



THE MCKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

Date _____

Name _____ Sex M / F

Address _____

Telephone _____

Date of Birth _____ Age _____

Referral: GP / Orth / Self / Other _____

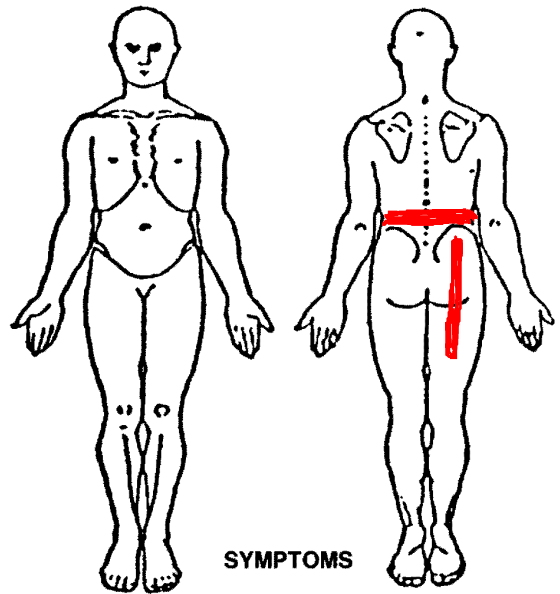
Work: Mechanical stresses _____

Leisure: Mechanical stresses _____

Functional disability from present episode _____

Functional disability score _____

VAS Score (0-10) _____



SYMPTOMS

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
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 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 _____