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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 Credentialing 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 Credentialing 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](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:

<table>
<thead>
<tr>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>$500</td>
</tr>
<tr>
<td>Retake of Exam:</td>
<td></td>
</tr>
<tr>
<td>Whole Exam</td>
<td>$250</td>
</tr>
<tr>
<td>Written Portion Only</td>
<td>$200</td>
</tr>
<tr>
<td>Performance Simulation Only</td>
<td>$50</td>
</tr>
</tbody>
</table>

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 **Transfers**

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:

<table>
<thead>
<tr>
<th>Period</th>
<th>Refund Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to 4 weeks before the exam</td>
<td>$400.00</td>
</tr>
<tr>
<td>2-4 weeks before the exam</td>
<td>$200.00</td>
</tr>
<tr>
<td>Less than 2 weeks before the exam</td>
<td>No refund</td>
</tr>
</tbody>
</table>
4. **FORMAT OF THE EXAMINATION**

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

4.1 **Content Areas**

   Since the primary objective of this Credentialing 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 **Performance Simulation**

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.
5. 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, re-created, 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 Pre-requisites

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

7.2 Preparation Materials

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

   (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 Instruction Prior to Exam

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 Credentialing 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?

   **Note:** 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) 10/2 hours, RFIS (Repeated Flexion in Standing) 10/2 hours starting at midday, REIL (Repeated Extension in Lying) after either RFIL and RFIS for prevention, postural advice
   (b) RFIS (Repeated Flexion in Standing) 10/2 hours, REIL (Repeated Extension in Lying) after the RFIS for prevention, postural advice
   (c) RFIL (Repeated Flexion in Lying) 10/2 hours, REIL (Repeated Extension in Lying) after the RFIL for prevention, postural advice
   (d) FIS (Repeated Flexion in Standing) 10/2 hours, 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

THE McKENZIE INSTITUTE
LUMBAR SPINE ASSESSMENT

Date
Name Alex Sex M F
Address
Telephone
Date of Birth Age 28
Referral GP Orth / Self / Other
Work: Mechanical stresses Travelling Computer Technician
Standing / Bending & Sitting
Leisure: Mechanical stresses Gym, Sports
Functional Disability from present episode Working Part-Time
No exercise
Functional Disability score
VAS Score (0-10) 6 – 7 / 10

HISTORY

Present Symptoms Left L5 – S1, across left buttocks, posterior thigh and calf
Present since 7 days Improving / Unchanging Worsening
Comenced as a result of Lifting suitcase after 5 hour plane ride Or no apparent reason
Symptoms at onset back/ thigh / leg Next day calf – noticed he was slightly crooked
Constant symptoms back/ thigh / leg
Worse bending LBP & Leg sitting rising standing walking lying am / as the day progresses / pm LBP when still / on the move
other Hard to find comfortable sleep position
Better bending sitting standing walking lying slightly am / as the day progresses / pm when still / on the move
other Ice
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 5 years ago back pain only after weight lifting

Previous Treatments None

SPECIFIC QUESTIONS

Cough / Sneeze Strain +ve -ve Bladder 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 Positional
Accidents: Yes No Unexplained weight loss: Yes No
Other:  

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January 2019
**Chart Evaluation Sample - Alex**

### POSTURE
- Sitting: Good / Fair
- Standing: Good / Fair
- Lordosis: Red
- Acc / Normal
- Lateral Shift: Right / Left / Nil
- Correction of Posture: Better / Worse / No effect
- Relevant: Yes / No
- Other Observations:

### NEUROLOGICAL
- Motor Deficit: Intact
- Sensory Deficit: Intact
- Reflexes: 5 / 5
- Dural Signs: SLR 20 R 50

### MOVEMENT LOSS
<table>
<thead>
<tr>
<th>Flexion</th>
<th>Mod</th>
<th>Min</th>
<th>Nil</th>
<th>Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>Back &amp; left leg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Extension</th>
<th>SLR 50</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Back &amp; left leg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Side Gliding</th>
<th>SLR 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td></td>
</tr>
<tr>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Back &amp; left leg</td>
<td></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Symptoms During Testing</th>
<th>Symptoms After Testing</th>
<th>Mechanical Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest symptoms standing: Back &amp; Left Leg 6/10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FIS</td>
<td>✓ Back &amp; left leg</td>
<td></td>
</tr>
<tr>
<td>Rep FIS</td>
<td>X 3 ↑ Back &amp; leg</td>
<td>Worse</td>
</tr>
<tr>
<td>EIS</td>
<td>✓ Back &amp; leg</td>
<td></td>
</tr>
<tr>
<td>Rep EIS</td>
<td>X 3 ↑ Back &amp; leg</td>
<td>Worse</td>
</tr>
<tr>
<td>Pretest symptoms lying:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FL</td>
<td>✓ Leg</td>
<td></td>
</tr>
<tr>
<td>Rep FL</td>
<td>X 3 ↑ Leg</td>
<td>Worse</td>
</tr>
<tr>
<td>EL</td>
<td>✓ Leg</td>
<td></td>
</tr>
<tr>
<td>Rep EL</td>
<td>X 3 ↑ Leg</td>
<td>Worse</td>
</tr>
<tr>
<td>If required pretest symptoms: SGIS - R</td>
<td>No effect</td>
<td></td>
</tr>
<tr>
<td>Rep SGIS - R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SGIS - L</td>
<td>✓ Back &amp; leg</td>
<td></td>
</tr>
</tbody>
</table>

### STATIC TESTS
- Sitting slouched
- Standing slouched
- Lying prone in extension
- Sitting erect
- Long sitting

### OTHER TESTS

### PROVISIONAL CLASSIFICATION
- Derangement: Dysfunction
- Derangement: Posture
- Other

### PRINCIPLE OF MANAGEMENT
- Education
- Mechanical Therapy yes / no
- Extension Principle
- Lateral Principle
- Flexion Principle
- Other
- 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

Date
Name: George
Sex: M

Address
Telephone

Date of Birth: Age 35
Referral: Orth / Self / Other
Work: Mechanical stresses: Accountant

Leisure: Mechanical stresses: Runner
Functional disability from present episode: Decreased running

Functional disability score
VAS Score (0-10)
0-5 / 10

HISTORY

Present symptoms: Left knee
Present since: 3 months
Comenced as a result of: Running
Symptoms at onset: Left knee
Spinal history: None

Constant symptoms: Intermittent Symptoms: Left knee

Worse
bending
sitting / rising / first few steps
standing
walking stairs
am / as the day progresses / pm
when still / on the move
Sleeping: prone / sup / side R / L
Other: Running – pain can linger 3-4 hours after 5 mile run

Better
bending
sitting
standing
walking stairs
squatting / kneeling
am / as the day progresses / pm
when still / on the move
Sleeping: prone / sup / side R / L
Other: Rest, activity avoidance

Continued use makes the pain: Better
Worse
No Effect

Pain at rest: Yes / No
Site: Back / Hip / Knee / Ankle / Foot

Other Questions:
Swelling
Clicking / Locking
Giving Way / Pain

Previous episodes:
One – three years ago – full resolution – no treatment

Previous treatments: None

General health: Good / Fair / Poor

Medications: Nil / NSAIDS / Analg / Steroids / Anticoag / Other
Tried a few days – no effect

Imaging: Yes / No
X-rays negative

Recent or major surgery: 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 examination
Back / Hip / Knee / Ankle / Foot
Other:
# EXAMINATION

## POSTURE
- Sitting: Good
- Standing: Fair
- Correction of Posture: Better
- Other observations: 

## NEUROLOGICAL
- Motor: NA
- Sensory: NA
- Reflexes: NA
- Dural: NA

## BASILINES (pain or functional activity): Pain with squat, up/down 1 step

## EXTREMITIES
- Hip: Flexion
- Knee: Extension
- Ankle: Dorsal Flexion
- Foot: Plantar Flexion

<table>
<thead>
<tr>
<th>MOVEMENT LOSS</th>
<th>Maj</th>
<th>Mod</th>
<th>Min</th>
<th>Nil</th>
<th>Pain</th>
<th>Maj</th>
<th>Mod</th>
<th>Min</th>
<th>Nil</th>
<th>Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexion</td>
<td>✓</td>
<td></td>
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<td>ERP</td>
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<tr>
<td>Extension</td>
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<td></td>
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<td>Dorsal Flexion</td>
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<td>ERP</td>
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<td></td>
<td></td>
<td></td>
<td>ERP</td>
</tr>
</tbody>
</table>

Passive Movement (+/- over pressure) (note symptoms and range):
- Flexion – minimal loss
- Extension – minimal loss

### Resisted Test Response (pain)
- Knee extension: 4+/5 No Pain
- Knee flexion: 4+/5 No Pain

### Other Tests

## SPINE
- Movement Loss: Full movement
- Effect of repeated movements: No Effect
- Effect of static positioning: 
- Spine testing: Not relevant

### Baseline Symptoms

<table>
<thead>
<tr>
<th>Repeated Tests</th>
<th>Symptom Response</th>
<th>Mechanical Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active/Passive movement, resisted test, functional test</td>
<td>During – Produce, Abolish, Increase, Decrease, NE</td>
<td>After – Better, Worse, NB, NB, NE</td>
</tr>
<tr>
<td>Rep passive flexion</td>
<td>Produce Pain</td>
<td>No Worse</td>
</tr>
<tr>
<td>Repeated active extension (unloaded in sitting)</td>
<td>Produce Pain</td>
<td>No Worse</td>
</tr>
</tbody>
</table>

- Effect – ↑ or ↓ ROM, strength or key functional test
- No Effect

<table>
<thead>
<tr>
<th>Effect of static positioning</th>
</tr>
</thead>
</table>

## PROVISIONAL CLASSIFICATION
- Extremities: Extension Responder
- Spine: Contractile

## PRINCIPLE OF MANAGEMENT
- Education: Equipment Provided
- Exercise and Dosage: Active unloaded knee extension: 10 every 2 hours
- Treatment Goals: 

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January 2019
Follow Up Notes: George

Day 2 (24 hours later)

History: 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 - minimal loss no pain

Extension – minimal loss produce 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
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
Commenced as a result of
Symptoms at onset: back / thigh / leg
Constant symptoms: back / thigh / leg
Intermittent symptoms: back / thigh / leg
Worse
Better
am / as the day progresses / pm
walking
standing
sitting / rising
lying
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
Badder: 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:

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**EXAMINATION**

**POSTURE**
- 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
- Sensory deficit
- Reflexes
- Dural signs

**MOVEMENT LOSS**

<table>
<thead>
<tr>
<th></th>
<th>Maj</th>
<th>Mod</th>
<th>Min</th>
<th>Nil</th>
<th>Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extension</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Side gliding R</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Side gliding L</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Symptoms during testing</th>
<th>Symptoms after testing</th>
<th>Mechanical response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>↑Rom ↓Rom No effect</td>
</tr>
</tbody>
</table>

**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
- Standing slouched
- Lying prone in extension

**OTHER TESTS**

**PROVISIONAL CLASSIFICATION**
- Derangement
- Dysfunction
- Posture
- Other

**PRINCIPLE OF MANAGEMENT**
- Education
- Equipment provided
- Mechanical therapy: yes / no
- Extension principle
- Lateral principle
- Flexion principle
- Other
- Treatment goal

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CERVICAL SPINE ASSESSMENT

Date __________________________

Name: __________________________ Sex: M / F

Address ____________________________________________________________

Telephone __________________________ Date of Birth: __________________________

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: neck / arm / forearm / headache __________________________

Constant symptoms: neck / arm / forearm / headache __________________________

Worse bending sitting turning lying / rising am / as the day progresses / pm when still / on the move other __________________________

Better bending sitting turning lying am / as the day progresses / pm when still / on the move other __________________________

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 first episode __________________________

Previous History __________________________

Previous Treatments __________________________

SPECIFIC QUESTIONS

Dizziness / tinnitus / nausea / swallowing / +ve / -ve __________________________ Gait / Upper Limbs: normal / abnormal

Medications: Nil / NSAIDS / Analgs / Steroids / Anticoag / Other __________________________

General health: Good / Fair / Poor __________________________

Imaging: Yes / No __________________________ Night pain: Yes / No __________________________

Recent or major surgery: Yes / No __________________________ Unexplained weight loss: Yes / No __________________________

Accidents: Yes / No __________________________ Other __________________________

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EXAMINATION

POSTURE
Sitting: Good / Fair / Poor  Standing: Good / Fair / Poor  Protruded Head: Yes / No  Wry neck: Right / Left / Nil
Correction of Posture: Better / Worse / No effect  Relevant: Yes / No
Other Observations

NEUROLOGICAL
Motor Deficit  Reflexes
Sensory Deficit  Dural Signs

MOVENT LOSS

PROTRUSION

FLEXION

RETRACTION

EXTENSION

MOVEMENT LOSS

Maj  Mod  Min  Nil  Pain

PROTRUSION

FLEXION

RETRACTION

EXTENSION

Lateral flexion R
Lateral flexion L
Rotation R
Rotation 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.

Pretest symptoms sitting

PRO
Rep PRO
RET
Rep RET
RET EXT
Rep RET EXT

Pretest symptoms lying

RET
Rep RET
RET EXT
Rep RET EXT

If required pretest pain sitting

LF - R
Rep LF - R
LF - L
Rep LF - L
ROT - R
Rep ROT - R
ROT - L
Rep ROT - L
FLEX
Rep FLEX

Symptoms During Testing

Symptoms After Testing

Mechanical Response

↑Rom  ↓Rom  No effect

STATIC TESTS

Protrusion  Flexion
Retraction  Extension: sitting / prone / supine

OTHER TESTS

PROVISIONAL CLASSIFICATION

Derangement  Dysfunction  Postural  Other

Derangement: Pain location

PRINCIPLE OF MANAGEMENT

Education  Equipment Provided

Mechanical Therapy: Yes / No

Extension Principle  Lateral Principle

Flexion Principle  Other

Treatment goals

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THORACIC SPINE ASSESSMENT

Date _______________________
Name ________________________ Sex M / F
Address ____________________________________________________________
Telephone ________________________ Date of Birth ________________________
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 or no apparent reason
Commenced as a result of ______________________________________________
Symptoms at onset _____________________________________________________
Constant symptoms _____________________________________________________
Intermittent symptoms _________________________________________________
Worse bending sitting / rising turning neck / trunk standing lying
am / as the day progresses / pm when still / on the move
other _________________________________________________________________
Better bending sitting / rising turning neck / trunk standing lying
am / as the day progresses / pm when still / on the move
other _________________________________________________________________
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 first episode ________________________
Previous history _______________________________________________________

Previous treatments ___________________________________________________

SPECIFIC QUESTIONS

Cough / sneeze / deep breath / +ve / -ve ________________________
Medications: Nil / NSAIDs / Analg / Steroids / Anticoag / Other

Gait: normal / abnormal

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 ________________________

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## Examination

### Posture
- Sitting: good / fair / poor
- Standing: good / fair / poor
- Protruded head: yes / no
- Kyphosis: red / acc / normal
- Correction of posture: better / worse / no effect
- Other observations:

### Neurological (upper and lower limb)
- Motor deficit
- Sensory deficit
- Reflexes
- Dural signs

### Movement Loss

<table>
<thead>
<tr>
<th>Movement</th>
<th>Maj</th>
<th>Mod</th>
<th>Min</th>
<th>Nil</th>
<th>Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extension</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotation R</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotation L</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Cervical Differential Testing
- 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.

<table>
<thead>
<tr>
<th>Symptoms during testing</th>
<th>Symptoms after testing</th>
<th>Mechanical response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest symptoms sitting</td>
<td></td>
<td>↑Rom</td>
</tr>
<tr>
<td>FLEX</td>
<td></td>
<td>↑Rom</td>
</tr>
<tr>
<td>Rep FLEX</td>
<td></td>
<td>No effect</td>
</tr>
<tr>
<td>EXT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rep EXT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pretest symptoms lying</td>
<td></td>
<td>↑Rom</td>
</tr>
<tr>
<td>EIL (prone)</td>
<td></td>
<td>↑Rom</td>
</tr>
<tr>
<td>Rep EIL (prone)</td>
<td></td>
<td>No effect</td>
</tr>
<tr>
<td>EIL (supine)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rep EIL (supine)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pretest symptoms sitting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROT - R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rep ROT - R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROT - L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rep ROT - L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Static Tests
- Flexion
- Extension / prone / supine
- Rotation R
- Rotation L

### Other Tests

### Provisional Classification
- Derangement
- Dysfunction
- Posture
- Other
- Derangement: Pain location

### Principle of Management
- Education
- Equipment provided
- Mechanical therapy: yes / no
- Extension principle
- Flexion principle
- Treatment goals

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THE MCKENZIE INSTITUTE
LOWER EXTREMITIES 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
Commenced as a result of
Symptoms at onset
Spinal history
Constant symptoms:  Intermittent Symptoms:

Worse
bending sitting / rising / first few steps standing walking stairs squating / kneeling
am / as the day progresses / pm when still / on the move Sleeping: prone / sup / side R / L
Other

Better
bending sitting standing walking stairs squating / kneeling
am / as the day progresses / pm when still / on the move Sleeping: prone / sup / side R / L
Other

Continued use makes the pain: Better Worse No Effect Disturbed night Yes / No
Pain at rest Yes / No Site: Back / Hip / Knee / Ankle / Foot
Other Questions: Swelling Clicking / Locking Giving Way / Falling

Previous episodes
Previous treatments
General health: Good / Fair / Poor
Medications: Nil / NSAIDS / Analg / Steroids / Antiocoag / Other
Imaging: Yes / No
Recent or major surgery: 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 examination Back / Hip / Knee / Ankle / Foot Other:
## EXAMINATION

### POSTURE

<table>
<thead>
<tr>
<th>Sitting</th>
<th>Good / Fair / Poor</th>
<th>Correction of Posture: Better / Worse / No Effect / NA</th>
<th>Standing</th>
<th>Good / Fair / Poor</th>
</tr>
</thead>
</table>

Other observations: ____________

### NEUROLOGICAL:

NA / Motor / Sensory / Reflexes / Dural

### BASELINES (pain or functional activity):

____________

### EXTREMITIES

<table>
<thead>
<tr>
<th>Hip / Knee / Ankle / Foot</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MOVEMENT LOSS</th>
<th>Maj</th>
<th>Mod</th>
<th>Min</th>
<th>Nil</th>
<th>Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extension</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dorsi Flexion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plantar Flexion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adduction / Inversion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abduction / Eversion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Internal Rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td>External Rotation</td>
</tr>
</tbody>
</table>

Passive Movement (+/- over pressure) (note symptoms and range):

____________

<table>
<thead>
<tr>
<th>PDM (Pain Developed Movement)</th>
<th>ERP (Evidence of Pain)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resisted Test Response (pain)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### SPINE

Movement Loss

<table>
<thead>
<tr>
<th>Effect of repeated movements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Effect of static positioning</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spine testing</th>
<th>Not relevant / Relevant / Secondary problem</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Baseline Symptoms

____________

<table>
<thead>
<tr>
<th>Repeated Tests</th>
<th>Symptom Response</th>
<th>Mechanical Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active/Passive movement, resisted test, functional test</td>
<td>During – Produce, Abolish, Increase, Decrease, NE</td>
<td>After – Better, Worse, NB, NW, NE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Effect of static positioning</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### PROVISIONAL CLASSIFICATION

<table>
<thead>
<tr>
<th>Extremities</th>
<th>Spine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dysfunction – Articular</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Derangement</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Uncertain</th>
</tr>
</thead>
</table>

### PRINCIPLE OF MANAGEMENT

<table>
<thead>
<tr>
<th>Education</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Exercise and Dosage</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Treatment Goals</th>
</tr>
</thead>
</table>

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UPPER EXTREMITIES ASSESSMENT

Date
Name
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

Handedness: Right / Left

Present Symptoms
Present since
Commenced as a result of
Symptoms at onset
Spinal history
Constant symptoms: Intermittent Symptoms:

Worse
Better

bending am / as the day progresses / pm
sitting when still / on the move
turning neck
Dressing
Reaching
Gripping

 insomnia / as the day progresses / pm
when still / on the move
Other

Worse
Better

No Effect
Disturbed night
Yes / No

Pain at rest
Yes / No
Site: Neck / Shoulder / Elbow / Wrist / Hand
Other Questions:
Swelling
Catching / Clicking / Locking
Subluxing

General health: Good / Fair / Poor
Medications: Nil / NSAIDS / Anaig / Steroids / Anticoag / Other
Imaging: Yes / No
Recent or major surgery: 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 examination: Neck / Shoulder / Elbow / Wrist / Hand
Other:

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**EXAMINATION**

**POSTURE**

Sitting: Good / Fair / Poor  Correction of Posture: Better / Worse / No Effect / NA  Standing: Good / Fair / Poor

Other observations:

**NEUROLOGICAL:**

NA / Motor / Sensory / Reflexes / Dural

**BASELINES (pain or functional activity):**

**EXTREMITIES**

**Shoulder / Elbow / Wrist / Hand**

<table>
<thead>
<tr>
<th>MOVEMENT LOSS</th>
<th>Maj</th>
<th>Mod</th>
<th>Min</th>
<th>Nil</th>
<th>Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extension</td>
<td></td>
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<td>Supination</td>
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<tr>
<td>Pronation</td>
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<tr>
<td>Adduction</td>
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<tr>
<td>Abduction</td>
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<tr>
<td>Internal Rotation</td>
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<tr>
<td>External Rotation</td>
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Passive Movement (±/- over pressure) (note symptoms and range):

<table>
<thead>
<tr>
<th>PDM</th>
<th>ERP</th>
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Resisted Test Response (pain)

<table>
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<tr>
<th>Other Tests</th>
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<tbody>
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</table>

**SPINE**

Movement Loss:

Effect of repeated movements

Effect of static positioning

Spine testing: Not relevant / Relevant / Secondary problem

Baseline Symptoms

<table>
<thead>
<tr>
<th>Repeated Tests</th>
<th>Symptom Response</th>
<th>Mechanical Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active / Passive movement, resisted test, functional test</td>
<td>During – Produce, Abolish, Increase, Decrease, NE</td>
<td>After – Better, Worse, NB, NW, NE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Effect of static positioning</th>
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</thead>
</table>

**PROVISIONAL CLASSIFICATION**

<table>
<thead>
<tr>
<th>Extremities</th>
<th>Spine</th>
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<tbody>
<tr>
<td>Contractile</td>
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<tr>
<td>Postural</td>
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<tr>
<td>Uncertain</td>
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**PRINCIPLE OF MANAGEMENT**

<table>
<thead>
<tr>
<th>Education</th>
<th>Equipment Provided</th>
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<table>
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<tr>
<th>Exercise and Dosage</th>
<th>Treatment Goals</th>
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