

# The Örebro Musculoskeletal Pain Questionnaire

## A brief history

The Örebro Musculoskeletal Pain Questionnaire (ÖMPQ), formerly known as the Acute Low Back Pain Screening Questionnaire (ALBPSQ), was developed to help identify patients at risk for developing persistent back pain problems and related disability.

## Description

The questionnaire is intended to be used with individuals who are experiencing regional pain problems that are affecting their performance at work, taking repeated short spells of sickness absence or are currently off work and have been so for up to 12 weeks. There are 21 scored questions concerning attitudes and beliefs, behaviour in response to pain, affect, perception of work and activities of daily living. It can usually be completed in 5 min before the patient meets the health professional. A cut-off score of 105 and below has been found to predict, with 95% accuracy, those who will recover and, with 81% accuracy, those who will have no further sick leave, in the next 6 months. Prediction of long-term sick leave (>30 days within the next 6 months) was found to be 67% accurate. A cut-off score of 130 and above correctly predicted 86% of those who failed to return to work [1]. This assists the clinician to apply interventions (including the use of activity programmes based on cognitive behavioural strategies) to reduce the risk of long-term pain-related disability. Evidence indicates that these factors can be changed if they are addressed.

## Items

Items 3–5 address the number of regions of the body where pain is experienced, how long the pain has been a problem and how much time has been lost from work in the past 18 months because of pain. Items 7–10 are concerned with the patient's perception of pain and coping strategies. Items 6 and 15 focus on the individual's perception of their work. Questions 11–14 are looking at feelings of anxiety, depression and the patient's perception of their pain becoming persistent and their likelihood of getting back to work in the next 6 months. The items 16–18 are concerned with fear-avoidant beliefs and behaviours in response to pain and items 19–23 are on activities of daily living. The first two questions (and in some countries more) are age and gender and are not used in scoring.

## Validity

Analysis reveals that the items on the questionnaire were significantly related to future problems. For absenteeism due to sickness, 68% of the patients were correctly classified into one of three groups, whereas an even distribution would have produced 33%. The analyses for function correctly classified 81%, and for pain 71%, into one of two groups, compared with a chance level of 50%. A total score analysis demonstrated that a cut-off score of 90 points had a sensitivity of 89% and a specificity of 65% for absenteeism due to sickness and a sensitivity of 74% and a specificity of 79% for functional ability [1].

The results underscore that psychological variables are related to outcome 6 months later [2], and they replicate and extend earlier findings indicating that the ÖMPQ is a clinically reliable and valid instrument. The total score is a relatively good predictor of future absenteeism due to sickness absence as well as function, but not of pain. The results suggest that the instrument could be of value in isolating patients in need of early interventions and may promote the use of appropriate interventions for patients with psychological risk factors.

## Key research

The ÖMPQ and ALBPSQ have been used in many studies in a variety of countries and languages [3–5].

## Source

The questionnaire is available from the original paper [1]. There are no charges.

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## References

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