



THE MCKENZIE INSTITUTE THORACIC SPINE ASSESSMENT

Date _____

Name _____ Sex _____ M / F

Address _____

Telephone _____

Date of Birth _____ Age _____

Referral: GP / Orth / Self / Other _____

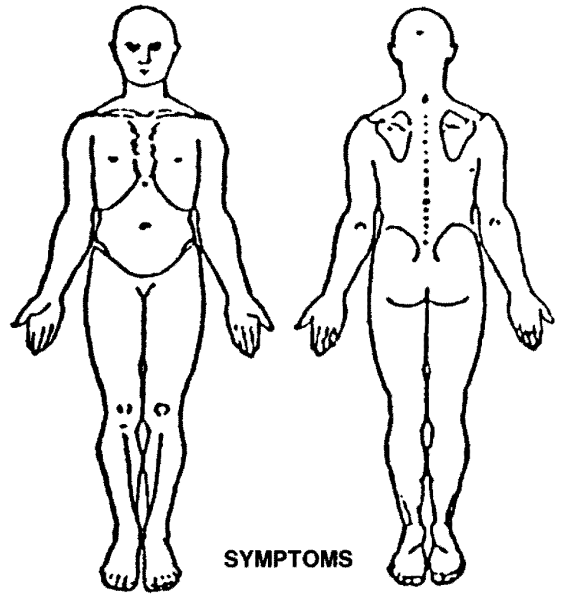
Work : Mechanical stresses _____

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 _____

EXAMINATION

POSTURAL OBSERVATION

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 SPINE REPEATED MOVEMENT 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 _____ Postural _____ OTHER _____
 Central or Symmetrical Unilateral or Asymmetrical

PRINCIPLE OF MANAGEMENT

Education _____ Equipment provided _____
 Extension principle _____ Lateral principle _____
 Flexion principle _____ Other _____
 Barriers to recovery _____
 Treatment goals _____