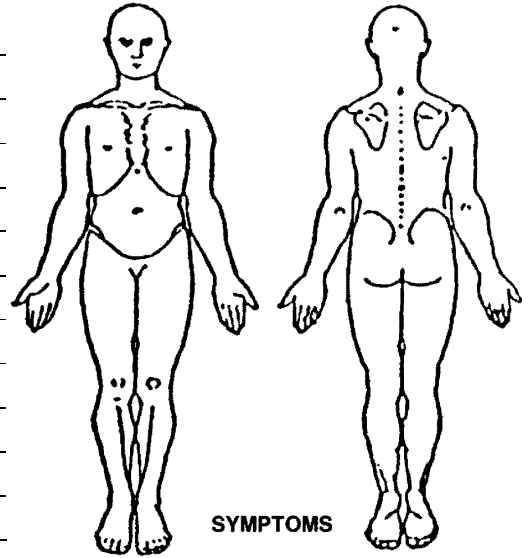




THE MCKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

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
Pretest symptoms standing:					
FIS					
Rep FIS					
EIS					
Rep EIS					
Pretest symptoms lying:					
FIL					
Rep FIL					
EIL					
Rep EIL					
If required pretest symptoms:					
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 Goals: _____