

This is a **Sample** version of the
**Back Pain Function
Scale (BPFS)**

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The full complete version includes –

- Overview information
- Scoring/ Administration instructions
- BPFS Complete questionnaire/
Assessment
- BPFS Clinical Validity

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Development and Initial Validation of the Back Pain Functional Scale

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Abstract

Study Design. A prospective repeated-measures design was applied.

Objectives. To examine the measurement properties of the Back Pain Functional Scale (BPFS) and the Roland–Morris Questionnaire (RMQ) and to formulate hypotheses and sample size estimates for a subsequent comparison study.

Summary of Background Data. Although there are numerous functional status measures for patients with low back pain, most have been conceived of and validated with a group rather than an individual patient as the unit of interest. Also, little has been done to formally compare—this includes the generation of a *priori* hypotheses, followed by statistical hypotheses testing—the many competing measures.

Methods. Subjects were 77 patients with low back pain who were referred by physicians to 10 outpatient physical therapy clinics located in Canada and the United States. The questionnaires were administered at patients' initial visits, within 48 hours of the initial visit, and at 1-, 2-, and 3-week follow-up visits. Reliability, cross-sectional validity, and longitudinal validity (sensitivity to change) coefficients were calculated.

Results. Test–retest reliability estimates of 0.81 and 0.88 were obtained for the RMQ and BPFS, respectively. The measures demonstrated similar levels of cross-sectional validity. Correlations of 0.56 and 0.65 were noted between a prognostic rating of change and the RMQ and BPFS, respectively. The RMQ demonstrated a ceiling effect. Approximately 180 patients are needed for a subsequent head-to-head comparison study of the measures.

Conclusions. The BPFS appears to have sound measurement properties, and a formal head-to-head comparison study with the RMQ is warranted.

Self-report measures for persons with low back pain (LPB) appeared in the literature 20 years ago. 13 More recently, numerous measures intended for the same purpose have been reported. 11,25–28,32,38,39,41,49,55 Unfortunately, little has been done to formally compare these measures. A formal comparison involves the formulation and testing of hypotheses. Acknowledging this problem, a panel of researchers called for the standardization of outcome measures. 8 Although this group offered many valuable recommendations, their suggestions were based on expert opinion rather than on a declared critical review of the literature. 4,8,25,36,48 This action indicates that standards for selecting outcome measures have not been developed and applied with the same rigor as have standards for evaluating therapeutic interventions and diagnostic tests. 9,10,21–24,56,57

The abundance of self-report measures prompts several questions: Should an attempt be made to develop another measure? Against which existing measure should a new measure be evaluated? What methods should be applied to compare measures? What is an appropriate sample size for a comparison study?

**This is the end of the sample BPFS clinical Validity.
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The Back Pain Function Scale (BPFS)

Overview:

The Back Pain Function Scale (BPFS) to evaluation functional ability in patients with back pain.

Instructions:

Measure the following activities with the appropriate response (from the bottom this page).

Activity Measures:

- (1) any of your usual work housework or school activities
- (2) your usual hobbies recreational or sporting activities
- (3) performing heavy activities around your home
- (4) bending or stooping
- (5) putting your shoes or socks (or stockings or pantyhose)
- (6) lifting a box of groceries from the floor
- (7) sleeping

**This is the end of the sample BPFS Questionnaire.
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