



# THE MCKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

Date \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ M / F

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Referral: GP / Orth / Self / Other \_\_\_\_\_

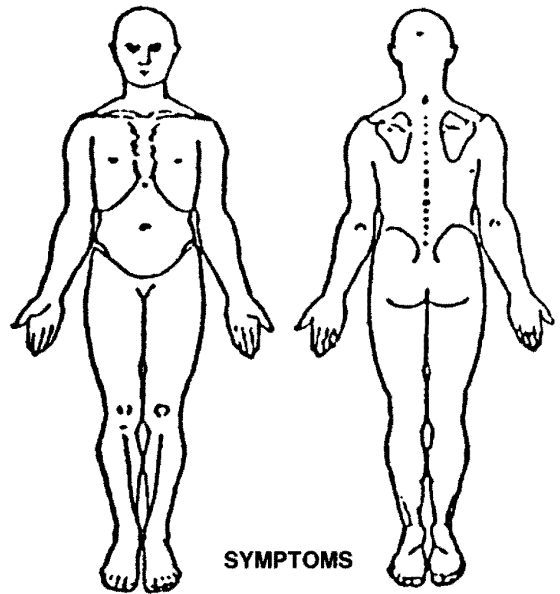
Work: Mechanical stresses \_\_\_\_\_

Leisure: Mechanical stresses \_\_\_\_\_

Functional disability from present episode \_\_\_\_\_

Functional disability score \_\_\_\_\_

VAS Score (0-10) \_\_\_\_\_



## HISTORY

Present symptoms \_\_\_\_\_

Present since \_\_\_\_\_ *improving / unchanging / worsening*

Commenced as a result of \_\_\_\_\_ *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 when still / on the move*  
*other* \_\_\_\_\_

Better *bending sitting standing walking lying*  
*am / as the day progresses / pm when still / on the move*  
*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/Bowel: *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: \_\_\_\_\_

## EXAMINATION

### POSTURAL OBSERVATION

Sitting: *good / fair / poor*    Standing: *good / fair / poor*    Lordosis: *red / acc / normal*    Lateral shift: *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

	Maj	Mod	Min	Nil	Pain
Flexion					
Extension					
Side gliding R					
Side gliding L					

### 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
<b>Pretest symptoms standing</b>	_____				
FIS	_____				
Rep FIS	_____				
EIS	_____				
Rep EIS	_____				
<b>Pretest symptoms lying</b>	_____				
FIL	_____				
Rep FIL	_____				
EIL	_____				
Rep EIL	_____				
<b>If required pretest symptoms</b>	_____				
SGIS - R	_____				
Rep SGIS - R	_____				
SGIS - L	_____				
Rep SGIS - L	_____				

### STATIC TESTS

Sitting slouched \_\_\_\_\_ Sitting erect \_\_\_\_\_  
 Standing slouched \_\_\_\_\_ Standing erect \_\_\_\_\_  
 Lying prone in extension \_\_\_\_\_ Long sitting \_\_\_\_\_

### OTHER TESTS

\_\_\_\_\_  
 \_\_\_\_\_

### PROVISIONAL CLASSIFICATION

Derangement                      Dysfunction                      Postural                      OTHER  
 Central or Symmetrical      Unilateral or Asymmetrical above knee      Unilateral or Asymmetrical below knee

### PRINCIPLE OF MANAGEMENT

Education \_\_\_\_\_ Equipment provided \_\_\_\_\_  
 Extension principle \_\_\_\_\_ Lateral principle \_\_\_\_\_  
 Flexion principle \_\_\_\_\_ Other \_\_\_\_\_  
 Barriers to recovery \_\_\_\_\_  
 Treatment goal \_\_\_\_\_