INSTRUCTIONS FOR COMPLETING THE NECK DISABILITY INDEX (NDI)

- 1. All patients 15 years of age and older with a primary complaint of neck pain (i.e., cervical or occipital) must complete a Neck Disability Index (NDI) form. It is recommended that the NDI be used at baseline (i.e., at the time of the initial visit for an episode of care) and every 4 weeks thereafter <u>or</u> with each new Treatment Form submission. The Disability Index forms are used within the treatment program to measure patient progress. The patient may leave certain questions blank if they don't apply.
- 2. The NDI was developed in 1989 by Howard Vernon and has become a standard instrument for measuring self-rated disability due to neck pain. Each of the 10 sections is scored from 0 5. The maximum score is therefore 50.

Each NDI Section is scored as follows:

A = 0 points

B = 1 point

C = 2 points

D = 3 points

E = 4 points

F = 5 points

Maximum points = 50

Points are interpreted as:

0 - 4 points = no disability

5 - 14 points = mild disability

15 - 24 points = moderate disability

25 - 34 points = severe disability

> 34 points = complete disability

For example, this means that scoring 15 – 24 points out of a possible 50 points (the RAW SCORE) equates with moderate disability. *

- 3. Enter the **total number of points from all 10 sections** (the RAW SCORE, <u>not</u> a percentage**) into the Neck Disability Index Score section of the Treatment (TX) Form.
- 4. Retain all completed NDI forms in the patient's file. <u>DO NOT SEND</u> the actual forms to Prism Health Networks, Inc. unless requested.

Vernon H. Mior S. The Neck Disability Index: A study of reliability and validity. J Manipulative Physiol Ther 1991;14:409-415

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^{* &}lt;u>Remember</u>: At least a 5-point change is required to be clinically meaningful. Patients often do not score the items as zero, once they are in treatment. In other words, it is common to find that patients will continue to score between 5 and 15 despite having made excellent recovery (i.e., they may be back to work). The practitioner should avoid the trap of "treating till zero" as this is not supportable based on current evidence.

^{**} The obtained score can be multiplied by 2 to produce a percentage score.