



# THE MCKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

Date \_\_\_\_\_

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_

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

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

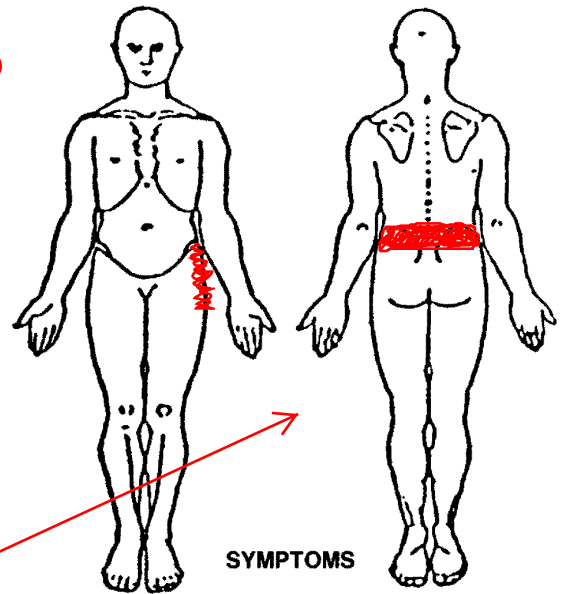
Work: Mechanical stresses \_\_\_\_\_

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>					
<u>○</u> 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 \_\_\_\_\_