



THE MCKENZIE INSTITUTE UPPER EXTREMITIES ASSESSMENT

Date _____

Name _____ Sex M / F

Address _____

Telephone _____

Date of Birth _____ Age _____

Referral: GP / Orth / Self / Other _____

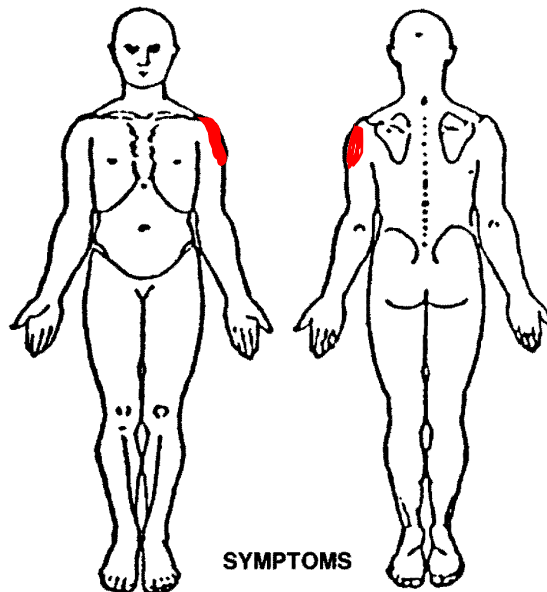
Work: Mechanical stresses _____

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: _____

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
<i>Adduction / Ulnar Deviation</i>					
<i>Abduction / Radial Deviation</i>					
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	
	During – Produce, Abolish, Increase, Decrease, NE	After – Better, Worse, NB, NW, NE	Effect – ↑ or ↓ ROM, strength or key functional test	No Effect
Active / Passive movement, resisted test, functional test				
Effect of static positioning				

PROVISIONAL CLASSIFICATION

Dysfunction – Articular _____
 Derangement _____
 Other _____

Extremities

Spine
 Contractile _____
 Postural _____

PRINCIPLE OF MANAGEMENT

Education _____ Equipment Provided _____
 Exercise and Dosage _____
 Barriers to recovery _____
 Treatment Goals _____