

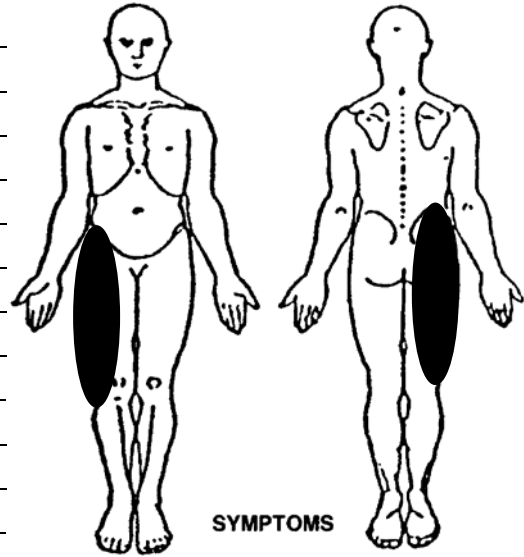


# THE MCKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

Date 4/13/10  
 Name \_\_\_\_\_ Sex **F**  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age **49**

Referral: *GP / Orth / Self / Other* \_\_\_\_\_  
 Work: Mechanical Stresses **Homemaker**

Leisure: Mechanical Stresses \_\_\_\_\_  
 Functional Disability from present episode **Sitting, bending, driving**  
 Functional Disability score \_\_\_\_\_  
 VAS Score (0-10) \_\_\_\_\_



## HISTORY

Present Symptoms **See above**

Present since **4 1/2 months** *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  
[long term] [short term]  
*am / as the day progresses / pm when still / on the move*  
 other \_\_\_\_\_

Better **bending** **sitting** **standing** **walking** lying  
[short term] [short term]  
*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 **3 yrs ago bike injury**

## 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 **Fibroid Tumor 3 yrs** Night Pain: Yes / No \_\_\_\_\_

Accidents: Yes / No \_\_\_\_\_ Unexplained weight loss: Yes / **No**

Other: \_\_\_\_\_

**EXAMINATION**

**POSTURE:** Sitting posture **NA** as pt **unable to sit**

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 WNL 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
<b>Pretest symptoms standing: Right hip/thigh</b>					
FIS	↑LB				
Rep FIS					
EIS					
Rep EIS					
<b>Pretest symptoms lying: Right hip</b>					
FIL					
Rep FIL	X70 ↓↓	B	↑		
EIL					
Rep EIL					
<b>If required pretest symptoms:</b>					
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 **Ant: Asymmetrical to knee**

**PRINCIPLE OF MANAGEMENT**

Education \_\_\_\_\_ Equipment Provided \_\_\_\_\_  
 Mechanical Therapy: **Yes** \_\_\_\_\_  
 Extension Principle: \_\_\_\_\_ Lateral Principle: \_\_\_\_\_  
 Flexion Principle: **Rep FIL 10-15 reps q 1 hr** Other: \_\_\_\_\_  
 Treatment Goals: \_\_\_\_\_