



THE MCKENZIE INSTITUTE THORACIC 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 _____

Constant symptoms _____ Intermittent symptoms _____

Worse	<i>bending</i>	<i>sitting / rising</i>	<i>turning neck / trunk</i>	<i>standing</i>	<i>lying</i>
	<i>am / as the day progresses / pm</i>		<i>when still / on the move</i>		
	<i>other</i> _____				

Better	<i>bending</i>	<i>sitting / rising</i>	<i>turning neck / trunk</i>	<i>standing</i>	<i>lying</i>
	<i>am / as the day progresses / pm</i>		<i>when still / on the move</i>		
	<i>other</i> _____				

Disturbed sleep *yes / no* Sleeping postures: *prone / sup / side R / L* Pillows: _____

Previous spinal history _____

Previous treatments _____

SPECIFIC QUESTIONS

Cough / sneeze / deep breath _____ *Gait / Upper Limbs: normal / abnormal*

Medications: _____

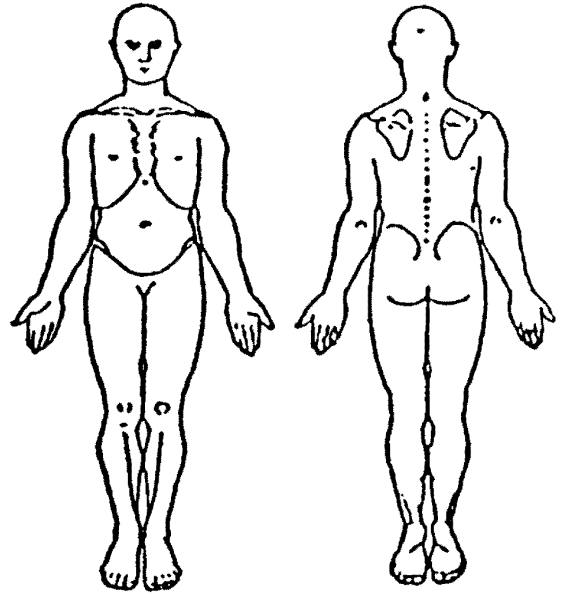
General health / Comorbidities: _____

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: *erect / neutral / slump* Protruded head: *yes / no* Change of posture: *better / worse / no effect* _____
 Standing: *neutral / kyphotic* _____
 Other observations / functional baselines: _____

NEUROLOGICAL (upper and lower limb)

Motor deficit _____ Reflexes _____
 Sensory deficit _____ Neurodynamic tests _____

CERVICAL SPINE REPEATED MOVEMENT TESTING

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

Rep Pro _____
 Rep Ret _____
 Rep Ret Ext _____
 Rep LF - R _____
 Rep LF - L _____
 Rep ROT - R _____
 Rep ROT - L _____
 Rep Flex _____

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 sitting _____				
FLEX _____				
Rep FLEX _____				
EXT _____				
Rep EXT _____				
Pretest symptoms lying _____				
EIL (prone) _____				
Rep EIL (prone) _____				
EIL (supine) _____				
Rep EIL (supine) _____				
Pretest symptoms sitting _____				
ROT - R _____				
Rep ROT - R _____				
ROT - L _____				
Rep ROT - L _____				
Other movements _____				

STATIC TESTS Flex / Ext / Rotation / Other _____ **OTHER TESTS** _____

PROVISIONAL CLASSIFICATION

Derangement Central or symmetrical Unilateral or asymmetrical
 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 _____