



THE MCKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

Date _____

Name _____ Sex _____ M / F

Address _____

Telephone _____

Date of Birth _____ Age _____

Referral: GP / Orth / Self / Other _____

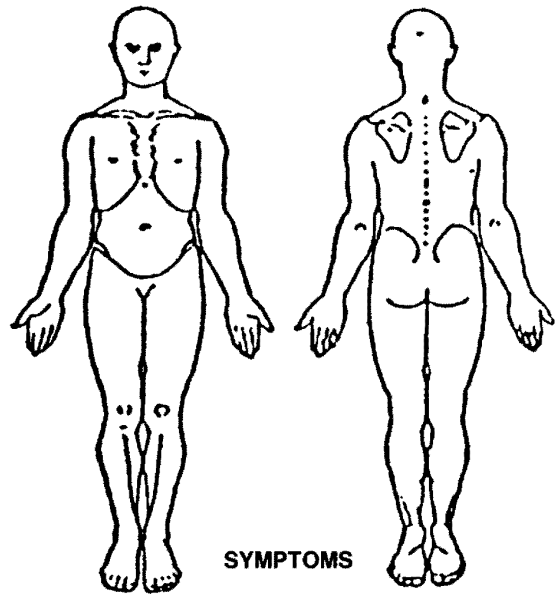
Work: Mechanical stresses _____

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/Bowel: *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: _____

EXAMINATION

POSTURAL OBSERVATION

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 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	_____				
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 Postural OTHER
 Central or Symmetrical Unilateral or Asymmetrical above knee Unilateral or Asymmetrical below knee

PRINCIPLE OF MANAGEMENT

Education _____ Equipment provided _____
 Extension principle _____ Lateral principle _____
 Flexion principle _____ Other _____
 Barriers to recovery _____
 Treatment goal _____