



# THE MCKENZIE INSTITUTE THORACIC SPINE ASSESSMENT

Date \_\_\_\_\_

Name \_\_\_\_\_ Sex M / F

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Referral: GP / Orth / Self / Other \_\_\_\_\_

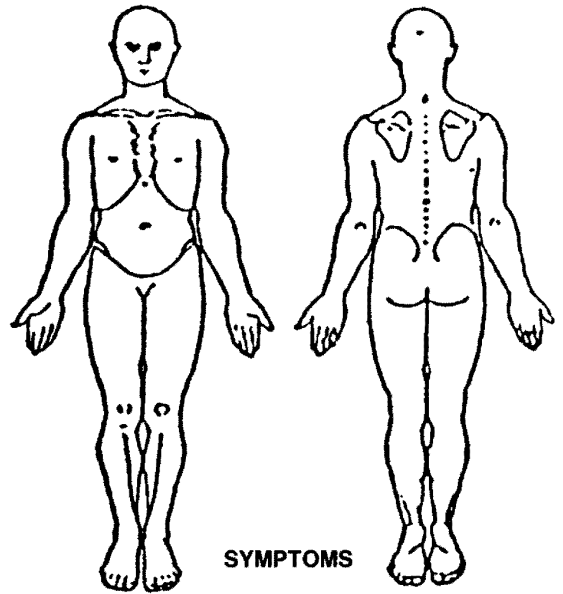
Work : Mechanical stresses \_\_\_\_\_

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
<b>Pretest symptoms sitting</b> _____					
FLEX _____					
Rep FLEX _____					
EXT _____					
Rep EXT _____					
<b>Pretest symptoms lying</b> _____					
EIL (prone) _____					
Rep EIL (prone) _____					
EIL (supine) _____					
Rep EIL (supine) _____					
<b>Pretest symptoms sitting</b> _____					
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 \_\_\_\_\_