



THE MCKENZIE INSTITUTE CERVICAL SPINE ASSESSMENT

Date _____

Name _____ Sex M / F

Address _____

Telephone _____

Date of Birth _____ Age _____

Referral: GP / Orth / Self / Other _____

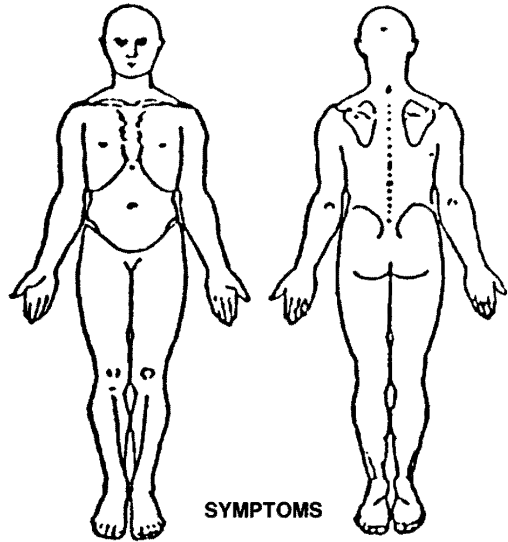
Work: Mechanical stresses _____

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: *neck / arm / forearm / headache* _____

Constant symptoms: *neck / arm / forearm / headache* Intermittent symptoms: *neck / arm / forearm / headache*

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

Better *bending sitting turning 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

Dizziness / tinnitus / nausea / swallowing / +ve / -ve Gait / Upper Limbs: *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* Wry Neck: *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
Protrusion					
Flexion					
Retraction					
Extension					

	Maj	Mod	Min	Nil	Pain
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.

	Symptoms During Testing	Symptoms After Testing	Mechanical Response		
			↑Rom	↓Rom	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					
If required pretest pain sitting:					
LF - R					
Rep LF - R					
LF - L					
Rep LF - L					
ROT - R					
Rep ROT - R					
ROT - L					
Rep ROT - L					
FLEX					
Rep FLEX					

STATIC TESTS

Protrusion _____ Flexion _____
 Retraction _____ Extension: *sitting / prone / supine* _____

OTHER TESTS

PROVISIONAL CLASSIFICATION

Derangement Dysfunction Postural Other
 Derangement: Pain Location _____

PRINCIPLE OF MANAGEMENT

Education: _____ Equipment Provided: _____
 Mechanical Therapy: *Yes / No* _____
 Extension Principle: _____ Lateral Principle: _____
 Flexion Principle: _____ Other: _____
 Treatment Goals: _____