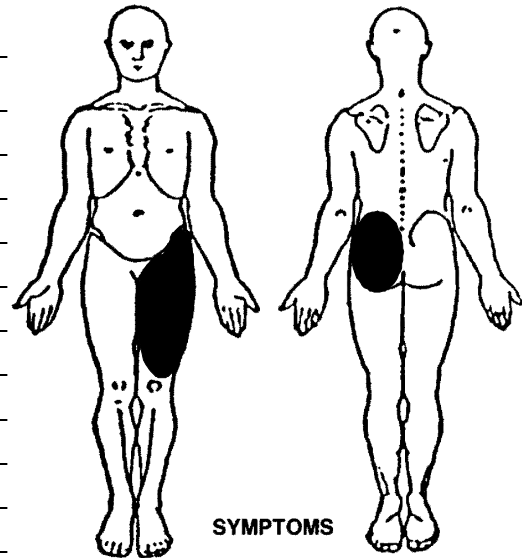




THE MCKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

Date _____
 Name JB Sex (M) / F
 Address _____
 Telephone _____
 Date of Birth _____ Age 76
 Referral: GP / Orth / Self / Other _____
 Work: Mechanical Stresses Retired, Sedentary
 Leisure: Mechanical Stresses Bowling, Gardening
 Functional Disability from present episode Bending, Walking
 Functional Disability score _____
 VAS Score (0-10) 9/10



HISTORY

Present Symptoms Left Back and Thigh
 Present since 3 weeks Improving / Unchanging / Worsening
 Commenced as a result of Bowling ?? 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 Left
 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 Bilateral TKR – lack of full Knee Extension Right

Previous Treatments None for lumbar spine

SPECIFIC QUESTIONS

Cough / Sneeze / Strain / +ve -ve Bladder: normal / abnormal Gait: normal / abnormal
 Medications: Nil / NSAIDS / Analg / Steroids / Anticoag / Other Tramadol
 General Health: Good / Fair / Poor _____
 Imaging: Yes / No X-Ray (Stenosis and Bone Spurs)
 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 ↑ Back, Produce Thigh Relevant: Yes / No
 Other Observations: _____

NEUROLOGICAL

Motor Deficit _____ Reflexes _____
 Sensory Deficit _____ Dural Signs _____

MOVEMENT LOSS

	Maj	Mod	Min	Nil	Pain
Flexion			X		
Extension	X				Left Thigh
Side Gliding R			X		
Side Gliding L	X				Left Thigh

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: Back					
FIS					
Rep FIS					
EIS	3. Increase Thigh				
Rep EIS	Increase Thigh	W			X
Pretest symptoms lying:					
FIL					
Rep FIL					
EIL					
Rep EIL					
If required pretest symptoms:					
SGIS – R					
Rep SGIS - R					
SGIS – L	1. Increase Back, Produce Thigh				
Rep SGIS- L	Increase Thigh	NW			X

STATIC TESTS

Sitting slouched _____ Sitting erect _____
 Standing slouched _____ Standing erect _____
 Lying prone in extension **4. Increase / Worse** Long sitting _____

OTHER TESTS 2. Manual Shift Correction = Produce Thigh/ Worse , No Change in ROM
5. Right Rotation in Flexion = Decrease Back and Thigh / Better, able to ambulate better

PROVISIONAL CLASSIFICATION

Derangement Dysfunction Posture Other
 Derangement: Pain location **Asymmetrical Above Knee with a Lateral Shift Deformity**

PRINCIPLE OF MANAGEMENT

Education Centralisation & Symptom Response Equipment Provided _____
 Mechanical Therapy: Yes / No _____
 Extension Principle: _____ Lateral Principle: _____
 Flexion Principle: Right Rot in Flex x 5-10 min / hr Other: _____
 Treatment Goals: Correct Shift; Ambulate without limitation; Return to IADL's and Bowling