

Musculoskeletal Dysfunction Assessment Tool

Name: _____ TODAY'S DATE: _____ Date of last survey: _____ #Days ____ SCORE: _____

Purpose: to evaluate and measure the severity of musculoskeletal pain and dysfunction over time.

Note: This is a general (not specific) tool that may be used for all types of musculoskeletal pain or dysfunction such as low back pain, neck pain, shoulder, hip or knee pain; tendon pain, or muscle pain. Since people have different pain tolerances, interpret the word "pain" to mean any level of discomfort in the body part; i.e. you don't have to call it pain.

The results can be used to help you determine if you are improving, staying the same, or getting worse over time, and/or in response to some type of treatment intervention, including lifestyle modifications. The results can be used in combination with more objective metrics administered by a doctor, such as a physical exam, strength testing, range of motion testing, imaging of the problem area (x-ray, MRI, CT scan, etc.) and blood tests to get a more quantitative measure of your condition's status (optional).

Important: Since this is a *subjective* tool (meaning; *you* provide the answers, not scientific instruments), you must do your best to give the most accurate assessment. Try not to over or under rate yourself. Give each question some thought, and have some evidence to support your answer. Always compare your current physical abilities to your past; changes in them are typically related to changes in pain intensity, frequency and functional capacity.

DIRECTIONS: Print out. Fill out the top line first. This survey is to be used for only one body region (low back, hip, knee etc.) If you have multiple areas of pain, use a different survey for each one. Read each question carefully, and think through before answering. CIRCLE the red number that best represents your situation. Add the numbers at the bottom, then subtract from 50. This is your score. Complete a new survey every 30 days. Keep them together in a folder to quickly assess changes in your condition. The higher the score, the better.

SURVEY QUESTIONS:

1. **Pain INTENSITY:** On the visual analog scale of 0 – 10 below, where "0" means no pain and "10" means the worst possible pain, circle the number on the scale that best represents the AVERAGE pain intensity you experience, day to day.

[no pain] 0 ←--1--2--3--4--5--6--7--8--9--→10 [worst pain]

2. **Pain FREQUENCY:** In an 18-hour waking (not sleeping) day, about how often do you feel pain?

- [1] Occasionally – around 4 hours total
- [2] Intermittently – around 9 hours total
- [3] Frequently – around 14 hours total
- [4] Constantly – all day; never stops.

The following questions relate to the area of your body that is in pain:

3. **FUNCTIONAL CAPACITY-- Strength:**

Approximately how much force/weight/resistance can it handle, compared to when it was 100% pain-free? For example, if it's your low back, how much are you able to use your back muscles such as bending over at the waist before it gets too painful, as a percentage of when it was pain-free.

- [0] 100% (can use the body part at full capacity)
- [1] 75%
- [2] 50%
- [3] 25%
- [4] Less than 25%

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4. FUNCTIONAL CAPACITY – Active range of motion, pain-free movement:

Approximately how much active range of motion (active=your muscles move it) does it have BEFORE pain/discomfort appears, compared to normal?

- [0] 100% (you can move the body part through its full range with NO pain/discomfort)
- [1] 75% of normal
- [2] 50% of normal
- [3] 25% of normal
- [4] Less than 25% of normal

5. FUNCTIONAL CAPACITY – Passive range of motion, total mechanical range:

How much arc can the part move though as a percentage of its normal range? This includes WITH accompanying pain/discomfort and having someone help you move it *passively* through the pain, i.e. you relax the joint while another person moves it through its range of motion until a hard barrier is met. Note: be careful that you do not injure or aggravate it. For example, if you can't fully extend your knee but almost, select 75%.

- [0] 100% (the body part can be moved through its full mechanical range)
- [1] 75% of normal
- [2] 50% of normal
- [3] 25% of normal
- [4] Less than 25% of normal

6. FUNCTIONAL CAPACITY—Everyday physical activity

Approximately how much does your condition encumber you in the following activities? Circle the number:

0= none, 1= just a little, 2= a moderate amount, 3= a lot, but I can still do; 4= it prevents me from doing

Standing for 30 minutes	0	1	2	3	4
Sitting for 30 minutes	0	1	2	3	4
Walking half a mile	0	1	2	3	4
Running half a mile	0	1	2	3	4
Walking upstairs	0	1	2	3	4
Carrying & walking with a light weight, i.e. a grocery bag	0	1	2	3	4
Lifting 10+ pounds above your shoulder level	0	1	2	3	4
Lifting 10+ pounds from the floor to a table	0	1	2	3	4
Gripping something tightly for 10 seconds	0	1	2	3	4
Turning your neck to look behind you	0	1	2	3	4

7. PSYCHOSOMETRIC

How much does your condition lower your mood and outlook? Circle the number:

0= no effect, 1= just a little, 2= significantly, 3= depresses me sometimes

Sum of <u>all</u> circled red numbers: _____
SCORE: 50 – [sum] = _____
Previous score = _____ (date: _____)
CHANGE (+/-) = _____ in _____ days
The higher the score, the better.