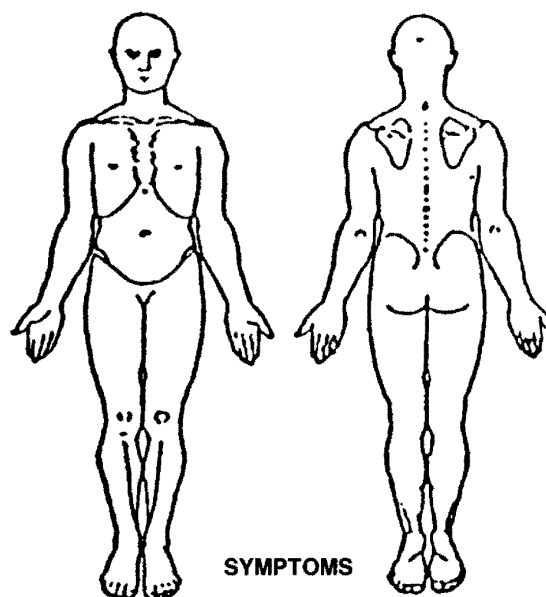




# THE MCKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

Date \_\_\_\_\_  
Name \_\_\_\_\_ Sex M / F  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Referral: GP / Orth / Self / Other \_\_\_\_\_  
Work: Mechanical stresses \_\_\_\_\_  
Leisure: Mechanical stresses \_\_\_\_\_  
Functional disability from present episode \_\_\_\_\_  
Functional disability score \_\_\_\_\_  
VAS Score (0-10) \_\_\_\_\_



## HISTORY

Present symptoms \_\_\_\_\_  
Present since \_\_\_\_\_ improving / unchanging / worsening  
Commenced as a result of \_\_\_\_\_ or no apparent reason  
Symptoms at onset: back / thigh / leg \_\_\_\_\_  
Constant symptoms: back / thigh / leg \_\_\_\_\_ Intermittent symptoms: back / thigh / leg \_\_\_\_\_  
Worse bending sitting / rising standing walking lying  
am / as the day progresses / pm when still / on the move  
other \_\_\_\_\_  
Better bending sitting standing walking lying  
am / as the day progresses / pm when still / on the move  
other \_\_\_\_\_  
Disturbed sleep yes / no Sleeping postures: prone / sup / side R / L Surface: firm / soft / sag  
Previous episodes 0 1-5 6-10 11+ Year of first episode \_\_\_\_\_  
Previous history \_\_\_\_\_  
Previous treatments \_\_\_\_\_

## SPECIFIC QUESTIONS

Cough / sneeze / strain / +ve / -ve Bladder: normal / abnormal Gait: normal / abnormal  
Medications: Nil / NSAIDS / Analg / Steroids / Anticoag / Other \_\_\_\_\_  
General health: good / fair / poor \_\_\_\_\_  
Imaging: yes / no \_\_\_\_\_  
Recent or major surgery: yes / no \_\_\_\_\_ Night pain: yes / no \_\_\_\_\_  
Accidents: yes / no \_\_\_\_\_ Unexplained weight loss: yes / no \_\_\_\_\_  
Other: \_\_\_\_\_

## EXAMINATION

### POSTURE

Sitting: *good / fair / poor*      Standing: *good / fair / poor*      Lordosis: *red / acc / normal*      Lateral shift: *right / left / nil*  
 Correction of posture: *better / worse / no effect*      Relevant: *yes / no*  
 Other observations: \_\_\_\_\_

### NEUROLOGICAL

Motor deficit \_\_\_\_\_ Reflexes \_\_\_\_\_  
 Sensory deficit \_\_\_\_\_ Dural signs \_\_\_\_\_

### MOVEMENT LOSS

	Maj	Mod	Min	Nil	Pain
Flexion					
Extension					
Side gliding R					
Side gliding L					

**TEST MOVEMENTS**      **Describe effect on present pain – During:** produces, abolishes, increases, decreases, no effect, centralising, peripheralising. **After:** better, worse, no better, no worse, no effect, centralised, peripheralised.

	Symptoms during testing	Symptoms after testing	Mechanical response		
			↑Rom	↓Rom	No effect
<b>Pretest symptoms standing</b>					
FIS					
Rep FIS					
EIS					
Rep EIS					
<b>Pretest symptoms lying</b>					
FIL					
Rep FIL					
EIL					
Rep EIL					
<b>If required pretest symptoms</b>					
SGIS - R					
Rep SGIS - R					
SGIS - L					
Rep SGIS - L					

### STATIC TESTS

Sitting slouched \_\_\_\_\_ Sitting erect \_\_\_\_\_  
 Standing slouched \_\_\_\_\_ Standing erect \_\_\_\_\_  
 Lying prone in extension \_\_\_\_\_ Long sitting \_\_\_\_\_

### OTHER TESTS

\_\_\_\_\_  
 \_\_\_\_\_

### PROVISIONAL CLASSIFICATION

Derangement      Dysfunction      Posture      Other  
 Derangement: Pain location \_\_\_\_\_

### PRINCIPLE OF MANAGEMENT

Education \_\_\_\_\_ Equipment provided \_\_\_\_\_  
 Mechanical therapy: *yes / no* \_\_\_\_\_  
 Extension principle \_\_\_\_\_ Lateral principle \_\_\_\_\_  
 Flexion principle \_\_\_\_\_ Other \_\_\_\_\_  
 Treatment goal \_\_\_\_\_