

The McKenzie Institute® USA

Center for Postgraduate Study in Mechanical Diagnosis and Therapy®



CREDENTIALING EXAMINATION PROCESS

≈ INFORMATION FOR THE APPLICANT ≈

*The McKenzie Method® of
Mechanical Diagnosis and Therapy
for the spine and extremities*

Dear Participant:

We would like to take this opportunity to thank you for your interest in this certification process. This examination has been designed to recognize the working practitioner utilizing the McKenzie Method in the treatment of patients.

Contained in this booklet is all the information you should need to determine your eligibility and desire to register for this examination. However, if you have any questions or concerns after reading this booklet, please do not hesitate to contact our office.

If you have decided to register for this examination, on behalf of the Board of Directors and Faculty, we would like to wish you the very best of luck in your quest for certification.

*The McKenzie Institute USA
Administrative Staff*

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www.mckenziemdt.org/index_us.cfm

The Credentialing Process

Purpose

The McKenzie Institute USA provides this Credentialing process to:

- ✚ *Identify and recognize the practitioner that has demonstrated competency in the McKenzie Method.*
- ✚ *Establish a standard of minimum competence in the application of the McKenzie Method.*
- ✚ *Ensure that educational opportunities are congruous and relevant to current practice techniques as advocated by The McKenzie Institute International.*
- ✚ *Help identify the education needs of the individual practitioner.*
- ✚ *Develop a pool of practitioners who can assist in research projects.*
- ✚ *Develop a referral network of qualified practitioners.*
- ✚ *Assist in the development of new faculty.*

The Credentialing Process

Eligibility

You are eligible to register for the Credentialing Examination if you have completed Parts A-D of the McKenzie Institute continuing education courses and are a licensed practitioner with two years of clinical experience. Please refer to the current Eligibility Policy on our website:

www.mckenziemdt.org/eduCourse_eligibility.cfm

Filing Your Application

Please submit your notarized registration form, fee, photo and copy of your professional license to our office. Request for this application and information will not guarantee your registration. Only after completed paperwork & full payment are received and acknowledged by letter from the Institute are you confirmed to take the exam.

Upon acceptance as a candidate for the Credentialing Examination, you will receive a letter of confirmation from the administrative office with details of the examination location and lodging information.

You must bring this letter of confirmation and a (photo I.D.) with you and present it at registration the day of the exam.

Limited Class Size

Exams are typically limited to 25 participants. Therefore, applicants are accepted on a first-come, first-serve basis. **There is a limit of 5 retakes per exam.**

There are certain instances where we will increase the capacity and this will be noted on our website.

Fee

The first time fee for the registration process and examination is \$500.00 (payable in U.S. dollars).

Retake Fees: \$250 whole exam
\$200 written only
\$50 performance only

Cancellations, Transfers & Refunds

If you must cancel your registration after receiving your letter of confirmation, **you must submit a written notice** to qualify for a transfer or possible refund.

Due to the limited number of exam locations, the restricted number of participants and the high demand of participation, it is not the policy of the McKenzie Institute to persistently accommodate transfers for the Credentialing Exam.

However, if a spot in an alternative exam is available within one year of the cancellation date, as noted on your written notice, the Institute will accommodate **one** transfer opportunity without penalty only if the cancellation occurs **2 or more weeks before** the exam.

Cancellations that occur within 2 weeks before the exam date, will be assessed a cancellation fee of \$100 to accept the transfer request from the applicant.

The refund policy is as follows:

Prior to 4 weeks before the examination.....	\$400.00
2-4 weeks before the examination.....	\$200.00
Less than 2 weeks before the exam.....	No refund and \$100 transfer fee

All retake fees are subject to a 50% penalty if canceling at anytime. The same transfer policy applies as stated above.

A full refund will only be granted if the cancellation is due to a medical emergency that will render the individual permanently disabled. This must be verified in writing from your physician on official letterhead of the MD describing the specific diagnosis or nature of emergency that will prohibit participation at anytime in the future.

Format of the Examination

Content Areas

Since the primary objective of this Credentialing process is the assessment of clinical skills and thought processes, the format of this examination will be multi-method testing. Each method has been selected for its perceived suitability in testing one or more of the content areas. These content areas are the following:

- ✓ *History*
- ✓ *Examination*
- ✓ *Conclusions*
- ✓ *Principle of Treatment*
- ✓ *Reassessment*
- ✓ *Prophylaxis*
- ✓ *Practitioner procedures*

Methods

The testing methods currently used in the examination are paper-and-pencil, audiovisual presentation, case study, chart evaluation, static laboratory station, and performance simulation. A description and goal of each method is given below:

Paper-and-pencil. Written examination is administered in multiple choice format that focuses on assessing the participant's knowledge of all the content areas.

Audiovisual Presentation. Videotapes and/or slides are presented of a patient undergoing a history, examination, and/or a procedure in a clinical setting. Questions (presented both verbally and/or in writing) assess the individual's ability to analyze and interpret the History, Examination, including the patient's movements and static the procedure, the patient's movements and static postures, Conclusions, the practitioner/patient communications, and the proposed treatment program. Ability to accurately record patient information is also assessed in this section.

Case Study. A written case history is presented on the accepted McKenzie Institute form. Questions are asked that focus on evaluating the patient, reaching conclusions, developing a principle of treatment, and selecting treatment procedures. This section also focuses on reassessment concepts.

Chart Evaluation. Based on an actual patient record, a patient history and/or examination form is presented. This section focuses on the interpretation of the written history and examination form, a principle of treatment, identifying contraindications and the need for additional testing or medical procedures.

Static Laboratory Station. A piece of equipment or clinical device is presented for inspection. Questions focus on identifying the item and analyzing its potential uses.

Performance Simulation. Role-playing activities are used to examine psychomotor responses related to practitioner procedures.

Every item on this examination has been written and reviewed by members of The McKenzie Institute faculty, including Robin McKenzie.

The test will be divided into a morning and afternoon segment. Each segment will be approximately three hours in length to allow adequate time for completion of each section. The morning session will be comprised of the following methods: paper-and-pencil, case study, chart evaluation, and static laboratory. The afternoon session will consist of the audiovisual presentation and performance simulation.

Passing Point

The purpose of this certification process is to assure the consumer, the medical community, and the McKenzie Institute that the practitioner has attained a minimum level of competency. Because of this philosophy, a predetermined passing point for the examination has been established by the American Faculty of the McKenzie Institute based on field testing and based on the Anghoff procedure for determining passing points on examinations. This point will not be revised based on the performance of participants. The paper-and-pencil, audiovisual presentation, case study, chart evaluation, and static laboratory station is the second section. The candidate must pass both of these sections. A candidate may retake any failed section of the examination.

Regulations

1. Be sure to arrive on time. No one will be admitted to the test center after the test has begun.
2. Your letter of acknowledgment and photo I.D. must be presented at registration and will confirm the exact location, accommodations, reporting and examination starting time. For your scheduling purposes, plan to report for the examination at 8:00am. The examination will begin at 8:30am.
3. No visitors are permitted at the test center.
4. Scratch paper, books, notes, etc. are not permitted. Scratch paper will be provided, and collected at the end of the exam.
5. Once the test has begun, you may leave the room only with the proctor's permission. The time lost while out of the room cannot be made up.
6. You can be dismissed from the test for:
 - a. Impersonating another candidate
 - b. Creating a disturbance
 - c. Giving or receiving help on the test
 - d. Attempting to remove test materials or notes from the room
 - e. Using notes, books, etc. brought in from outside

Security

In order to protect the validity of the examination, the test proctor will ask you to sign a statement certifying that you will not transmit the test questions/materials in any form to anyone else. You will not disclose the names of anyone taking the examination. Penalties will be applied.

Preparation for the Examination

The following courses are the mandatory prerequisite for this examination.

Courses A, B, C, and D offered only through the McKenzie Institute:

Part A: The Lumbar Spine

Part B: The Cervical & Thoracic Spine

Part C: Problem Solving Workshop

Part D: Advanced Problem Solving

The American faculty, as preparation for this examination, recommends the following materials or considerations:

1. "The Lumbar Spine: Mechanical Diagnosis and Therapy" and "The Cervical Thoracic Spine," textbooks by Robin McKenzie. (Available through OTP.)
2. Course manuals, notes, and *Treat Your Own Back / Treat Your Own Neck* books.
3. An audit fee of 50% of the course tuition is available to repeat any part of the course series. The numbers of audit spots are limited, so please call the Institute prior to registering.
4. Online Case Manager course to refresh the clinical reasoning process of MDT.
5. CSU (Clinical Skills Update) course.

Sample Questions¹

1. On the initial visit you suspect a patient's mechanical diagnosis is an adherence of the nerve root in the lumbar spine. Which of the following is the most appropriate self-treatment instructions for the week after the initial visit?
 - a. RFIL (Repeated flexion in lying) 10x/2hrs., RFIS (Repeated flexion in standing) 10x/2x day starting at midday, REIL (Repeated extension in lying) afterwards for prophylaxis.
 - b. RFIS (Repeated flexion in standing) 10x/2 hrs., starting mid-day, REIL (Repeated extension in lying) afterwards for prophylaxis.
 - c. RFIS (Repeated flexion in standing) 10x/2 hrs., REIL (Repeated extension in lying) afterwards for prophylaxis, postural correction.
 - d. RFIL (Repeated flexion in lying) 10x/2 hrs., REIL (Repeated extension in lying) afterwards for prophylaxis.
2. A patient with constant pain across C6-7 with radiation into the right scapula and upper arm reports that during the test movements of repeated retraction their symptoms are felt with each motion. How would you describe this on the evaluation form, and what other information has to be determined in order to determine the effect of this repeated movement on the pain pattern?
 - a. The symptoms are produced, but how many repetitions are performed before they were produced?
 - b. The symptoms are increased, but where and do they remain worse or not?
 - c. The symptoms are increased, but how many repetitions were performed when they increased?
 - d. The symptoms are produced, but where and do they remain worse or not?

3. *Subjective history:*
 1. Sudden onset pain across L4-5 for no apparent reason while walking. Pain is constant.
 2. Better with sitting and lying.
 3. Worse with standing and walking.

Objective examination:

1. FIS (flexion in standing): increase pain end range across L4-5
2. RFIS (repeated flexion in standing): not worsened
3. EIS (extension in standing): increase pain end range across L4-5
4. REIS (repeated extension in standing): worsened
5. FIL (flexion in lying): increase pain end range across L4-5
6. RFIL (repeated flexion in lying): decrease pain across L4-5, remains better
7. EIL (extension in lying): increase pain across L4-5
8. REIL (repeated extension in lying): increase pain across L4-5, worsened

Correlating this subjective and objective information would most likely indicate:

- a. Inconclusive
- b. Posterior derangement
- c. Anterior derangement
- d. Relevant lateral compartment

NOTE: In addition to the question formats that appear above the test will include questions related to an audiovisual presentation, case study, chart evaluation, and static laboratory stations. Also, performance simulation will be used to examine practitioner procedures.

Note: The standard MII Lumbar and Cervical Assessment forms will be used in the Exam.

¹ Key: 1.d; 2. b; 3. c.