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 __________________________

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**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
- Relevant: Yes / No

**Other Observations**

**NEUROLOGICAL**
- 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>Protrusion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lateral flexion R</td>
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<tr>
<td>Flexion</td>
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<td></td>
<td>Lateral flexion L</td>
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<tr>
<td>Retraction</td>
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<td>Rotation R</td>
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<tr>
<td>Extension</td>
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<td>Rotation L</td>
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</tbody>
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**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>Pretest symptoms sitting</th>
<th>Symptoms During Testing</th>
<th>Symptoms After Testing</th>
<th>Mechanical Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRO</td>
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<tr>
<td>Rep PRO</td>
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<th>Pretest symptoms lying</th>
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<td>RET EXT</td>
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<td>Rep RET EXT</td>
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<tr>
<th>If required pretest pain sitting</th>
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<tbody>
<tr>
<td>LF - R</td>
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<td>Rep LF - R</td>
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<tr>
<td>LF - L</td>
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<td>Rep LF - L</td>
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<td>ROT - R</td>
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<td>Rep ROT - R</td>
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<td>ROT - L</td>
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<td>Rep ROT - L</td>
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<tr>
<td>FLEX</td>
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<td>Rep FLEX</td>
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</tbody>
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**STATIC TESTS**

- Protrusion
- Retraction
- Flexion
- Extension: sitting / prone / supine

**OTHER TESTS**

**PROVISIONAL CLASSIFICATION**

- Derangement
- Dysfunction
- Postural
- OTHER

- Central or Symmetrical
- Unilateral or Asymmetrical above elbow
- Unilateral or Asymmetrical below elbow

**PRINCIPLE OF MANAGEMENT**

- Education
- Equipment Provided
- Extension Principle
- Lateral Principle
- Flexion Principle
- Other
- Barriers to Recovery
- Treatment goals

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