Please complete this for all patients with low back pain who are referred for physiotherapy and assessed between ................................... and discharged before..............................

Q1. Service/ clinic location patient seen in/at:

Q2. Type of location:
Primary care
Interface
Secondary Care
Other

Q3. How long did the patient wait from receipt of referral to first appointment: (days, weeks, months, as appropriate, please specify).

Q4. Name of referrer:

Q5. Type of referrer: (e.g. GP, ESP, secondary care medic)

Q6a. Did the referrer use the STarTBack tool:
Yes  No

Q6b. If yes, which subgroup did the tool allocate them to:
Low
Medium
High

Q7a. Did the physiotherapist use the STarTBack tool:
Yes  No

Q7b. If no, why not?

Q7c If yes, which subgroup did the tool allocate them to:
Low
Medium
High
Q8a. Did the treatment approach match the scoring as per the STaRT Back study:

Low: 1-2 appointments only
Yes  No  
Low; given patient information leaflet
Yes  No  
Medium: course of physiotherapy
Yes  No  
High: Psychologically Informed Physiotherapy, delivered by suitably skilled person
Yes  No  

Q8b. If not, why not: 

Q9. How many contacts did the patient receive in this episode of care:

1  2  3  4  5  6  7  8  9  10 or more than 10 
If more than 10 how many: 

Q10a. Which primary outcome measure was used (e.g. STaRTBack tool; MSK PROM) 

Q10b. Please give primary outcome measure score:

Initial  Discharge  

Q11a. Which secondary outcome measure was used:

Q11b. Please give secondary outcome measure score:

Initial  Discharge  

Q12a. Which patient satisfaction/experience measure was used:

Q12b. Please give patient satisfaction/experience measure score:

Q13. If the patient was referred by the physiotherapist, where were they referred to:

Musculoskeletal ESP service  Pain service  Other ………………………………………………

Please return to ………………………

……………………………………………

……………………………………………

before …………..…

Many thanks


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