The McKenzie Institute International

CENTRE FOR POSTGRADUATE STUDY IN MECHANICAL DIAGNOSIS AND THERAPY

International Credentialling Exam

Information for Candidates

TABLE OF CONTENTS

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
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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 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:

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 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
- Part D: MDT: Advanced Cervical & Thoracic Spine and Extremities - Upper Limb

7.2 Preparation Materials

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 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 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?

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) 10/2hours, 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:

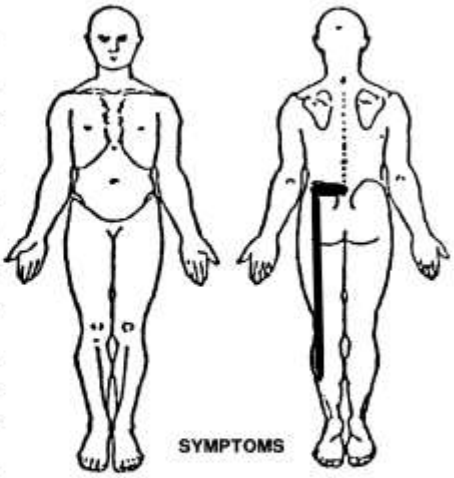
- History
- Examination Sheets, and
- Follow up visits

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

CHART EVALUATION SAMPLE: ALEX

THE McKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

Chart Evaluation Sample - Alex



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)

Commenced as a result of **Lifting suitcase after 6 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) Intermittent 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:

Chart Evaluation Sample - Alex

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 **5 / 5** Reflexes **Intact**

Sensory Deficit **Intact** Dural Signs **SLR (L) 20 (R) 50**

MOVEMENT LOSS

	Maj	Mod	Min	Nil	Pain
Flexion	✓				**Back & left leg**
Extension	✓				**Back & left leg**
Side Gliding R				✓	
Side Gliding L	✓				**Back & left leg**

TEST MOVEMENTS **Describe effect on present pain – During:** produces, abolishes, increases, decreases, no effect, centralising, peripheralising. **After:** better, worse, no better, no worse, no effect, centralised, peripheralised.

Symptoms During Testing	Symptoms After Testing	Mechanical Response ↑Rom	↓Rom	No Effect
Pretest symptoms standing: **Back & Left Leg 6/10**				
FIS **↑ Back & left leg**				
Rep FIS **X 3 ↑ Back & leg**	**Worse**			
EIS **↑ Back & leg**				
Rep EIS **X 3 ↑ Back & leg**	**Worse**			
Pretest symptoms lying:				
FIL **↑ Leg**				
Rep FIL **X 3 ↑ Leg**	**Worse**			
EIL **↑ Leg**				
Rep EIL **X 3 ↑ Leg**	**Worse**			
If required pretest symptoms:				
SGIS - R **No effect**				
Rep SGIS - R				
SGIS – L **↑ Back & leg**				
Rep SGIS - L				

STATIC TESTS

Sitting slouched _____ Sitting erect _____

Standing slouched _____ Standing erect _____

Lying prone in extension _____ Long sitting _____

OTHER TESTS _____

_____

PROVISIONAL CLASSIFICATION

Derangement Dysfunction Posture Other

Derangement: Pain Location _____

PRINCIPLE OF MANAGEMENT

Education _____ Equipment Provided _____

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.

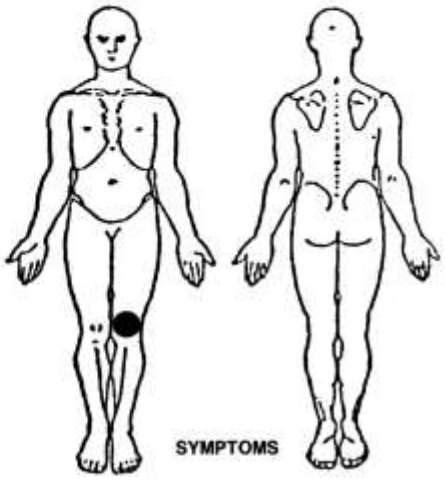
(d) Instruct patient in correct sitting posture and reassess in 24 hours.

CASE STUDY SAMPLE: GEORGE – Assessment and Follow-up

THE McKENZIE INSTITUTE LOWER EXTREMITIES ASSESSMENT

CASE STUDY SAMPLE - GEORGE

Date
Name **George** Sex (M) F
Address
Telephone
Date of Birth Age **35**
Referral: (GP) / 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** *Improving / (Unchanging) / Worsening*
Commenced as a result of **Running** *Or No Apparent Reason*
Symptoms at onset **Left knee** Paraesthesia: *Yes /* (No)
Spinal history **None** *Cough / Sneeze +ve /* (-ve)
Constant symptoms: Intermittent Symptoms: **Left knee**

Worse *bending sitting / rising / first few steps standing walking* (stairs) (squatting) *kneeling*
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* 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 **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 **CASE STUDY SAMPLE - GEORGE**

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): **Pain with squat, up/down 1 step**

EXTREMITIES ***Hip / (Knee) / Ankle / Foot***

MOVEMENT LOSS	Maj	Mod	Min	Nil	Pain
Flexion			✓		**ERP**
Extension			✓		**ERP**
Dorsi Flexion					
Plantar Flexion					

	Maj	Mod	Min	Nil	Pain
Adduction / Inversion					
Abduction / Eversion					
Internal Rotation					
External Rotation					

Passive Movement (+/- over pressure) (note symptoms and range):	**PDM**	**ERP**
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) / Relevant / Secondary problem*

Baseline Symptoms

Repeated Tests	**Symptom Response**		**Mechanical Response**	
Active/Passive movement, resisted test, functional test	**During –** Produce, Abolish, Increase, Decrease, NE	**After –** Better, Worse, NB, NW, NE	**Effect –** ↑ or ↓ ROM, strength or key functional test	No Effect
Rep passive flexion	**Produce Pain**	**No Worse**		
Repeated active extension (unloaded in sitting)	**Produce Pain**	**No Worse**	**↑ Flex & Ext**	
			Reduce pain with squat/step	
Effect of static positioning				

PROVISIONAL CLASSIFICATION **(Extremities)** **Spine**

Dysfunction – Articular Contractile

Derangement **Extension Responder** Postural

Other

PRINCIPLE OF MANAGEMENT

Education Equipment Provided

Exercise and Dosage **Active unloaded knee extension 10 every 2 hours**

Treatment Goals

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

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

Answer Key: 1. C; 2. A; 3. B; 4. D; 5. A; 6. C; 7. B

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 _____

_____

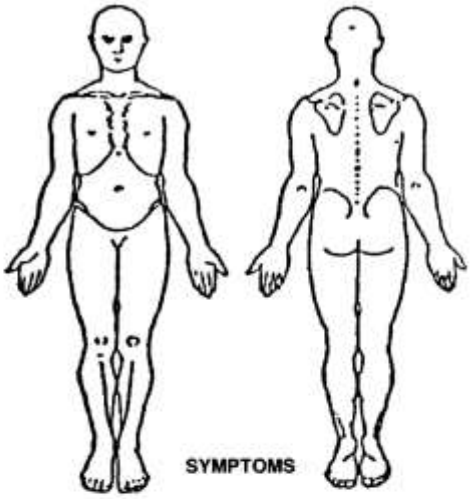
Leisure: Mechanical stresses _____

Functional disability from present episode _____

_____

Functional disability score _____

VAS Score (0-10) _____



HISTORY

Present symptoms _____

Present since _____ *improving / unchanging / worsening*

Commenced as a result of _____ *or no apparent reason*

Symptoms at onset: *back / thigh / leg* _____

Constant symptoms: *back / thigh / leg* _____ Intermittent symptoms: *back / thigh / leg*

Worse *bending* *sitting / rising* *standing* *walking* *lying*
am / as the day progresses / pm *when still / on the move*
other _____

Better *bending* *sitting* *standing* *walking* *lying*
am / as the day progresses / pm *when still / on the move*
other _____

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

Accidents: *yes / no* _____ Unexplained weight loss: *yes / no*

Other: _____

_____

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 _____ Reflexes _____

Sensory deficit _____ Dural signs _____

MOVEMENT LOSS

	Maj	Mod	Min	Nil	Pain
Flexion					
Extension					
Side gliding R					
Side gliding 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.

	Symptoms during testing	Symptoms after testing	Mechanical response ↑Rom	↓Rom	No effect
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 _____ Sitting erect _____

Standing slouched _____ Standing erect _____

Lying prone in extension _____ Long sitting _____

OTHER TESTS _____

_____

PROVISIONAL CLASSIFICATION

Derangement Dysfunction Posture Other

Derangement: Pain location _____

PRINCIPLE OF MANAGEMENT

Education _____ Equipment provided _____

Mechanical therapy: *yes / no* _____

Extension principle _____ Lateral principle _____

Flexion principle _____ Other _____

Treatment goal _____

THE McKENZIE INSTITUTE
CERVICAL SPINE ASSESSMENT

Date _____

Name _____ Sex M / F

Address _____

Telephone _____

Date of Birth _____ Age _____

Referral: *GP / Orth / Self / Other* _____

Work: Mechanical stresses _____

_____

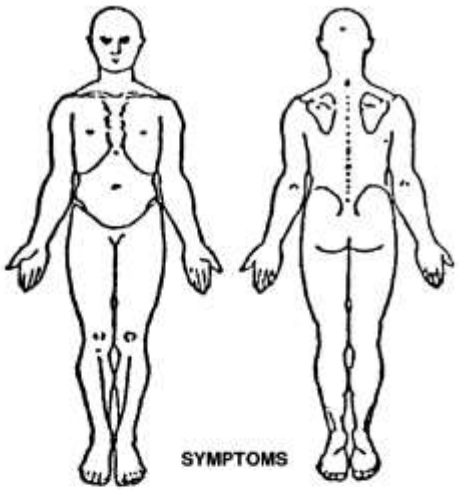
Leisure: Mechanical stresses _____

Functional Disability from present episode _____

_____

Functional Disability score _____

VAS Score (0-10) _____



HISTORY

Present Symptoms _____

Present since _____ *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* Intermittent 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 / 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 _____

_____

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 _____

MOVEMENT LOSS	Maj	Mod	Min	Nil	Pain
Protrusion					
Flexion					
Retraction					
Extension					

	Maj	Mod	Min	Nil	Pain
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.

	Symptoms During Testing	Symptoms After Testing	Mechanical Response ↑Rom	↓Rom	No effect
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					

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 _____

THE McKENZIE INSTITUTE
THORACIC SPINE ASSESSMENT

Date _____

Name _____ Sex M / F

Address _____

Telephone _____

Date of Birth _____ Age _____

Referral: *GP / Orth / Self / Other* _____

Work : Mechanical stresses _____

_____

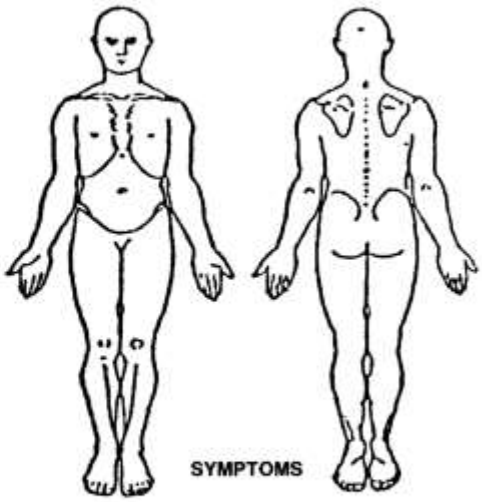
Leisure: Mechanical stresses _____

Functional disability from present episode _____

_____

Functional disability score _____

VAS Score (0-10) _____



SYMPTOMS

HISTORY

Present symptoms _____

Present since _____ *improving / unchanging / worsening*

Commenced as a result of _____ *or no apparent reason*

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 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 _____

_____

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 _____ Reflexes _____

Sensory deficit _____ Dural signs _____

MOVEMENT LOSS

	Maj	Mod	Min	Nil	Pain
Flexion					
Extension					
Rotation R					
Rotation L					
Other					

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.

	Symptoms during testing	Symptoms after testing	Mechanical response		
			↑Rom	↓Rom	No effect
Pretest symptoms sitting					
FLEX					
Rep FLEX					
EXT					
Rep EXT					
Pretest symptoms lying					
EIL (prone)					
Rep EIL (prone)					
EIL (supine)					
Rep EIL (supine)					
Pretest symptoms sitting					
ROT - R					
Rep ROT - R					
ROT - L					
Rep ROT - L					
Other:					

STATIC TESTS

Flexion _____ Rotation R _____

Extension / prone / supine _____ 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 _____ Lateral principle _____

Flexion principle _____ Other _____

Treatment goals _____

THE McKENZIE INSTITUTE
LOWER EXTREMITIES ASSESSMENT

Date _____

Name _____ Sex M / F

Address _____

Telephone _____

Date of Birth _____ Age _____

Referral: *GP / Orth / Self / Other* _____

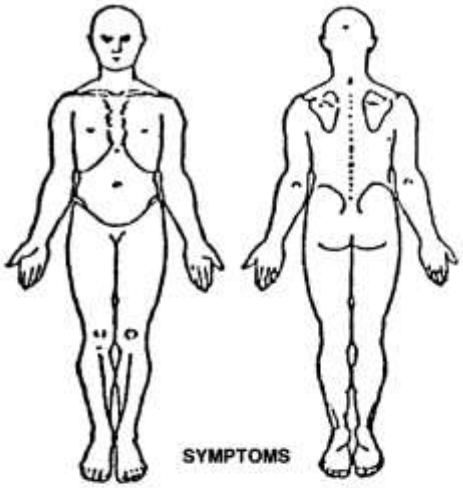
Work: Mechanical stresses _____

Leisure: Mechanical stresses _____

Functional disability from present episode _____

Functional disability score _____

VAS Score (0-10) _____



SYMPTOMS

HISTORY

Present symptoms _____

Present since _____ *Improving / Unchanging / Worsening*

Commenced as a result of _____ *Or No Apparent Reason*

Symptoms at onset _____ Paraesthesia: *Yes / No*

Spinal history _____ *Cough / Sneeze +ve / -ve*

Constant symptoms: _____ Intermittent Symptoms: _____

Worse *bending sitting / rising / first few steps standing walking stairs squatting / 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 squatting / 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 / 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 *Back / Hip / Knee / Ankle / Foot* *Other:* _____

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 ***Hip / Knee / Ankle / Foot***

MOVEMENT LOSS	Maj	Mod	Min	Nil	Pain
Flexion					
Extension					
Dorsi Flexion					
Plantar Flexion					

	Maj	Mod	Min	Nil	Pain
Adduction / Inversion					
Abduction / Eversion					
Internal Rotation					
External Rotation					

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	**During –** Produce, Abolish, Increase, Decrease, NE	**After –** Better, Worse, NB, NW, NE	**Effect –** ↑ or ↓ ROM, strength or key functional test	No Effect
Effect of static positioning				

PROVISIONAL CLASSIFICATION **Extremities** **Spine**

Dysfunction – Articular _____ Contractile _____

Derangement _____ Postural _____

Other _____ Uncertain _____

PRINCIPLE OF MANAGEMENT

Education _____ Equipment Provided _____

Exercise and Dosage _____

Treatment Goals _____

THE McKENZIE INSTITUTE
UPPER EXTREMITIES ASSESSMENT

Date _____

Name _____ Sex M / F

Address _____

Telephone _____

Date of Birth _____ Age _____

Referral: *GP / Orth / Self / Other* _____

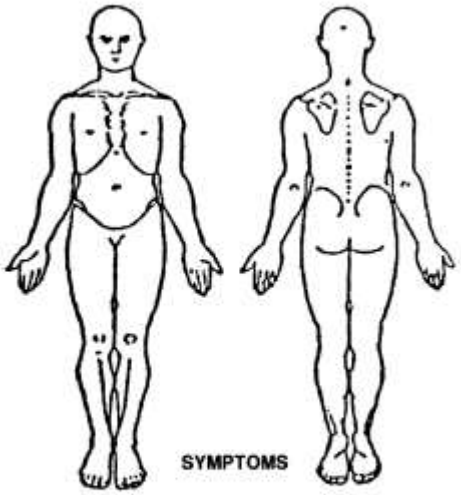
Work: Mechanical stresses _____

Leisure: Mechanical stresses _____

Functional Disability from present episode _____

Functional Disability score _____

VAS Score (0-10) _____



HISTORY

Handedness: Right / Left

Present Symptoms _____

Present since _____ *Improving / Unchanging / Worsening*

Commenced as a result of _____ *Or No Apparent Reason*

Symptoms at onset _____ Paraesthesia: Yes / No

Spinal history _____ Cough /Sneeze +ve / -ve

Constant symptoms: _____ Intermittent Symptoms: _____

Worse *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 _____

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 _____

Continued use makes the pain: *Better Worse No Effect* Disturbed night *Yes / No*

Pain at rest *Yes / No* Site: *Neck / Shoulder / Elbow / Wrist / Hand*

Other Questions: *Swelling Catching / Clicking / Locking Subluxing*

Previous episodes _____

Previous treatments _____

General health: *Good / Fair / Poor* _____

Medications: *Nil / NSAIDS / Analg / 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:* _____

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*** _____

MOVEMENT LOSS	Maj	Mod	Min	Nil	Pain
Flexion					
Extension					
Supination					
Pronation					

	Maj	Mod	Min	Nil	Pain
Adduction / Ulnar Deviation					
Abduction / Radial Deviation					
Internal Rotation					
External Rotation					

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	**During –** Produce, Abolish, Increase, Decrease, NE	**After –** Better, Worse, NB, NW, NE	**Effect –** ↑ or ↓ ROM, strength or key functional test	No Effect
Effect of static positioning				

PROVISIONAL CLASSIFICATION **Extremities** **Spine**

Dysfunction – Articular _____ Contractile _____

Derangement _____ Postural _____

Other _____ Uncertain _____

PRINCIPLE OF MANAGEMENT

Education _____ Equipment Provided _____

Exercise and Dosage _____

Treatment Goals _____