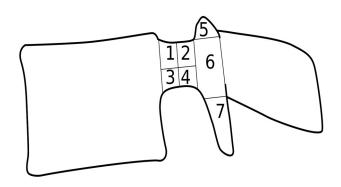
### **Appendix**

The Likert scale is an ordered, 1D dimensional scale from which respondents choose 1 option that best aligns with their view. There are typically between 4 and 7 options with 5 being the most common. For example, the 5-point traditional Likert scale includes the following choices: 1) strongly agree, 2) tend to agree, 3) neither agree or disagree, 4) tend to disagree, and 5) strongly disagree. By dropping number 3 (neither agree or disagree), the 4-point Likert scale becomes a forced choice.<sup>37</sup>

The Roland-Morris disability questionnaire is a widely used health status measure for low back pain. References regarding this scale are included.



#### Roland Morris Disability Questionnaire

# Scoring: Instructions for Roland-Morris:

- The patient is instructed to put a mark next to each appropriate statement.
- The total number of marked statements are added by the clinician. Unlike the authors of the Oswestry Disability Questionnaire, Roland and Morris did not provide descriptions of the varying degrees of disability (e.g. 40%-60% is severe disability).
- Clinical improvements over time can be graded based on the analysis of serial questionnaire scores. If, for example, at the beginning of treatment, a patient's score was 12 and, at the conclusion of treatment, her score was 2 (10 points of improvement), we would calculate an 83% 910/12 x 100) improvement.

## References

- Deyo RA, Battie M, Beurskens AJ, Bombardier C, Croft P, Koes B, et al. Outcome measures for low back pain research. Spine 1998;23:2003-2013.
- Roland M, Morris R. A study of the natural history of back pain: part I: development of a reliable and sensitive measure of disability in low-back pain. Spine 1983;8:141-144.
- 3. Deyo RA. Comparative validity of the sickness impact profile and shorter scales for functional assessment in low back pain. *Spine* 1986:11;951-0954.
- Jensen MP, Strom SE, Turner JA, Romano JM. Validity of the Sickness Impact Profile Roland scale as a measure of dysfunction in chronic pain patients. *Pain* 1992;50;157-162.
- Patrick DL, Deyo RA, Atlas SJ, Singer DE, Chapin A, Keller RB. Assessing health related quality of life in patients with sciatica. Spine 1995;20:1899-909.
- Roberts A. The conservative treatment of low back pain. MD thesis, University of Nottingham, 1991.
- 7. Waddell G. The Back Pain Revolution. Edinburgh: Churchill Livingstone, 1998.
- Baker CD, Pynsent PB, Fairbank JCT. The Oswestry Disability Index revisited: its reliability, repeatability and validity, and a comparison with the St. Thomas's Disability Index. In: Roland MO, Jenner JR, eds. *Back Pain: New Approaches to Education and Rehabilitation*. Manchester University Press, 1989:174-86.
- Stratford PW, Binkley JM. Measurement properties of the RM 18: a modified version of the Roland-Morris disability scale. Spine 1997;22:2416-2421.
- CareTrak outcomes software. Grand Rapids, MN; (800) 393-7255, www.caretrak-outcomes.com.

# **RDQ**

Name:	Date:
Age:	Score:
When your back hurts, you may find if difficult to do some	e of the things you normally do.
Mark only the sentences that describ	e you lately
1. [] I stay at home most of the time because of my	back.
2. [] I walk more slowly than usual because of my b	ack.
3. [] Because of my back, I am not doing any jobs the	nat I usually do around the
house.	
4. [] Because of my back, I use a handrail to get up:	stairs.
5. [] Because of my back, I lie down to rest more off	ten.
6. [] Because of my back, I have to hold onto somet	thing to get out of an easy
chair.	
7. [] Because of my back, I try to get other people to	o do things for me.
8. [] I get dressed more slowly than usual because	of my back.
9. [] I stand up only for short periods of time becaus	e of my back.
10. [] Because of my back, I try not to bend or knee	l down.
11. [] I find it difficult to get out of a chair because or	f my back.
12. [] My back or leg is painful almost all of the time	
13. [] I find it difficult to turn over in bed because of	my back.
14. [] I have trouble putting on my socks (or stocking	gs) because of pain in my
back.	
15. [] I sleep less well because of my back.	
16. [] I avoid heavy jobs around the house because	of my back.

- 17. [] Because of back pain, I am more irritable and bad tempered with people than usual.
- 18. [] Because of my back, I go upstairs more slowly than usual.

On-line Table 1: Summary of pedicle marrow signal changes, clinical course, posterior paraspinal soft tissue changes, and type 1 to type 2 marrow changes in 30 patients

	Patient Age		Signal		Follow-Up	Soft Tissue	Marrow Conversion
Patient No.	(yr)	Diagnosis	Changes	Symptoms <sup>a</sup>	Duration	Changes <sup>b</sup>	Type 1 to 2 <sup>b</sup>
17 Patients: signal resolution							
1	55	DFC	Revolved	0			
3	14	Pars	Revolved	+		Χ	Χ
6	64	Ped	Revolved	+			
7	16	Pars	Revolved	+		Χ	Χ
9	55	DFC	Revolved	0		Χ	
13	65	DFC	Revolved	+			
15	16	Ped	Revolved	+			Χ
16	62	DFC	Revolved	0			
18	11	DFC	Revolved	+			
19	20	Pars	Revolved	+			Χ
20	62	DFC	Revolved	0			
21	14	Pars	Revolved	+			
22	70	DFC	Revolved	+			
24	18	Pars	Revolved	0		Χ	Χ
25	17	Ped	Revolved	0			Χ
27	23	Ped	Revolved	+			
29	59	DFC	Revolved	0			
5 Patients: no signal resolution							
followed for >18 mo							
4	49	DFC	Improved	+	21		
11	16	Pars	0	+	18	Χ	
14	56	DFC	0	+	18	Χ	
23	73	DFC	Improved	0	18		
30	13	Pars	Improved	+	18	Χ	
8 Patients: no signal resolution							
followed <18 mo							
2	50	Pars	0	+			
5	18	Pars	Improved	+		Χ	
8	66	DFC	Improved	+			
10	56	DFC	Worse	_			
12	54	Pars	Improved	_			
17	42	DFC	. 0	+		Χ	
26	50	DFC	0	0			
28	15	Pars	Improved	+			

 $<sup>^{\</sup>rm a}$  0, no change; +, clinical symptoms improved; -, clinical symptoms worsened.  $^{\rm b}$  X, present.