



THE MCKENZIE INSTITUTE LOWER EXTREMITIES ASSESSMENT

Date _____

Name _____ Gender Identity _____

Date of Birth _____ Age _____

Referral: GP / Orth / Self / Other _____

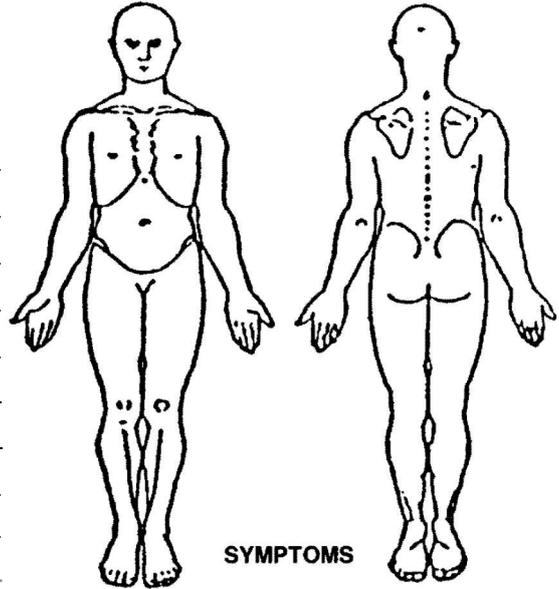
Work demands _____

Leisure activities _____

Functional limitation for present episode _____

Outcome / Screening score _____

NPRS (0-10) _____



Present symptoms _____

Present since _____ *improving / unchanging / worsening*

Commenced as a result of _____ *no apparent reason*

Symptoms at onset _____ *Paraesthesia: yes / no*

Spinal history _____ *Cough / Sneeze +ve / -ve*

Constant symptoms: _____ Intermittent symptoms: _____

Worse *bending* *sitting / rising / first few steps* *standing* *walking* *stairs* *squatting / kneeling*

am / as the day progresses / pm *when still / on the move* *Sleeping: prone / sup / side R / L*

Other _____

Better *bending* *sitting* *standing* *walking* *stairs* *squatting / kneeling*

am / as the day progresses / pm *when still / on the move* *Sleeping: prone / sup / side R / L*

other _____

Continued use makes the pain: *better* *worse* *no effect* *Disturbed sleep* *yes / no*

Pain at rest *yes / no* Site: *back / hip / knee / ankle / foot*

Other Questions: *swelling* *catching / clicking / locking* *giving way / falling*

Previous history _____

Previous treatments _____

Medications _____

General health / Comorbidities: _____

_____ Recent / relevant surgery: *yes / no* _____

History of cancer: *yes / no* _____ Unexplained weight loss: *yes / no* _____

History of trauma: *yes / no* _____ Imaging: *yes / no* _____

Patient goals / expectations _____



THE MCKENZIE INSTITUTE UPPER EXTREMITIES ASSESSMENT

Date _____

Name _____ Gender Identity _____

Date of Birth _____ Age _____

Referral: GP / Orth / Self / Other _____

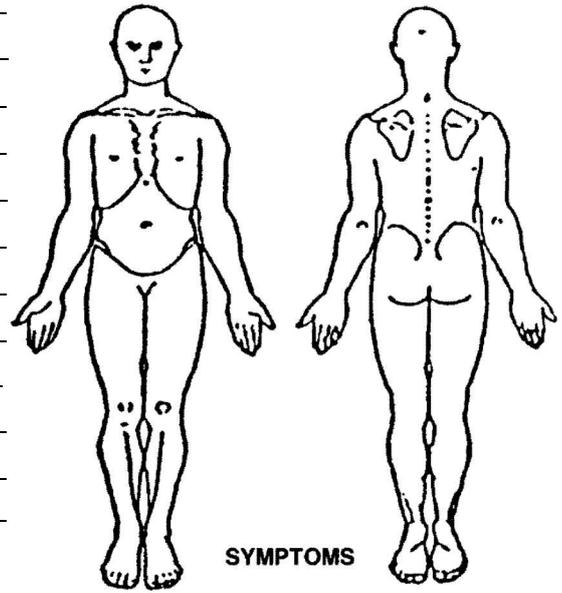
Work demands _____

Leisure activities _____

Functional limitation for present episode _____

Outcome / Screening score _____

NPRS (0-10) _____



Handedness: Right / Left

Present symptoms _____

Present since _____ *improving / unchanging / worsening*

Commenced as a result of _____ *no apparent reason*

Symptoms at onset _____ *Paraesthesia: yes / no*

Spinal history _____ *Cough / Sneeze +ve / -ve*

Constant symptoms: _____ Intermittent symptoms: _____

Worse *bending* *sitting* *turning neck* *dressing* *reaching* *gripping*
am / as the day progresses / pm *when still / on the move* *Sleeping: prone / sup / side R / L*
 Other _____

Better *bending* *sitting* *turning neck* *dressing* *reaching* *gripping*
am / as the day progresses / pm *when still / on the move* *Sleeping: prone / sup / side R / L*
 other _____

Continued use makes the pain: *better* *worse* *no effect* *Disturbed sleep* *yes / no*

Pain at rest *yes / no* Site: *neck / shoulder / elbow / wrist / hand*

Other Questions: *swelling* *catching / clicking / locking* *subluxing*

Previous history _____

Previous treatments _____

Medications _____

General health / Comorbidities: _____

_____ Recent / relevant surgery: *yes / no* _____

History of cancer: *yes / no* _____ Unexplained weight loss: *yes / no* _____

History of trauma: *yes / no* _____ Imaging: *yes / no* _____

Patient goals / expectations _____

EXAMINATION

POSTURAL OBSERVATION

Sitting: *erect / neutral / slump* Change of posture: *No effect / effect* _____ Standing: *lordotic / neutral / kyphotic*

Other observations: _____

NEUROLOGICAL: NA / motor / sensory / reflexes / neurodynamic _____

BASELINES: Pain and functional activity _____

EXTREMITIES *shoulder / elbow / wrist / hand* _____

MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms
Flexion					
Extension					
Supination					
Pronation					
Other:					

	Maj	Mod	Min	Nil	Symptoms
Adduction / Uln Dev					
Abduction / Rad Dev					
Internal Rotation					
External Rotation					
Other:					

Passive Movement: note symptoms, range and +/- over pressure: _____

PDM	ERP

Resisted test pain response _____

Other tests / static positioning _____

SPINE

Movement Loss _____

Effect of repeated movements _____

Effect of static positioning _____

Spine testing *not relevant / relevant / secondary problem* _____

Baseline Symptoms _____

Repeated Tests	Symptomatic Response		Mechanical Response		
	Active / Passive movement, resisted test, functional test	During Produce, Abolish, Increase, Decrease, NE	After Better, Worse, NB, NW, NE	Effect Change in ROM, strength or key functional test	No Effect

PROVISIONAL CLASSIFICATION

- | | |
|---|--|
| <input type="checkbox"/> Serious Pathology: _____ | <input type="checkbox"/> Medical Condition: _____ |
| <input type="checkbox"/> Derangement <i>Directional Preference:</i> _____ | <input type="checkbox"/> Articular Dysfunction <input type="checkbox"/> Atypical Mechanical Condition |
| <input type="checkbox"/> Chronic Pain Syndrome <input type="checkbox"/> Contractile Dysfunction | <input type="checkbox"/> Inflammatory Arthropathy / Arthritis <input type="checkbox"/> Peripheral Nerve Disorder <input type="checkbox"/> Post Surgery |
| <input type="checkbox"/> Postural Syndrome <input type="checkbox"/> Soft Tissue Disease Process | <input type="checkbox"/> Structurally Compromised <input type="checkbox"/> Trauma / Recovering Trauma |

Classification subgroup / description _____

POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY

Comorbidities _____ Cognitive - Emotional _____ Contextual _____

PRINCIPLES OF MANAGEMENT

Education _____

Exercise type _____ Frequency _____

Other exercises / interventions _____

Management goals _____

Signature _____



THE MCKENZIE INSTITUTE THORACIC SPINE ASSESSMENT

Date _____

Name _____ Gender Identity _____

Date of Birth _____ Age _____

Referral: GP / Orth / Self / Other _____

Work demands _____

Leisure activities _____

Functional limitation for present episode _____

Outcome / Screening score _____

NPRS (0-10) _____

Present symptoms _____

Present since _____ improving / unchanging / worsening

Commenced as a result of _____ no apparent reason

Symptoms at onset _____

Constant symptoms _____ Intermittent symptoms _____

Worse *bending* *sitting / rising* *turning neck / trunk* *standing* *lying*
am / as the day progresses / pm *when still / on the move*
other _____

Better *bending* *sitting / rising* *turning neck / trunk* *standing* *lying*
am / as the day progresses / pm *when still / on the move*
other _____

Disturbed sleep *yes / no* Sleeping postures: *prone / sup / side R / L* Pillows: _____

Previous spinal history _____

Previous treatments _____

SPECIFIC QUESTIONS

Cough / sneeze / deep breath _____ Gait / Upper Limbs: *normal / abnormal*

Medications: _____

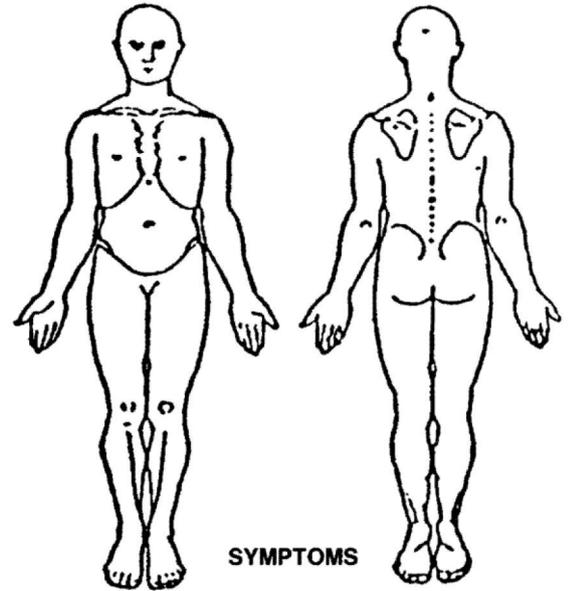
General health / Comorbidities: _____

_____ Recent / relevant surgery: *yes / no* _____

History of cancer: *yes / no* _____ Unexplained weight loss: *yes / no* _____

History of trauma: *yes / no* _____ Imaging: *yes / no* _____

Patient goals / expectations: _____



EXAMINATION

POSTURAL OBSERVATION

Sitting: *erect / neutral / slump* Protruded head: *yes / no* Change of posture: *no effect / effect* _____
 Standing: *neutral / kyphotic* _____
 Other observations / functional baselines: _____

NEUROLOGICAL (upper and lower limb)

Motor deficit _____ Reflexes _____
 Sensory deficit _____ Neurodynamic tests _____

CERVICAL SPINE REPEATED MOVEMENT TESTING

MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms
Flexion					
Extension					
Rotation R					
Rotation L					
Other					

Rep Pro _____
 Rep Ret _____
 Rep Ret Ext _____
 Rep LF - R _____
 Rep LF - L _____
 Rep ROT - R _____
 Rep ROT - L _____
 Rep Flex _____

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

	Symptomatic response		Mechanical response	
	During testing	After testing	Effect - Change in ROM or key functional test	No effect
Pretest symptoms sitting _____				
FLEX _____				
Rep FLEX _____				
EXT _____				
Rep EXT _____				
Pretest symptoms lying _____				
EIL (prone) _____				
Rep EIL (prone) _____				
EIL (supine) _____				
Rep EIL (supine) _____				
Pretest symptoms sitting _____				
ROT - R _____				
Rep ROT - R _____				
ROT - L _____				
Rep ROT - L _____				
Other movements _____				

STATIC TESTS Flex / Ext / Rotation / Other _____ **OTHER TESTS** _____

PROVISIONAL CLASSIFICATION

- Serious Pathology: _____ Medical Condition: _____
- Derangement *Directional Preference:* _____ Central or symmetrical Unilateral or asymmetrical
- Articular Dysfunction / ANR Atypical Mechanical Condition Chronic Pain Syndrome Inflammatory Arthropathy / Arthritis Post Surgery
- Postural Syndrome Radicular Syndrome without DP Spinal Stenosis Structurally Compromised Trauma / Recovering Trauma

Classification subgroup / description _____

POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY Comorbidities _____ Cognitive - Emotional _____ Contextual _____

Descriptions: _____

PRINCIPLES OF MANAGEMENT

Education _____
 Exercise type _____ Frequency _____
 Other exercises / interventions _____
 Management goals _____
 Signature _____



THE MCKENZIE INSTITUTE CERVICAL SPINE ASSESSMENT

Date _____

Name _____ Gender identity _____

Date of Birth _____ Age _____

Referral: GP / Orth / Self / Other _____

Work demands _____

Leisure activities _____

Functional limitation for present episode _____

Outcome / Screening score _____

NPRS (0-10) _____

Present Symptoms _____

Present since _____ improving / unchanging / worsening

Commenced as a result of _____ no apparent reason

Symptoms at onset: neck / arm / forearm / head _____

Constant symptoms: neck/arm/forearm/head _____ Intermittent symptoms: neck/arm/forearm/head _____

Worse	<i>bending</i>	<i>sitting</i>	<i>turning</i>	<i>lying / rising</i>
	<i>am / as the day progresses / pm</i>		<i>when still / on the move</i>	
	<i>other</i>	_____		

Better	<i>bending</i>	<i>sitting</i>	<i>turning</i>	<i>lying</i>
	<i>am / as the day progresses / pm</i>		<i>when still / on the move</i>	
	<i>other</i>	_____		

Disturbed Sleep *yes / no* Sleeping postures: *prone / sup / side R / L* Pillows: _____

Previous spinal history _____

Previous treatments _____

SPECIFIC QUESTIONS

Dizziness / tinnitus / nausea / vision / speech _____ *Gait / Upper Limbs: normal / abnormal*

Medications: _____

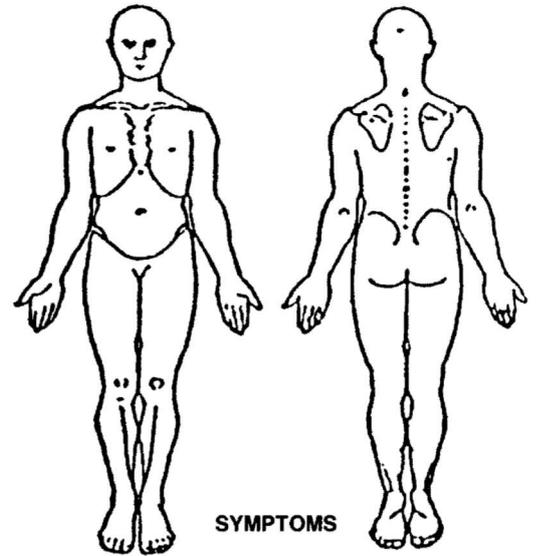
General health / Comorbidities: _____

_____ *Recent / relevant surgery: yes / no* _____

History of cancer: yes / no _____ *Unexplained weight loss: yes / no* _____

History of trauma: yes / no _____ *Imaging: yes / no* _____

Patient goals / expectations: _____



EXAMINATION

POSTURAL OBSERVATION

Sitting: *erect / neutral / slump* Protruded head: *yes / no* Lateral deviation: *right / left / nil*
 Change of posture: *no effect / effect* _____ Lateral deviation relevant: *yes / no*
 Other observations / functional baselines: _____

NEUROLOGICAL

Motor deficit _____ Reflexes _____
 Sensory deficit _____ Neurodynamic tests _____

MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms
Protrusion					
Flexion					
Retraction					
Extension					

	Maj	Mod	Min	Nil	Symptoms
Lateral flexion R					
Lateral flexion L					
Rotation R					
Rotation 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.

	Symptomatic response		Mechanical response	
	During testing	After testing	Effect - Change in ROM or key functional test	No effect
Pretest symptoms sitting _____				
PRO				
Rep PRO				
RET				
Rep RET				
RET EXT				
Rep RET EXT				
Pretest symptoms lying _____				
RET				
Rep RET				
RET EXT				
Rep RET EXT				
Pretest symptoms _____				
LF - R				
Rep LF - R				
LF - L				
Rep LF - L				
ROT - R				
Rep ROT - R				
ROT - L				
Rep ROT - L				
FLEX				
Rep FLEX				
Other movements				

STATIC TESTS *Pro / Ret / Flex / Other* _____ **OTHER TESTS** _____

PROVISIONAL CLASSIFICATION

- Serious Pathology: _____ Medical Condition: _____
- | | | | | |
|--|--|---|---|---|
| <input type="checkbox"/> Derangement | Directional Preference: _____ | <input type="checkbox"/> Central or symmetrical | <input type="checkbox"/> Unilateral or asymmetrical above elbow | <input type="checkbox"/> Unilateral or asymmetrical below elbow |
| <input type="checkbox"/> Articular Dysfunction / ANR | <input type="checkbox"/> Atypical Mechanical Condition | <input type="checkbox"/> Chronic Pain Syndrome | <input type="checkbox"/> Inflammatory Arthropathy / Arthritis | <input type="checkbox"/> Post Surgery |
| <input type="checkbox"/> Postural Syndrome | <input type="checkbox"/> Radicular Syndrome without DP | <input type="checkbox"/> Spinal Stenosis | <input type="checkbox"/> Structurally Compromised | <input type="checkbox"/> Trauma / Recovering Trauma |

Classification subgroup / description _____

POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY Comorbidities Cognitive - Emotional Contextual
 Descriptions: _____

PRINCIPLES OF MANAGEMENT

Education _____
 Exercise type _____ Frequency _____
 Other exercises / interventions _____
 Management goals _____
 _____ Signature _____



THE MCKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

Date _____

Name _____ Gender Identity _____

Date of Birth _____ Age _____

Referral: GP / Orth / Self / Other _____

Work demands _____

Leisure activities _____

Functional limitation for present episode _____

Outcome / Screening score _____

NPRS (0-10) _____

Present symptoms _____

Present since _____

improving / unchanging / worsening

Commenced as a result of _____

no apparent reason

Symptoms at onset: *back / thigh / leg* _____

Constant symptoms: *back / thigh / leg* _____

Intermittent symptoms: *back / thigh / leg* _____

Worse	<i>bending</i>	<i>sitting / rising</i>	<i>standing</i>	<i>walking</i>	<i>lying</i>
	<i>am / as the day progresses / pm</i>			<i>when still / on the move</i>	
	<i>other</i> _____				

Better	<i>bending</i>	<i>sitting</i>	<i>standing</i>	<i>walking</i>	<i>lying</i>
	<i>am / as the day progresses / pm</i>			<i>when still / on the move</i>	
	<i>other</i> _____				

Disturbed sleep *yes / no* Sleeping postures: *prone / sup / side R / L* Surface: _____

Previous spinal history _____

Previous treatments _____

SPECIFIC QUESTIONS

Cough / sneeze / strain Bladder / Bowel: *normal / abnormal* Gait: *normal / abnormal*

Medications: _____

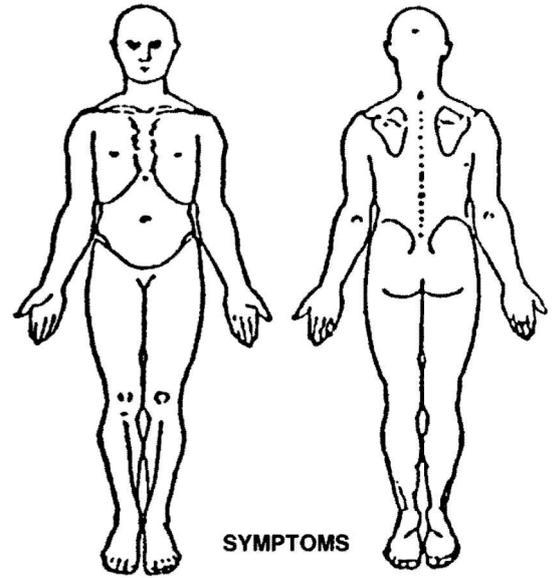
General Health / Comorbidities: _____

Recent / relevant surgery: *yes / no* _____

History of cancer: *yes / no* Unexplained weight loss: *yes / no* _____

History of trauma: *yes / no* Imaging: *yes / no* _____

Patient goals / expectations: _____



EXAMINATION

POSTURAL OBSERVATION

Sitting: *lordotic / neutral / kyphotic*

Change of posture: *no effect / effect* _____

Standing: *lordotic / neutral / kyphotic*

Lateral shift: *right / left / nil*

Shift relevant: *yes / no*

Other observations / functional baselines: _____

NEUROLOGICAL

Motor deficit _____ Reflexes _____

Sensory deficit _____ Neurodynamic tests _____

MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms
Flexion					
Extension					
Side gliding R					
Side gliding L					
Other					

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.

	Symptomatic response		Mechanical response	
	During testing	After testing	Effect - Change in ROM or key functional test	No effect
Pretest symptoms standing _____				
FIS _____				
Rep FIS _____				
EIS _____				
Rep EIS _____				
Pretest symptoms lying _____				
FIL _____				
Rep FIL _____				
EIL _____				
Rep EIL _____				
Pretest symptoms _____				
SGIS - R _____				
Rep SGIS - R _____				
SGIS - L _____				
Rep SGIS - L _____				
Other movements _____				

STATIC TESTS

Kyphotic sitting / lordotic sitting / long sitting / lying prone in extension _____

OTHER TESTS _____

PROVISIONAL CLASSIFICATION

Serious Pathology: _____ Medical Condition: _____

- | | | | | |
|--|--|---|--|--|
| <input type="checkbox"/> Derangement | Directional Preference: _____ | <input type="checkbox"/> Central or symmetrical | <input type="checkbox"/> Unilateral or asymmetrical above knee | <input type="checkbox"/> Unilateral or asymmetrical below knee |
| <input type="checkbox"/> Articular Dysfunction / ANR | <input type="checkbox"/> Atypical Mechanical Condition | <input type="checkbox"/> Chronic Pain Syndrome | <input type="checkbox"/> Inflammatory Arthropathy / Arthritis | <input type="checkbox"/> Post Surgery |
| <input type="checkbox"/> Postural Syndrome | <input type="checkbox"/> Radicular Syndrome without DP | <input type="checkbox"/> Spinal Stenosis | <input type="checkbox"/> Structurally Compromised | <input type="checkbox"/> Trauma / Recovering Trauma |

Classification subgroup / description _____

POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY Comorbidities _____ Cognitive – Emotional _____ Contextual _____

Descriptions: _____

PRINCIPLES OF MANAGEMENT

Education _____

Exercise type _____ Frequency _____

Other exercises / interventions _____

Management goals _____

Signature _____

EXAMINATION

POSTURAL OBSERVATION

Sitting: *lordotic / neutral / kyphotic* Change of posture: *No effect / effect* _____ Standing: *lordotic / neutral / kyphotic*

Other observations: _____

NEUROLOGICAL: NA / motor / sensory / reflexes / neurodynamic _____

BASELINES: Pain and functional activity _____

EXTREMITIES *hip / knee / ankle / foot* _____

MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms
Flexion					
Extension					
Dorsi Flexion					
Plantar Flexion					
Other:					

	Maj	Mod	Min	Nil	Symptoms
Adduction/Inversion					
Abduction/Eversion					
Internal Rotation					
External Rotation					
Other:					

Passive Movement: note symptoms, range and +/- over pressure: _____

PDM	ERP

Resisted test pain response _____

Other tests / static positioning _____

SPINE

Movement Loss _____

Effect of repeated movements _____

Effect of static positioning _____

Spine testing *not relevant / relevant / secondary problem* _____

Baseline Symptoms _____

Repeated Tests	Symptomatic Response		Mechanical Response		
	Active / Passive movement, resisted test, functional test	During Produce, Abolish, Increase, Decrease, NE	After Better, Worse, NB, NW, NE	Effect Change in ROM, strength or key functional test	No Effect

PROVISIONAL CLASSIFICATION

Extremities

Spine

Serious Pathology: _____ Medical Condition: _____

Derangement *Directional Preference:* _____ Articular Dysfunction Atypical Mechanical Condition

Chronic Pain Syndrome Contractile Dysfunction Inflammatory Arthropathy / Arthritis Peripheral Nerve Disorder Post Surgery

Postural Syndrome Soft Tissue Disease Process Structurally Compromised Trauma / Recovering Trauma

Classification subgroup / description _____

POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY Comorbidities Cognitive - Emotional Contextual Descriptions: _____

PRINCIPLES OF MANAGEMENT

Education _____

Exercise type _____ Frequency _____

Other exercises / interventions _____

Management goals _____

Signature _____