



# THE MCKENZIE INSTITUTE RE-ASSESSMENT FORM

Date \_\_\_\_\_ Name \_\_\_\_\_ Visit Number \_\_\_\_\_

**Check of Management Strategies:**

**Posture Change:** Yes / No

**Performing Exercises:** Yes / No

**Frequency:** Appropriate / Not appropriate      Symptom Response when performing exercises \_\_\_\_\_

**Technique:** Good / Needs correcting

**Adherence / Commitment**      Excellent / Good / Fair / Poor

**Symptomatic Presentation:**

**Pain Location:** Centralised / Same / Peripheralised \_\_\_\_\_

**Frequency:** Better / Same / Worse

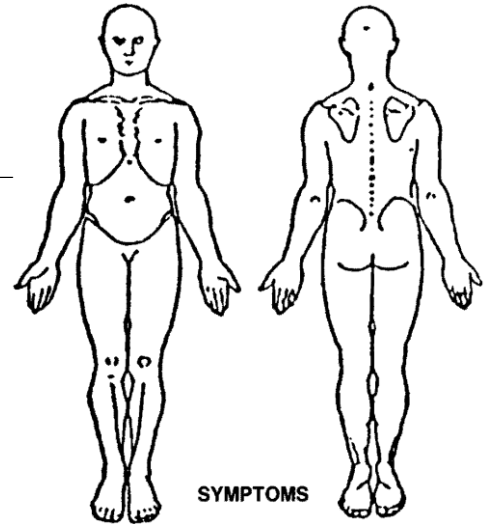
**Severity:** 0 \_\_\_\_\_ 10

Better / Same / Worse

**Functional Status: % improvement since initial assessment:**

0 \_\_\_\_\_ 100%

**Functional questionnaire:** \_\_\_\_\_



**Mechanical Presentation:**

**Sitting Posture:** Consistent with plan; yes / no

**Standing Posture:** Consistent with plan; yes / no

**Deformity:** Yes / No / Not applicable

**Neurological Testing:** Better / Same / Worse / Not applicable \_\_\_\_\_

**Movement Loss:** Better / Same / Worse \_\_\_\_\_

**Current Exercise Technique:** Good / Needs correcting

**Symptom Response:** \_\_\_\_\_

**Repeated Movements:** Better / Same / Worse

**SUMMARY:** Better / Same / Worse

**Overall improvement since initial assessment:** 0 \_\_\_\_\_ 100%

**Classification Confirmed:** Yes / No

**Further Testing (if required):** Repeated Movements: \_\_\_\_\_

Other Testing: \_\_\_\_\_

**Revised Classification (if appropriate):**

Derangement      Dysfunction      Postural      OTHER (subgroup) \_\_\_\_\_

**Management Today:**

**Education:** \_\_\_\_\_

**Treatment:** \_\_\_\_\_

**Plan:** \_\_\_\_\_

**Potential Drivers of Pain and / or Disability:** \_\_\_\_\_

**Equipment Provided:** Lumbar Roll \_\_\_\_\_ Cervical Roll \_\_\_\_\_

TYOB/TYON/TYOS/TYOK/TYOH \_\_\_\_\_ Night Roll \_\_\_\_\_ Signature \_\_\_\_\_