

***Putting people’s lives in motion***

**Spine & Orthopedic Center**

**RED RIVER REHAB**

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Oswestry Back Disability Index**

This questionnaire is designed to help us better understand how your back pain affects your ability to manage everyday life activities. Please check the box for the one statement in each section that applies to you. Although you may consider that two of the statements in any one section relate to you,***please mark only one box that most closely describes your present-day situation****.*

**Physical Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Score: \_\_\_\_/50**

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