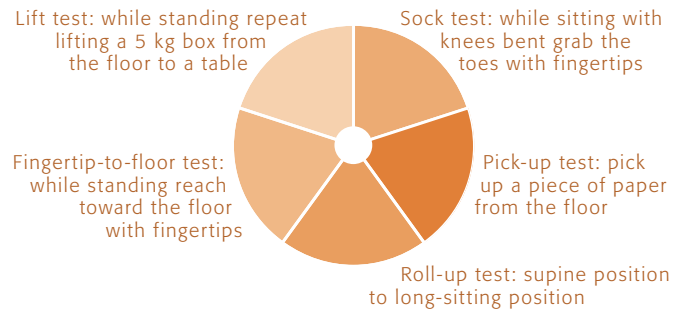


5 BACK PERFORMANCE SCALE (BPS)

Source: **Strand LI, Moe-Nilssen R, Ljunggren AE (2002)** Back Performance Scale for the assessment of mobility-related activities in people with back pain. *Phys Ther*; 82(12):1213–1223.

Type: Clinician-based outcome
Scale: 5 items relating to physical performance of compound activities.

Each item scored on a 0 to 3 point scale.



Interpretation:
Maximum score: 15
Minimum score: 0

The higher the score, the greater the disability.

OUTCOMES VALIDATED AGAINST

- [1] • Patients with back pain
 • Patients with neck or shoulder pain
 • Activity limitations
 • Return to work
- [2] • Roland-Morris disability questionnaire
 • Hannover functional ability questionnaire

Patient population tested in	Validity	Reliability	Responsiveness
Patients with back pain (N = 114) (44 years; 40% male) [1]	+	+	+
Patients with chronic low back pain (N = 32) (38 years; 34% male) [2]	+	+	NOT TESTED
Patients with acute low back pain (N = 9) (46 years; 89% male) [2]			

5 BACK PERFORMANCE SCALE (BPS)

VALIDATION STUDIES

1. **Strand LI, Moe-Nilssen R, Ljunggren AE (2002)** Back Performance Scale for the assessment of mobility-related activities in people with back pain. *Phys Ther*; 82(12):1213–1223.
2. **Magnussen L, Strand LI, Lygren H (2004)** Reliability and validity of the back performance scale: observing activity limitation in patients with back pain. *Spine*; 29(8):903–907.

METHODOLOGICAL EVALUATION

	NO SCORE	0 POINTS	1 POINT	POINTS	
Validity	Content validity	NOT TESTED	NOT VALID	VALID	-
	Construct validity	NOT TESTED	NOT VALID	VALID	1
	Criterion validity	NOT TESTED	NOT VALID	VALID	1
Reliability	Internal consistency	NOT TESTED	NOT CONSISTENT	CONSISTENT	1
	Reproducibility	NOT TESTED	NOT REPRODUCIBLE	REPRODUCIBLE	1
	Responsiveness	NOT TESTED	NOT RESPONSIVE	RESPONSIVE	1
SUBTOTAL				5	

CLINICAL UTILITY

	0 POINTS	1 POINT	2 POINTS	POINTS
Patient friendliness	LIMITED	MODERATE	STRONG	2
Clinician friendliness	LIMITED	MODERATE	STRONG	0
SUBTOTAL				2

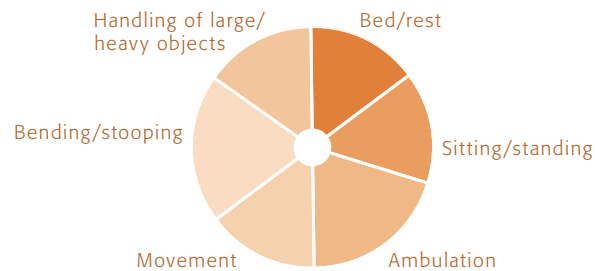
TOTAL 7

22 QUEBEC BACK PAIN DISABILITY SCALE

Source: **Kopec JA, Esdaile JM, Abrahamowicz M, Abenhaim L, Wood-Dauphinee S, Lamping DL, Williams JI** (1995) The Quebec Back Pain Disability Scale. Measurement properties. *Spine*; 20(3):341–352.

Type: Patient-reported outcome
Scale: 6 categories (20 items)

Each item scored on a
 0 to 5 point scale.



Interpretation:
 Maximum score: 100
 Minimum score: 0

The higher the score,
 the greater the disability.

OUTCOMES VALIDATED AGAINST

- [1,2] • Other measures of functional disability
 • Measures of pain
 • Medical history variables
 • Work related variables
 • Socio-demographic variables
 • Oswestry disability questionnaire
 • Roland-Morris disability questionnaire
 • Physical function subscale of SF-36
- [3] • Dallas pain scale
 • Impact of pain
 • Perceived health
 • Impairment
 • Psychological status
 • Social status
 • Nottingham health profile
- [4] • Roland-Morris disability questionnaire
 • Pain severity

Patient population tested in	Validity	Reliability	Responsiveness
English and French speaking patients with back pain (N = 178) (>18 years; sex NR) [1, 2]	+	+	+
French speaking patients with chronic low back pain (N = 32) (42 years; 66% male) [3]	+	+	NOT TESTED
Dutch speaking patients with chronic low back pain (N = 120) (40 years; 60% male) [4]	+	+	NOT TESTED
Patients with low back pain (N = 106) (18-83 years; 31% male) [5]	+	+	+
Patients with acute or work-related low back pain (N = 67) (39 years; 57% male) [6]	NOT TESTED	-	-

22 QUEBEC BACK PAIN DISABILITY SCALE

Validated translations: French, Dutch; computerized version available

OUTCOMES VALIDATED AGAINST CONT

- [5]
- Oswestry disability questionnaire
 - Roland-Morris disability questionnaire
 - Waddell disability index
 - SF-36 physical functioning scale

VALIDATION STUDIES

1. **Kopec JA, Esdaile JM, Abrahamowicz M, et al (1995)** The Quebec Back Pain Disability Scale. Measurement properties. *Spine*; 20(3):341–352.
2. **Kopec JA, Esdaile JM, Abrahamowicz M, et al (1996)** The Quebec Back Pain Disability Scale: conceptualization and development. *J Clin Epidemiol*; 49(2):151–161.
3. **Yvanes-Thomas M, Calmels P, Bethoux F, et al (2002)** Validity of the French-language version of the Quebec back pain disability scale in low back pain patients in France. *Joint Bone Spine*; 69(4):397–405.
4. **Schoppink LE, van Tulder MW, Koes BW, et al (1996)** Reliability and validity of the Dutch adaptation of the Quebec Back Pain Disability Scale. *Phys Ther*; 76(3):268–275.
5. **Davidson M, Keating JL (2002)** A comparison of five low back disability questionnaires: reliability and responsiveness. *Phys Ther*; 82(1):8–24.
6. **Fritz JM, Irrgang JJ (2001)** A comparison of a modified Oswestry Low Back Pain Disability Questionnaire and the Quebec Back Pain Disability Scale. *Phys Ther*; 81(2):776–788.

METHODOLOGICAL EVALUATION

	NO SCORE	0 POINTS	1 POINT	POINTS	
Validity	Content validity	NOT TESTED	NOT VALID	VALID	1
	Construct validity	NOT TESTED	NOT VALID	VALID	1
	Criterion validity	NOT TESTED	NOT VALID	VALID	-
Reliability	Internal consistency	NOT TESTED	NOT CONSISTENT	CONSISTENT	1
	Reproducibility	NOT TESTED	NOT REPRODUCIBLE	REPRODUCIBLE	1
	Responsiveness	NOT TESTED	NOT RESPONSIVE	RESPONSIVE	1
SUBTOTAL				5	

CLINICAL UTILITY

	0 POINTS	1 POINT	2 POINTS	POINTS
Patient friendliness	LIMITED	MODERATE	STRONG	1
Clinician friendliness	LIMITED	MODERATE	STRONG	2
SUBTOTAL				3
TOTAL				8