



*"Bridging the Gap Between
Health Care and Fitness"*

FUNCTIONAL SCALES

CERVICAL OSWESTRY SCALE

Section 1 – Pain Intensity

- I have no pain at the moment. (0)
- The pain is very mild at the moment. (1)
- The pain is moderate at the moment. (2)
- The pain is fairly severe at the moment. (3)
- The pain is very severe at the moment. (4)
- The pain is the worst imaginable. (5)

Section 2 - Personal Care

- I can look after myself normally without causing extra pain. (0)
- I can look after myself normally but it causes extra pain. (1)
- It is painful to look after myself and I am slow and careful. (2)
- I need some help but manage most of my personal care. (3)
- I need help every day in most aspects of self care. (4)
- I do not get dressed, I wash with difficulty and stay in bed. (5)

Section 3 - Lifting

- I can lift heavy weights without extra pain. (0)
- I can lift heavy weights but it gives me pain. (1)
- Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned. (2)
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned. (3)
- I can lift only very light weights. (4)
- I cannot lift or carry anything at all. (5)

Section 4 - Reading

- I can read as much as I want to with no pain in my neck. (0)
- I can read as much as I want to with slight pain in my neck. (1)
- I can read as much as I want with moderate pain in my neck. (2)
- I cannot read as much as I want because of moderate pain in my neck. (3)
- I can hardly read at all because of severe pain in my neck. (4)
- I cannot read at all. (5)

Section 5 - Headaches

- I have no headaches at all. (0)
- I have slight headaches that come infrequently. (1)
- I have moderate headaches, which come infrequently. (2)
- I have moderate headaches, which come frequently. (3)
- I have severe headaches, which come frequently. (4)
- I have headaches almost all the time. (5)

Section 6 - Concentration

- I can concentrate fully when I want to with no difficulty. (0)**
- I can concentrate fully when I want to with slight difficulty. (1)**
- I have a fair degree of difficulty in concentrating when I want to. (2)**
- I have a lot of difficulty in concentrating when I want to. (3)**
- I have a great deal of difficulty in concentrating when I want to. (4)**
- I cannot concentrate at all. (5)**

Section 7 – Work

- I can do as much work as I want to. (0)**
- I can do my usual work, but no more. (1)**
- I can do most of my usual work, but no more. (2)**
- I cannot do my usual work. (3)**
- I can hardly do any work at all. (4)**
- I cannot do any work at all. (5)**

Section 8 – Driving

- I can drive my car without any neck pain. (0)**
- I can drive my car as long as I want with slight pain in my neck. (1)**
- I can drive my car as long as I want with moderate pain in my neck. (2)**
- I cannot drive my car as long as I want because of moderate pain in my neck. (3)**
- I can hardly drive at all because of severe pain in my neck. (4)**
- I cannot drive my car at all. (5)**

Section 9 – Sleeping

- I have no trouble sleeping. (0)**
- My sleep is slightly disturbed (less than 1 hour sleepless). (1)**
- My sleep is mildly disturbed (1-2 hours sleepless). (2)**
- My sleep is moderately disturbed (2-3 hours sleepless). (3)**
- My sleep is greatly disturbed (3-5 hours sleepless). (4)**
- My sleep is completely disturbed (5-7 hours sleepless). (5)**

Section 10 – Recreation

- I am able to engage in all my recreation activities with no neck pain at all. (0)**
- I am able to engage in all my recreation activities with some pain in my neck. (1)**
- I am able to engage in most, but not all, of my usual recreation activities because of pain in my neck. (2)**
- I engage in only a few of my usual recreation activities because of pain in my neck. (3)**
- I can hardly do any recreation activities because of pain in my neck. (4)**
- I cannot do any recreation activities at all. (5)**

Scoring

- 0-4 No Disability**
- 5-14 Mild Disability**
- 15-24 Moderate Disability**
- 25-34 Severe Disability**
- >35 Complete Disability**

FUNCTIONAL SCALE FOR ANKLE ASSESSMENT

- I. Subjective assessment of the injured ankle**
No symptoms of any kind (15)
Mild Symptoms (10)
Moderate Symptoms (5)
Severe Symptoms (0)
- II. Can you walk normally?**
YES (15)
NO (0)
- III. Can you run normally?**
YES (15)
NO (0)
- IV. Climbing down stairs**
Less than 18 seconds (10)
18 – 20 seconds (5)
Longer than 20 seconds (0)
- V. Rising on heels with injured leg**
More than 40 times (10)
30 to 39 times (5)
Fewer than 30 times (0)
- VI. Rising on toes with injured leg**
More than 40 times (10)
30 to 39 times (5)
Fewer than 30 times (0)
- VII. Single-limbed stance with injured leg**
Longer than 55 seconds (10)
50 to 55 seconds (5)
Less than 50 seconds (0)
- VIII. Laxity of ankle joint**
Stable (<5 mm) (10)
Mod. Instability (6-10mm) (5)
Severe Instability (>10mm) (0)
- IX. Dorsiflexion ROM of injured leg**
>10° (10)
5° to 9° (5)
<5° (0)

Excellent 85-100

Good 70-84

Fair 55-69

Poor <54

Functional Status Index

Assistance

- 1 – Independent
- 2 – Uses Devices
- 3 – Uses Human Assistance
- 4 – Uses Devices and Human Assistance
- 5 – Unable or unsafe to do the activity

Pain

- 1 – No Pain
- 2 – Mild Pain
- 3 – Moderate Pain
- 4 – Severe Pain

Difficulty

- 1 – No Difficulty
- 2 – Mild Difficulty
- 3 – Moderate Difficulty
- 4 – Severe Difficulty

Activity	Assistance	Pain	Difficulty
Mobility			
Walking Outside	_____	_____	_____
Climbing up Stairs	_____	_____	_____
Rising from Chair	_____	_____	_____
Personal Care			
Put on Pants	_____	_____	_____
Button Shirt/Blouse	_____	_____	_____
Wash Whole Body	_____	_____	_____
Put on Shirt/Blouse	_____	_____	_____
Home Chores			
Vacuum Rug	_____	_____	_____
Reach Low Cupboard	_____	_____	_____
Do Laundry	_____	_____	_____
Do Yardwork	_____	_____	_____
Hand Activities			
Writing	_____	_____	_____
Open Container	_____	_____	_____
Dial Phone	_____	_____	_____
Social Activities			
Perform your job	_____	_____	_____
Drive a Car	_____	_____	_____
Attend meetings	_____	_____	_____
Visit Friends/Family	_____	_____	_____

Harris Hip Function Scale

Pain (44 Points)

None	44 Points
Slight, occasional	40 Points
Mild, no effect on activity	30 Points
Moderate, makes concessions	20 Points
Marked, serious limitation	10 Points
Totally Disabled	0 Points

Range of Motion (5 Points Max)

Full	5 Points
Partial	4 Points
Limited	2 Points

Function (47 Points)

Gait

Limp

None	11 Points
Slight	8 Points
Moderate	5 Points
Unable to Walk	0 Points

Support

None	11 Points
Cane, Long walks	7 Points
Cane, Full time	5 Points
Crutch	4 Points
Two Canes	2 Points
Unable to Walk	0 Points

Distance Walked

Unlimited	11 Points
Six blocks	8 Points
Two to three blocks	5 Points
Indoors Only	2 Points
Bed and chair	0 Points

Functional Activities

Stairs

Normally	4 Points
Normal with banister	2 Points
Any method	1 Point
Not able	0 Points

Socks and tie shoes

With Ease	4 Points
With Difficulty	2 Points
Unable	0 Points

Sitting

Any chair, 1 hour	5 Points
High chair, ½ hour	3 Points
Unable to sit ½ hour	0 Points

Enter Public Transport

Able to use public transport	1 Points
Not able	0 Points

Absence of Deformity (Max 4 Points - must have all four)

Fixed Adduction < 10 Degrees	4 Points
Fixed Int Rot in Ext < 10 degrees	0 Points
Leg Length Disc. < 1 ¼ inch	
Pelvic Flexion Contracture < 30°	

Lysholm Knee Scale

Limp (5 Points)

None 5 _____
 Slight or periodic 3 _____
 Severe and constant 0 _____

Support (5 Points)

Full Support 5 _____
 Cane or crutch 3 _____
 Weight Bearing impossible 0 _____

Stair Climbing (5 points)

No problems 5 _____
 Slightly impaired 3 _____
 One step at a time 2 _____
 Unable 0 _____

Squatting (5 Points)

No problem 5 _____
 Lightly impaired 3 _____
 Not past 90 degrees 2 _____
 Unable 0 _____

TOTAL

Walking, Running and Jumping

Instability (30 Points)

Never giving way 30 _____
 Rarely gives way except
 for athletic or other
 severe exertion 25 _____
 Gives way frequently
 during athletic events
 or severe exertion 0 _____
 Occasionally in daily activities 10 _____
 Often in daily activities 5 _____
 Every step 0 _____

Swelling (10 Points)

None 10 _____
 With giving way 7 _____
 On severe exertion 5 _____
 On ordinary exertion 2 _____
 Constant 0 _____

Pain (30 Points)

None 30 _____
 Inconstant and slight
 during severe exertion 25 _____
 Marked on giving way 20 _____
 Marked during severe exertion 15 _____
 Marked on or after walking
 more than 1 ¼ miles 10 _____
 Marked on or after walking
 less than 1 ¼ miles 5 _____
 Constant and severe 0 _____

Atrophy of thigh (5 Points)

None 5 _____
 1-2 cm 3 _____
 > 2 cm 0 _____

TOTAL

OSWESTRY SCALE

Section 1 – Pain Intensity

- I have no pain at the moment.
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The Pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable.

Section 2 - Personal Care

- I can look after normally without causing extra pain.
- I can look after myself normally but it is very painful.
- It is painful to look after myself and I am slow and careful.
- I need some help but manage most of my personal care.
- I need help every day in most aspects of self care.
- I do not get dressed, wash with difficulty and stay in bed.

Section 3 - Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it gives me pain.
- I pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned.
- Pain prevents me from lifting heavy weights but I can manage light to moderate weights if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything at all.

Section 4 - Walking

- Pain does not prevent me walking any distance.
- Pain prevents me walking more than 1 mile.
- Pain prevents me walking more than $\frac{1}{4}$ of a mile.
- Pain prevents me walking more than 100 yards.
- I can only walk using a stick or crutches.
- I am only in bed most of the time and have to crawl to the toilet.

Section 5 - Sitting

- I can sit in any chair as long as I like.
- I can sit in my favorite chair as long as I like.
- Pain prevents me from sitting for more than 1 hour.
- Pain prevents me from sitting for more than $\frac{1}{2}$ an hour.
- Pain prevents me from sitting for more than 10 minutes.
- Pain prevents me from sitting at all.

Section 6 - Standing

- I can stand as long as I want without extra pain.**
- I can stand as long as I want but it gives me extra pain.**
- Pain prevents me from standing for more than 1 hour.**
- Pain prevents me from standing for more than ½ hour.**
- Pain prevents me from standing for more than 10 minutes.**
- Pain prevents me from standing at all.**

Section 7 – Sleeping

- My sleep is never disturbed by pain.**
- My sleep is occasionally disturbed by pain.**
- Because of pain I have less than 6 hours sleep.**
- Because of pain I have less than 4 hours sleep.**
- Because of pain I have less than 2 hours sleep.**
- Pain prevents me from sleeping at all.**

Section 8 – Sex Life

- My sex life is normal and causes no extra pain.**
- My sex life is normal but causes some extra pain.**
- My sex life is normal is nearly normal but is very painful.**
- My sex life is severely restricted by pain.**
- My sex life is nearly absent because of pain.**
- Pain prevents any sex life at all.**

Section 9 – Social Life

- My social life is normal and causes me no extra pain.**
- My social is normal but increases the degree of pain.**
- Pain has no significant effect on my social life apart from limiting my more energetic interests.**
- Pain has restricted my social life and I do not go out as often.**
- Pain has restricted social life to my home.**
- I have no social life because of pain.**

Section 10 – Traveling

- I can travel anywhere without pain.**
- I can travel anywhere but it gives extra pain.**
- Pain is bad but I manage journeys of over two hours.**
- Pain restricts me to journeys of less than one hour.**
- Pain restricts me to short necessary journeys less than 30 minutes.**
- Pain prevents me from traveling except to receive treatment.**

Section 11 – Previous Treatment

Over the past three months have you received treatment, tablets or medicines of any kind for your back or leg pain?

NO

Yes(state type of treatment)

Functional Shoulder Strength Scale

Pain

None	15 pts
Mild	10 pts
Moderate	5 pts
Severe	0
(Total Points Available)	15
Total Points Scored	_____

ADL's

Full Work	4 pts
Full Recreation or sport	4 pts
Unaffected sleep	2 pts

Positioning

Up to waist	2 pts
Up to xiphoid	4 pts
Up to neck	6 pts
Up to top of head	8 pts
Above head	10 pts
(Total Points Available)	20 pts
Total Points Scored	_____

Range of Motion

0 to 30 degrees	0 pts
31 to 60 degrees	2 pts
61 to 90 degrees	4 pts
91 to 120 degrees	6 pts
121 to 150 degrees	8 pts
151 to 180 degrees	10 pts

Flexion Points _____

Abduction Points _____

Internal Rotation

Dorsum of hand to lateral thigh	0 pts
Dorsum of hand to buttock	2 pts
Dorsum of hand to lumbosacral junc	4 pts
Dorsum of hand to waist (L3)	6 pts
Dorsum of hand to T12	8 pts
Dorsum of hand to T7	10 pts

External Rotation

Hand behind head with elbow forward	2 pts
Hand behind head with elbow back	2 pts
Hand on top of head elbow forward	2 pts
Hand on top of head elbow back	2 pts
Full elevation from top of head	2 pts

Total Points Available 40 pts

Total Points Scored _____

Amount of weight lifted (total available 25) _____

Tinetti Gait/Balance Scale

Balance

1. Sitting Balance
 - a. Leans or slides in chair = 0
 - b. Steady, safe = 1
2. Arises
 - a. Unable without help = 0
 - b. Able, uses arms to help = 1
 - c. Able, without using arms = 2
3. Attempts to arise
 - a. Unable without help = 0
 - b. Able, requires > 1 attempt = 1
 - c. Able to rise, 1 attempt = 2
4. Immediate standing balance (first 5 seconds)
 - a. Unsteady (swaggers, moves feet, trunk sways) = 0
 - b. Steady but uses cane or other support = 1
 - c. Steady without walker or other support = 2
5. Standing Balance
 - a. Unsteady = 0
 - b. Steady but wide stance (medial heels > 4" apart) and uses cane or other support = 1
 - c. Narrow stance without support = 2
6. Nudged (subject at max position with feet as close as possible, examiner pushes three with palm on subjects sternum)
 - a. Begins to fall = 0
 - b. Staggers, grabs, catches self = 1
 - c. Steady = 2
7. Eyes closed (same as position 6)
 - a. Unsteady = 0
 - b. Steady = 1
8. Turning 360 degrees
 - a. Discontinuous Steps = 0
 - b. Continuous = 1
 - c. Unsteady (grabs, staggers) = 0
 - d. Steady = 1
9. Sitting Down
 - a. Unsafe (misjudged distance, falls into chair) = 0
 - b. Uses arms or not a smooth motion = 1
 - c. Safe, smooth motion = 2

Balance Score

/16

Gait

10. Initiation of Gait (immediate initiation)
 - a. Any hesitancy or multiple attempts to start = 0
 - b. No hesitancy = 1
11. Step Length and height
 - a. Right Swing Foot
 - i. Does not pass left stance foot with step = 0
 - ii. Passes left stance foot = 1
 - iii. Right foot does not clear floor = 0
 - iv. Right foot completely clears floor = 1
 - b. Left Swing Foot
 - i. Does not pass right stance foot with step = 0
 - ii. Passes right stance foot = 1
 - iii. Left foot does not clear floor = 0
 - iv. Left foot completely clears floor = 1
12. Step Symmetry
 - a. Right and left step length not equal (estimate) = 0
 - b. Right and left step length appear equal = 1
13. Step Continuity
 - a. Stopping or discontinuity between steps = 0
 - b. Steps appear continuous = 1
14. Path (estimate 12 inch floor tiles over 10 feet)
 - a. Marked deviation = 0
 - b. Mild/moderate deviation or uses walking aid = 1
 - c. Straight without walking aid = 2
15. Trunk
 - a. Marked sway or uses walking aid = 0
 - b. No sway but flexion of knees or back or spreads arms = 1
 - c. No sway, no flexion, no use of arms or aid = 2
16. Walking time
 - a. Heels apart = 0
 - b. Heels almost touching while walking = 1

Gait Score /12

Balance + Gait Score /28