



THE MCKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

Date _____

Name _____ Sex M / F

Address _____

Telephone _____

Date of Birth _____ Age _____

Referral: GP / Orth / Self / Other _____

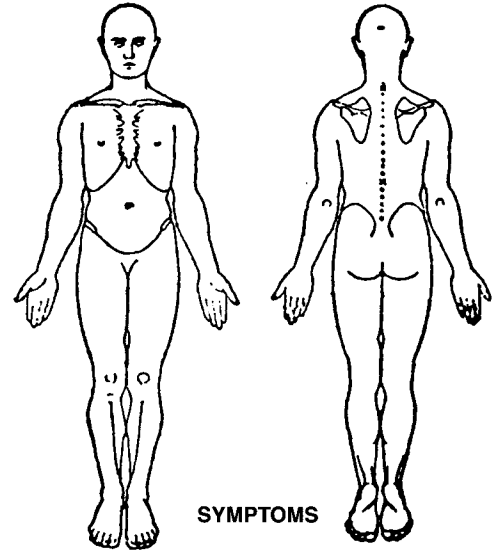
Work: Mechanical stresses _____

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: *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*
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 _____

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* _____ 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* Lordosis: *red / acc / normal* Lateral shift: *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
Flexion					
Extension					
Side gliding R					
Side gliding 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 standing _____					
FIS _____					
Rep FIS _____					
EIS _____					
Rep EIS _____					
Pretest symptoms lying _____					
FIL _____					
Rep FIL _____					
EIL _____					
Rep EIL _____					
If required pretest symptoms _____					
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 _____

PRINCIPLE OF MANAGEMENT

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