



# McKenzie Institute Assessment Forms

## Guidelines for the Completion of the Assessment Forms

History: Page One	
<b>Referral:</b>	Circle the appropriate, may record date of follow-up appointment.
<b>Postures / Stresses:</b>	<p><b>Work: Mechanical stresses:</b> Record work activities and indicate frequency of activity e.g. 50% sitting, 50% standing.</p> <p><b>Leisure: Mechanical stresses:</b> Record leisure or hobby activities and indicate frequency of activity e.g.; 75% sitting, 25% bending or could say walking 3x week 40 mins, gardening 3hours/week for example.</p>
<b>Functional Disability from Present Episode:</b>	Ask patient specific activities that they are unable to perform or have difficulty performing because of current symptoms.
<b>Functional Disability Score:</b>	Note the test being used, and the score.
<b>VAS Score:</b>	Tend to scale the intensity of the pain, must include most distal pain. Can use to define pain range, not just it's upper limit.
<b>Body Chart:</b>	Used to record "all symptoms this episode" i.e. all the symptoms the patient is complaining of, not signs. All symptoms may not still be present.
<b>Present Symptoms:</b>	Record here the location/type of symptoms that are still concerning the patient. May differ from the body chart as not all may still be present.
<b>Present Since:</b>	Usually given in weeks or days. Can write a specific date if known or if needed for legal reasons.
<b>Improving / Unchanging / Worsening:</b>	Circle as appropriate, and ask patient how, or in what way, if they say they are improving or worsening.
<b>Commenced as a Result of:</b>	If appropriate describe mechanism of injury e.g. lifting and twisting Or circle no apparent reason.
<b>Symptoms at Onset:</b>	Circle give time frame of onset of distal pain e.g. circle back then comment 2 days later in the leg.
<b>Constant / Intermittent:</b>	Circle as appropriate. Back = to gluteal fold, Thigh = above knee, Leg = below knee. <i>Circle</i> for always – if not clarified this means immediate pain response. If relates to time need to clarify outside the circle with e.g. 10minutes, prolonged.
<b>Better / Worse Section:</b>	If two unrelated areas of pain may need to indicate if dealing with back or leg pain for each activity. <i>Line under</i> – sometimes. <i>Oblique line through</i> – no effect. Put a ? above activity if patient still unsure even after further questions, rather than leave blank.
<b>Disturbed Sleep:</b>	If always circle Yes, sometimes underline Yes. Not affected circle No. If was previously circle Yes but write "previously".
<b>Sleeping Postures:</b>	Circle usual, indicate if unable to use this because of current pain and indicate present position – best and worse.
<b>Sleeping Surface:</b>	Circle as appropriate.

History: Page One	
<b>Previous Episodes:</b>	Circle 0, between 1-5 episodes, 6-10 episodes or 11+, indicate year of first episode
<b>Previous History:</b>	Write if episodic, which areas affected before and what was it like between episodes, e.g. 100% between episodes
<b>Previous Treatment:</b>	Write what treatments they have had for this episode and, if appropriate what treatments/interventions they have had for previous episodes. May indicate what has helped if appropriate.
<b>Specific Questions:</b>	Circle appropriate answers and write any clarifications on the lines provided.

Physical Examination: Page Two	
It is not essential to perform all components of the Physical examination with every patient. If any section is not performed an oblique line is drawn through it.	
<b>Posture:</b>	Circle appropriate response.
<b>Correction of Posture:</b>	Circle response and indicate which pain changes if appropriate.
<b>Other Observations:</b>	Record any significant musculo-skeletal differences, e.g. wasting, swelling redness etc.
<b>Neurological Examination:</b>	Qualify which deficit in each section, recorded if abnormal, e.g. decreased S1 reflex. Can add Babinski / Clonus to reflexes if required. Record as NAD if testing was done and normal. Oblique line through Neurological if Not Applicable.
<b>Movement Loss:</b>	The boxes Maj/Mod/Min/Nil can be used as a line i.e. more as a continuum. Can also record as a tick in the "pain" box, if patient is reporting pain, indicate location of the pain.
<b>Test Movements:</b>	Indicate the order performed by numbering if order is different to standard. Useful also to record the number of repetitions performed to gain the response. <b>Symptomatic response</b> - Use standard terms only. Monitor and describe effect on most distal symptoms predominantly. <b>Mechanical response</b> – Tick appropriate box. Can indicate which movement has been effected by the change if it is different to the one being tested.
<b>Static Tests:</b>	Record with standard "After" words.
<b>Other Tests:</b>	State which and the response achieved.
<b>Provisional Classification:</b>	Circle the classification, record the pain location for Derangement, indicate the direction of Dysfunction, or clarify the type of Other.
<b>Principle of Management:</b>	<b>Education Circle</b> - Record specifics, e.g. posture correction, avoidance of flexion. <b>Mechanical Therapy</b> - Circle Yes or No and write the specific exercises on the line for Extension Principle, Flexion Principle or Lateral Principle <b>Treatment Goals</b> – Indicate what you expect to change by next visit and things you wish to reassess on Day 2. Short and Long term goals can be recorded also.