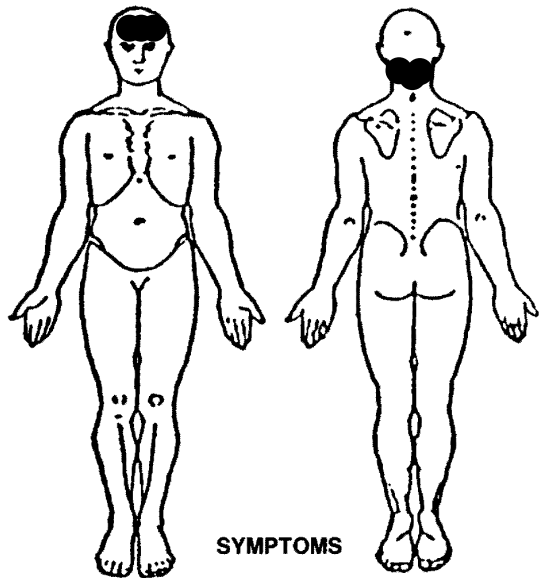




THE MCKENZIE INSTITUTE CERVICAL SPINE ASSESSMENT

Date _____
 Name _____ Sex M F
 Address _____
 Telephone _____
 Date of Birth _____ Age 23 y/o
 Referral: GP / Orth / Self / Other _____
 Work: Mechanical stresses physical therapist- bending and lifting
 Leisure: Mechanical stresses recreational volleyball
 Functional Disability from present episode difficulty performing work
related tasks
 Functional Disability score _____
 VAS Score (0-10) 6/10



HISTORY

Present Symptoms frontal headache, bilateral occipital pain, dizziness, nausea
 Present since 4 months *improving / unchanging / worsening*
 Commenced as a result of diving for a volleyball and hit on chin on the ground *or no apparent reason*
 Symptoms at onset: *neck / arm / forearm / headache* severe chin and neck pain
 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 bending, lifting, squatting, looking down
 Better *bending* *sitting* *turning* *lying*
am / as the day progresses / pm *when still* *on the move*
 Disturbed Sleep Yes *No* Pillows _____
 Sleeping postures *prone / sup / side R / L* Surface *firm / soft / sag*
 Previous Episodes 0 1-5 6-10 11+ Year of first episode _____
 Previous History patient immediately went to ER and recieved x-rays and r/o fracture and upper cervical spine injury
 Previous Treatments none

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* x-rays
 Recent or major surgery: Yes *No* Night pain: Yes *No*
 Accidents *Yes* / *No* fall while playing volleyball Unexplained weight loss: Yes *No*
 Other _____

EXAMINATION

POSTURAL OBSERVATION

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

NEUROLOGICAL negative

Motor Deficit _____ Reflexes _____
 Sensory Deficit _____ Dural Signs _____

MOVEMENT LOSS	Maj	Mod	Min	Nil	Pain
Protrusion				✓	produced nausea
Flexion				✓	
Retraction			✓		Increased headache
Extension				✓	

	Maj	Mod	Min	Nil	Pain
Lateral flexion R				✓	
Lateral flexion L				✓	
Rotation R			✓		produced neck pain
Rotation L			✓		produced neck pain

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 _____					
1. Rep RET _____	Increased headache	no worse			
2. RET EXT _____	Rep RET with pt O/P: increased headache	no worse			
3. Rep RET EXT _____	Sustained RET sitting: increased headache	no worse			
4. Pretest symptoms lying _____	Sustained RET with occiput tx: abolished headache	better			
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 cervicogenic HA Dysfunction Postural OTHER
Central or Symmetrical Unilateral or Asymmetrical above elbow Unilateral or Asymmetrical below elbow

PRINCIPLE OF MANAGEMENT

Education postural correction Equipment Provided lumbar roll
 Extension Principle sustained ret with occiput tx x 3min/ every 2-3 hrs Lateral Principle _____
 Flexion Principle _____ Other _____
 Barriers to Recovery _____
 Treatment goals abolish symptoms of pain, nausea, dizziness and return to work and leisure activities without limitations