MCKENZIE INSTITUTE ASSESSMENT FORMS

Guidelines for the Completion of the Lower and Upper Extremities Assessment Forms

History: **Page One** ***Patient responses are recorded but supplemented by the clinician as appropriate***	
Referral:	Circle the appropriate, may record date of follow-up appointment.
Postures / Stresses:	**Work: Mechanical stresses**: Record work activities and indicate frequency of activity e.g. 30% sitting, 30% standing, 40% on the move. **Leisure: Mechanical stresses:** Record leisure or hobby activities and indicate frequency of activity e.g.; 75% sitting, 25% bending or could say walking 3x week 40 mins, gardening 3hours/week for example.
Functional Disability from Present Episode:	Ask patient about specific activities that they are unable to perform or have difficulty performing because of current symptoms.
Functional Disability Score:	Note the test being used, and the score.
VAS Score: **(0 – 10)**	Patient to rate the intensity of the pain, must include most distal pain. Can use to define pain range, not just its upper limit.
Body Chart:	Used to record "all symptoms the patient has experienced this episode" i.e. all the symptoms the patient is complaining of. All symptoms may not still be present.
Handedness – Right / Left	On Upper Limb Chart only. Circle dominant hand
Present Symptoms:	Record here the location/type of symptoms that are still concerning the patient. May differ from the body chart as not all symptoms may still be present.
Present Since:	Usually given in weeks or days. Can write a specific date if known or if needed for legal reasons.
Improving / Unchanging / Worsening:	Circle as appropriate, and ask patient how, or in what way, if they say they are improving or worsening.
Commenced as a Result of:	If appropriate describe mechanism of injury e.g. lifting and twisting, Road Traffic Accident, heavy tackle during sport etc. Or circle 'No Apparent Reason'.
Symptoms at Onset:	Circle where symptoms started, and record the timeframe of onset of any distal or associated pain.
Spinal History:	Screening for a spinal component, and can be correlated with the Body Chart and the following 2 questions.
Paraesthesia:	Relevant to the patient's history and pain location?

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Cough / sneeze:	Circle if coughing or sneezing reproduces the patient's symptoms.
Constant / Intermittent:	Circle as appropriate. Qualify the site where required.
Better / Worse Section:	Recording *Circle* for always – if not clarified this means immediate pain response. If relates to time need to clarify outside the circle with e.g. 10minutes, prolonged. *Line under* – sometimes. *Oblique line through* – no effect. Put a ? above activity if patient still unsure even after further questions, rather than leave blank. If two unrelated areas of pain, may need to indicate if dealing with different pain sites for each activity. Use text for Other options
Continued Use:	As above with circle, or line under for sometimes
Disturbed Night:	If "always" circle Yes, "sometimes" underline Yes. "Not affected" circle No. If was previously circle Yes, but write "previously". Used for likely mechanical pain, e.g. pain turning in bed or pain from being in a position.
Pain at Rest:	Circle as appropriate. And qualify the site where required
Other questions	Circle as appropriate and write clarifications if required
Previous Episodes:	Indicate year of first episode
Previous Treatments:	Write what treatments they have had for this episode and, if appropriate what treatments/interventions they have had for previous episodes. May indicate what has helped if appropriate.
Specific Questions (related to Health, Medication, Imaging etc)	Circle appropriate answers and write any clarifications on the lines provided. Circle Night pain in this section if considered a red flag.
Summary:	Complete with circles, and text as appropriate

Physical Examination: Page Two	
It is not essential to perform all components of the Physical examination with every patient. If any section is not performed an oblique line is drawn through it. **NB: ALWAYS compare limbs wherever possible during the Physical Examination**	
Posture:	Circle appropriate response.
Correction of Posture:	Circle response and indicate which pain changes if appropriate.
Other Observations:	Record any significant musculo-skeletal differences, e.g. wasting, swelling, redness etc.
Neurological Examination:	Circle NA for Not Applicable for this patient Record as Normal if there is no deficit. Qualify which deficit in each section, recorded if abnormal, e.g. decreased S1 reflex. Can add Babinski / Clonus to reflexes if required.
Baselines:	Pain or functional activity. "Is there one thing you can do which always brings on, or increases, your pain?" Could be walking, squatting, steps etc.for lower limb, or reaching, throwing, dressing etc.for upper limb.
Movement Loss: **(Circle Relevant Body Site)**	Place a tick in the appropriate box. Maj/Mod/Min/Nil Can also record as a tick in the "pain" box, if patient is reporting pain limits the movement, indicate location of the pain.
Passive Movements:	Note the symptoms and range for the relevant movement being tested. Always test for end range.
Resisted Test Response:	Note direction tested and if pain or weakness elicited
Other Tests:	State which and the response achieved
SPINE:	
Movement loss:	State direction and extent of loss
Effect of repeated movements:	State direction and the symptomatic and mechanical response
Effect of static positioning:	State position used and symptomatic response
Spine testing:	Circle as appropriate to summarise spinal testing response
Baseline symptoms	State pre-testing baseline symptoms
Repeated movement testing:	Indicate the order performed by numbering if order is different to that written. Useful to record the number of repetitions performed to gain the response. **Symptomatic response** - Use standard terms only. Monitor and describe effect on most distal symptoms **Mechanical response**. Indicate which movement has been effected by the change if it is different to the one being tested, and if strength or functional test has changed

Physical Examination: Page Two	
Effect of Static positioning:	Record symptomatic and mechanical response.
Provisional Classification:	Circle whether extremity or spinal problem. Circle the classification, record the pain location for Derangement, indicate the direction of Dysfunction, or clarify the type of Other.
Principle of Management:	**Education:** Record specifics, e.g. posture correction, avoidance of flexion. Note equipment provided. **Exercise and dosage:** - Write the specific exercises on the line, as well as reps and frequency. **Treatment Goals** – Indicate what you expect to change by next visit and things you wish to reassess on Day 2. Short and Long term goals can be recorded also.