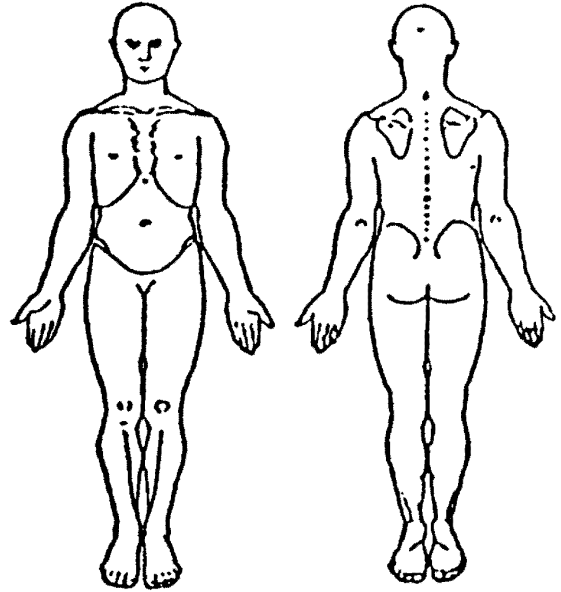




# THE MCKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

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 / beliefs: \_\_\_\_\_

## 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.

Symptoms during testing	Symptoms after testing	Mechanical response	
		Effect - ↑ or ↓ ROM or key functional test	No effect
<b>Pretest symptoms standing</b> _____			
FIS _____			
Rep FIS _____			
EIS _____			
Rep EIS _____			
<b>Pretest symptoms lying</b> _____			
FIL _____			
Rep FIL _____			
EIL _____			
Rep EIL _____			
<b>Pretest symptoms</b> _____			
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: \_\_\_\_\_

**Drivers of pain and / or disability:**                      Contextual                      Cognitive                      Emotional                      Comorbidities

### PRINCIPLES OF MANAGEMENT

Education \_\_\_\_\_

Exercise type \_\_\_\_\_ Frequency \_\_\_\_\_

Other exercises / interventions \_\_\_\_\_

Management goals \_\_\_\_\_

\_\_\_\_\_ Signature \_\_\_\_\_