



THE MCKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

Date _____

Name _____ Sex M / F

Address _____

Telephone _____

Date of Birth _____ Age _____

Referral: GP / Orth / Self / Other _____

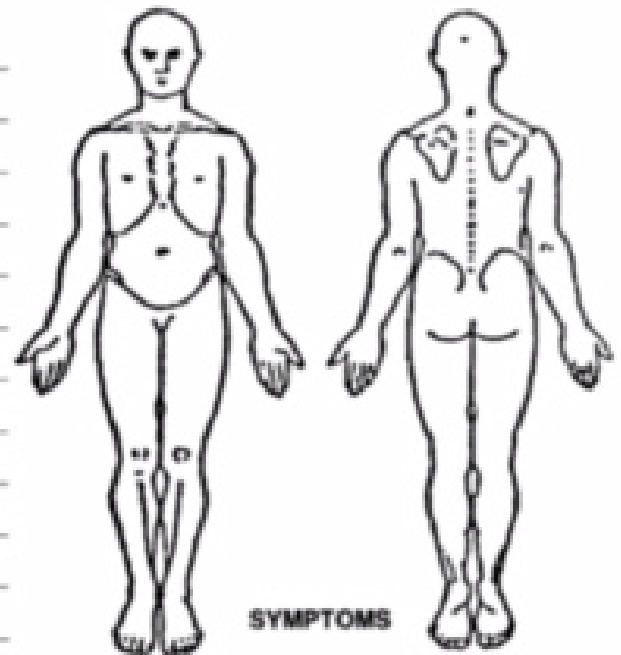
Work: Mechanical Stresses _____

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: normal / abnormal* *Gait: normal / abnormal*

Medications: Nil / NSAIDS / Analg / Steroids / Anticoag / Other _____

General Health: Good / Fair / Poor

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* _____ 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
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

Sitting slouched _____ Sitting erect _____

Standing slouched _____ Standing erect _____

Lying prone in extension _____ Long sitting _____

OTHER TESTS _____

PROVISIONAL CLASSIFICATION

Derangement _____ Dysfunction _____ Posture _____ Other _____

Derangement: Pain location _____

PRINCIPLE OF MANAGEMENT

Education _____ Equipment Provided _____

Mechanical Therapy: *Yes / No* _____

Extension Principle: _____ Lateral Principle: _____