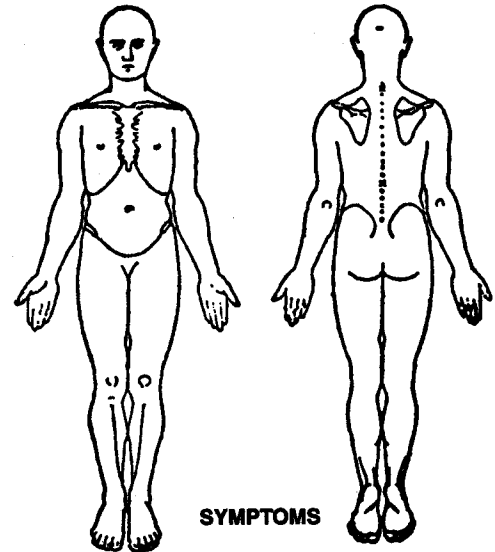




THE MCKENZIE INSTITUTE CERVICAL SPINE ASSESSMENT

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: neck / arm / forearm / headache _____
 Constant symptoms: neck / arm / forearm / headache _____ Intermittent symptoms: neck / arm / forearm / headache _____
 Worse bending sitting turning lying / rising
 am / as the day progresses / pm when still / on the move
 other _____
 Better bending sitting turning lying
 am / as the day progresses / pm when still / on the move
 other _____
 Disturbed sleep: yes / no _____ Pillows _____
 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

dizziness / tinnitus / nausea / swallowing / +ve / -ve _____ Gait / Upper limbs: 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 _____

To request medical records, contact patient's healthcare provider.

EXAMINATION

POSTURE

Sitting: *good / fair / poor* Standing: *good / fair / poor* Protruded head: *yes / no* Wry neck: *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
Protrusion					
Flexion					
Retraction					
Extension					

	Maj	Mod	Min	Nil	Pain
Lateral flexion R					
Lateral flexion L					
Rotation R					
Rotation L					

TEST MOVEMENTS

Describe effects 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 sitting _____					
PRO _____					
Rep PRO _____					
RET _____					
Rep RET _____					
RET EXT _____					
Rep RET EXT _____					
Pretest symptoms lying _____					
RET _____					
Rep RET _____					
RET EXT _____					
Rep RET EXT _____					
If required pretest pain sitting _____					
LF - R _____					
Rep LF - R _____					
LF - L _____					
Rep LF - L _____					
ROT - R _____					
Rep ROT - R _____					
ROT - L _____					
Rep ROT - L _____					
FLEX _____					
Rep FLEX _____					

STATIC TESTS

Protrusion _____ Flexion _____
 Retraction _____ Extension: *sitting / prone / supine* _____

OTHER TESTS

PROVISIONAL CLASSIFICATION

Derangement Dysfunction Postural Other
 Derangement: Pain location _____

PRINCIPLE OF MANAGEMENT

Education _____ Equipment provided _____
 Mechanical therapy: *yes / no* _____
 Extension principle _____ Lateral principle _____
 Flexion principle _____ Other _____
 Treatment goals _____