

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:

McKenzie Institute Canada
Aileen Conway, Branch Administrator
mckenziecanada@bellnet.ca



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 evidence of their attendance at Parts A - D course, if they did not complete the A through D courses in Canada or if MICanada does not have a database record of course completion. You will be contacted by MICanada if proof of course completion is required.

MICanada requires a copy of the candidate's licence to practice.

3. APPLICATION

3.1 Application Form

All Credentialling Exam registrations are to be completed via the MICanada website.

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.

Items required for the exam:

Signed Confidentiality Agreement (will be sent via Adobe Sign approximately 2 weeks before the exam)

Signed Declaration Statement (will be sent via Adobe Sign approximately 2 weeks before the exam)

Government photo I.D. (to be shown on the day of the exam)

A few printed copies of the 2016 lumbar, cervical, upper/lower extremity assessment and reassessment forms. (actual number will be advised closer to the exam date)



3.3 **Number of Candidates**

In-person exams are typically limited to 20 participants. Online exams are currently limited to 16. 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:

Description	Fee
Examination – 1 st attempt	550.00
Examination – 1 st attempt with pre-purchase (in advance of registration) of a D PLUS PLAN	450.00
Retake of Exam:	
Retake entire exam. This option is only offered on scheduled examination dates.	250.00
Retake entire exam. This option is only offered on scheduled examination dates with D Plus Plan	200.00
Written Component Retake on scheduled exam date	150.00
Written Component Retake on scheduled exam date with D Plus Plan	100.00
Written Component Retake on non-scheduled exam date and agreed upon in advance with MICanada (Plan discounts not offered on this option)	300.00
Performance Component Retake on scheduled exam date	75.00
Performance Component Retake on scheduled exam date with D Plus Plan	50.00
Performance Component Retake on non-scheduled exam date and agreed upon in advance with MICanada (<i>requires 2 proctors and added admin work</i>)	300.00

3.5 **Cancellations, Transfers & Refunds**

3.5.1 **Cancellations**

If you must cancel your registration after receiving your letter of confirmation, you must submit written notice to qualify for a transfer or possible refund. To cancel in writing contact MICanada's Branch Administrator mckenziecanada@bellnet.ca

Please review the cancellation terms and conditions outlined in MICanada's Cancellation Policy for further details. MICanada's [cancellation policy](#) can be located on the MICanada website.

3.5.2 **Transfers**



Please refer to the [cancellation policy](#) on the MICanada website.

3.5.3 Refunds

Please refer to the [cancellation policy](#) on the MICanada website.

4. FORMAT OF THE EXAMINATION

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

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*
- *Prevention*
- *Clinician procedures*

The exam is divided into 2 sections/components, the written/theoretical component and the performance/practical section/component. Depending on the number of candidates registering for the exam, the practical testing component may take place on a different day from the written component.

The written component will comprise the following methods: paper-and-pen, chart evaluations and case studies, and finally the audiovisual presentation.

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. A sample of the version used on the exam is included in this manual. 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 Studies

Written case histories are presented on a McKenzie Institute International Assessment Form (sample form included in this manual). 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

This section is used to examine the candidate's ability to competently perform MDT clinician procedures. Three procedures are randomly selected for each candidate.

PLEASE NOTE:

Any procedures taught on Parts A – D courses, included in course manuals and demonstrated in the procedures videos (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:

- **Section 1:** Paper and Pen, Chart Evaluations, Case Studies and Audio Visual Presentation (written).
- **Section 2:** The Performance Simulation (practical).

A candidate must pass both sections. The passing score for Section 1 is 73 points, and the passing score for Section 2 is a total of 230 points **WITH** a required minimum of 60 points for each procedure performed.

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. **A retake of failed sections of the exam needs to be completed within five years of the date of the initial exam.**

If the Performance simulation section is failed, the candidate will be required to retest on at least one of the previously failed techniques plus the selected techniques for that day's exam. At times, this may mean 4 techniques are tested for that candidate.

6. INFORMATION AND REGULATIONS FOR THE EXAMINATION

1. Be sure to access the exam site no later than 15 minutes before the scheduled commencement time of the exam.
2. Have your photo I.D. available for presentation
3. You are not permitted to share your examination room, you must remain on your own throughout the exam
4. Blank notepaper is permitted in the exam room.
5. You can be dismissed from the examination for:
 - (a) Impersonating another candidate
 - (b) Using a cell phone or other communication device without permission
 - (c) Giving or receiving help on the exam
 - (d) Attempting to copy or remove exam materials or notes from the room
 - (e) Using notes, books, etc. brought in from outside.
6. Prior to the start of the exam, you will be asked to sign and date a Confidentiality Agreement



SAMPLE CONFIDENTIALITY AGREEMENT



THE MCKENZIE INSTITUTE INTERNATIONAL
CREDENTIALLING EXAMINATION
IN MECHANICAL DIAGNOSIS AND THERAPY

CONFIDENTIALITY AGREEMENT

I, _____, of _____, have registered to take The McKenzie Institute International Credentialling Examination. I hereby acknowledge and undertake as follows:

1. I will receive general and specific information in respect to intellectual property and copyright material owned by The McKenzie Institute International. (Confidential Information).
2. In consideration of being given this confidential information I undertake that I will:
 - (a) Not discuss or disclose any of this confidential information or the existence of this Confidentiality Agreement other than strictly for the purpose of fulfilling The McKenzie Institute International's requirements with regard to the confidential information relating to The McKenzie Institute International's Credentialling Examination in Mechanical Diagnosis and Therapy®.
 - (b) Take all reasonable steps to prevent the disclosure of the confidential information.
 - (c) Not use the confidential information other than for the purposes of fulfilling my responsibilities with regard to reviewing the intellectual property and copyright material referred to in Clause 2(a) of this Agreement.
3. I acknowledge that a breach of this Confidentiality Agreement by me, will amount to The McKenzie Institute International seeking financial damages for losses resulting from the breach.

(Signed)

(Date)



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
- Part D: MDT: Advanced Cervical & Thoracic Spine and Extremities - Upper Limb

7.2 Preparation Materials

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

1. "The Lumbar Spine – Mechanical Diagnosis and Therapy®" (second edition 2003 Volumes One and Two), "The Cervical and Thoracic Spine – Mechanical Diagnosis and Therapy®" (second edition 2006 Volumes One and Two), "The Human Extremities – Mechanical Diagnosis and Therapy®", all written by Robin McKenzie and Stephen May.
(Available through *OPTP.COM* or *The Physio Store in London, ON*)
2. Course manuals, notes, and *Treat Your Own Back / Treat Your Own Neck / Treat Your Own Shoulder / Treat Your Own Knee* books.
3. MDT Procedure reviews, immediate access is granted once exam registration is confirmed by the branch office. Review/read the procedure instructions in the manuals at the same time as reviewing the videos. It may help to read the instructions out loud
4. MDT Comprehension Self-tests A-D (free, on MICanada website)
5. MDT Review days presented by McKenzie Institute Branches.
6. Online Case Manager Course (\$ - savings with D Plus Plan)
7. Official Institute online materials – MDT procedure videos, webinars, past issues of the IJMDT, MDT World Press and JMMT.
8. Retake (audit) any component of the Institute's International Education Programme.

McKenzie Institute Canada
Aileen Conway, Branch Administrator
mckenziecanada@bellnet.ca

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**.



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 prevention, postural advice
 - (b) RFIS (Repeated Flexion in Standing) 10/2hours, REIL (Repeated Extension in Lying) after the RFIS for prevention, postural advice
 - (c) RFIL (Repeated Flexion in Lying) 10/2hours, REIL (Repeated Extension in Lying) after the RFIL for prevention, postural advice
 - (d) FIS (Repeated Flexion in Standing) 10/2hours, REIS (Repeated Extension in Standing) afterwards for prevention, 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 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.

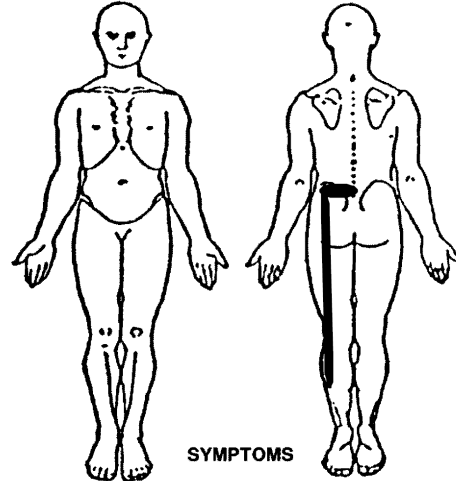
CHART EVALUATION SAMPLE: ALEX



THE MCKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

Chart Evaluation Sample - Alex

Date _____
Name Alex Sex M / F
Address _____
Telephone _____
Date of Birth _____ Age 28
Referral GP Orth / Self / Other _____
Work: Mechanical stresses Travelling Computer Technician
Standing / Bending & Sitting
Leisure: Mechanical stresses 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: back / thigh / leg
Worse bending LBP & Leg sitting / rising / standing walking lying
am / as the day progresses / pm LBP when still / on the move
other Hard to find comfortable sleep position
Better bending sitting standing walking Lying slightly
am / as the day progresses / pm when still on the move
other Ice
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 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 Positional
Accidents: Yes No Unexplained weight loss: Yes No
Other: _____



Chart Evaluation Sample - Alex

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 5 / 5 Reflexes Intact
Sensory Deficit Intact Dural Signs SLR (L) 20 (R) 50

MOVEMENT LOSS

	Maj	Mod	Min	Nil	Pain
Flexion	✓				Back & left leg
Extension	✓				Back & left leg
Side Gliding R				✓	
Side Gliding L	✓				Back & left leg

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: Back & Left Leg 6/10				
FIS ↑ Back & left leg				
Rep FIS X 3 ↑ Back & leg	Worse			
EIS ↑ Back & leg				
Rep EIS X 3 ↑ Back & leg	Worse			
Pretest symptoms lying:				
FIL ↑ Leg				
Rep FIL X 3 ↑ Leg	Worse			
EIL ↑ Leg				
Rep EIL X 3 ↑ Leg	Worse			
If required pretest symptoms:				
SGIS - R No effect				
Rep SGIS - R				
SGIS - L ↑ Back & leg				
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 _____ Flexion Principle _____
Other _____
Treatment Goals _____



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.



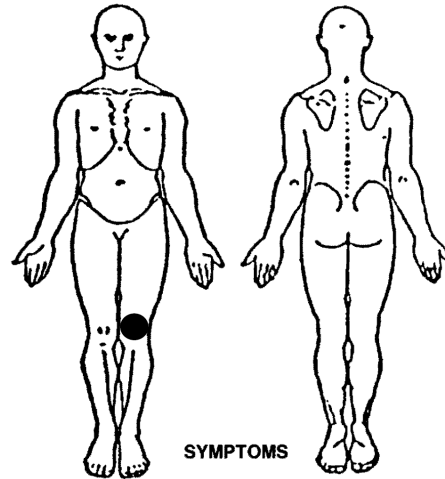
CASE STUDY SAMPLE: GEORGE – Assessment and Follow-up



THE MCKENZIE INSTITUTE LOWER EXTREMITIES ASSESSMENT

CASE STUDY SAMPLE - GEORGE

Date _____
Name George Sex ☒ M ☐ F
Address _____
Telephone _____
Date of Birth _____ Age 35
Referral ☒ GP / ☐ Orth / ☐ Self / ☐ Other _____
Work: Mechanical stresses Accountant
Leisure: Mechanical stresses Runner
Functional disability from present episode Decreased running
Functional disability score _____
VAS Score (0-10) 0.5 / 10



HISTORY

Present symptoms Left knee
Present since 3 months Improving / Unchanging / Worsening
Commenced as a result of Running Or No Apparent Reason
Symptoms at onset Left knee Paraesthesia: Yes / No
Spinal history None Cough / Sneeze +ve / -ve
Constant symptoms: _____ Intermittent Symptoms: Left knee

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 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 One – three years ago – full resolution – no treatment
Previous treatments None
General health: Good / Fair / Poor
Medications: Nil / 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

CASE STUDY SAMPLE - GEORGE

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 _____

BASELINES (pain or functional activity): Pain with squat, up/down 1 step

EXTREMITIES Hip / Knee / Ankle / Foot

MOVEMENT LOSS	Maj	Mod	Min	Nil	Pain		Maj	Mod	Min	Nil	Pain
Flexion			✓		ERP	Adduction / Inversion					
Extension			✓		ERP	Abduction / Eversion					
Dorsi Flexion						Internal Rotation					
Plantar Flexion						External Rotation					

Passive Movement (+/- over pressure) (note symptoms and range):	PDM	ERP
Flexion – minimal loss		✓
Extension – minimal loss		✓

Resisted Test Response (pain) Knee extension 4+ / 5 No Pain
Knee flexion 4+ / 5 No Pain

Other Tests _____

SPINE

Movement Loss Full movement

Effect of repeated movements No Effect

Effect of static positioning _____

Spine testing Not relevant / Relevant / Secondary problem _____

Baseline Symptoms _____

Repeated Tests	Symptom Response		Mechanical Response	
Active/Passive movement, resisted test, functional test	During – Produce, Abolish, Increase, Decrease, NE	After – Better, Worse, NB, NW, NE	Effect – ↑ or ↓ ROM, strength or key functional test	No Effect
Rep passive flexion	Produce Pain	No Worse		
Repeated active extension (unloaded in sitting)	Produce Pain	No Worse	↑ Flex & Ext	
			Reduce pain with squat/step	
Effect of static positioning				

PROVISIONAL CLASSIFICATION

Extremities

Spine

Dysfunction – Articular _____ Contractile _____

Derangement Extension Responder Postural _____

Other _____

PRINCIPLE OF MANAGEMENT

Education _____ Equipment Provided _____

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

Flexion - minimal loss no pain

Extension – minimal loss product 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

Answer Key: 1. C; 2. A; 3. B; 4. D; 5. A; 6. C; 7. B



8.3 Audio Visual Section

8.3.1 Information

This section of the examination uses a video. 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 video 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 video 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/submitted.

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 section is used to examine the candidate's ability to competently 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 and demonstrated in the procedures videos. A model is provided for the procedures.

Three procedures are randomly selected for each exam.

<p><i>We wish you every success with The McKenzie Institute International Credentialling Examination</i></p>



APPENDIX

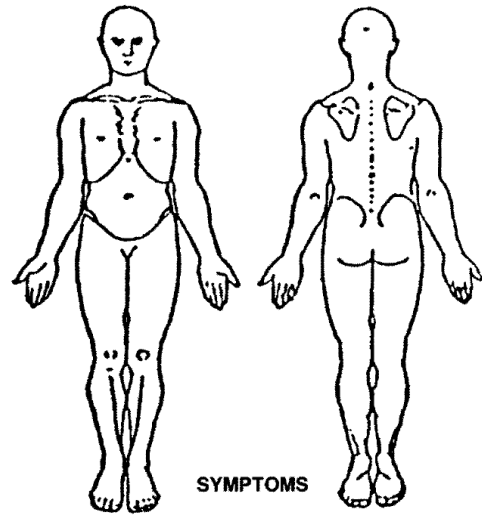
Assessment Forms





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 _____ 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 _____
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* 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 _____
Flexion principle _____ Other _____
Treatment goal _____

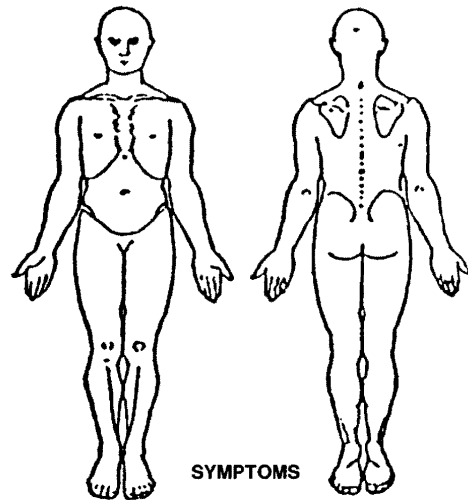
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THE MCKENZIE INSTITUTE CERVICAL SPINE ASSESSMENT

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) _____



HISTORY

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 _____

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EXAMINATION

POSTURE

Sitting: *Good / Fair / Poor* Standing: *Good / Fair / Poor* Protruded Head: *Yes / No* Wry 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	Maj	Mod	Min	Nil	Pain
Protrusion					
Flexion					
Retraction					
Extension					

	Maj	Mod	Min	Nil	Pain
Lateral flexion R					
Lateral flexion L					
Rotation R					
Rotation 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 sitting _____				
PRO _____				
Rep PRO _____				
RET _____				
Rep RET _____				
RET EXT _____				
Rep RET EXT _____				
Pretest symptoms lying _____				
RET _____				
Rep RET _____				
RET EXT _____				
Rep 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 _____				
FLEX _____				
Rep FLEX _____				

STATIC TESTS

Protrusion _____ Flexion _____
Retraction _____ Extension: *sitting / prone / supine* _____

OTHER TESTS

PROVISIONAL CLASSIFICATION

Derangement _____ Dysfunction _____ Postural _____ Other _____
Derangement: Pain location _____

PRINCIPLE OF MANAGEMENT

Education _____ Equipment Provided _____
Mechanical Therapy: *Yes / No* _____
Extension Principle _____ Lateral Principle _____
Flexion Principle _____ Other _____
Treatment goals _____

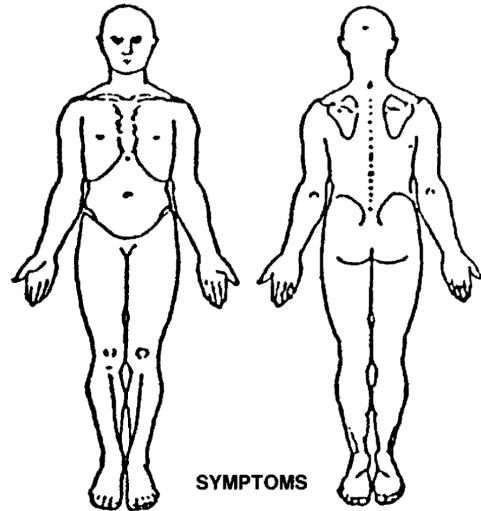
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THE MCKENZIE INSTITUTE THORACIC SPINE ASSESSMENT

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
Commenced as a result of _____ or no apparent reason
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 / 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* Protruded head: *yes / no* Kyphosis: *red / acc / normal*
Correction of posture: *better / worse / no effect* _____
Other observations: _____

NEUROLOGICAL (upper and lower limb)

Motor deficit _____ Reflexes _____
Sensory deficit _____ Dural signs _____

MOVEMENT LOSS

	Maj	Mod	Min	Nil	Pain
Flexion					
Extension					
Rotation R					
Rotation L					
Other					

CERVICAL DIFFERENTIAL TESTING

Rep Pro _____
Rep Ret _____
Rep Ret Ext _____
Rep LF - R _____
Rep LF - L _____
Rep ROT - R _____
Rep ROT - L _____
Rep Flex _____

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 sitting _____					
FLEX _____					
Rep FLEX _____					
EXT _____					
Rep EXT _____					
Pretest symptoms lying _____					
EIL (prone) _____					
Rep EIL (prone) _____					
EIL (supine) _____					
Rep EIL (supine) _____					
Pretest symptoms sitting _____					
ROT - R _____					
Rep ROT - R _____					
ROT - L _____					
Rep ROT - L _____					
Other: _____					

STATIC TESTS

Flexion _____ Rotation R _____
Extension / prone / supine _____ Rotation L _____

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 _____
Flexion principle _____ Other _____
Treatment goals _____

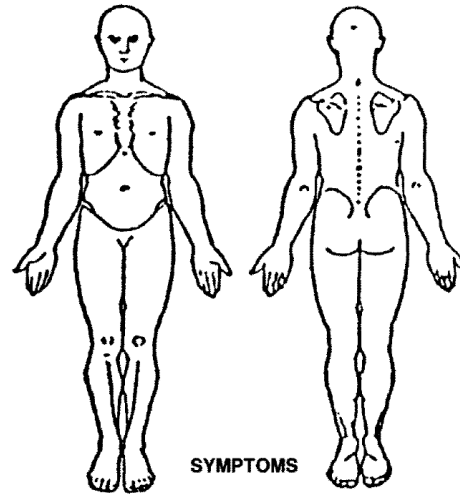
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THE MCKENZIE INSTITUTE LOWER EXTREMITIES ASSESSMENT

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 _____ 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 / 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: _____

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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* _____

BASELINES (pain or functional activity): _____

EXTREMITIES *Hip / Knee / Ankle / Foot*

MOVEMENT LOSS	Maj	Mod	Min	Nil	Pain
Flexion					
Extension					
Dorsi Flexion					
Plantar Flexion					

	Maj	Mod	Min	Nil	Pain
Adduction / Inversion					
Abduction / Eversion					
Internal Rotation					
External Rotation					

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

PDM	ERP

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 _____

Repeated Tests	Symptom Response		Mechanical Response	
Active/Passive movement, resisted test, functional test	During – Produce, Abolish, Increase, Decrease, NE	After – Better, Worse, NB, NW, NE	Effect – ↑ or ↓ ROM, strength or key functional test	No Effect
Effect of static positioning				

PROVISIONAL CLASSIFICATION

Extremities

Spine

Dysfunction – Articular _____ Contractile _____
Derangement _____ Postural _____
Other _____ Uncertain _____

PRINCIPLE OF MANAGEMENT

Education _____ Equipment Provided _____
Exercise and Dosage _____
Treatment Goals _____

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THE MCKENZIE INSTITUTE UPPER EXTREMITIES ASSESSMENT

Date _____

Name _____ Sex M / F

Address _____

Telephone _____

Date of Birth _____ Age _____

Referral: GP / Orth / Self / Other _____

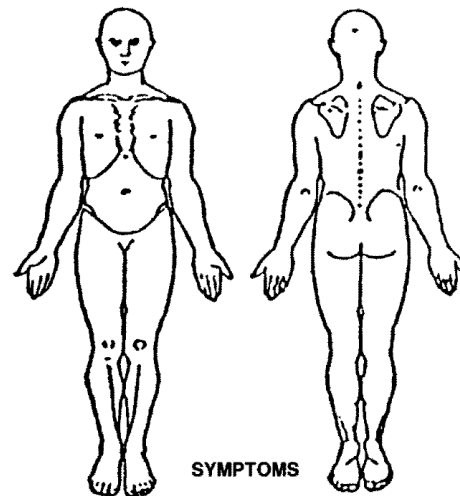
Work: Mechanical stresses _____

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: _____

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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* _____

BASELINES (pain or functional activity): _____

EXTREMITIES *Shoulder / Elbow / Wrist / Hand* _____

MOVEMENT LOSS	Maj	Mod	Min	Nil	Pain
Flexion					
Extension					
Supination					
Pronation					

	Maj	Mod	Min	Nil	Pain
Adduction / Ulnar Deviation					
Abduction / Radial Deviation					
Internal Rotation					
External Rotation					

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

PDM	ERP

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 _____

Repeated Tests	Symptom Response		Mechanical Response	
Active / Passive movement, resisted test, functional test	During – Produce, Abolish, Increase, Decrease, NE	After – Better, Worse, NB, NW, NE	Effect – ↑ or ↓ ROM, strength or key functional test	No Effect
Effect of static positioning				

PROVISIONAL CLASSIFICATION

Extremities

Spine

Dysfunction – Articular _____

Contractile _____

Derangement _____

Postural _____

Other _____

Uncertain _____

PRINCIPLE OF MANAGEMENT

Education _____

Equipment Provided _____

Exercise and Dosage _____

Treatment Goals _____

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DECLARATION Statement

I confirm that in preparation for the McKenzie Institute International Credentialling Exam Information for Candidates document, and hence I am informed of the content and procedures of the Exam.

I am aware that the minimum requirements to pass the exam are 73 points for Section 1, and a total of 230 points and a minimum of 60 points for each procedure for Section 2.

Signed

Name

Date

A COPY OF THIS FORM WILL BE SENT TO YOU VIA ADOBE SIGN AND MUST BE COMPLETED PRIOR TO THE EXAM. YOU WILL NOT BE ABLE TAKE THE EXAM IF THE ADOBE SIGN DOCUMENT IS NOT COMPLETED.

