



THE MCKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

Date _____

Name _____ Gender _____

Address _____

Telephone _____

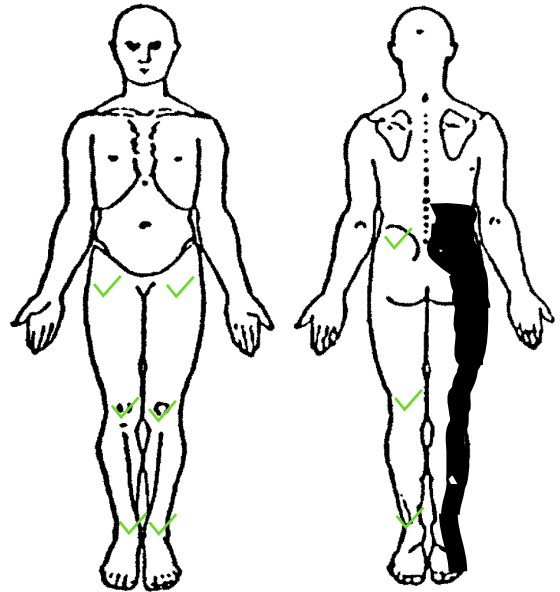
Date of Birth _____ Age _____

Referral: GP / Orth / Self / Other _____

Work demands _____

Leisure activities _____

Functional limitation for present episode _____



Outcome / Screening score _____

NPRS (0-10) _____

Present symptoms _____

Present since _____ improving / unchanging / worsening

Commenced as a result of _____ 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~~

Better ~~bending~~ ~~sitting~~ standing ~~walking~~ lying
 am / as the day progresses / pm when still / on the move

Disturbed sleep yes / no Sleeping postures: prone / sup / side R / L Surface: _____

Previous spinal history _____

Previous treatments _____

SPECIFIC QUESTIONS

~~Cough~~ / ~~sneeze~~ / ~~strain~~ Bladder / Bowel: normal / abnormal Gait: normal / abnormal

Medications: _____

General Health / Comorbidities: _____

Recent / relevant surgery: yes / no _____

History of cancer: yes / no _____ Unexplained weight loss: yes / no _____

History of trauma: yes / no _____ Imaging: yes / no _____

Patient goals / expectations: _____

EXAMINATION

POSTURAL OBSERVATION

Sitting: *lordotic / neutral / kyphotic* Change of posture: *better / worse / no effect*
 Standing: *lordotic / neutral / kyphotic* Lateral shift: *right / left / nil* Shift relevant: *yes / no*
 Other observations / functional baselines: _____

NEUROLOGICAL

Motor deficit _____ Reflexes _____
 Sensory deficit _____ Neurodynamic tests _____

MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms
Flexion					
Extension					
Side gliding R					
Side gliding L					
Other					

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.

	Symptomatic response		Mechanical response	
	During testing	After testing	Effect - ↑ or ↓ ROM or key functional test	No effect
Pretest symptoms standing _____				
FIS _____				
Rep FIS _____				
EIS _____				
Rep EIS _____				
Pretest symptoms lying _____				
EIL _____				
Rep EIL _____				
EIL + HOC L) _____				
Rep EIL + HOC L) _____				
Pretest symptoms _____				
SGIS - R _____				
Rep SGIS - R _____				
SGIS - L _____				
Rep SGIS - L _____				
Other movements _____				

STATIC TESTS

Sitting slouched / erect / lying prone in extension / long sitting _____

OTHER TESTS

PROVISIONAL CLASSIFICATION

Derangement Central or symmetrical Unilateral or asymmetrical above knee Unilateral or asymmetrical below knee

Directional Preference: _____

Dysfunction: Direction _____ **Postural** **OTHER** subgroup: _____

POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY Comorbidities Cognitive - Emotional Contextual

Descriptions: _____

PRINCIPLES OF MANAGEMENT

Education _____

Exercise type _____ Frequency _____

Other exercises / interventions _____

Management goals _____

Signature _____