

Disablement	Functional Restriction	Symptoms	Signs
Virtually none	Mild	Very mild occasional local discomfort	No objective clinical findings
Minimal (1-4%)	Mild	Mild local discomfort	Minimal objective clinical findings. On flexion fingertips reach to mid-shin or more. Full lateral flexion. Straight leg raising 40 degrees or more.
Very mild (5-10%)	Mild/Moderate	Moderate background local discomfort with some limitation of spinal movements.	Objective clinical findings present. On flexion fingertips reach to tibial tuberosity. Lateral flexion to with 4cm of popliteal crease. Straight leg raising 25 degrees – 40 degrees
Mild (11-20%)	Moderate	Moderate discomfort with intermittent exacerbations involving more acute pain.	On flexion fingertips reach upper patellar border. Lateral flexion to within 8cm of popliteal crease. Straight leg raising 10 degrees – 25 degrees. Muscle spasm may be present.
Mild/Moderate (21-30%)	Moderate/Severe	Severe discomfort with few remissions. Surgery may be under consideration. These cases tend to be rare and this level of severity short-lived.	On flexion fingertips fail to meet upper patellar border. Lateral flexion fails to reach popliteal crease by more than 8cm. SLR very restricted. Likelihood of significant neurosurgical signs in most cases. Marked muscle spasm often present.
Moderate (31-50%)	Severe	Severe discomfort with few remissions. May be incontinence and foot drop Surgery under consideration. These cases are rare and this level of severity short lived (unless permanent neurological damage).	On flexion fingertips fail to meet upper patellar border. Lateral flexion fails to reach popliteal crease by more than 8cm. SLR very restricted. Significant neurosurgical signs (including foot drop and incontinence). Marked muscle spasm often present.