**Introduction**
Prevalence of low back pain (LBP) was reported to be 28.5% in Hong Kong and the disease group constitutes 30-40% referrals for an out-patient physiotherapy clinic. Evaluating the presence of psychosocial risk factors associated with delayed recovery is recommended by international clinical practice guidelines. In Prince of Wales Hospital, Orebro Musculoskeletal Pain questionnaire (OMPQ) is used to subgroup LBP patients in work force for absenteeism from work. STarT Back Screening Tool (SBT), with Chinese validated version, was developed for all back cases for subgrouping patients for psychosocial risk factors. This study is to correlate the two questionnaires amongst Hong Kong Chinese.

**Objectives**
(1) to correlate the subgrouping of LBP patients with the two instruments of SBT and OMPQ in an out-patient physiotherapy clinic; (2) to evaluate their power in subgrouping for different risk level of psychosocial factors.

**Methodology**
All new consecutive “non-specific” LBP patients registered in physiotherapy out-patient clinic were recruited to complete a questionnaire. Measures include SBT, OMPQ, pain intensity, episode duration and demographics. SBT is a brief 9-item tool, scoring 9 maximally. OMPQ comprises 21 items put into 0-10 scale with maximal score 210. Through both instruments, patients were subgrouped into low, medium and high risk. Cut-off at 105 and 130 were set for OMPQ. Scoring 4 out of the five psychosocial questions in SBT were high risk while total score less than 4 were low risk. SBT and OMPQ were compared with Spearman's correlation for total score and
agreement tests for subgroup.

**Result**

A total of 59 patients completed SBT and OMPQ data. Mean age was 55.13 (±SD14.76) with 68.4% female. The episode of onset was 16.8% for acute (<6 weeks), 16.8% subacute (6 weeks to 3 months) and 55.5% for chronic (>3 months). Mean score of SBT was 6.22 (±2.26), OMPQ 125.46 (±31.84) and pain 6.11 (±1.82). The correlation of SBT and OMPQ scores was large (r=0.65). Absolute agreement for subgroup allocation was 57.6% with proportion of SBT vs OMPQ: low risk 22% vs 25%; medium risk 32% vs 31%; and high risk 46% vs 44%. There is no significant difference in using the 2 instruments to identify the 3 levels of risk groups for back pain. (McNewer Bowker test P=.902) The SBT showed promising subgrouping power similar to OMPQ for LBP patients. It is shorter to administer, easier to score and ready for local clinical use for early identifying high risk cases, in workforce or not. SBT can be a useful back screening tool to guide further treatment in Physiotherapy out-patient settings.