

Beneficence and Nonmaleficence Neurosurgeon and Spine Surgeon

<u>Title</u>						
<u>Surname</u>		Give	n Names			
<u>Address</u>						
		Postcode				
Date of Birth						
Occupation						
Telephone H		M		W	' 	
Next of Kin:				Tel:		
Referring Dr						
Address						
Private Insurance	YES/NO	Fund:				
Membership No		Longer th	an 12 months	? Yes/I	No	
Medicare Numbe	<u>r</u>					
Veterans Affairs	YES / NO	Gold / Blue	/ White No: _			
Work cover / Third party / Public liability (please circle one) YES / NO						
Has liability been a	accepted for t	his injury?	YES / NO	Date of	injury:	
Employer	Insuran	ce Co	Claim N	0		
Contact person:		Address				
Tel:	Fax: _					

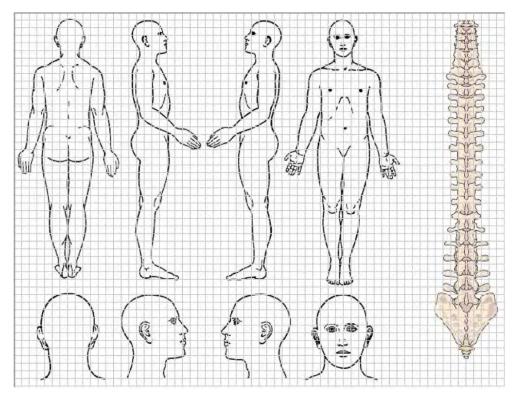
Information will be held in the strictest of confidence in accordance with the Health Records and Information Privacy Act 2002 (NSW)

Dr Raoul Pope MBChB (Hons, Otago) FRACS Specialist Neurosurgeon and Spine Surgeon

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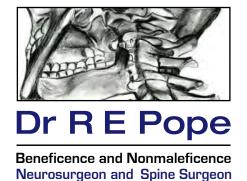
Your main problem

Briefly describe your problem	
	Highlight on the pictures where
	your problem is



Indicate current level of pain on the following scale (circle):

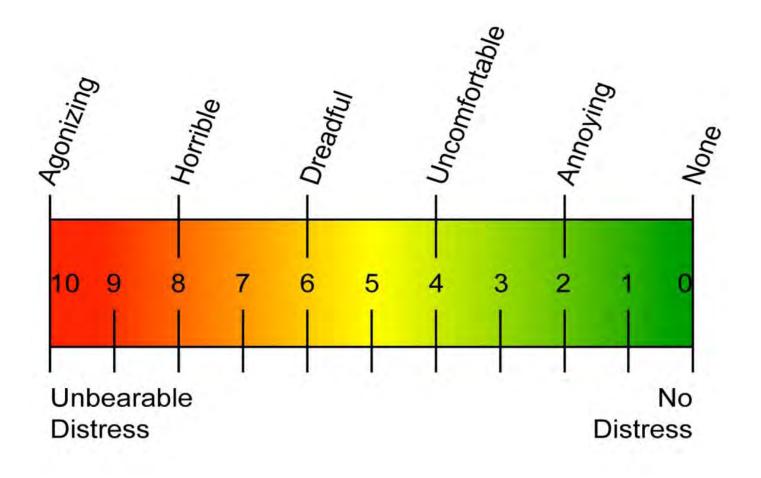
No Pain 012345678910 Worst Pain



Visual Analogue Score (VAS) Thoraco-Lumbar

Name:		
Date:		

Circle a number that corresponds to your average Leg pain



Task _____

Date _____ Start ____ End ____

Consultation type: Pre-op 6 wk 3m 6m 1y 2y

Oswestry Disability Questionnaire

This questionnaire has been designed to give us information as to how your back or leg pain is affecting your ability to manage in everyday life. Please answer by checking **one box in each section** for the statement which best applies to you. We realise you may consider that two or more statements in any one section apply but please just shade out the spot that indicates the statement **which most clearly describes your problem.**

Section 1: Pain Intensity	Section 6: Standing			
☐ I have no pain at the moment	\square I can stand as long as I want without extra pain			
☐ The pain is very mild at the moment	☐ I can stand as long as I want but it gives me extra pain			
☐ The pain is moderate at the moment	☐ Pain prevents me from standing for more than 1 hour			
☐ The pain is fairly severe at the moment	\square Pain prevents me from standing for more than 30			
☐ The pain is very severe at the moment	minutes			
☐ The pain is the worst imaginable at the moment	☐ Pain prevents me from standing for more than 10 minutes			
Section 2: Personal Care (eg. washing,	☐ Pain prevents me from standing at all			
dressing)				
	Section 7: Sleeping			
☐ I can look after myself normally without causing extra	My clean is never disturbed by pain			
pain	☐ My sleep is never disturbed by pain			
☐ I can look after myself normally but it causes extra pain	My sleep is occasionally disturbed by pain			
It is painful to look after myself and I am slow and careful	Because of pain I have less than 6 hours sleep			
☐ I need some help but can manage most of my personal	Because of pain I have less than 4 hours sleep			
care	Because of pain I have less than 2 hours sleep			
☐ I need help every day in most aspects of self-care	☐ Pain prevents me from sleeping at all			
I do not get dressed, wash with difficulty and stay in bed	Section 8: Sex Life (if applicable)			
Castian 2. Lifting	Section 6. Sex Life (if applicable)			
Section 3: Lifting	☐ My sex life is normal and causes no extra pain			
☐ I can lift heavy weights without extra pain	☐ My sex life is normal but causes some extra pain			
☐ I can lift heavy weights but it gives me extra pain	☐ My sex life is nearly normal but is very painful			
☐ Pain prevents me lifting heavy weights off the floor but I	☐ My sex life is severely restricted by pain			
can manage if they are conveniently placed eg. on a table	☐ My sex life is nearly absent because of pain			
Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently	☐ Pain prevents any sex life at all			
positioned	Section 9: Social Life			
☐ I can only lift very light weights				
☐ I cannot lift or carry anything	☐ My social life is normal and gives me no extra pain			
	My social life is normal but increases the degree of pain			
Section 4: Walking*	Pain has no significant effect on my social life apart from			
☐ Pain does not prevent me walking any distance	limiting my more energetic interests e.g. sport			
Pain prevents me from walking more than 2 kilometres	☐ Pain has restricted my social life and I do not go out as often			
Pain prevents me from walking more than 1 kilometre	☐ Pain has restricted my social life to my home			
☐ Pain prevents me from walking more than 500 metres	☐ I have no social life because of pain			
☐ I can only walk using a stick or crutches	Thave no social life because of pain			
☐ I am in bed most of the time	Section 10: Travelling			
Section 5: Sitting	☐ I can travel anywhere without pain			
_	☐ I can travel anywhere but it gives me extra pain			
I can sit in any chair as long as I like	☐ Pain is bad but I manage journeys over two hours			
I can only sit in my favourite chair as long as I like	☐ Pain restricts me to journeys of less than one hour			
Pain prevents me sitting more than one hour	☐ Pain restricts me to short necessary journeys under 30			
Pain prevents me from sitting more than 30 minutes	minutes			
☐ Pain prevents me from sitting more than 10 minutes	☐ Pain prevents me from travelling except to receive			
☐ Pain prevents me from sitting at all	treatment			

Score: x 100 =% 1

Scoring: For each section the total possible score is 5: if the first statement is marked the section score = 0, if the last statement is marked it = 5. If all ten sections are completed the score is calculated as follows: Example:

16 (total scored)

50 (total possible score) x 100 = 32%

If one section is missed or not applicable the score is calculated: 16 (total scored)

45 (total possible score) x 100 = 35.5%

Minimum Detectable Change (90% confidence): 10%points (Change of less than this may be attributable to error in the measurement)

Source: Fairbank JCT & Pynsent, PB (2000) The Oswestry Disability Index. Spine, 25(22):2940-2953.

Davidson M & Keating J (2001) A comparison of five low back disability questionnaires: reliability and

responsiveness. Physical Therapy 2002;82:8-24.

*Note: Distances of 1mile, ½ mile and 100 yards have been replaced by metric distances in the Walking section.