The McKenzie Institute International

CENTRE FOR POSTGRADUATE STUDY IN MECHANICAL DIAGNOSIS AND THERAPY

International Credentialling Exam

Information for Candidates

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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
432 N Franklin St Ste 40
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 and then they will receive a Letter of Confirmation of registration after eligibility requirements are verified.

*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 at: [http://mckenzieinstituteusa.org/forms/Order%20%20Registrations%20Forms_Current/Cred%20Exam%20Reg%20Form_current.pdf](http://mckenzieinstituteusa.org/forms/Order%20%20Registrations%20Forms_Current/Cred%20Exam%20Reg%20Form_current.pdf).

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.

*Please remember to bring a photo I.D. with you to the exam.*
3.3 **Number of Candidates**

Exams are typically limited to 25 participants and there is 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:

<table>
<thead>
<tr>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>$500</td>
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<table>
<thead>
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<th>Retake of Exam:</th>
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<tbody>
<tr>
<td>Whole Exam</td>
<td>$250</td>
</tr>
<tr>
<td>Written Portion Only</td>
<td>$200</td>
</tr>
<tr>
<td>Performance Simulation Only</td>
<td>$50</td>
</tr>
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</table>

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.

Cancellations that occur within two weeks before the exam date, will incur a cancellation fee of $100.00.

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.

3.5.3 **Refunds**

The refund policy is as follows:

<table>
<thead>
<tr>
<th>Period</th>
<th>Refund Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to 4 weeks before the exam</td>
<td>$400.00</td>
</tr>
<tr>
<td>2-4 weeks before the exam</td>
<td>$200.00</td>
</tr>
<tr>
<td>Less than 2 weeks before the exam</td>
<td>No refund and $100 transfer fee</td>
</tr>
</tbody>
</table>
4. FORMAT OF THE EXAMINATION

Every component of the International Credentialling Examination has been verified by The McKenzie Institute International Education Committee.

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
- Prophylaxis
- 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. 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. 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**

Role-playing activities are used to examine the candidate’s ability to perform MDT clinician procedures. Three techniques are randomly selected for each exam.

**PLEASE NOTE:**

Any procedures taught on Parts A – D courses, described in McKenzie & May’s textbooks, and demonstrated in the procedures video (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:

- Paper and Pen, Chart Evaluations, Case Studies and Audio Visual Presentation are included in the first section.
- The Performance Simulation is the second section.

A candidate must pass both sections - the Written section which includes the Paper/ Pen, Chart Evaluations, Case Studies and Audio Visual presentation; and the Performance Simulation section. The passing score for the Written section is 73 points, and the passing score for the Performance Simulation section is 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.

You will receive your results by mail within 2-3 weeks.

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 a Confidentiality Agreement. (An example of the Confidentiality Agreement follows.)

The following Confidentiality Agreement may vary by branches.
SAMPLE CONFIDENTIALITY AGREEMENT

Credentialing Examination Confidentiality Agreement

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.

__________________________
Course #:

__________________________
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

7.2 Preparation Materials

In preparation for this exam, use of the following materials is recommended:


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 Skills Update (CSU) 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.

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. Candidates should refer to the web-based description of the MDT procedures for clarification of any issue relating to the performance of MDT procedures.
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 mid day, REIL (Repeated Extension in Lying) after either RFIL and RFIS for prophylaxis, postural advice
   (b) RFIS (Repeated Flexion in Standing) 10/2hours, REIL (Repeated Extension in Lying) after the RFIS for prophylaxis, postural advice
   (c) RFIL (Repeated Flexion in Lying) 10/2hours, REIL (Repeated Extension in Lying) after the RFIL for prophylaxis, postural advice
   (d) FIS (Repeated Flexion in Standing) 10/2hours, REIS (Repeated Extension in Standing) afterwards for prophylaxis, 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 (Red Flag) 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**

---

**Date:**

**Name:** Alex

**Sex:** M / F

**Address:**

**Telephone:**

**Date of Birth:** Age 28

**Referral:**

**Orth / Self / Other**

**Work:**

Mechanical stresses: Travelling Computer Technician

Standing / Bending & Sitting

**Leisure:**

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:**

bending / LBP & Leg / sitting / straining / standing / walking

LBP / lying

am / as the day progresses / pm

**Worse:**

other

Hard to find comfortable sleep position

**Better:**

bending / sitting / standing / walking / lying

slightly

am / as the day progresses / pm

**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:**

Straight / +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
- Standing: Poor
- Lordosis: Red / Acc
- Lateral Shift: Right / Left / Nil

**Correction of Posture:** Better

**Other Observations:**

---

**NEUROLOGICAL**
- Motor Deficit: 5 / 5
- Sensory Deficit: Intact
- Reflexes: SLR
- Dural Signs: 20
- Pain: Back & left leg

**MOBILITY**

<table>
<thead>
<tr>
<th>Flexion</th>
<th>Mod</th>
<th>Min</th>
<th>Nil</th>
<th>Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>Back &amp; left leg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Extension</th>
<th>Mod</th>
<th>Min</th>
<th>Nil</th>
<th>Pain</th>
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<tr>
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<td></td>
<td></td>
<td>✓</td>
<td>Back &amp; left leg</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Side Gliding R</th>
<th>Mod</th>
<th>Min</th>
<th>Nil</th>
<th>Pain</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
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<td>Back &amp; left leg</td>
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</table>

<table>
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<th>Min</th>
<th>Nil</th>
<th>Pain</th>
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<tbody>
<tr>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>Back &amp; left leg</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Pretest symptoms standing: Back &amp; Left Leg 6/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIS  X 3 ‡ Back &amp; left leg</td>
</tr>
<tr>
<td>Rep FIS X 3 ‡ Back &amp; leg</td>
</tr>
<tr>
<td>EIS  X 3 ‡ Back &amp; leg</td>
</tr>
<tr>
<td>Rep EIS X 3 ‡ Back &amp; leg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pretest symptoms lying: Leg</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIL  X 3 ‡ Leg</td>
</tr>
<tr>
<td>Rep FIL X 3 ‡ Back &amp; leg</td>
</tr>
<tr>
<td>EIL  X 3 ‡ Leg</td>
</tr>
<tr>
<td>Rep EIL X 3 ‡ Leg</td>
</tr>
</tbody>
</table>

**If required pretest symptoms:**
- SGIS - R No effect
- Rep SGIS - R
- SGIS – L Back & leg
- Rep SGIS - L

---

**STATIC TESTS**
- Sitting slouched
- Standing slouched
- Lying prone in extension

**OTHER TESTS**

---

**PROVISIONAL CLASSIFICATION**
- Dysfunction
- Posture
- Other

**PRINCIPLE OF MANAGEMENT**
- Education
- Mechanical Therapy: yes / no
- Extension Principle
- Lateral Principle
- Flexion Principle
- Other

**Treatment Goals**

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June 2014
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

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Sex</th>
<th>Address</th>
<th>Telephone</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Referral</th>
<th>Work: Mechanical stresses</th>
<th>Leisure: Mechanical stresses</th>
<th>Functional disability from present episode</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>George</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td>35</td>
<td>Orth / Self / Other</td>
<td>Accountant</td>
<td>Runner</td>
<td>Decreased running</td>
</tr>
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<td></td>
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</tbody>
</table>

Functional disability score
VAS Score (0-10)
0.5 / 10

HISTORY

Present symptoms
Left knee

Present since
3 months

Committed as a result of
Running

Symptoms at onset
Left knee

Spinal history
None

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
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

Pain at rest
Yes / No

Site: Back / Hip / Knee / Ankle / Foot

Other Questions:
Sleeping
Clicking / Locking
Giving Way / Falling

Previous episodes
One – three years ago – full resolution – no treatment

Previous treatments
None

General health: Good / Fair / Poor

Medications: 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

## 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

## BASILINES (pain or functional activity): pain with squat, up/down 1 step

## EXTREMITIES left
- Hip / Knee / Ankle / Foot

### MOVEMENT LOSS

<table>
<thead>
<tr>
<th>Movement</th>
<th>Maj</th>
<th>Mod</th>
<th>Min</th>
<th>Nil</th>
<th>Pain</th>
<th>Maj</th>
<th>Mod</th>
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<tr>
<td>Plantar Flexion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Passive Movement (+/- over pressure) (note symptoms and range):
- Flexion - minimal loss
- Extension minimal loss

<table>
<thead>
<tr>
<th>Resisted Test Response (pain)</th>
<th>Knee extension 4+5</th>
<th>No Pain</th>
<th>Knee flexion 4+5</th>
<th>No Pain</th>
</tr>
</thead>
</table>

### Other Tests

## SPINE
- Movement Loss: full movement
- Effect of repeated movements: No Effect
- Effect of static positioning
- Spine testing: Not relevant / Secondary problem

### Baseline Symptoms

<table>
<thead>
<tr>
<th>Repeated Tests</th>
<th>Symptom Response</th>
<th>Mechanical Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active/Passive movement, resisted test, functional test left knee</td>
<td>During – Produce, Abolish, Increase, Decrease, NE</td>
<td>After – Better, Worse, NB, NW, NE</td>
</tr>
<tr>
<td>rep passive flexion</td>
<td>Produce pain</td>
<td>No Worse</td>
</tr>
<tr>
<td>rep active extension (unloaded in sitting)</td>
<td>Produce pain</td>
<td>No Worse</td>
</tr>
<tr>
<td>Effect of static positioning</td>
<td>Flex &amp; Ext</td>
<td>reduce pain with squat/step</td>
</tr>
</tbody>
</table>

### PROVISIONAL CLASSIFICATION
- Extremities: __________
- Spine: __________

- Dysfunction – Articular: Contractile
- Derangement: Extension Responder
- Other: Postural

### PRINCIPLE OF MANAGEMENT
- Education: __________
- Exercise and Dosage: Active unloaded knee extension 10 every 2 hours
- Treatment Goals: __________

---

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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 - minimal loss no pain

Extension – minimal loss produce 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

8.3 **Audio Visual Section**

8.3.1 **Information**

This section of the examination uses a DVD. 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 DVD 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 DVD 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 consists of Role-playing activities, which are used to examine the candidate’s ability to 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, described in “The Lumbar Spine: Mechanical Diagnosis and Therapy” and “The Cervical and Thoracic Spine: Mechanical Diagnosis and Therapy,” 2nd Edition textbooks, and demonstrated in the procedures video. A model is provided for the procedures.

Three techniques 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**

**Commenced as a result of** improving / unchanging / worsening 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
- other

**Better**

- bending
- sitting
- standing
- walking
- lying
- am / as the day progresses / pm
- 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**:

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**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

**NEUROLOGICAL**

- Motor deficit
- Sensory deficit
- Reflexes
- Dural signs

**MOVEMENT LOSS**

<table>
<thead>
<tr>
<th>Maj</th>
<th>Mod</th>
<th>Min</th>
<th>Nil</th>
<th>Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Flexion**

<table>
<thead>
<tr>
<th>Major</th>
<th>Moderate</th>
<th>Minor</th>
<th>Nil</th>
<th>Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Extension**

<table>
<thead>
<tr>
<th>Major</th>
<th>Moderate</th>
<th>Minor</th>
<th>Nil</th>
<th>Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Side gliding R**

<table>
<thead>
<tr>
<th>Major</th>
<th>Moderate</th>
<th>Minor</th>
<th>Nil</th>
<th>Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Side gliding L**

<table>
<thead>
<tr>
<th>Major</th>
<th>Moderate</th>
<th>Minor</th>
<th>Nil</th>
<th>Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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>Symptoms during testing</th>
<th>Symptoms after testing</th>
<th>Mechanical response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>↑Rom</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Sitting slouched</th>
<th>Sitting erect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standing slouched</td>
<td>Standing erect</td>
</tr>
<tr>
<td>Lying prone in extension</td>
<td>Long sitting</td>
</tr>
</tbody>
</table>

**OTHER TESTS**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

**PROVISIONAL CLASSIFICATION**

<table>
<thead>
<tr>
<th>Derangement</th>
<th>Dysfunction</th>
<th>Posture</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PRINCIPLE OF MANAGEMENT**

<table>
<thead>
<tr>
<th>Education</th>
<th>Equipment provided</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mechanical therapy: yes / no</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Extension principle</th>
<th>Lateral principle</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Flexion principle</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment goal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
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)

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
- Wrn 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

<table>
<thead>
<tr>
<th>Movement Loss</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></td>
</tr>
<tr>
<td>Flexion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retraction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extension</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Pretest symptoms sitting</th>
<th>Symptoms After Testing</th>
<th>Mechanical Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rep PRO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rep RET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RET EXT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rep RET EXT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Pretest symptoms lying   |                         |                     |
| RET                      |                         |                     |
| Rep RET                  |                         |                     |
| 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                |                           |                     |
| Flexion                   |                           |                     |
| Rep Flexion               |                           |                     |

### STATIC TESTS

<table>
<thead>
<tr>
<th>Protrusion</th>
<th>Retraction</th>
<th>Flexion</th>
<th>Extension: sitting / prone / supine</th>
</tr>
</thead>
</table>

### OTHER TESTS

### PROVISIONAL CLASSIFICATION

<table>
<thead>
<tr>
<th>Derangement</th>
<th>Dysfunction</th>
<th>Postural</th>
<th>Other</th>
</tr>
</thead>
</table>

### PRINCIPLE OF MANAGEMENT

<table>
<thead>
<tr>
<th>Education</th>
<th>Equipment Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mechanical Therapy: Yes / No</td>
<td></td>
</tr>
<tr>
<td>Extension Principle</td>
<td>Lateral Principle</td>
</tr>
<tr>
<td>Flexion Principle</td>
<td>Other</td>
</tr>
<tr>
<td>Treatment goals</td>
<td></td>
</tr>
</tbody>
</table>

---

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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) ____________________________

HISTORY

Present symptoms ____________________________
Present since ____________________________ improving / unchanging / worsening or no apparent reason
Commenced as a result of ____________________________
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 / Anaig / 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

### POSTURE

<table>
<thead>
<tr>
<th>Sitting: good / fair / poor</th>
<th>Standing: good / fair / poor</th>
<th>Protruded head: yes / no</th>
<th>Kyphosis: red / acc / normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correction of posture: better / worse / no effect</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other observations:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### NEUROLOGICAL (upper and lower limb)

<table>
<thead>
<tr>
<th>Motor deficit</th>
<th>Reflexes</th>
<th>Sensory deficit</th>
<th>Dural signs</th>
</tr>
</thead>
</table>

### MOVEMENT LOSS

<table>
<thead>
<tr>
<th>Flexion</th>
<th>Extension</th>
<th>Rotation R</th>
<th>Rotation L</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maj</td>
<td>Mod</td>
<td>Min</td>
<td>Nil</td>
</tr>
</tbody>
</table>

### CERVICAL DIFFERENTIAL TESTING

|---------|---------|-------------|------------|------------|-------------|-------------|----------|

### 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>Symptoms during testing</th>
<th>Symptoms after testing</th>
<th>Mechanical response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest symptoms sitting</td>
<td></td>
<td>↑Rm</td>
</tr>
<tr>
<td>FLEX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rep FLEX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rep EXT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pretest symptoms lying</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EIL (prone)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rep EIL (prone)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EIL (supine)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rep EIL (supine)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pretest symptoms sitting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROT - R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rep ROT - R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROT - L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rep ROT - L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### STATIC TESTS

<table>
<thead>
<tr>
<th>Flexion</th>
<th>Extension / prone / supine</th>
<th>Rotation R</th>
<th>Rotation L</th>
</tr>
</thead>
</table>

### OTHER TESTS


### PROVISIONAL CLASSIFICATION

<table>
<thead>
<tr>
<th>Derangement</th>
<th>Dysfunction</th>
<th>Posture</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Derangement: Pain location</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PRINCIPLE OF MANAGEMENT

<table>
<thead>
<tr>
<th>Education</th>
<th>Equipment provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mechanical therapy: yes / no</td>
<td></td>
</tr>
<tr>
<td>Extension principle</td>
<td>Lateral principle</td>
</tr>
<tr>
<td>Flexion principle</td>
<td>Other</td>
</tr>
<tr>
<td>Treatment goals</td>
<td></td>
</tr>
</tbody>
</table>
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)

HISTORY

Present symptoms
Present since
Commenced as a result of
Symptoms at onset
Spinal history
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

<table>
<thead>
<tr>
<th>Sitting</th>
<th>Good / Fair / Poor</th>
<th>Correction of Posture: Better / Worse / No Effect / NA</th>
<th>Standing</th>
<th>Good / Fair / Poor</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Other observations: __________

### NEUROLOGICAL:

<table>
<thead>
<tr>
<th>NA / Motor / Sensory / Reflexes / Dural</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### BASELINES (pain or functional activity):

<table>
<thead>
<tr>
<th>Extremities</th>
<th>Hip / Knee / Ankle / Foot</th>
</tr>
</thead>
</table>

### EXTREMITIES

<table>
<thead>
<tr>
<th>MOVEMENT LOSS</th>
<th>Maj</th>
<th>Mod</th>
<th>Min</th>
<th>Nil</th>
<th>Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexion</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Extension</td>
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<tr>
<td>Dorsi Flexion</td>
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<tr>
<td>Plantar Flexion</td>
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</table>

Adduction / Inversion
Abduction / Eversion
Internal Rotation
External Rotation

Passive Movement (+/- over pressure) (note symptoms and range): __________

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 __________

### Table

<table>
<thead>
<tr>
<th>Repeated Tests</th>
<th>Symptom Response</th>
<th>Mechanical Response</th>
</tr>
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<tbody>
<tr>
<td>Active/Passive movement, resisted test, functional test</td>
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<td>Effect – ROM, strength or key functional test</td>
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</tbody>
</table>

Effect of static positioning __________

### PROVISIONAL CLASSIFICATION

<table>
<thead>
<tr>
<th>Extremities</th>
<th>Spine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dysfunction – Articular</td>
<td>Contractile</td>
</tr>
<tr>
<td>Derangement</td>
<td>Postural</td>
</tr>
<tr>
<td>Other</td>
<td>Uncertain</td>
</tr>
</tbody>
</table>

### PRINCIPLE OF MANAGEMENT

Education __________

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**

<table>
<thead>
<tr>
<th>Sitting</th>
<th>Good / Fair / Poor</th>
<th>Correction of Posture: Better / Worse / No Effect / NA</th>
<th>Standing: Good / Fair / Poor</th>
</tr>
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**NEUROLOGICAL:**

- NA / Motor / Sensory / Reflexes / Dural

**BASELINES** (pain or functional activity):

**EXTREMITIES**

- Shoulder / Elbow / Wrist / Hand

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<tr>
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<tr>
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Passive Movement (+/- over pressure) (note symptoms and range):

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<th>ERP</th>
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| 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**

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**PROVISIONAL CLASSIFICATION**

- Extremities: Contractile
- Spine: Contractile

**PRINCIPLE OF MANAGEMENT**

- Education
- Exercise and Dosage
- Treatment Goals