**Oswestry Low Back Pain Scale**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case #: \_\_\_\_\_\_\_\_\_\_\_

**Instructions:** Please circle the **ONE NUMBER** in each section which most closely describes your problem.

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| **Section 1 – Pain Intensity** | **Section 6 – Standing** |
| 0. The pain comes and goes and is very mild. | 0. I can stand as long as I want without pain. |
| 1. The pain is mild and does not vary much. | 1. I have some pain on standing but it does not increase with time. |
| 2. The pain comes and goes and is moderate. | 2. I cannot stand for longer than 1 hour without increasing pain. |
| 3. The pain is moderate and does not vary much. | 3. I cannot stand for longer than ½ hour without increasing pain. |
| 4. The pain comes and goes and is severe. | 4. I cannot stand for longer than 10 minutes without increasing pain. |
| 5. The pain is severe and does not vary much. | 5. I avoid standing because it increases the pain immediately. |
| **Section 2 – Personal Care (Washing, Dressing, etc.)** | **Section 7 – Sleeping** |
| 0. I would not have to change my way of washing or | 0. I get no pain in bed. |
| dressing in order to avoid pain. | 1. I get pain in bed but it does not prevent me from sleeping well. |
| 1. I do not normally change my way of washing or | 2. Because of pain my normal nights sleep is reduced by less than |
| dressing even though it causes some pain. | one-quarter. |
| 2. Washing and dressing increase the pain but I | 3. Because of pain my normal nights sleep is reduced by less than |
| manage not to change my way of doing it. | one-half. |
| 3. Washing and dressing increase the pain and I find it | 4. Because of pain my normal nights sleep is reduced by less than |
| necessary to change my way of doing it. | three-quarters. |
| 1. Because of the pain I am unable to do some washingand dressing without help. 2. Because of the pain I am unable to do any washingand dressing without help. | 5. Pain prevents me from sleeping at all. |
| **Section 3 – Lifting** | **Section 8 – Social Life** |
| 0. I can lift heavy weights without extra pain. | 0. My social life is normal and gives me no pain. |
| 1. I can lift heavy weights but it gives extra pain. | 1. My social life is normal but it increases the degree of pain. |
| 2. Pain prevents me lifting heavy weights off the floor. | 2. Pain has no significant effect on my social life apart from limiting |
| 3. Pain prevents me lifting heavy weights off the floor, but I can | my more energetic interests, e.g., dancing, etc. |
| manage if they are conveniently positioned, e.g., on a table. | 3. Pain has restricted my social life and I do not go out very often. |
| 4. Pain prevents me lifting heavy weights but I can manage light | 4. Pain has restricted my social life to my home. |
| to medium weights if they are conveniently positioned.  5. I can only lift very light weights at most. | 5. I have hardly any social life because of the pain. |
| **Section 4 – Walking** | **Section 9 – Traveling** |
| 0. I have no pain on walking. | 0. I get no pain when traveling. |
| 1. I have some pain on walking but it does not increase | 1. I get some pain when traveling but none of my usual forms of |
| with distance. | travel make it any worse. |
| 2. I cannot walk more than 1 mile without increasing pain. | 2. I get extra pain while traveling but it does not compel me to seek |
| 3. I cannot walk more than ½ mile without increasing pain. | alternate forms of travel. |
| 4. I cannot walk more than ¼ mile without increasing pain. | 3. I get extra pain while traveling which compels to seek alternative |
| 5. I cannot walk at all without increasing pain. | forms of travel.   1. Pain restricts me to short necessary journeys under ½ hour. 2. Pain restricts all forms of travel. |
| **Section 5 – Sitting** | **Section 10 – Changing Degree of Pain** |
| 0. I can sit in any chair as long as I like. | 0. My pain is rapidly getting better. |
| 1. I can sit only in my favorite chair as long as I like. | 1. My pain fluctuates but is definitely getting better. |
| 2. Pain prevents me from sitting more than 1 hour. | 2. My pain seems to be getting better but improvement is slow. |
| 3. Pain prevents me from sitting more than ½ hour. | 3. My pain is neither getting better or worse. |
| 4. Pain prevents me from sitting more than 10 minutes. | 4. My pain is gradually worsening. |
| 5. I avoid sitting because it increases pain immediately. | 5. My pain is rapidly worsening. |