The McKenzie Institute International

CENTRE FOR POSTGRADUATE STUDY IN MECHANICAL DIAGNOSIS AND THERAPY



International Credentialling Exam Information for Candidates

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TABLE OF CONTENTS

1.	PURPOSE	2
2.	ELIGIBILITY	2
3.	APPLICATION 3.1 Application Form. 3.2 Acceptance of Application. 3.3 Number of Candidates. 3.4 Examination Fee. 3.5 Cancellations, Transfers & Refunds. 3.5.1 Cancellations. 3.5.2 Transfers. 3.5.3 Refunds.	
4.	FORMAT OF THE EXAMINATION. 4.1 Content Areas	
5.	PASSING GRADE	5
6.	INFORMATION AND REGULATIONS FOR THE EXAMINATION	6
7.	PREPARATION FOR THE EXAMINATION. 7.1 Pre-requisites	8 8
8.	SAMPLE QUESTIONS AND INFORMATION ABOUT THE EXAMINATION 8.1 Paper/Pen	9 19 19 19 20
۸D	ENDIV Accoment Forms	21



We would like to take this opportunity to thank you for your interest in The McKenzie Institute International Credentialling Examination.

This examination has been designed to recognise the clinician utilising the McKenzie Method of Mechanical Diagnosis and Therapy in the treatment of patients.

Contained in this document is the information you need to prepare yourself for the examination.

If you have any questions or concerns after reading the document please contact:

The McKenzie Institute USA 432 N Franklin St Ste 40 Syracuse, NY 13204 info@mckenzieinstituteusa.org 800-635-8380 or 315-471-7612



1. PURPOSE

The McKenzie Institute conducts the Credentialling Examination to:

- Establish a standard of minimum competence in the application of the McKenzie Method of Mechanical Diagnosis and Therapy.
- Identify and recognise the clinician who has demonstrated basic competency in the McKenzie Method of Mechanical Diagnosis and Therapy (MDT).
- Develop a referral network of MDT qualified clinicians.

2. ELIGIBILITY

You are eligible to register for the Credentialling Examination if you have completed Parts A - D (including the extremities) of the McKenzie Institute International Education Programme, and are a licensed clinician.

Applicants will need to provide a copy of their professional license with their registration form to verify eligibility and active licensure. Applicants from outside USA will need to provide evidence of their attendance at Parts A – D courses.

*If there are any health, learning issues or disabilities that may influence your participation in this examination, please contact the Institute. We will make every reasonable effort to make proper accommodations for you.

3. APPLICATION

3.1 **Application Form**

Register online or download the Exam Registration form from The McKenzie Institute USA website: https://www.mckenzieinstituteusa.org/forms.cfm
You will be able to upload a copy of your license, or must fax a copy with registration.

3.2 Acceptance of Application

Once your application has been accepted and processed, you will receive a letter of confirmation which will provide you with the details relating to the exam including location and where appropriate accommodation information.

In addition, you will receive a sample of the Attestation and Confidentiality Agreement with your confirmation letter. This Agreement indicates that you have read this Information for Candidates Manual, and hence you are informed of the content and procedures of the exam. A copy of the Agreement can be found at the back of this manual.

You will be required to show a photo ID (i.e., driver's license, passport) when you arrive at the exam site to register. You will also be provided a copy of the Attestation and Confidentiality Agreement that you will be required to sign before you can sit the exam.



3.3 Number of Candidates

Exams typically allow a maximum of 25 participants with a limit of 5 retakes. Where the exam places are limited, applications are accepted in the order they are received.

3.4 Examination Fee

The cost of the examination is:

Description	Fee
Examination	\$500
	•
Retake of Exam:	
Whole Exam	\$250
Written Portion Only	\$200
Performance Simulation Only	\$50

3.5 Cancellations, Transfers & Refunds

3.5.1 Cancellations

If you must cancel your registration after receiving your letter of confirmation, you must submit a written notice to qualify for a transfer or possible refund.

3.5.2 <u>Transfers</u>

The Institute will accommodate one transfer opportunity without penalty only if the cancellation occurs two or more weeks before the exam.

When a cancellation occurs within two weeks before the exam date, a transfer request will require a transfer fee of \$100.00.

3.5.3 Refunds

The refund policy is as follows:

Period	Refund Amount
Prior to 4 weeks before the exam	\$400.00
2-4 weeks before the exam	\$200.00
Less than 2 weeks before the exam	No refund



4. FORMAT OF THE EXAMINATION

Every component of the International Credentialling Examination has been verified by The McKenzie Institute International Education Council.

4.1 Content Areas

Since the primary objective of this Credentialling Exam process is the assessment of clinical skills and thought processes, the format of this examination is multi-method testing.

Each method has been selected for its perceived suitability in testing one or more of the content areas.

The content areas are as follows:

- History
- Examination
- Conclusions
- Principle of Treatment
- Reassessment
- Prevention
- Clinician procedures

The exam is divided into a morning session and afternoon session. Each session will be approximately three to four hours in length to allow adequate time for completion of each section.

The morning session will comprise the following methods: paper-and-pen, chart evaluations and case studies.

The afternoon session will comprise the audiovisual presentation and performance simulation.

4.2 Methods

The testing methods currently used in the examination are paper-and-pen, chart evaluations, case studies, audiovisual presentation and performance simulation. A description and goal of each method is given below.

4.2.1 Paper-and-Pen

The written examination is administered in a multiple-choice format that focuses on assessing the candidate's knowledge of all content areas.



4.2.2 Chart Evaluations

Based on an actual patient's records, a patient's history and/or examination findings are presented on a McKenzie Institute International Assessment Form. A sample of the version used on the exam is included in this manual. This section focuses on the interpretation of the written history and examination form, a principle of treatment, identifying contraindications and the need for additional testing or medical procedures. The testing format is multiple-choice questions.

4.2.3 Case Study

Written case histories are presented on a McKenzie Institute International Assessment Form (sample form included in this manual). Multiple-choice questions are asked that focus on evaluating the patient, reaching conclusions, developing a principle of treatment, and selecting treatment procedures. This section also focuses on reassessment concepts.

4.2.4 Audio Visual Presentation

A video is presented of a patient undergoing a history, examination, and/or a procedure in a clinical setting. Multiple-choice questions assess the candidate's ability to analyse and interpret the History, Examination, including the patient's movements and static postures, conclusions, the clinician / patient communications, and the proposed treatment programme. Ability to accurately record patient information is also assessed in this section.

4.2.5 <u>Performance Simulation</u>

This section is used to examine the candidate's ability to competently perform MDT clinician procedures. Three procedures are randomly selected for each exam.

PLEASE NOTE:

Any procedures taught on Parts A – D courses, included in course manuals and demonstrated in the procedure videos (excluding manipulation), can be tested in the exam. Be sure that you are familiar with, and have practised performing, all procedures.

5. PASSING GRADE

The purpose of the Credentialling Examination is to assure the patient, the medical community, and the McKenzie Institute International that the clinician has attained a minimum level of competency in MDT. Because of this philosophy, a predetermined passing grade for the exam has been established based on field testing and on the Anghoff procedure for determining passing points for examinations.



The exam is divided into two sections:

Section 1: Paper and Pen, Chart Evaluations, Case Studies and Audio Visual Presentation.

Section 2: The Performance Simulation.

A candidate must pass both sections. The passing score for Section 1 is 73 points, and the passing score for Section 2 is a total of 230 points.

A candidate is able to re-take the exam if they do not achieve a pass. If a candidate passes only one section, then they only have to re-take the section they failed. A candidate may retake either or both sections of the exam up to three times. If they are not successful after three attempts, direction for remedial study is strongly recommended and can be provided by the faculty of the Branch conducting the exam. A retake of failed sections of the exam needs to be completed within five years of the date of the initial exam.

If the Performance simulation section is failed, the candidate will be required to retest on at least one of the previously failed techniques plus the selected techniques for that day's exam. At times, this may mean 4 techniques are tested for that candidate.

You will receive your results by mail within 2-3 weeks of the exam date.

6. INFORMATION AND REGULATIONS FOR THE EXAMINATION

- 1. Be sure to arrive at the exam venue no later than 15 minutes before the scheduled commencement time of the exam.
- 2. Bring your photo I.D.
- 3. No visitors are permitted at the exam venue.
- 4. Notepaper, books, notes, etc. are not permitted in the exam room. Notepaper and pencils will be provided and collected at the end of the exam.
- Once the test has begun, you may leave the exam room only with the examiner's permission. The time lost whilst absent from the room cannot be made up.
- 6. You can be dismissed from the examination for:
 - (a) Impersonating another candidate
 - (b) Creating a disturbance
 - (c) Giving or receiving help on the exam
 - (d) Attempting to remove exam materials or notes from the room
 - (e) Using notes, books, etc. brought in from outside.
- 7. Prior to the start of the exam, you will be asked to sign and date the Attestation and Confidentiality Agreement. (An illustration of the Attestation and Confidentiality Agreement follows.)



ILLUSTRATION

ATTESTATION AND CONFIDENTIALITY AGREEMENT

ATTESTATION

By signing this document, I hereby attest to having read the INTERNATIONAL CREDENTIALING EXAM – INFORMATION FOR CANDIDATES MANUAL (v. June 2014) and that I am informed about the content and procedure of the Credentialling Exam. I am further aware and understand that the minimum requirements to pass the exam are 73 points for Section 1, and a total of 230 points for Section 2.

CONFIDENTIALITY

In order to make The McKenzie Institute Credentialing Examination fair for all candidates and to protect the confidentiality of the candidates, you must sign this agreement. Refusal to sign will result in your inability to take the written or practical portions of the examination.

You agree not to divulge or discuss with anyone the contents of the written and practical examinations, the names of the other candidates taking the written and practical examinations, and how many candidates participated in the written and practical examinations.

Any and all content utilized in and developed for The McKenzie Institute Credentialing Examination, including the written and practical examinations, is the exclusive property of The McKenzie Institute International, licensed to The McKenzie Institute USA, and is protected by United States and international copyright laws.

Furthermore, all such content included in The McKenzie Institute Credentialing Examination is deemed proprietary and confidential information, and shall not be disclosed, copied, recreated, or forwarded by any candidate taking the examination. Any disclosure of this confidential or proprietary information will be deemed an infringement of United States and international copyright law, and may result in disciplinary action, including criminal and civil liability.

Furthermore, breach of this agreement will result in the forfeiture of your certification and a permanent restriction on retaking either the written or practical examinations.

Exam Candidate Name
Date signed
Exam #:
Student #:



7. PREPARATION FOR THE EXAMINATION

7.1 <u>Pre-requisites</u>

The following courses are the mandatory prerequisite for this examination:

Courses A, B, C, and D offered only through The McKenzie Institute:

- Part A: MDT: The Lumbar Spine
- Part B: MDT: Cervical & Thoracic Spine
- Part C: MDT: Advanced Lumbar Spine and Extremities Lower Limb
- Part D: MDT: Advanced Cervical & Thoracic Spine and Extremities Upper Limb

7.2 <u>Preparation Materials</u>

In preparation for this exam, use of the following materials or activities are recommended:

1. "The Lumbar Spine – Mechanical Diagnosis and Therapy®" (second edition 2003, Volumes One and Two), "The Cervical and Thoracic Spine – Mechanical Diagnosis and Therapy®" (second edition 2006, Volumes One and Two), "The Human Extremities – Mechanical Diagnosis and Therapy®", all written by Robin McKenzie and Stephen May.

(Available through OPTP)

- 2. Course manuals, notes, and *Treat Your Own Back / Treat Your Own Neck / Treat Your Own Shoulder / Treat Your Own Knee* books.
- 3. Attending the Advanced Extremities and Clinical Decision Making Courses
- 4. Take the Online Case Manager Course
- 5. Official Institute online materials MDT procedure videos**, webinars, past issues of the IJMDT, MDT World Press and JMMT.
- 6. Retake (audit) any component of the Institute's International Education Programme.
- ** Once you receive your letter of confirmation, you will have immediate full access to the MDT procedure videos library. Select the Resource Centre on the MIUSA website and link to MDT Procedure Videos you will be prompted to log in and then select the Components Procedures Quick Access button.

7.3 <u>Instruction Prior to Exam</u>

Examiners for the Credentialing Exam a candidate is undertaking cannot provide any form of instruction or feedback relating to the Performance Simulation component within two weeks of the exam.



8. SAMPLE QUESTIONS AND INFORMATION ABOUT THE EXAMINATION

To familiarise yourself with the format prior to the exam, the following are sample questions for the Paper/Pen, Chart Evaluation and Case Study sections of the Credentialling Exam together with the directions. (Answer key provided on the last page.)

8.1 Paper/Pen

Read each question and all choices, and then decide which choice is correct. There is only one correct answer for each question. You will not be given credit for any question for which you indicate more than one answer or for any that you do not answer. There is no penalty for guessing.

1. On the initial visit of a 27 year old male patient presenting with intermittent back and left thigh and calf pain, your provisional classification is Lumbar Adherent Nerve Root. His history is consistent with a derangement six months ago after a lifting injury. He has not received any previous care. What are the appropriate self-treatment exercise recommendations for the first two days?

<u>Note:</u> Your provisional classification is based on the following test results:

- RFIS (Repeated Flexion in Standing) Produce Back and Leg Pain/No Worse Moderate loss motion
- REIS (Repeated Extension in Standing) No Effect, Minimal loss of motion
- RFIL (Repeated Flexion in Lying) Produce Back Pain/No Worse
- REIL (Repeated Extension in Lying) Produce Strain /No Worse
 - (a) RFIL (Repeated Flexion in Lying) 10/2hours, RFIS (Repeated Flexion in Standing) 10/2hours starting at midday, REIL (Repeated Extension in Lying) after either RFIL and RFIS for prevention, postural advice
 - (b) RFIS (Repeated Flexion in Standing) 10/2hours, REIL (Repeated Extension in Lying) after the RFIS for prevention, postural advice
 - (c) RFIL (Repeated Flexion in Lying) 10/2hours, REIL (Repeated Extension in Lying) after the RFIL for prevention, postural advice
 - (d) FIS (Repeated Flexion in Standing) 10/2hours, REIS (Repeated Extension in Standing) afterwards for prevention, postural advice



- 2. A 32 year old female patient with constant pain across C6-C7 with radiation into the Right Scapula and Right upper arm reports that during the test movements of Repeated Retraction her symptoms are felt a bit more with each movement, but are about the same when she returns to the starting position. The response to single movements and repeated movements were the same. How would you record this on the evaluation form? Repeated Retraction:
 - (a) Increase, No Worse
 - (b) Produce, No Worse
 - (c) Increase, Worse
 - (d) Produce, Worse
- 3. Which of the following symptoms may indicate Serious Pathology in a patient presenting with complaint of headache?
 - (a) Use of narcotics to manage pain.
 - (b) Progressive worsening of temporal/occipital headache with visual changes.
 - (c) Headache aggravated with routine activity.
 - (d) Difficulty sleeping due to challenge finding a comfortable position.
- 4. A patient returns for follow up treatment 24 hours after the initial assessment, what should the review process include?
 - (a) Review site, frequency and intensity of symptoms, effect of posture correction and test repeated flexion and extension.
 - (b) Review symptomatic presentation, compliance with home programme, retest all repeated movements for mechanical baselines.
 - (c) Review symptomatic changes, mechanical baselines and effect of posture change.
 - (d) Review of symptomatic and mechanical presentation; review compliance with posture recommendations and performance of home programme. Retest appropriate key findings.



8.2 Chart Evaluations and Case Studies

These sections of the examination consist of multiple-choice questions.

1. On the Chart Evaluations, you will have one of the following:

- A completed history and examination assessment sheet
- A completed history sheet only
- A completed examination sheet

The assessment sheets and questions will be clearly marked 'Evaluation 1, 2, 3.'

2. With the Case Studies, you will have completed:

- History
- Examination Sheets, and
- Follow up visits

The Case Studies and questions are clearly marked 'Case Study 1, 2, 3' etc.



CHART EVALUATION SAMPLE: ALEX

CONTRIBUTION CO.	THE McK LUMBAR				Chart Ev	valuation Sample - Alex
Date					\bigcirc	\bigcirc
Name /	Alex		s	ex(M) F)={).(
Address					(X	7 (3.6)
Telephone					11:31:	11 11 11
Date of Birth			А	ge 28	18-7	
Referral GP 0	Orth / Self / Othe	9r	200	St. Contraction		M ME'N
Work: Mechanic	cal stresses	Travelling	Computer	Technician .	401	1100 400
		328 T-11 TRAVELLES	/ Bending &	02520533395	11/	
Leisure: Mechar	nical stresses	Gym, Spo):\!:(111
Functional Disat	bility from prese	ent episode	Working F	Per contract	\W/	\ {}}
Functional Disat	bility score					SYMPTOMS ()
VAS Score (0-1)		6-7/10			- Will	
	7.0	***************************************	н	STORY	• 6	
Present Sympto	oms I	eft L5 - S1,	across left b	uttocks, poste	rior thigh and cal	f.
Present since	7	days	etvolet reserve etsek		Improvi	ing / Unchanging Worsening
Commenced as	a result of	ifting suitca	se after 6 ho	our plane ride		Or no apparent reason
Symptoms at on	set: back this	gh)/leg_Ne	xt day calf –	noticed he wa	s slightly crooked	
Constant symptom	oms back this	gh (leg)			Intermitten	t symptoms: back / thigh / leg
Worse	Gending L	BP & Leg &	itting rising	Standing	walking	lying
	am / as th	e day progre	sses/pm L	ВР	when still /	on the move
	Other) H	lard to find	comfortable	sleep position	2000/1000-000	HERMANIAN SANSAR POTTANT
Better	bending	sitt	ing	standing	walking	Lying) slightly
	am / as th	e day progre	sses/pm		when still	on the move
	other	Ice				
Disturbed Sleep	Yes No	Sle	seping posture	es: prone / sup /	/side R / L Si	urface(firm) soft / sag
Previous Episod	des 0 (1-5)	6-10 11+			Year of firs	t episode
Previous History	y 5 years	ago back pa	ain only after	weight lifting		
	9	= 90		A10 170		
Previous Treatm	nents None					
SPECIFIC QUE	STIONS					
Cough / Sneeze	Strain (+ve)	-ve	Bladde	r: formal) abno	ormal	Gait: normal / bnormal)
Medications: Ni	II NSAIDS / A	nalg / Steroid	s / Anticoag /	Other		
General Health	Good Fair / F	Poor		3000000		
Imaging: Yes	vo					
Recent or major	surgery: Yes /	(No			Night Paint	Yes No Positional
Accidents: Yes		(300 AVVVV)				d weight loss: Yes (No)
Other:						



POSTURE

Chart Evaluation Sample - Alex

EXAMINATION

Sitting: Good / Fair Q Correction of Posture Other Observations:	: Better A) Lordosis (Red)	Y Acc / Normal			
NEUROLOGICAL Motor Deficit	5/5				Reflexes	Intact			
Sensory Deficit	Intact				Dural Signs	SLR(L) 20 (R) 50		
MOVEMENT LOSS									
	Maj	Mod	Min	Nil		Pai	n		
Flexion	1					Back & I	eft leg		
Extension	1					Back & I	eft lea		
Side Gliding R				1		10250200			
Side Gliding L	1	-				Back & I	oft loa		
			CONTROL CITY			managara sa		Participant (Automotiva	
TEST MOVEMENTS					ring: produces, ab er, worse, no bette				eralised
	1772			SERVICE I	i i	Symptoms	Mech	anical Res	
	S	ymptoms	During Te	esting		After Testing	↑Rom	↓ Rom	No
Pretest symptoms s	tanding	Back	Rieffic	x 6/10					Effect
FIS TB			a Leit Le	3 0/10	- 1				
Rep FIS X3					1	Worse			
EIS					7	Worse			
Rep EIS X3						Worse			
Pretest symptoms ly					- 7	Holse			
Rep FIL X3						Worse			
EIL 1L					- 1				
Rep EIL X3						Worse			
f required pretest s					1				
SGIS - R No									
Rep SGIS - R									
SGIS-L ↑B	ack & leg	,			31				
Rep SGIS - L									
STATIC TESTS									
Sitting slouched					Sitting erect	ft			
Standing slouched					Standing en	ect			
Lying prone in extens	ion				Long sitting	j			
OTHER TESTS _	523				- RE 7/8 88	2 25			
PROVISIONAL CLAS	SSIFICAT	TION							
Derangement		Dysfunct	ion		Posture		Other		
Derangement: Pain L		100			, ostaro	,	Out-of-		
PRINCIPLE OF MAN		2.50			_ Equipment Prov	vided			
Mechanical Therapy					_ =dorbinettr Lto				
				Principle		Elevier D	incinio		
Extension Principle Other			Lateral	rincipie	7.2	riexion Pi	incipie _		
Treatment Goals									



CHART EVALUATION Question

- 5. Based on information provided on the assessment form for Alex, how should you proceed?
 - (a) Assess symptom response to therapist manual shift correction.
 - (b) Refer patient back to doctor.
 - (c) Assess symptom response to sustained extension.
 - (d) Instruct patient in correct sitting posture and reassess in 24 hours.



CASE STUDY SAMPLE: GEORGE – Assessment and Follow-up



THE McKENZIE INSTITUTE LOWER EXTREMITIES ASSESSMENT

CASE STUDY SAMPLE - GEORGE

Date	e C					0		0	
Name	George		s	ex (M) F_	(F)	(5)	17	
Address	1					1	~	10 E	76
Telephone						(- { } -	-1)	('\)	(1)
Date of Birth			A	ge 35		W	11)]	1.6
Referral GP/C	Orth / Self / Other				_ /	K	<i>A1</i>	1750	XI
Work: Mechan	nical stresses	Accountan	nt		- 4	/ Y	16	60/ T	1
Leisure: Mech	anical stresses	Runner				اا	/	11	/
Functional dis	ability from pre	sent episode	Decrease	ed running		(18))	()	1
Functional dis	ability score	ē l) y (CVMDT	XX	ľi
VAS Score (0-	-10)	0-5 / 10				النالينا	STMPTC	(M)	9
) I	HISTORY					
Present symp	toms	Left knee							
Present since		3 months					Improving	/Unchanging	V Worsening
Commenced a	as a result of	Running						Or No Appare	ent Reason
Symptoms at	onset	Left knee						Paraesthesia	a: Yes (No)
Spinal history		None					. с	ough / Sneez	e +ve/(-ve)
Constant sym	ptoms:			In	termittent S	symptoms:	Left knee	í.	
Worse		ng sitting / s the day progn Running –		when stil	/ on the r	nove		prone / sup /	kneeling side R/L
Better	bendir	ng sitti	ng	standing	wa	lking	stairs	squatting	g / kneeling
	am/a	s the day progr	esses / pm	when st	ill / on the m	nove	Sleeping:	prone / sup /	side R/L
	other	Rest, activ	ity avoida	nce					
Continued use	e makes the pa	in: Better	Wors	9	No Effect		Dist	urbed night	Yes /(No)
Pain at rest	Yes /	No				Site:	Back / Hij	o /Knee/ Ar	nkle / Foot
Other Questio	ns:	Swelling		Clicking	/ Locking		Givin	gWay / Fallin	Tg
Previous epis	odes _O	ne – three ye	ars ago –	full resolu	ution – no	treatmen	t		
Previous treat	ments N	one							
General healt	hi(Good) Fair	/ Poor							
Medications:	Nii /(NSAIDS	Analg / Ste	roids / Anti	icoag / Otl	ner Tric	ed a few d	ays- no ef	fect	
Imaging: Yes	s)/ No	X-r	ays negati	ive					
Recent or maj	or surgery: Ye	s /No	20 20			Night pair	n: Yes/No		
Accidents: Y	es (No					Unexplair	ned weight lo	oss: Yes / (No)
Summary	A	cute / Sub-acu	ite / Chroni			Trauma	Insidious	Onset	
Sites for physi	ical examinatio	n Back / H	ip (Knee)	Ankle / F	oot	Other:			



EXAMINATION

CASE STUDY SAMPLE - GEORGE

POSTURE	\		100	, D				24	21 1		
other observations:	Poor	r (C	orrectio	on of Pos	iture: Bette	er / Worse / No Effect/	WA)	Stand	ling: (600a) I	air / Poo
EUROLOGICAL:	NA)/ Mot	or / S	ensory	/ Reflexes /	/ Dural					
ASELINES (pain or	r functi	ional a	ctivity)	Pain	with squat,	up/down 1 step					
XTREMITIES	Hip	/Kno	⊚/ AI	nkle / F	oot						
OVEMENT LOSS	Maj	Mod	Min	Nil	Pain		Maj	Mod	Min	Nil	Pain
exion	1000072	1	1	200.5	ERP	Adduction / Inversion			557.05	34.10	111. 140.
xtension			1		ERP	Abduction / Eversion					
orsi Flexion						Internal Rotation					
lantar Flexion						External Rotation					
76 Periling Control)			
assive Movement (41 000	r proc	- uro\ /	noto sum	notome and	range):				PDM	ERP
lexion – minimal		er pres	sure) (I	note syn	nptoms and	range):				FUM	
Extension – minimal loss											1
esisted Test Respo	onse (p	oain)	V10.0010	e exten	3 10 F 197 II 3 1 5 5 5 5 5 5						
			Kne	e flexio	n 4+/	5 No Pain					
HICKORY V.C.											
PINE											
	ull mo	veme	nt								
fect of repeated mo	vemen	ts N	lo Effe	ect							
fect of static positio	ning _	Western.									
oine testing (Not r	elevan	V Rele	vant / S	Secondar	y problem						
aseline Symptoms											
Repeated Te	sts				Symptom F	Response	T	Meci	nanica	l Respo	nse
Active/Passive mo		200		Durin oduce, A	g - Abolish,	After - Better, Worse, NB, NW		Effect – ↑ or ♥ ROM, strength			No Effect
		3.50	1000000		rease, NE	0 100 100 - 100 100 - 100 100	NE or ke			al test	42000000
ep passive flexio	-	on	P	roduce	Pain	No Worse	-				
epeated active e inloaded in sittin		Oil	P	roduce	Pain	No Worse		↑ Flex & Ext			
							F	leduce	pain at/ste		
								11 101 000			
ffect of static posit	ioning										
ROVISIONAL CLAS	SSIFIC	ATION		(Extremities	Spine					
ysfunction – Articula	ar .	asotsię!!!				Contractile					
erangement Extension Responder ther						Postural					
RINCIPLE OF MAN	AGEM	ENT									
ducation						Equipment Provided					
xercise and Dosage	Ac	tive ur	nloade	d knee	extension	10 every 2 hours					
reatment Goals											



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Follow Up Notes: George

Day 2 (24 hours later)

<u>History</u>: I feel about 50% better, pain only 3/10 with 5 mile run, lingered less than 1 hour, less pain with squat. Did exercises every 2 hours.

Physical Examination: No pain at rest

Squat – p 3/10 at maximum Flexion

Flexion - minimal loss no pain

Extension - minimal loss product pain

Day 3 (3 days later)

History: I have done recommended exercises and I am about the same as last visit

Physical Examination: No pain at rest

Squat p 3/10 at maximum

Flexion - minimal loss no pain

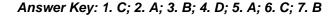
Extension – minimal loss produce pain



CASE STUDY Questions

Based on the information provided on the assessment and follow up notes for George:

- 6. What would be your recommendation for treatment after Day 2?
 - (a) Change direction of force to flexion
 - (b) Add rotational component to extension
 - (c) Continue treatment as outlined
 - (d) Request patient stop running
- 7. What would be your recommendation for treatment after Day 3?
 - (a) Change direction of force to flexion
 - (b) Add force progression to extension
 - (c) Add rotational component to extension
 - (d) Continue treatment as outlined





8.3 Audio Visual Section

8.3.1 Information

This section of the examination uses a video. Please familiarise yourself with the directions for this section, and the standard McKenzie Assessment Forms that follow.

The Audio Visual exam is divided into different sections:

- History
- Examination
- Conclusion
- Principle of Treatment
- Reassessment.

8.3.2 Procedure

You will

- Watch a video of a clinician examining and treating a patient.
- Listen and observe.
- Complete the assessment form provided based on what is being said and done by both the clinician and the patient.
- Refer to the information you have, or do not have, on your assessment form to help you answer the questions.
- You will be asked questions regarding the history, examination and treatment provided by the clinician.
- The clinician may be doing some of the history, exam and reassessment correctly or incorrectly, complete or incomplete.

After each section, the video will be stopped. An allotted amount of time will be given to answer questions regarding that section. The assessment form and answer sheets will then be collected.

The next section will be based on a new assessment form given to you with correct completion of the previous section. A few minutes will be provided for you to review.

Doing it this way, you will not be penalised and will have the opportunity to answer other sections correctly, even if you answered incorrectly on the previous section.



8.4 Performance Simulation

8.4.1 Information

This section is used to examine the candidate's ability to competently perform MDT clinician procedures.

8.4.2 Procedure

You will be asked to perform three of the MDT clinician procedures as taught on Parts A - D courses and demonstrated in the procedures videos. A model is provided for the procedures.

Three procedures are randomly selected for each exam.

We wish you every success with The McKenzie Institute International Credentialling Examination



APPENDIX

Assessment Forms





THE MCKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

Date				\cap	()
Name		Sex	M /F	(A)	()
Address		2000			6 EN
Telephone			((-11-11)	(V V,)
Date of Birth		Age)	13 P	1 -6-
Referral: GP/Orth/S	elf/Other		1/		J: ()
Work; Mechanical s	tresses			J Jan W	1
Leisure: Mechanical	stresses			\ /	\ 1 /
Functional disability	from present	episode		[10]	101
				\W/	\ \ /
Functional disability	score) Y () <u>}</u> }{
VAS Score (0-10)				SYMPTOMS	
		HIST	ORY		
Present symptoms					
Present since				improving / unchai	nging / worsening
Commenced as a re	sult of			or no	apparent reason
Symptoms at onset:	back / thigh /	leg			1233
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: pro	ne / sup / side R	/ L Surface:	firm / soft / sag
Previous episodes	0 1-5	6-10 11+		Year of first episode	
Previous history					
Previous treatments	<u> </u>				
SPECIFIC QUES	TIONS				
Cough / sneeze /	strain / +ve /	'-ve Bladde	er: normal / abnorm	al Gait: no	ormal / abnormal
Medications: Nil /	NSAIDS / An	alg / Steroids / Anticoag	/ Other		
General health: goo	d / fair / poo	м			
maging: yes / no					
Recent or major sur	gery: yes / n			Night pain: yes / no	
Accidents: yes / no)	<u> </u>		Unexplained weight loss: ye	es /no
Other:					



EXAMINATION

POSTURE		25 - 60	1.00	200	227 - 637		STATE OF		W. 2.1
Sitting: good / fair / po				fair / poor	Lordos	is: red / acc / normal		shift: right	
Correction of posture: Other observations:	better	/ worse	/ no efi	fect			R	elevant	yes / no
NEUROLOGICAL									
Mator deficit					Refle	xes			
Sensory deficit						signs			
MOVEMENT LOSS						(1) 6 17			
MOVEMENT LOSS	Maj	Mod	Min	Nil		Pain			
Flexion		100-300	***************************************	1.55		20000			
Extension									
Side gliding R									
Side gliding L									
EST MOVEMENTS						uces, abolishes, increases, d no better, no worse, no effec			eralised
	Obs. III dell	anig, per	der rect militar	ing. Pitter. D	ester, troises,	I setter, no morse, no ente		inical res	
		Sympto	ms durir	ng testing		Symptoms after testing	↑Rom	V Rom	No
		C. * (1/4)				AND AND SHAME AND SHOULD BE SHOULD SHOW	↑ Rom	₩Rom	effect
retest symptoms st									
FIS									
Rep FIS									
EIG									
Rep EIS									
Pretest symptoms ly									
Rep FIL									
EIL									
Rep EIL	211 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2								
frequired pretest sy	ymptom	s							
SGIS - R									
Rep SGIS - R									
SGIS - L									
Rep SGIS - L									
STATIC TESTS									
Sitting slouched					Sitt	ing erect			
Standing slouched						inding erect			
ying prone in extensi	ion					ng sitting			
OTHER TESTS									
PROVISIONAL CLAS	SIFICA	TION							
Derangement	I	Dysfunct	ion			Posture		Other	
Derangement: Pain lo			ordals.			an extension.	- 32		
RINCIPLE OF MAN	AGEME	NT							
ducation					Equipm	nent provided			
Charles and Charle	ves / n	0							
Mechanical therapy	A. C. C. C. C.	*			Latoral	principle			
Mechanical therapy:					Latera	Paricibie			
Extension principle _					Other				
					Other				





THE McKENZIE INSTITUTE CERVICAL SPINE ASSESSMENT

Date				{~r}	{.}
Name		Sex	M/F)*().(
Address					(3.6)
				11201	11011
				18-31	(-h:d-)
	Self / Other			WY/	11:11
Work: Mechanical s	tresses				W/T/W
Leisure: Mechanica	l stresses):/.()] (
Functional Disability	from present episode			(W)	()()
Functional Disability	/ score) { symi	PTOMS
VAS Score (0-10)				التعاليان	600
		HISTOR	RY		
Present Symptoms	8 19				
Present since	8			Improving	g / unchanging / worsening
Commenced as a re	esult of				or no apparent reason
Symptoms at onset	neck / arm / forearm / headac	:he			
Constant symptoms	s; neck / arm / forearm / headac	:he	Intermitte	ent symptoms: neck / a	m / forearm / headache
Worse	bending	sitting		turning	lying / rising
	am / as the day progresses other	2. 3250		when still / on the	move
Better	bending	sitting		turning	lying
	am / as the day progresses other	/ pm		when still / on the	move
Disturbed Sleep	Yes / No		Pillows		
Sleeping postures	prone / sup / side R / L		Surface	firm / soft / sag	
Previous Episodes	0 1-5 6-10 11+		Year of firs	t episode	
Previous History	18				5
Previous Treatment	s				
SPECIFIC QUES	TIONS				
Dizziness / tinnitus	s / nausea / swallowing / +v	e / -ve		Gait / Upper L	imbs: normal / abnormal
Medications: Nil /	NSAIDS / Analg / Steroids /	Anticoag /	Other		
General health: Go	od / Fair / Poor	(1.0%)			
Imaging: Yes / No					3
Recent or major sur	gery: Yes / No			Night pain: Yes / N	lo
Accidents: Yes / A	Vo			Unexplained weight	loss: Yes / No
Other					



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EXAMINATION

POSTURE Sitting: Good / Fair						Protruded Hea				y neck: F	Right / L	eft / Nil
Correction of Posture Other Observations									7	Rele	vant: Ye	s / No
NEUROLOGICAL												
Motor Deficit						Reflexes						
Sensory Deficit						Dural Signs						
MOVEMENT LOSS	Maj	Mod	Min	Nil	Pain			Maj	Mod	Min	Nit	Pain
Protrusion						Lateral flexion	n R					
Flexion						Lateral flexion	on L					
Retraction						Rotation R						
Extension						Rotation L						
TEST MOVEMENTS						roduces, abolishe no worse, no eff						tralising,
	New York Control	-0.00000000000000000000000000000000000					1		Г	Mecha	nical Re	sponse
	ng Testing			nptoms Testing		↑Rom	↓ Rom	No				
Pretest symptoms :	sittina								۱ ۱			effect
PRO												
Rep PRO												
RET												
Rep RET									-			
RET EXT									-			_
Rep RET EXT	vinc								-			_
Pretest symptoms RET									_			
Rep RET												
RET EXT												
Rep RET EXT												
required pretest p									_			
LF-R							_		-			_
Rep LF - R									-			-
LF - L									-			
Rep LF - L ROT - R												
Rep ROT - R							7			- 3		
ROT - L												
Rep ROT - L												
FLEX									-			
Rep FLEX												
STATIC TESTS						A						
Protrusion						Flexion	0 6	76-	. 0			
						Extension: sitti	ng/p	rone / s	upine	_		
OTHER TESTS												
PROVISIONAL CLA	SSIFIC		n suppositive ex-		200	OCAS ELEC			17 <u>5-</u> 0-6-6-6			
Derangement		- POST	ınction		P	ostural			Other			
erangement: Pain	location	L —										
RINCIPLE OF MAI	NAGEM	ENT										
ducation	1910 "				E	quipment Provid	ed _					
Mechanical Therapy	Yes /	No										
						Lateral Princip	le					
Extension Principle Flexion Principle												





THE MCKENZIE INSTITUTE THORACIC SPINE ASSESSMENT

Date			{~r}	€.	}
Name		Sex	M/F) ().	.(
Address				(5)	(7)
Telephone			— HXII	11	11
Date of Birth		Age	— / [·] '	1/2	1.1
Referral: GP/Orth/S	elf / Other			\ // '	, VI
Work : Mechanical s	tresses		— W \] / '	W 400 (1
Leisure: Mechanical	verage control to the con-) (I (
Functional disability	from present episode _		— (W)		()
Functional disability	score		<u> </u>	SYMPTOMS	Ľ.
VAS Score (0-10)		HISTOR	Y W	40	
Present symptoms	100				
Present since	-		improv	ing / unchanging /	worsening
Commenced as a re	sult of			or no appar	rent reason
Symptoms at onset	94				
Constant symptoms			Intermittent symptoms		
Worse	bending	sitting / rising	turning neck / trunk	standing	lying
	am / as the day progres	sses / pm	when still / on the move		
Better	bending :	sitting / rising	turning neck / trunk	standing	lying
	am / as the day progres	sses / pm	when still / on the move		
Disturbed sleep	yes / no		009000000		
Sleeping postures	prone / sup / side R	/ L	Surface: firm / soft / sag	9	
Previous episodes Previous history	0 1-5 6-1	0 11+	Year of first episode		
Previous treatments					
SPECIFIC QUES	TIONS				
Cough / sneeze /	deep breath / +ve / -v	e	Gait: normal / abnormal	0	
Medications: Nil /	NSAIDS / Analg / Sten	oids / Anticoag /	Other		
			8		
	were constructed and the second				
			Night pain: yes	/ no	
			Unexplained we		
Other					
	7				



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EXAMINATION

POSTURE Sitting: good / fair / poor Correction of posture: b				140000000000000000000000000000000000000	fair / poor	Protri	uded head: yes / no	Kyphosis:	red /acc	: / norma
Other observations:										
NEUROLOGICAL (upp	er and	lower	limb)							
Motor deficit					Reflex		8			
Sensory deficit					Dural	signs				
MOVEMENT LOSS							CERVICAL DIFFERE	NTIAL TE	STING	
	/laj	Mod	Min	Nil	Pain		Rep Pro			
Flexion							Rep Ret			
Extension							Rep Ret Ext			
Rotation R					-	_	Rep LF - R			
Rotation L					-	_	Rep LF - L			
Other										
							Rep ROT - L			
							Rep Flex			
TEST MOVEMENTS	Descri	be effe	ct on p	resent	pain - During	: produ	ces, abolishes, increases, to better, no worse, no effe	decreases,	no effect,	and and
	entrai	ising, p	empnes	ansing.	After, better, w	vorse, n	to better, no worse, no ene		5.00	
		Sym	ntoms	durina	testing		Symptoms after testing		nical res	No
		٠,,,	,p.coo	duining	tooming		Cymptonia artor tooling	↑Rom	₽Rom	effect
Pretest symptoms sitt	ing _							V.	Ų.	
								5		
Rep FLEX								ļ,		
EXT										
Rep EXT)]	l(
Pretest symptoms lyin	g _							0	[]	
EIL (prone)								Ŭ.	[0]	
Rep EIL (prone)								11		
EIL (supine)										
Rep EIL (supine)								1	1	
Pretest symptoms sitt	ing _									1
ROT - R										
Rep ROT - R									5	
ROT - L						_		9		
Rep ROT - L						_		8	-	
Other:										
STATIC TESTS										
Flexion		-				Rotati	ion R			
Extension / prone / su	pine						ion L			
OTHER TESTS							100 EV EV			
PROVISIONAL CLASS	IFICA	TION								
Derangement			unction			Postu	re	Other		
Derangement: Pain loca								33313777) - 3		
PRINCIPLE OF MANAG	SEME	NT								
Education	JEINE				Equipm	ent oro	vided			
						en pro	WIGGU			
Mechanical therapy: ye		_			3955 100	-0-30	1_			
Extension principle						princip				
Flexion principle					Other		-			
Treatment goals										
						(© Copyright The McKenz	ie Institute	Internation	onal 201





THE McKENZIE INSTITUTE LOWER EXTREMITIES ASSESSMENT

Date		(·)
Name	Sex M/F	¥ \
Address		CVA (SIE)
Telephone		[[-];-]] [\varphi \varphi \var
Date of Birth	Age	18.41
Referral: GP / Orth /	Self / Other	
Work: Mechanical	stresses4	W(1) W W (1) W
Leisure: Mechanica	al stresses	\l.(\)\\\
Functional disabilit	y from present episode	(\langle \langle \lang
Functional disabilit	y score) (symptoms
VAS Score (0-10)	2	المال المسادة المالية
	HISTORY	
Present symptoms	<u> </u>	A STATE OF THE STA
Present since		Improving / Unchanging / Worsening
Commenced as a	result of	Or No Apparent Reason
Symptoms at onse	t ====================================	Paraesthesia; Yes / No
Spinal history		Cough / Sneeze +ve / -ve
Constant symptom	s: Intermitten	t Symptoms:
Worse	bending sitting / rising / first few steps st am / as the day progresses / pm when still / on th Other	tanding walking stairs squatting / kneeling ne move Sleeping; prone / sup / side R / L
Better		walking stairs squatting / kneeling
	am / as the day progresses / pm when still / on the	
	other	
Continued use mail	kes the pain: Better Worse No Effect	f Disturbed night Yes / No
Pain at rest	Yes / No	Site: Back / Hip / Knee / Ankle / Foot
Other Questions:	Swelling Clicking / Locking	ng Giving Way / Falling
Previous episodes	§ <u></u>	
Previous treatment	s	
General health; Go	od / Fair / Poor	
Medications: Nil /	NSAIDS / Analg / Steroids / Anticoag / Other	
Imaging: Yes / /	lo	
Recent or major su	rgery: Yes / No	Night pain: Yes / No
Accidents: Yes /	No	Unexplained weight loss: Yes / No
Summary	Acute / Sub-acute / Chronic	Trauma / Insidious Onset
Sites for physical e	xamination Back / Hip / Knee / Ankle / Foot	Other:



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EXAMINATION

Adduction / Inversion Abduction / Inversion Abduction / Eversion Internal Rotation Internal Rotation External Rota	POSTURE Sitting Good / Fa Other observations:		r C	orrectio	n of Po	sture: Bette	er / Worse / No Effect/	NA	Stand	ling:	Good / F	Fair / Poor
## Adduction / Inversion Movement Loss Maj Mod Min Nit Pain Adduction / Inversion Adduction / Inversion Adduction / Inversion Adduction / External Rotation Internal Rotation Intern	NEUROLOGICAL:	NA	/ Mot	or / S	ensory	/ Reflexes	/ Dural					
MOVEMENT LOSS Maj Mod Min Nil Pain Flexion Adduction / Inversion Adduction / Inversion Adduction / Inversion Adduction / Inversion Adduction / Eversion Internal Rotation Internal Rotation External Rotation Exte	BASELINES (pain o	r funct	ional a	ctivity)								-
Fiexion Extension Dorsi Flexion Dorsi Flexion Plantar Flexion Plantar Flexion Passive Movement (+/- over pressure) (note symptoms and range): Passive Movement (+/- over pressure) (note symptoms and range): Passive Movement (+/- over pressure) (note symptoms and range): Passive Movement (+/- over pressure) (note symptoms and range): PDM ERF PDM ERF PDM ERF Resisted Test Response (pain) Other Tests SPINE Movement Loss Effect of static positioning Spine testing Not relevant / Relevant / Secondary problem Baseline Symptoms Repeated Tests Symptom Response Active/Passive movement, resisted test, functional test Produce, Abolish, Increase, Decrease, NE Better, Worse, NB, NW, NE PROVISIONAL CLASSIFICATION Extremities Spine Contractile Postural Uncertain PROVISIONAL CLASSIFICATION Extremities Produce Abolish Provisional Contractile Postural Uncertain PRINCIPLE OF MANAGEMENT Education Equipment Provided	EXTREMITIES	Нір	/ Kne	ee / A	nkle / I	Foot						
Extension Dorsi Flexion Plantar Flexion Passive Movement (+/- over pressure) (note symptoms and range): Passive Movement (+/- over pressure) (note symptoms and range): Passive Movement (+/- over pressure) (note symptoms and range): PDM ERP Resisted Test Response (pain) Other Tests SPINE Movement Loss Effect of repeated movements Effect of static positioning Spine testing Not relevant / Relevant / Secondary problem Baseline Symptoms Repeated Tests Symptom Response Active/Passive movement, resisted test, functional test Produce, Abolish, Increase, Decrease, NE Effect of static positioning Effect of static positioning PROVISIONAL CLASSIFICATION Extremities Spine Contractile Perangement Other Uncertain PRINCIPLE OF MANAGEMENT Education Equipment Provided	MOVEMENT LOSS	Maj	Mod	Min	Nil	Pain		Maj	Mod	Min	Nil	Pain
Desire	Flexion						Adduction / Inversion					
Plantar Flexion	Extension						Abduction / Eversion					
Passive Movement (+/- over pressure) (note symptoms and range): PDM ERP Resisted Test Response (pain) Other Tests SPINE Movement Loss Effect of repeated movements Effect of static positioning Spine testing Not relevant / Relevant / Secondary problem Baseline Symptoms Repeated Tests Symptom Response Mechanical Response Active/Passive movement, resisted test, functional test Increase, Decrease, NE Effect of static positioning Produce, Abolish, Increase, Decrease, NE Effect or key functional test Effect of static positioning PROVISIONAL CLASSIFICATION Extremities Spine Contractile Contractile Contractile Contractile Contractile Postural Uncertain PRINCIPLE OF MANAGEMENT Education Equipment Provided	Dorsi Flexion						Internal Rotation					
Resisted Test Response (pain) Other Tests SPINE Movement Loss Effect of repeated movements Effect of repeated movements Spine testing Not relevant / Relevant / Secondary problem Baseline Symptoms Repeated Tests Symptom Response Mechanical Response Active/Passive movement, resisted test, functional test Increase, Decrease, NE Better, Worse, NB, NW, NE Contractile PROVISIONAL CLASSIFICATION Extremities Produce, Abolish, Increase, Decrease, NE Better, Worse, NB, NW, NE Contractile Contractile Postural Uncertain PRINCIPLE OF MANAGEMENT Education Equipment Provided	Plantar Flexion						External Rotation				-	-
SPINE Movement Loss Effect of repeated movements Effect of static positioning Spine testing Not relevant / Relevant / Secondary problem Baseline Symptoms Repeated Tests Symptom Response Mechanical Response Active/Passive movement, resisted test, functional test Produce, Abolish, Increase, Decrease, NE Effect of static positioning PROVISIONAL CLASSIFICATION Extremities Spine Dysfunction – Articular Contractile Derangement Postural Uncertain PRINCIPLE OF MANAGEMENT Education Equipment Provided	Passive Movement	(+/- ov	er pres	sure) (r	note sy	mptoms and	range):				PDM	ERP
SPINE Movement Loss Effect of repeated movements Effect of static positioning Spine testing Not relevant / Relevant / Secondary problem Baseline Symptoms Repeated Tests Symptom Response Mechanical Response Active/Passive movement, resisted test, functional test Produce, Abolish, Increase, Decrease, NE Effect of static positioning PROVISIONAL CLASSIFICATION Extremities Spine Contractile Derangement Postural Uncertain PRINCIPLE OF MANAGEMENT Education Equipment Provided	Resisted Test Resp	onse (pain) _									
Effect of repeated movements Effect of static positioning Spine testing Not relevant / Relevant / Secondary problem Baseline Symptoms Repeated Tests Symptom Response Mechanical Response Active/Passive movement, resisted test, functional test Increase, Decrease, NE Effect of static positioning PROVISIONAL CLASSIFICATION Extremities Dysfunction – Articular Contractile Derangement Dysfunction – Articular Postural Uncertain PRINCIPLE OF MANAGEMENT Education Equipment Provided	Other Tests		72									
Baseline Symptoms Repeated Tests Symptom Response Active/Passive movement, resisted test, functional test Produce, Abolish, Increase, Decrease, NE Better, Worse, NB, NW, NE Reffect of static positioning PROVISIONAL CLASSIFICATION Dysfunction – Articular Derangement Other Postural Contractile Postural Uncertain Equipment Provided	Movement Loss Effect of repeated me		nts _									
Repeated Tests Active/Passive movement, resisted test, functional test Produce, Abolish, Increase, Decrease, NE Produce, Abolish, Increase, Decrease, NE Produce, Abolish, Increase, NE Produce, Abolish, Increase, NE Produce, Abolish, Increase, NE Produce, Abolish, Increase, NE Petter, Worse, NB, NW, NE Productional test Produce, Abolish, Increase, NE Better, Worse, NB, NW, NE Productional test Produce, Abolish, Increase, NE Produce, Abolish, Increase, NE Produce, Abolish, NE Produce, NB, NW, NC Produce, NB, NW, NE Produce,	Spine testing Not	relevan										
Produce, Abolish, Increase, Decrease, NE Better, Worse, NB, NW, NE Produce, Abolish, Increase, Decrease, NE Better, Worse, NB, NW, NE Produce, Abolish, Increase, NE Better, Worse, NB, NW, NE Produce, Abolish, NE Better, Worse, NB, NW, NE Produce, Abolish,	2000	1-	T				Response	T	Meci	nanica	l Respo	nse
PROVISIONAL CLASSIFICATION Extremities Spine Dysfunction - Articular Contractile Derangement Postural Other Uncertain PRINCIPLE OF MANAGEMENT Education Equipment Provided		Active/Passive movement, Produce, Abolish,			Better, Worse, NB, NW		or Ψ R	OM, st	rength	No Effect		
Dysfunction – Articular Contractile Derangement Postural Other Uncertain PRINCIPLE OF MANAGEMENT Equipment Provided	Effect of static posi	tioning	1									
PRINCIPLE OF MANAGEMENT Education Equipment Provided	Dysfunction – Articul Derangement						Contractile Postural					
Education Equipment Provided	20170	JAGEN	IENT				Uncertain					
			1000000				Equipment Provided					
NETTY MYSASSE STATE MYSSESSE TO SE		_										
Treatment Goals	Treatment Goals											





THE McKENZIE INSTITUTE UPPER EXTREMITIES ASSESSMENT

Date	V 20 (2007)	(\cdot)
Name	Sex M/F	¥ \ (
Address		(30)
Telephone		{{-}};-}} {\\^{\\}}
Date of Birth	Age	
Referral GP/Orth/	Self / Other	
Work: Mechanical	stresses &w	(()) (())
Leisure: Mechanica	al stresses	
Functional Disabilit	y from present episode	(ig)
Functional Disabilit	y score) (symptoms
VAS Score (0-10)		Will STAPTOMS WID
	HISTORY	Handedness: Right / Left
Present Symptoms	consensation continue	rasovavka is ir nasovak roku vikuk sumbojuska. Di
Present since		Improving / Unchanging / Worsening
Commenced as a r	esult of	Or No Apparent Reason
Symptoms at onset		Paraesthesia: Yes / No
Spinal history	S	Cough /Sneeze +ve / -ve
Constant symptom	s:Intermittent Sym	ptoms:
Worse	bending sitting turning neck	dressing reaching gripping
	am / as the day progresses / pm when still / on the of the still / on the still /	move Sleeping: prone / sup / side R / L
Better	bending sitting turning neck	dressing reaching gripping
	am / as the day progresses / pm when still / on the	move Sleeping: prone / sup / side R / L
	other	CHECK STREET, NOT DOCKET SHE RESIDENCE.
Continued use mak	ses the pain: Better Worse No Eff	fect Disturbed night Yes /No
Pain at rest	Yes / No S	ite: Neck / Shoulder / Elbow / Wrist / Hand
Other Questions:	Swelling Catching / Clicking / Lo	ocking Subluxing
Previous episodes		
Previous treatment	s	
General health: Go	od / Fair / Poor	
Medications: Nil /	NSAIDS / Analg / Steroids / Anticoag / Other	
Imaging: Yes / N		
Recent or major su	rgery: Yes / No	Night pain: Yes / No
Accidents: Yes /	No	Unexplained weight loss: Yes / No
Summary	Acute / Sub-acute / Chronic	Trauma / Insidious Onset
Sites for physical e	xamination Neck / Shoulder / Elbow / Wrist / Hand	Other.



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EXAMINATION

POSTURE Sitting Good / Fai Other observations:	r / Poor	c	orrectio	n of Po	sture; Bette	er / Worse / No Effect	/NA	Stand	ling:	Good / F	air / Poor
NEUROLOGICAL:	NA	/ Mot	or / Se	ensory	/ Reflexes	Dural					
BASELINES (pain of	r functi	onal a	ctivity):	SS							
EXTREMITIES	Sho	oulder	/ Elbo	w / W	rist / Hand						
MOVEMENT LOSS	Maj	Mod	Min	Nil	Pain		Maj	Mod	Min	Nil	Pain
Flexion						Adduction / Ulnar Deviation					
xtension						Abduction / Radial Deviation					
Supination	5 - A				0	Internal Rotation					
Pronation						External Rotation	n				
Passive Movement ((+/- ove	r press	sure) (r	ote sy	mptoms and	range):				PDM	ERP
Resisted Test Respo	onse (p	oain) _									
Other Tests		-									
SPINE Movement Loss											
Effect of repeated mo	vemen	ts									
Effect of static positio					Search Services						
Baseline Symptoms											
Repeated Te	sts	T			Symptom F	Response		Meci	nanica	l Respo	nse
Active / Passive m resisted test, funct	oveme		Pr Increa	Durin oduce, ase, De	500000000000000000000000000000000000000	After - Better, Worse, NB, NE	NW,	Effect - ↑ or ♥ ROM, strength or key functional test		ength	No Effect
		8									
Effect of static posit	tioning										
PROVISIONAL CLA	SSIFIC	ATION			Extremities						19
PROVISIONAL CLA: Dysfunction – Articula Derangement	SSIFIC	ATION				Contractile					
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