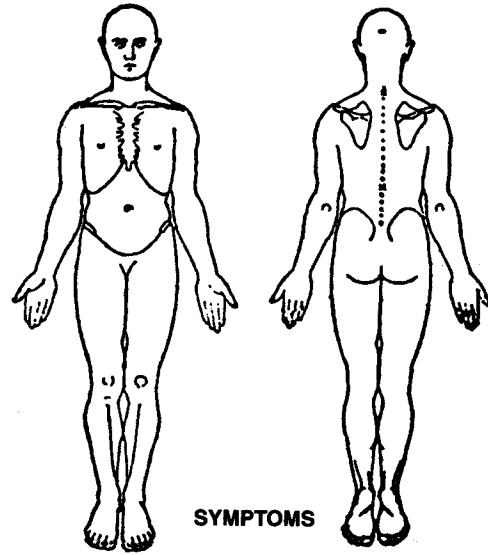




THE MCKENZIE INSTITUTE EXTREMITIES ASSESSMENT

Date _____
 Name _____ Sex _____ M / F
 Address _____
 Telephone _____
 Date of Birth _____ Age _____
 Referral: GP / Orth / Self / Other _____
 Work _____
 Leisure _____
 Postures / 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 _____
 Constant symptoms _____ Intermittent symptoms _____
 What produces or worsens _____
 What stops or reduces _____
 Continued use makes the pain: better worse no effect
 Pain at rest: yes / no
 Disturbed night: yes / no
 Other questions _____

 Treatments this episode _____
 Previous episodes _____
 Previous treatments _____
 Spinal history _____
 _____ Paraesthesia: yes / no
 Medications tried _____ Effect _____
 Present medication _____
 General health _____
 Imaging _____
Summary: acute / sub-acute / chronic trauma / insidious onset
 Sites for physical examination _____

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EXAMINATION

Observation _____

Baseline measurements (pain or functional activity) _____

	PDM	ERP
Active movements (note symptoms and range) _____		

Passive movement (+/- over pressure)(note symptoms and range) _____		

Resisted test response (pain) _____		

Repeated tests (choose the most symptomatic from above)

Baseline symptoms	Symptom response		Mechanical response		
Active movement, passive movement, resisted test	During movement- produce, abolish, increase, decrease, NE	After movement- better, worse, NB NW NE	↑ROM	↓ROM	NO effect
Effect of static positioning _____					
Other tests: eg loaded, compression, unloaded etc					

SPINE

Movement loss _____

Effect of repeated movements _____

Effect of static positioning _____

Spine testing not relevant / relevant / secondary problem _____

PROVISIONAL CLASSIFICATION Peripheral

Dysfunction - Articular _____	Contractile _____
Derangement _____	Postural _____
Other _____	Uncertain _____

PRINCIPLE OF MANAGEMENT

Education _____

Exercise _____ Frequency _____

Treatment goals _____