



THE MCKENZIE INSTITUTE CERVICAL SPINE ASSESSMENT

Date _____

Name _____ Sex M / F

Address _____

Telephone _____

Date of Birth _____ Age _____

Referral: GP / Orth / Self / Other _____

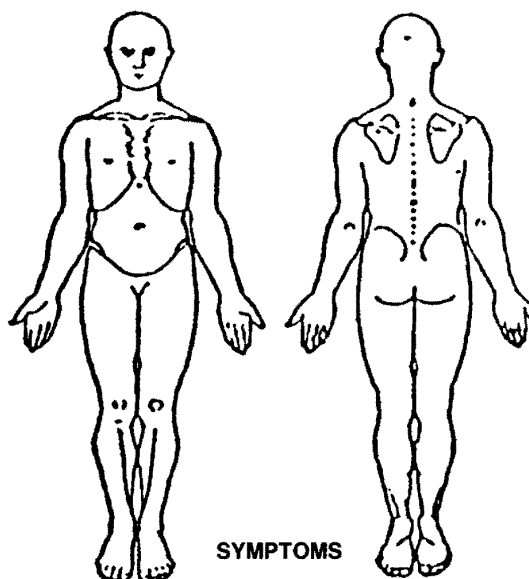
Work: Mechanical stresses _____

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 _____

EXAMINATION

POSTURAL OBSERVATION

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
 Central or Symmetrical Unilateral or Asymmetrical above elbow Unilateral or Asymmetrical below elbow

PRINCIPLE OF MANAGEMENT

Education _____ Equipment Provided _____
 Extension Principle _____ Lateral Principle _____
 Flexion Principle _____ Other _____
 Barriers to Recovery _____
 Treatment goals _____