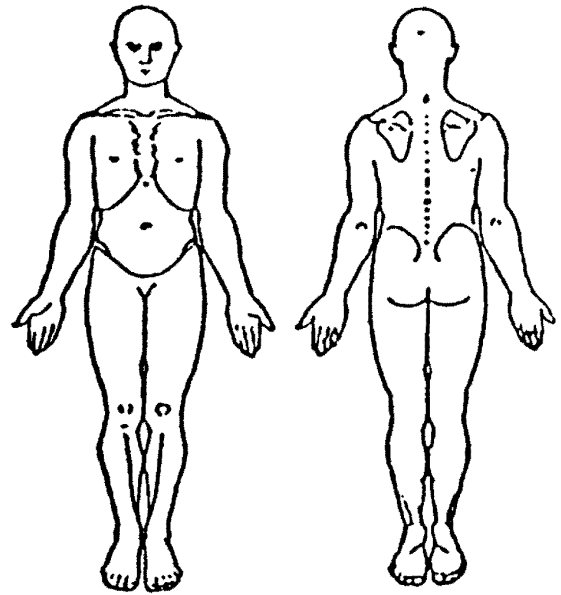




THE MCKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

Date _____
Name _____ Gender _____
Address _____
Telephone _____
Date of Birth _____ Age _____
Referral: GP / Orth / Self / Other _____
Work demands _____
Leisure activities _____
Functional limitation for present episode _____



Outcome / Screening score _____
NPRS (0-10) _____
Present symptoms _____

Present since _____ improving / unchanging / worsening

Commenced as a result of _____ 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: _____

Previous spinal history _____

Previous treatments _____

SPECIFIC QUESTIONS

Cough / sneeze / strain Bladder / Bowel: normal / abnormal Gait: normal / abnormal

Medications: _____

General Health / Comorbidities: _____

Recent / relevant surgery: yes / no _____

History of cancer: yes / no _____ Unexplained weight loss: yes / no _____

History of trauma: yes / no _____ Imaging: yes / no _____

Patient goals / expectations: _____

EXAMINATION

POSTURAL OBSERVATION

Sitting: *lordotic / neutral / kyphotic*

Change of posture: *better / worse / no effect* _____

Standing: *lordotic / neutral / kyphotic*

Lateral shift: *right / left / nil*

Shift relevant: *yes / no*

Other observations / functional baselines: _____

NEUROLOGICAL

Motor deficit _____ Reflexes _____

Sensory deficit _____ Neurodynamic tests _____

MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms
Flexion					
Extension					
Side gliding R					
Side gliding L					
Other					

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.

Symptomatic response		Mechanical response	
During testing	After testing	Effect - ↑ or ↓ ROM or key functional test	No effect
Pretest symptoms standing _____			
FIS _____			
Rep FIS _____			
EIS _____			
Rep EIS _____			
Pretest symptoms lying _____			
FIL _____			
Rep FIL _____			
EIL _____			
Rep EIL _____			
Pretest symptoms _____			
SGIS - R _____			
Rep SGIS - R _____			
SGIS - L _____			
Rep SGIS - L _____			
Other movements _____			

STATIC TESTS

Sitting slouched / erect / lying prone in extension / long sitting _____

OTHER TESTS _____

PROVISIONAL CLASSIFICATION

Derangement Central or symmetrical Unilateral or asymmetrical above knee Unilateral or asymmetrical below knee

Directional Preference: _____

Dysfunction: Direction _____ **Postural** **OTHER** subgroup: _____

POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY Comorbidities Cognitive - Emotional Contextual

Descriptions: _____

PRINCIPLES OF MANAGEMENT

Education _____

Exercise type _____ Frequency _____

Other exercises / interventions _____

Management goals _____

Signature _____