

THE MCKENZIE INSTITUTE LOWER EXTREMITIES ASSESSMENT

Date				\cap	\bigcirc			
Name		Sex	M/F	لي الم				
Address								
Telephone				(] - }	(V V)			
Date of Birth		Age	9	M				
Referral: GP/Orth/Se	lf / Other			IA				
Work: Mechanical str	esses			E Y				
Leisure: Mechanical	stresses							
Functional disability f	rom present episode			livi	101			
Functional disability s					SYMPTOMS			
		н	STORY					
Present symptoms								
Present since					Improving / Unchanging / Worsening			
Commenced as a res	sult of				Or No Apparent Reason			
Symptoms at onset					Paraesthesia: Yes / No			
Spinal history					Cough / Sneeze +ve/-ve			
Constant symptoms:			Intermi	ttent Symptoms:				
Worse	am / as the day pro	/ rising / first gresses / pm	when still / o	n the move	alking stairs squatting/kneeling Sleeping: prone/sup/side R/L			
Better		itting s	standing when still / or	walking	stairs squatting / kneeling Sleeping: prone / sup / side R / L			
Continued use makes	s the pain: Better	Worse	No E	ffect	Disturbed night Yes / No			
Pain at rest	Yes / No			Site:	Back / Hip / Knee / Ankle / Foot			
Other Questions:	Swelling		Clicking / Lo	ocking	Giving Way / Falling			
Previous episodes								
Previous treatments								
General health: Good	d / Fair / Poor							
Medications: Nil / N	ISAIDS / Analg / S	teroids / Antico	oag / Other					
Imaging: Yes / No	_							
Recent or major surg	ery: Yes / No			Night pai	n: Yes/No			
Accidents: Yes / No				Unexplai	Unexplained weight loss: Yes / No			
Summary	Acute / Sub-a	cute / Chronic		Trauma	a / Insidious Onset			
Sites for physical exa	mination Back /	Hip / Knee / J	Ankle / Foot	Other.				

EXAMINATION

POSTURAL OBSERVATION

Sitting	Good / Fair / Poor	Correction of Posture:	Better / Worse / No Effect / NA	Standing:	Good / Fair / Poor
Other ob	servations:				

NEUROLOGICAL: NA / Motor / Sensory / Reflexes / Dural

BASELINES (pain or functional activity):

EXTREMITIES Hip / Knee / Ankle / Foot

MOVEMENT LOSS	Мај	Mod	Min	Nil	Pain		Maj	Mod	Min	Nil	Pain
Flexion						Adduction / Inversion					
Extension						Abduction / Eversion					
Dorsi Flexion						Internal Rotation					
Plantar Flexion						External Rotation					

Passive Movement (+/- over pressure) (note symptoms and range):	PDM	ERP

Resisted Test Response (pain)

Other 1	Fests
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SPINE	
Movement Loss	S
Effect of repeat	ed movements
Effect of static	positioning
Spine testing	Not relevant / Relevant / Secondary problem

Baseline Symptoms _____

Repeated Tests	Symptom R	Mechanical Response			
Active/Passive movement, resisted test, functional test	During – Produce, Abolish, Increase, Decrease, NE	After – Better, Worse, NB, NW, NE	Effect – ↑ or V ROM, strength or key functional test	No Effect	
Effect of static positioning					

PROVISIONAL CLASSI	FICATION	Extremities	S	pine
Dysfunction – Articular			Contractile	
Derangement			Postural	
OTHER				
PRINCIPLE OF MANAG	GEMENT			
Education			Equipment Pr	ovided
Exercise and Dosage				
Barriers to recovery				
Treatment Goals				