



THE MCKENZIE INSTITUTE THORACIC SPINE ASSESSMENT

Date _____

Name _____ Sex M / F _____

Address _____

Telephone _____

Date of Birth _____ Age _____

Referral: *GP / Orth / Self / Other* _____

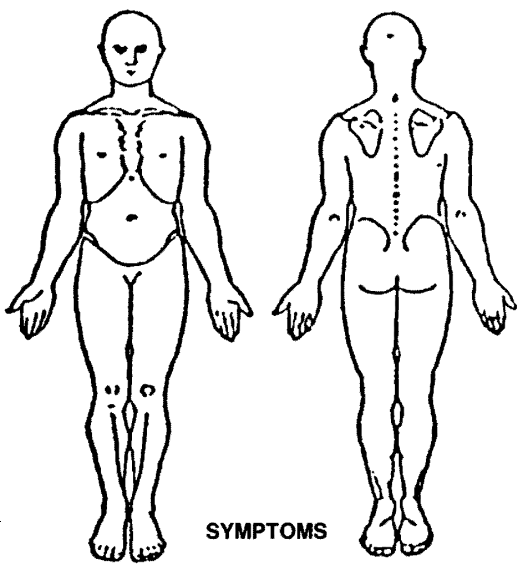
Work : Mechanical Stresses _____

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: _____

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* _____ Pillows _____

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 / Deep Breath / +ve / -ve _____ 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* Protruded head: *Yes / No* Kyphosis: *Red / Acc / Normal*
 Correction of Posture: *Better / Worse / No effect* _____
 Other Observations: _____

NEUROLOGICAL (Upper and Lower Limb)

Motor Deficit _____ Reflexes _____
 Sensory Deficit _____ Dural Signs _____

MOVEMENT LOSS

	Maj	Mod	Min	Nil	Pain
Flexion					
Extension					
Rotation R					
Rotation L					
Other					

CERVICAL DIFFERENTIAL TESTING

Rep Pro _____
 Rep Ret _____
 Rep Ret Ext _____
 Rep SB - R _____
 Rep SB - 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.

	Symptoms During Testing	Symptoms After Testing	Mechanical Response		
			↑Rom	↓Rom	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:					

STATIC TESTS

Flexion _____ Rotation R _____
 Extension / prone / supine _____ Rotation L _____

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 Goals: _____