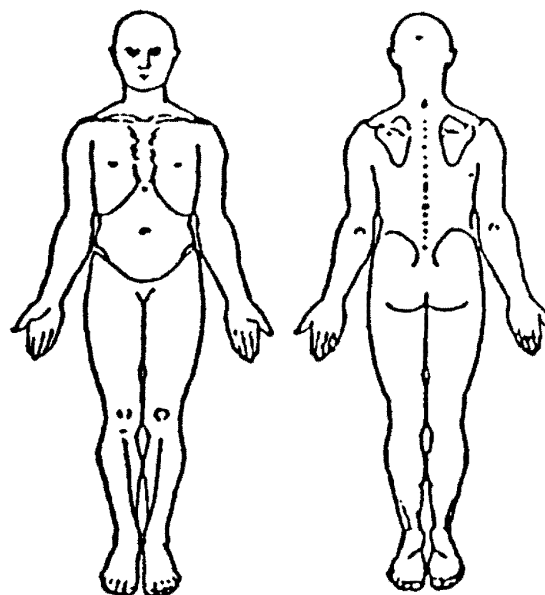




THE MCKENZIE INSTITUTE LOWER EXTREMITIES ASSESSMENT

Date _____
Name _____ Gender _____
Address _____
Telephone _____
Date of Birth _____ Age _____
Referral: GP / Orth / Self / Other _____
Work demands _____
Leisure activities _____
Functional limitation for present episode _____
Outcome / Screening score _____
NPRS (0-10) _____



Present symptoms _____
Present since _____ improving / unchanging / worsening
Commenced as a result of _____ no apparent reason
Symptoms at onset _____ 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 sleep yes / no
Pain at rest yes / no Site: back / hip / knee / ankle / foot
Other Questions: swelling catching / clicking / locking giving way / falling

Previous history _____

Previous treatments _____

Medications _____

General health / Comorbidities: _____

Recent / relevant surgery: yes / no _____

History of cancer: yes / no _____ Unexplained weight loss: yes / no _____

History of trauma: yes / no _____ Imaging: yes / no _____

Patient goals / expectations _____

EXAMINATION

POSTURAL OBSERVATION

Sitting: *lordotic / neutral / kyphotic* Change of posture: *better / worse / no effect* Standing: *lordotic / neutral / kyphotic*

Other observations: _____

NEUROLOGICAL: NA / motor / sensory / reflexes / neurodynamic _____

BASELINES: Pain and functional activity _____

EXTREMITIES *hip / knee / ankle / foot* _____

MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms		Maj	Mod	Min	Nil	Symptoms
Flexion						Adduction / Inversion					
Extension						Abduction / Eversion					
Dorsi Flexion						Internal Rotation					
Plantar Flexion						External Rotation					
Other:						Other:					

Passive Movement: note symptoms, range and +/- over pressure: _____

PDM	ERP

Resisted test pain response _____

Other tests / static positioning _____

SPINE

Movement Loss _____

Effect of repeated movements _____

Effect of static positioning _____

Spine testing *not relevant / relevant / secondary problem* _____

Baseline Symptoms _____

Repeated Tests	Symptomatic 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

PROVISIONAL CLASSIFICATION

Extremities

Spine

Derangement _____ Directional Preference _____

Dysfunction: Articular / Contractile _____ **Postural** **OTHER** subgroup: _____

POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY Comorbidities Cognitive - Emotional Contextual

Descriptions: _____

PRINCIPLES OF MANAGEMENT

Education _____

Exercise type _____ Frequency _____

Other exercises / interventions _____

Management goals _____

Signature _____