is scored as 4)  The pain is severe and does not vary much. (A check at this level is scored as 5)
2.	The point total from each section is summed and the then divided by the total number of questions answered and multiplied by 100 to create a percentage disability. The scores range from 0-100% with lower scores meaning less disability.

ODI = (Sum of items scored/Sum of sections answered) X 100

3. Typically all items are filled out so you can just add up the score from each section and double it to get the final percentage score.

**Measurement Characteristics:** The measurement characteristics of the ODI are good to excellent. Test-Retest ICC (2,1) 0.83 - 0.94  $(1-14 \text{ days})^2$  and 0.90 over 4 weeks in a group of patients judged stable.<sup>3</sup> The minimal clinically important difference for the Oswestry is 8 – 12 percentage points.<sup>2</sup>

#### References:

- 1. Delitto A, Erhard RE, Bowling RW. A treatment-based classification approach to low back syndrome: identifying and staging patients for conservative management. Phys.Ther. 1995; 75:470-489.
- 2. Fritz JM, Irrgang JJ. A Comparison of a Modified Oswestry Disability Questionnaire and the Quebec Back Pain Disability Scale. Phys Ther 2001; 81:776-788.
- 3. Kopec JA, Esdaile JM. Spine Update. Functional disability scales for back pain. Spine 1995; 20:1943-1949.

# ${\bf MODIFIED\ OSWESTRY\ LOW\ BACK\ PAIN\ DISABILITY\ QUESTIONNAIRE^1}$

<b>Section 1</b> : To be completed by patient			
Name:	Age:	Date:	
Occupation:	Number of days of back pain:		(this episode)
Section 2: To be completed by patient			
This questionnaire has been designed to give you to manage in every day life. Please answer every today. We realize you may feel that two of the st which most closely describes your current cor	question by placing tatements may descri	a mark on the line that best of	describes your condition
Pain Intensity			
The pain is mild and comes and go The pain is mild and does not vary The pain is moderate and comes a The pain is moderate and does not The pain is severe and comes and	y much. nd goes. t vary much. goes.		
The pain is severe and does not va	ary much.		
Personal Care (Washing, Dressing, etc.) I do not have to change the way I I do not normally change the way Washing and dressing increases m Because of my pain I am partially Because of my pain I am complete	I wash or dress myse ny pain, but I can do in ny pain, and I find it in unable to wash and o	elf even though it causes some it without changing my way on necessary to change the way I dress without help.	of doing it.
Lifting			
I can lift heavy weights without in I can lift heavy weights but it cause Pain prevents me from lifting heave positioned (ex. on a table, etc.) Pain prevents me from lifting heave if they are conveniently positional in the prevents weights. I can lift only very light weights. I can not lift or carry anything at a	ses increased pain vy weights off of the ). vy weights off of the ioned.	-	
Walking			
I have no pain when walking.  I have pain when walking, but I ca Pain prevents me from walking lo Pain prevents me from walking in Pain prevents me from walking ev Pain prevents me from walking at	ng distances. termediate distances. en short distances.		
Sitting Sitting does not cause me any pair I can only sit as long as I like prov Pain prevents me from sitting for Pain prevents me from sitting for Pain prevents me from sitting for Pain prevents me from sitting at a	viding that I have my more than 1 hour. more than 1/2 hour. more than 10 minute	-	

## OSWESTRY QUESTIONNAIRE, p. 2

Section 2 (con't): To be completed by patient				
Standing I can stand as long as I want without increased pain. I can stand as long as I want but my pain increases with time. Pain prevents me from standing more than 1 hour. Pain prevents me from standing more than 1/2 hour. Pain prevents me from standing more than 10 minutes. I avoid standing because it increases my pain right away.				
Sleeping				
I get no pain when I am in bed.  I get pain in bed, but it does not prevent me from sleeping well.  Because of my pain, my sleep is only 3/4 of my normal amount.  Because of my pain, my sleep is only 1/2 of my normal amount.  Because of my pain, my sleep is only 1/4 of my normal amount.  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 (ex. sports, dancing, etc.) 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.				
Traveling I get no increased pain when traveling. I get some pain while traveling, but none of my usual forms of travel make it any worse. I get increased pain while traveling, but it does not cause me to seek alternative forms of travel. I get increased pain while traveling which causes me to seek alternative forms of travel. My pain restricts all forms of travel except that which is done while I am lying down. My pain restricts all forms of travel.				
Employment/Homemaking My normal job/homemaking activities do not cause pain. My normal job/homemaking activities increase my pain, but I can still perform all that is required of me. I can perform most of my job/homemaking duties, but pain prevents me from performing more physically stressful activities (ex. lifting, vacuuming) Pain prevents me from doing anything but light duties. Pain prevents me from doing even light duties.				
Pain prevents me from performing any job or homemaking chores.				
Section 3: To be completed by physical therapist/provider				
SCORE: Initial% Subsequent% Discharge%				
Number of treatment sessions:				
Diagnosis/ICD-9 Code:				