### The McKenzie Institute International

# GLOBAL PROVIDER OF EDUCATION IN MECHANICAL DIAGNOSIS AND THERAPY



# International Credentialling Exam

**Information for Candidates** 

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We would like to take this opportunity to thank you for your interest in The McKenzie Institute International Credentialling Examination.

This examination has been designed to recognise the clinician utilising the McKenzie Method of Mechanical Diagnosis and Therapy in the treatment of patients.

Contained in this document is the information you need to prepare yourself for the examination.

If you have any questions or concerns after reading the document, please contact:

The McKenzie Institute USA 432 N Franklin Street, Suite 40 Syracuse, NY 13204 info@mckenzieinstituteusa.org 800-635-8380 or 315-471-7612



#### 1. PURPOSE

The McKenzie Institute conducts the Credentialling Examination to:

- Establish a standard of minimum competence in the application of the McKenzie Method of Mechanical Diagnosis and Therapy.
- Identify and recognise the clinician who has demonstrated basic competency in the McKenzie Method of Mechanical Diagnosis and Therapy (MDT).
- Develop a referral network of MDT qualified clinicians.

#### 2. ELIGIBILITY

You are eligible to register for the Credentialling Examination if you have completed Parts A, B and C and D since the inclusion of extremities of the McKenzie Institute International Education Programme and are a licensed clinician in USA. The Advanced Extremities course is strongly encouraged.

Applicants will need to provide a copy of their professional license with their registration form to verify eligibility and active licensure. Applicants who took courses outside the USA will need to provide evidence of their attendance from other Institute branches or MII head office for all required courses.

If there are any health, learning issues or disabilities that may influence your participation in this examination, please contact the Institute. MIUSA complies with the Rehabilitation Act of 1973, the Americans with Disabilities Act, and applicable state and local laws providing for non-discrimination against qualified individuals with disabilities. This policy applies to participation in all Institute programs and activities. We will make every reasonable effort to make proper accommodations for you.

#### 3. APPLICATION

#### 3.1 Application Form

Register online or download the Exam Registration form from The McKenzie Institute USA website: <a href="https://www.mckenzieinstituteusa.org/forms.cfm">https://www.mckenzieinstituteusa.org/forms.cfm</a>
You will be able to upload a copy of your license during online registration or you must fax/mail a copy with registrations faxed or mailed.

#### 3.2 <u>Acceptance of Application</u>

Once your application has been accepted and processed, you will receive a letter of confirmation which will provide you with the details relating to the exam including location and where appropriate accommodation information.

In addition, you will receive a sample of the Attestation and Confidentiality Agreement with your confirmation letter. This Agreement indicates that you have read this Information for Candidates Manual, and hence you are informed of the content and procedures of the exam. An *Illustration* of the Agreement can be found on page 7.

You will be required to show a photo ID (i.e., driver's license, passport) when you arrive at the exam site to register. You will also be provided a copy of the Attestation and Confidentiality Agreement that you will be required to sign before you can sit the exam.



#### 3.3 Number of Candidates

Exams are typically limited to 25 participants including up to five retakes. Where the exam places are limited, applications are accepted in the order they are received.

#### 3.4 Examination Fee

The cost of the examination is:

| Description                 | Fee   |
|-----------------------------|-------|
| Examination                 | \$500 |
|                             |       |
| Retake of Exam:             |       |
| Whole Exam                  | \$250 |
| Written Portion Only        | \$200 |
| Performance Simulation Only | \$50  |

#### 3.5 Cancellations, Transfers & Refunds

#### 3.5.1 Cancellations

If you must cancel your registration after receiving your letter of confirmation, you must submit a written notice to qualify for a transfer or possible refund. Refund requests are subject to a minimum \$100 cancellation fee.

#### 3.5.2 <u>Transfers</u>

The Institute will accommodate one transfer opportunity without penalty for up to one year from the date a written confirmation of cancellation is received and only if the cancellation request occurs before the exam date or an emergency circumstance occurs onsite prohibiting the candidate from completing the exam.

#### 3.5.3 Refunds

The refund policy is as follows:

| Period                            | Refund Amount |
|-----------------------------------|---------------|
| Prior to 4 weeks before the exam  | \$400         |
| 2-4 weeks before the exam         | \$200         |
| Less than 2 weeks before the exam | No refund     |



#### 4. FORMAT OF THE EXAMINATION

Every component of the International Credentialling Examination has been reviewed by The McKenzie Institute International Education Council.

#### 4.1 Content Areas

Since the primary objective of this Credentialling Exam process is the assessment of clinical skills and clinical decision-making processes, the format of this examination is multi-method testing.

Each method has been selected for its perceived suitability in testing one or more of the content areas.

The content areas are as follows:

- History
- Physical Examination
- Provisional Classification
- Principles of Management
- Follow up Evaluation
- Prevention of Reoccurrence
- Clinician Procedures

#### In person examination format:

The exam is divided into a morning session and afternoon session. Each session will be approximately three to four hours in length to allow adequate time for completion of each section.

The morning session will comprise the following methods: paper-and-pen, chart evaluations and case studies with a short break after the paper-and-pen section. Total time for the above components of the written section is 3 hrs.

The afternoon session will comprise the audio-visual presentation and performance simulation. Total time for the audio-visual section is 1hr 30 mins. Individual times will be assigned in advance for the performance simulation section.

#### 4.2 Methods

The testing methods currently used in the examination are paper-and-pen, chart evaluations, case studies, audio-visual presentation, and performance simulation. A description and goal of each method is given below.

#### 4.2.1 Paper-and-Pen

The written examination is administered in a multiple-choice format that focuses on assessing the candidate's knowledge of all content areas.



#### 4.2.2 Chart Evaluations

Based on an actual patient's records, a patient's history and/or physical examination findings are presented on a McKenzie Institute International Assessment Form. A sample of the version used on the exam is included in this manual. This section focuses on the interpretation of the written history and physical examination form, a principle of management identifying contraindications and the need for additional testing or medical procedures. The testing format is multiple-choice questions.

#### 4.2.3 Case Study

Written case histories are presented on a McKenzie Institute International Assessment Form (sample forms are included in this manual). Multiple-choice questions are asked that focus on evaluating the patient, provisional classification, developing a principle of management, and selecting treatment procedures. This section also focuses on follow up evaluation and reassessment concepts.

#### 4.2.4 Audio-Visual Presentation

A video is presented of a patient undergoing a history, physical examination, and/or a principle of management plus/minus a procedure in a clinical setting. Multiple-choice questions assess the candidate's ability to record, analyse and interpret the History, Physical Examination, including the patient's movements and static postures, conclusions, the clinician / patient communications, and the proposed management plan

#### 4.2.5 <u>Performance Simulation</u>

This section is used to examine the candidate's ability to competently perform MDT clinician procedures. Three procedures are randomly selected for each exam.

#### PLEASE NOTE:

Any procedures taught on Parts A – D courses, included in the course manuals and demonstrated in the procedure videos (excluding manipulation), can be tested in the exam. Be sure that you are familiar with, and have practised performing, all procedures.



#### 5. PASSING GRADE

The purpose of the Credentialling Examination is to assure the patient, the medical community, and the McKenzie Institute International that the clinician has attained a minimum level of competency in MDT. Because of this philosophy, a predetermined passing grade for the exam has been established based on field testing and on the Anghoff procedure for determining passing points for examinations.

The exam is divided into two sections:

- Section 1: Paper and Pen, Chart Evaluations, Case Studies and Audio-Visual Presentation. (In total 80 multiple choice questions).
- Section 2: The Performance Simulation. (In total 3 clinician procedures)

A candidate must pass both sections. The passing score for Section 1 is 60 points, and the passing score for Section 2 is a total of 230 points **WITH** a required minimum of 60 points for **each** procedure performed.

A candidate is able to re-take the exam if they do not achieve a pass. If a candidate passes only one section, then they only have to re-take the section they failed. A candidate may retake either or both sections of the exam up to three times. If they are not successful after three attempts, direction for remedial study is strongly recommended and can be provided by the faculty of the Branch conducting the exam. A retake of failed sections of the exam needs to be completed within five years of the date of the initial exam.

If the Performance simulation section is failed, the candidate will be required to retest on at least one of the previously failed techniques plus the selected techniques for that day's exam. At times, this may mean 4 techniques are tested for that candidate.

You will receive your results by mail within 2-3 weeks of the exam date.

# 6. INFORMATION AND REGULATIONS FOR THE EXAMINATION

- 1. Be sure to arrive at the exam venue no later than 15 minutes before the scheduled commencement time of the exam.
- 2. Bring your photo I.D.
- 3. No visitors are permitted at the exam venue.
- Notepaper, books, notes, etc. are not permitted in the exam room.
   Notepaper and pencils will be provided and collected at the end of the exam.
- 5. Once the test has begun, you may leave the exam room only with the examiner's permission. The time lost whilst absent from the room cannot be made up.
- 6. You can be dismissed from the examination for:
  - (a) Impersonating another candidate



- (b) Creating a disturbance
- (c) Giving or receiving help on the exam
- (d) Attempting to remove exam materials or notes from the room
- (e) Using notes, books, etc. brought in from outside.
- 7. Prior to the start of the exam, you will be asked to sign and date the Attestation and Confidentiality Agreement as illustrated below:

#### ATTESTATION AND CONFIDENTIALITY AGREEMENT

#### **ATTESTATION**

By signing this document, I hereby attest to having read the INTERNATIONAL CREDENTIALING EXAM – INFORMATION FOR CANDIDATES MANUAL (v. January 2025) and that I am informed about the content and procedure of the Credentialling Exam. I am further aware and understand that the minimum requirements to pass the exam are 60 points for Section 1, and a total of 230 points and a minimum 60 points for each procedure performed for Section 2.

#### CONFIDENTIALITY

In order to make The McKenzie Institute Credentialing Examination fair for all candidates and to protect the confidentiality of the candidates, you must sign this agreement. Refusal to sign will result in your inability to take the written or practical portions of the examination.

I understand, acknowledge, and agree that this is a legal agreement between myself and The McKenzie Institute® International (MII) and The McKenzie institute® USA (MIUSA). I will receive general and specific information in respect to intellectual property of McKenzie Global Holdings Limited (MGL), licensed exclusively to the MII and sublicensed to MIUSA (Confidential Information), and is protected by United States and international copyright laws.

In consideration of being given this Confidential Information, I will not discuss or disclose the questions and answers, or any of the Confidential Information received, with any other person, except authorized persons as required for the purposes of taking the examination; the names of the other candidates taking the written and practical examinations, and how many candidates participated in the written and practical examinations.

I will not copy or attempt to make copies, disclose, reproduce, download, post or publish, or distribute by any means (oral, written, photocopied, electronic, reconstructed through memory or otherwise) any examination material, including any exam questions, answers, or screen images.

Any disclosure of this confidential or proprietary information will be deemed an infringement of United States and international copyright law, and may result in disciplinary action, including criminal and civil liability.

Furthermore, breach of this agreement will result in the forfeiture of your certification and a permanent restriction on retaking either the written or practical examinations.

Exam Candidate Name will be printed here (Please sign above)

Date signed

Exam #: Student #:



#### 7. PREPARATION FOR THE EXAMINATION

#### 7.1 <u>Pre-requisites</u>

The following courses are the mandatory prerequisite for this examination:

Courses A, B, C, and D offered only through The McKenzie Institute:

Part A: Introduction to MDT and Lumbar Spine

Part B: Cervical and Thoracic Spine

Part C: Advanced Lumbar Spine and Lower Extremities

Part D: Advanced Cervical / Thoracic Spine and Upper Extremities

#### 7.2 <u>Preparation Materials</u>

In preparation for this exam, use of the following materials is recommended:

- 1. "The Lumbar Spine Mechanical Diagnosis and Therapy®" (second edition 2003 Volumes One and Two), "The Cervical and Thoracic Spine Mechanical Diagnosis and Therapy®" (second edition 2006 Volumes One and Two), "The Human Extremities Mechanical Diagnosis and Therapy®", all written by Robin McKenzie and Stephen May.
  - (Available through OPTP).
- 2. Course manuals, notes, and *Treat Your Own Back / Treat Your Own Neck / Treat Your Own Shoulder / Treat Your Own Knee/Treat Your Own Hip/Treat Your Own Ankle & Achilles Tendon books.*
- 3. Attending Advanced Extremities, Clinical Decision Making, and Advanced Procedure Courses.
- 4. Online Case Manager Course.
- 5. Official Institute online materials MDT procedure videos\*\*, webinars, past issues of the IJMDT, MDT World Press and JMMT.
- 6. Retake (audit) any component of the Institute's International Education Programme.
- \*\* Once you receive your letter of confirmation, you will have immediate full access to the MDT procedure videos library. Select the Resource Centre on the MIUSA website and link to MDT Procedure Videos you will be prompted to log in and then select the Components Procedures Quick Access button. If you have any difficulties logging in, email <a href="mailto:info@mckenzieinstituteusa.org">info@mckenzieinstituteusa.org</a>.

#### 7.3 <u>Instruction Prior to Exam</u>

Candidates cannot receive any form of instruction or feedback from Institute faculty or examiners, nor can faculty or examiners provide any instruction or feedback relating to any component of the examination including but not limited to the performance simulation within two weeks of the scheduled examination date.



# 8. SAMPLE QUESTIONS AND INFORMATION ABOUT THE EXAMINATION

To familiarise yourself with the format prior to the exam, the following are sample questions for the Paper/Pen, Chart Evaluation and Case Study sections of the Credentialling Exam together with the directions. (Answer key provided on the last page.)

#### 8.1 Paper/Pen

Read each question and all answers, and then decide which is the best answer. There is only one correct answer for each question. You will not be given credit for any question for which you indicate more than one answer or for any that you do not answer. There is no penalty for guessing.

- 1. On the initial assessment of a 27-year-old male patient presenting with intermittent left back and left posterior thigh and calf pain, lumbar ROM shows a moderate loss of flexion and minimal loss of extension. With repeated movement testing Rep FIS produces back and leg pain which is no worse after and has no effect on movement baselines, Rep EIS has no effect during and after, Rep FIL has no effect during and after, Rep EIL produces low back strain which is no worse after and has no effect on movement baselines. Based on the assessment findings your provisional classification is lumbar Adherent Nerve Root. His history is consistent with a derangement six months ago after a lifting injury. He has not received any previous care. He is scheduled for a follow up review in 48 hours. What are the appropriate self-treatment exercise recommendations until his review?
  - a. Rep FIL 10/2hours, Rep FIS 10/2hours starting at midday, Rep EIL after either Rep FIL and Rep FIS for prevention, postural advice
  - b. Rep FIS 10/2hours, Rep EIL after the Rep FIS for prevention, postural advice
  - c. Rep FIL 10/2hours, Rep EIL after the Rep FIL for prevention, postural advice
  - d. Rep FIS 10/2hours, Rep EIS afterwards for prevention, postural advice



- 2. A 32-year-old female patient presents with pain located equally across the base of the neck, the right scapula and right upper arm. All symptoms are constant. She reports that during the test movements of repeated retraction her symptoms are felt a bit more with each movement, but are about the same when she returns to the starting position. How should the response to repeated retraction be recorded on the evaluation form?
  - a. Increase. No Worse
  - b. Produce, No Worse
  - c. Increase, Worse
  - d. Produce, Worse
- 3. Which of the following symptoms would most strongly indicate consideration of Serious Pathology in a patient presenting with complaint of headache?
  - a. Associated symptoms of dizziness and nausea when moving the head.
  - b. Progressive worsening of temporal/occipital headache with visual changes not associated with movement.
  - c. Headache aggravated with routine activity which worsens as the day progresses.
  - d. Difficulty sleeping due to being unable to find a comfortable position.
- 4. A patient with central symmetrical low back pain returns for follow up treatment 24hours after the initial assessment. What should the follow-up evaluation include?
  - a. Review location, frequency and intensity of symptoms, effect of posture change, and test the response to repeated lumbar flexion and extension.
  - b. Review symptomatic presentation, adherence to and performance of the home programme; retest all repeated movements for mechanical baselines.
  - c. Review the symptomatic baselines, functional baselines, mechanical baselines, and the effect of posture change.
  - d. Review the symptomatic and functional presentation, review adherence with posture recommendations and performance of the home programme. Retest appropriate key physical examination baselines.



#### 8.2 Chart Evaluations and Case Studies

These sections of the examination consist of multiple-choice questions.

#### 1. On the Chart Evaluations, you will have one of the following:

- A completed history and physical examination assessment sheet
- A completed history sheet only
- A completed physical examination sheet

The assessment sheets and questions will be clearly marked 'Evaluation 1, 2, 3'.

#### 2. With the Case Studies, you will have completed:

- History
- Physical Examination Sheets, and
- Follow up visits

The Case Studies and questions are clearly marked 'Case Study 1, 2, 3' etc.



#### **CHART EVALUATION EXAMPLE: HENRY**



## THE MCKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

| Date _   |                            |                             |                       |                                 | (-5)                                   | {.}               |               |
|--|----------------------------|-----------------------------|-----------------------|---------------------------------|--|-------------------|---------------|
| Name _   | Henry                      |                             | Gender M              |                                 | ).(                                    | ).(               |               |
| Address  |                            |                             |                       | _ (                             |  | CO 0              | $\mathcal{L}$ |
| Telephone _  |                            |                             |                       |                                 | 1)(11                                  |                   |               |
| Date of Birth  |                            |                             |                       |                                 | (K-Z                                   |                   | 1.)           |
| Referral: GP/O   | ntn /(Self y Other _       |                             |                       | — J.(I                          | ~ VI                                   | 111               | NI            |
| Work demands   | Dentistry stu              | ıdent, predominant          | ly sitting            | - W                             | 1 0                                    | 900               | 10            |
| I were the same process of | O 2022/2724/2020/00 Ex 202 |                             |                       |                                 | \                                      | 11/               |               |
| Leisure activitie  |                            | ut 4-5x per week            |                       | _                               | (101)                                  | 101               |               |
|  | Walking dog                | A B ASSESSED CO             | A 81 B                |                                 | \W/                                    | ///               |               |
|  |                            | episode <u>Difficulty</u>   | dressing lower        | 1/2                             | ) Y (                                  | )}}{(             |               |
|  | e to go to the gyn         |                             |                       |                                 | السال                                  |                   |               |
|  |                            | . 740                       |                       |                                 |  |                   |               |
| NPRS (0-10)  |                            | 2-7/10                      |                       |                                 |  |                   |               |
| Present sympto   |                            | As per body chart           |                       |                                 |  |                   |               |
| Present since  |                            | days                        |                       |                                 |  | hanging / worseni | 17E           |
|  | $\sim$                     | ell backwards off a         | pprox. u.sm (2        | π) wall and landed              | on back                                | no apparent reas  | son           |
|  | nset: (back)/thigi         |                             |                       | P 2040 77 17                    |  |                   |               |
|  |                            | h / leg                     |                       |                                 | ms: back/thigh/l                       | 'eg               |               |
| Worse  | <u>bending</u>             | <u>sitting</u> ⊬<br>(2 hrs) | rising                | <u>standing</u><br>( > 20 mins) | <u>walking</u><br>( > 20 mins          | )                 | lying         |
|  | (am) as                    | the day progresses          | s (pm)                |                                 | when still / c                         | on the move       |               |
|  | other                      |                             |                       |                                 |  |                   |               |
| Better   | bending                    |                             | <u>sta</u>            | nding                           | walking                                | <u>lying</u>      |               |
|  | am / <u>as</u>             | the day progresses          | <u>s</u> / pm         |                                 | when still / c                         | on the move       |               |
|  | other                      |                             |                       |                                 |  |                   |               |
| Disturbed sleep  | yes /@                     | Sleeping p                  | ostures: <i>prone</i> | / sup / side R                  | / L Surface:                           |                   |               |
|  |                            |                             |                       |                                 |  |                   |               |
| Previous spinal  | I history <u>Nil</u>       |                             |                       |                                 |  |                   |               |
|  | W                          |                             |                       |                                 |  |                   |               |
| Previous treatm  | nents <u>Nil</u>           |                             |                       |                                 |  |                   |               |
|  | 8                          |                             |                       |                                 |  |                   |               |
| SPECIFIC QUI   |                            |                             |                       |                                 |  |                   |               |
| Cough / spec.  |                            | Bladder                     | / Bowel: norma        | al <b>y</b> abnormal            | ï                                      | Galt normal abr   | normal        |
| Medications:   | Nil                        |                             |                       |                                 |  |                   |               |
| General Health   | / Comorbidities:           | Good general h              | *                     |                                 | d being able to sit t                  | to do them        |               |
|  |                            |                             |                       | nt / relevant surge             |  |                   |               |
| History of canc  | - 2 -                      |                             | Unex                  | plained weight los              | $\simeq$ $-$                           |                   |               |
| History of traun   |                            | . To be able to sit fo      | or evame witho        |                                 | ng: <i>yes(no)</i><br>lower 16 3 Retur | n to the own      |               |
| r atient goals /   | expediations. 1            | . TO DE ADIE LO SIL II      | JI CAGIIIS WILIIO     | rut pain 2. Diess               | 10 TV 61 72 3. NEIUII                  | n to the gynn     |               |



|   |                |            |                                   | EXAI              | /IINATION  |              |                           |          |
|---|----------------|------------|-----------------------------------|-------------------|--|--------------|---------------------------|----------|
| POSTURAL OBSER                          | VATION         |            |                                   |                   |  |              |                           |          |
| Sitting: lordotic / neut                | ral / kyph     | otic       | Cha                               | nge of p          | oosture: better/worse/noe  | effect       |                           |          |
| Standing: lordotic / neutral / kyphotic |                |            | Lateral shift: right / left / nil |                   |  | Shi          | ft relevant: yes/no       |          |
| Other observations / f                  | unctiona       | l baseline | es:                               |                   |  |              |                           |          |
| NEUROLOGICAL                            |                |            |                                   |                   |  |              |                           |          |
| Motor deficit                           |                |            |                                   |                   | Reflexes   |              |                           |          |
| Sensory deficit                         |                |            |                                   |                   | Nicolar di constituta della  |              |                           |          |
|   | 8.8.6          | 40000      | 18800                             | 490000            | 1  |              |                           |          |
| MOVEMENT LOSS                           | Maj            | Mod        | Min                               | Nil               |  | Symptom      | S                         |          |
| Flexion                                 |                |            |                                   |                   |  |              |                           |          |
| Extension                               |                |            |                                   |                   |  |              |                           |          |
| Side gliding R Side gliding L           |                |            |                                   |                   |  |              |                           |          |
| Other                                   |                |            |                                   |                   |  |              |                           |          |
| CONTRACTOR CONTRACTOR CONTRACTOR        | D!             |            |                                   |                   | Desile de la constante de la linda de  |              |                           |          |
| TEST MOVEMENTS                          |                |            |                                   |                   | <ul> <li>During: produces, abolishes,<br/>better, worse, no better, no wo</li> </ul> |              |                           |          |
|   |                | 3, 1, 1, 1 |                                   | Activo Statements | tic response   |              | Mechanical resp           |          |
|   |                |            |                                   |                   |  |              |                           | No       |
|   |                | Durin      | g testing                         |                   | After testing  | 3            | Effect -<br>↑ or ↓ ROM or | effect   |
| Dustant or mustama                      | 4a w al i w ar |            |                                   |                   |  |              | key functional test       |          |
| Pretest symptoms s                      |                | -          |                                   |                   |  |              | - 12                      |          |
| Rep FIS                                 |                |            |                                   |                   |  |              |                           |          |
|   |                |            |                                   |                   |  |              |                           |          |
| Rep EIS                                 |                |            |                                   |                   |  |              |                           |          |
| Pretest symptoms lyin                   |                |            |                                   |                   |  |              |                           |          |
| Pon Ell                                 |                |            |                                   |                   |  |              |                           |          |
| Rep FIL<br>EIL                          |                |            |                                   |                   |  |              |                           |          |
| Dan Ell                                 |                |            |                                   |                   | III  |              |                           |          |
| Pretest symptoms                        |                |            |                                   |                   |  |              |                           |          |
| SGIS - R                                |                |            |                                   |                   |  |              |                           |          |
| Rep SGIS - R                            |                |            |                                   |                   |  |              |                           |          |
| SGIS - L<br>Rep SGIS - L                |                |            |                                   |                   |  |              |                           |          |
| Other movements                         |                |            |                                   |                   |  |              |                           |          |
| STATIC TESTS                            |                |            |                                   |                   |  |              |                           |          |
| Sitting slouched / ered                 | ct / lying     | prone in   | extension                         | / long s          | itting   |              |                           |          |
| OTHER TESTS                             |                |            |                                   |                   |  |              |                           |          |
| PROVISIONAL CLAS                        | SSIFICA        | TION       |                                   |                   |  |              |                           |          |
| Derangement Ce                          | ntral or s     | ymmetric   | al Unil:                          | ateral or         | asymmetrical above knee  | Jnilateral d | or asymmetrical belo      | w knee   |
| Directional Preference                  | e:             | 70         |                                   |                   |  |              | 377                       |          |
| Dysfunction: Directi                    |                |            |                                   | Post              | ural OTHER subgro  | up:          |                           |          |
| POTENTIAL DRIVER                        |                |            |                                   |                   | **************************************   | -            |                           | ntextual |
| Descriptions:                           |                |            |                                   |                   |  | -            |                           |          |
| PRINCIPLES OF MA                        |                |            |                                   |                   |  |              |                           |          |
| Education                               |                |            |                                   |                   |  |              |                           |          |
| Exercise type                           |                |            |                                   | Fre               | equency  |              |                           |          |
| Other exercises / inte                  | rventions      | ·          |                                   |                   |  |              |                           |          |
| Management goals                        |                |            |                                   |                   |  |              |                           |          |
|   |                |            |                                   |                   | Signature  |              |                           |          |



#### **Chart Evaluation Question (Henry)**

- 5. Based on the information from the history, what provisional classification(s) are still a consideration?
  - a. Derangement Syndrome, Trauma/Recovering Trauma, Serious Pathology
  - b. Derangement Syndrome
  - c. Derangement Syndrome, Serious Pathology
  - d. Derangement Syndrome, Trauma/Recovering Trauma



#### **CASE STUDY EXAMPLE: KHAN – Assessment and Follow-up**

THE McKENZIE INSTITUTE

|                   | OWER           | EXTRE   | MITIES A           | SSESSM           | ENT                      |                        |   |
|-------------------|----------------|---|--------------------|------------------|--------------------------|------------------------|---|
| Date _            |                |   |                    |                  | - {                      | ~e)                    | (·)                                       |
| Name _            | Khan           |   | G                  | ender M          | - )                      | )=(                    | ).(                                       |
| Address _         |                |   |                    |                  | - 6                      | 1                      | (3:67)                                    |
| Telephone _       |                |   |                    |                  | - 11.                    | 从川                     | 1000                                      |
| Date of Birth _   |                |   | А                  | ge 48            | - 18                     | 14.                    |   |
| Referral GP/Or    | th/Self/Othe   |   |                    |                  | - 1/                     | M1                     | 11 11                                     |
| Work demands      | Governr        | nent adminis  | trator 40 hrs/w    | eek              | - 45(                    | 1 16                   | \$ 40 (+) W                               |
| Leisure activitie | s Running      | 5x per week   |                    |                  | - ),                     |                        | 11/                                       |
| Functional limita | ation for pres | ent episode:  | Difficulty with    | running          | _ (                      | Ŵ7                     | ( \                                       |
| Outcome / Scre    | ening score    |   |                    |                  | - /                      | 1                      | 283                                       |
| NPRS (0-10)       |                | 0-7/10  | (D                 |                  | •                        | لقلالقا                | <b>6</b> 00                               |
| Present sympto    | oms            | As per bo   |                    |                  |                          | 2 <b>4</b> (4) (2) (2) |   |
| Present since     |                | Four mont   | 100 to 200 4000    | **               |                          | impro                  | oving (unchanging) worsening              |
| Commenced as      |                | Participants and the contract of the contract | DECEMBER OF STREET | d knee           |                          |                        | no apparent reason Paraesthesia: yes (no) |
| Symptoms at or    | nset           | As per boo  | dy chart           |                  |                          |                        | Cough / Sneeze +ve / (ve)                 |
| Spinal history    |                | Nil   |                    | 1-1              |                          |                        | Cought Sheeze +ve / Eve                   |
| Constant sympt    | toms:          |   |                    | Intermitte       | ent symptoms:            | X                      |   |
| Worse             | <b>bendir</b>  | g sitting   | rising / first fe  | w steps sta      | anding <u>walkii</u>     | ng <u>stairs</u>       | Squatting / kneeling                      |
|                   | am/a           | s the day pro   | gresses /pm        | when still i     | on the move              | Slee                   | ping: prone/sup/sideR/L                   |
|                   |                |   | and out of car     |                  |                          |                        |   |
| Better            | bendir         | ng  | eitting            | sta              | anding walk              | ing stairs             | s squatting / kneeling                    |
|                   | <b>∠am</b> /a  | s the day pro   | gresses 4pm        | when still       | o <del>n the mo</del> ve | Slee                   | ping: prone/sup/sideR/L                   |
|                   | other          | Sleeping  | with pillow und    | er knee somet    | mes helps                |                        |   |
| Continued use     |                | 100 100   |                    | orse)            | no effect                | Dis                    | sturbed sleep <u>yes</u> / no             |
| Pain at rest      | <u>yes</u> /n  | 0   |                    |                  | Site:                    | b                      | pack / hip (knee) ankle / foot            |
| Other Question    | s:             | swelling  | <u>c</u>           | atching / clicki | ng/looking               | 2                      | giving way / falling                      |
| Previous history  | No pas         | st history  |                    |                  |                          |                        |   |
| Previous treatm   | nents Nil      |   |                    |                  |                          |                        |   |
| Medications Ir    | nitially NSAID | S no effect, s  | so stopped         |                  |                          |                        |   |
| General health    | / Comorbiditie | es: hyperte   | nsion              |                  |                          |                        |   |
|                   |                |   |                    | _ Recent / rel   | evant surgery: )         | ves (no)               |   |
| History of cance  | er: yes 🗑      |   |                    |                  |                          | 1977                   |   |
| History of traum  | na: yes no     |   |                    |                  | Imaging: Ve) / I         | no                     |   |
| Patient goals / e | expectations:  | Running   | no pain, stairs    | s no pain        |                          | ***                    |   |
|                   |                |   |                    |                  |                          |                        |   |



#### **EXAMINATION**

| POSTURAL OBSER   | VATIO  | -   |                |  |  |                             |  |  |   |                                       |  |        |                        |
|--|--|---|----------------|--|--|-----------------------------|--|--|---|---------------------------------------|--|--------|------------------------|
| Sitting: lordotic ne<br>Other observations:  | eutraD I   | kyphotic  | Cha            | ange of  | f posture: b   | etter / worse               | no effec                                   | D Sta  | nding:  | lordo                                 | tic Reu  | tral   | kyphotic               |
| NEUROLOGICAL:  | NA   | motor /   | sensor         | y / refle  | exes / neurody   | namic                       |  |  |   |                                       |  |        |                        |
| BASELINES: Pain a  | nd func  | tional a  | ctivity        | squa   | at 1/2 range NF  | PRS 7/10, de                | scending                                   | step NI  | PRS 4/1   | 0                                     |  |        |                        |
| EXTREMITIES  |  | _   | (nee) a        |  |  | ,                           |  |  |   |                                       |  |        |                        |
| MOVEMENT LOSS  | Maj  | Mod   | Min            | Nil  | Symptoms   |                             |  | Maj  | Mod   | Min                                   | Nil  | Sy     | mptoms                 |
| Flexion  |  |   | Х              |  | knee   | Adducti<br>Inversion        | n  |  |   |                                       |  |        |                        |
| Extension  |  |   | Х              |  | knee   | Abducti<br>Eversio          |  |  |   |                                       |  |        |                        |
| Dorsi Flexion  |  |   |                |  |  |                             | Rotation                                   |  |   |                                       |  |        |                        |
| Plantar Flexion  |  |   |                | <u> </u>   | -  |                             | I Rotation                                 |  |   |                                       |  |        |                        |
| Other:   |  |   |                |  |  | Other:                      |  |  |   |                                       | - F2   | Ļ_     |                        |
| Passive Movement:  | note s   | ympton  | ns, rang       | ge and   | +/- over press   | ure:                        |  |  |   |                                       | PD   | М      | ERP                    |
| Flex min loss +OP  |  |   |                |  |  |                             |  |  |   |                                       |  |        | Х                      |
| Ext min loss +OP   |  |   |                |  |  |                             |  |  |   |                                       |  |        | Х                      |
|  |  |   |                |  |  |                             |  |  |   |                                       |  |        |                        |
| Resisted test pain res   | sponse   |   | Knee fl        | exion r  | no pain or wea   | kness Knee                  | extension                                  | no pa  | in but w  | eakne                                 | ss 4/5   |        |                        |
| Other tests / static po  | 98000 08   | -   | en en 19 de 19 | 10   | roduces conce  | 80 50                       | CALCHOIGE                                  | i iio pa   |   | Oditiio                               | 00 110   |        |                        |
| Other tests / static pe  | ZSIUOIIII  | 9 _   | IVICIVIUI      | iay 3 p  | roduces correc   | radii paii                  |  |  |   |                                       |  |        |                        |
| ODINE  |  |   |                |  |  |                             |  |  |   |                                       |  |        |                        |
| SPINE  |  |   |                |  |  |                             |  |  |   |                                       |  |        |                        |
| Movement Loss N  | hil  |   |                |  |  |                             |  |  |   |                                       |  |        |                        |
|  |  |   |                |  |  |                             |  |  |   |                                       |  |        |                        |
| Effect of repeated mo  |  | its N   | E              |  |  |                             |  |  |   |                                       |  |        |                        |
| ALERS DAMESSON CONT. CONT. CO.   | ovemen   | its <u>N</u>  | E              |  |  |                             |  |  |   |                                       |  |        |                        |
| Effect of repeated mo  | ovemen<br>oning  |   |                | condar   | ry problem   |                             |  |  |   |                                       |  |        |                        |
| Effect of repeated mo  | ovemen<br>oning<br>relevant  |   |                | condar   | ry problem   |                             |  |  |   |                                       |  |        |                        |
| Effect of repeated mo<br>Effect of static position<br>Spine testing not r  | ovemen<br>oning<br>relevani  |   |                |  | y problem  |                             |  |  | Me  | echani                                | cal Re   | spon   | ıse                    |
| Effect of repeated mo<br>Effect of static position<br>Spine testing not re<br>Baseline Symptoms  | ovemen<br>oning<br>relevani<br>s<br>sts  | Dreleva   | ant / se       | Duri   | Symptomatic  | Response<br>A<br>Better, Wo | ifter<br>rse, NB, N                        | NW,  | <b>↑</b> or <b>↓</b>                                  | Effect<br>ROM,                        | t  | h      | nse<br>No<br>Effect    |
| Effect of repeated mo Effect of static positic Spine testing not r  Baseline Symptoms Repeated Te Active / Passive mo  | ovemen<br>oning<br>relevani<br>s<br>sts  | Dreleva   | ant / se       | Duri   | Symptomatic<br>ing<br>Abolish,<br>ecrease, NE  | Response<br>A<br>Better, Wo | rse, NB, N                                 | NW,  | <b>↑</b> or <b>↓</b>                                  | Effect<br>ROM,                        | <b>:t</b><br>strengt   | h      | No                     |
| Effect of repeated mo Effect of static position Spine testing not r Baseline Symptoms Repeated Te Active / Passive moresisted test, funct  | ovemen<br>oning<br>relevani<br>s<br>sts  | Dreleva   | ant / se       | Duri<br>oduce,<br>ase, De                                | Symptomatic<br>ing<br>Abolish,<br>ecrease, NE  | Response<br>A<br>Better, Wo | rse, NB, N<br>NE                           | JW,  | <b>↑</b> or <b>↓</b>                                  | Effect<br>ROM,                        | <b>:t</b><br>strengt   | h      | No<br>Effect           |
| Effect of repeated mo Effect of static position Spine testing not r Baseline Symptoms Repeated Te Active / Passive moresisted test, function   | ovemenonings sts oveme   | Dreleva   | ant / se       | <b>Dur</b> ioduce, ase, De                               | Symptomatic<br>ing<br>Abolish,<br>ecrease, NE<br>luce  | Response  A Better, Wo      | rse, NB, N<br>NE<br>NW                     |  | <b>↑</b> or <b>↓</b>                                  | Effect<br>ROM,<br>function            | et<br>strengt<br>onal tes  | h<br>t | No<br>Effect           |
| Effect of repeated mo Effect of static positic Spine testing not r Baseline Symptoms Repeated Te Active / Passive m resisted test, funct Rep Ext Rep Flex Rep Flex with patient Rep Ext with patient   | ovemenoning prelevaning sts sts ovemenonal to  | Dreleva   | ant / se       | Duri<br>oduce,<br>ase, De<br>Prod                        | Symptomatic<br>ing<br>Abolish,<br>ecrease, NE<br>luce<br>luce                                      | Response<br>Better, Wo      | rse, NB, N<br>NE<br>NW<br>NW               |  | <b>↑</b> or <b>↓</b><br>or key                        | Effect<br>ROM,<br>function            | et<br>strengt<br>onal tes  | h<br>t | No<br>Effect           |
| Effect of repeated mo Effect of static positic Spine testing not r Baseline Symptoms Repeated Te Active / Passive m resisted test, funct Rep Ext Rep Flex Rep Flex with patient  | ovemenoning prelevaning sts sts ovemenonal to  | Dreleva   | ant / se       | Duri<br>oduce,<br>ase, De<br>Prod<br>Prod                | Symptomatic<br>ing<br>Abolish,<br>ecrease, NE<br>luce<br>luce                                      | Response  A Better, Wo      | rse, NB, N<br>NE<br>NW<br>NW               | 20   | <b>↑</b> or <b>↓</b><br>or key                        | Effect<br>ROM,<br>function            | et<br>strengt<br>onal tes<br>ex/Squ  | h<br>t | No<br>Effect<br>X<br>X |
| Effect of repeated moderate for the static position of the static po | ovemenoning  | nt,   | ant / se       | Duri<br>oduce,<br>ase, De<br>Prod<br>Prod<br>Prod        | Symptomatic<br>ing<br>Abolish,<br>ecrease, NE<br>luce<br>luce                                      | Response  A Better, Wo      | rse, NB, NNE NW NW NW NW NW NW             | 20   | <b>↑</b> or <b>↓</b><br>or key                        | Effect<br>ROM,<br>function            | et<br>strengt<br>onal tes<br>ex/Squ  | h<br>t | No<br>Effect<br>X<br>X |
| Effect of repeated mo Effect of static positic Spine testing not r Baseline Symptoms Repeated Te Active / Passive mresisted test, funct Rep Ext Rep Flex Rep Flex with patient C Rep Ext with patient C Rep Ext with patient C Rep Ext with patient C Standing PROVISIONAL CLAS  | ovemenoning  | nt,   | ant / se       | Duri<br>oduce,<br>ase, De<br>Prod<br>Prod<br>Prod        | Symptomatic ing Abolish, screase, NE luce luce luce luce luce                                      | Response  A Better, Wo      | rse, NB, NNE NW NW NW NW NW NW NW          |  | ↑ or↓<br>or key<br>Dec Ext                            | Effect<br>ROM,<br>function            | et<br>strengt<br>onal tes<br>ex/Squ  | h<br>t | No<br>Effect<br>X<br>X |
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| Effect of repeated mo Effect of static positic Spine testing not r Baseline Symptoms Repeated Te Active / Passive mresisted test, funct Rep Ext Rep Flex Rep Flex with patient C Rep Ext with patient C Rep Ext with patient C Rep Ext with patient C Standing PROVISIONAL CLAS  | ovemenoning  | nt, est   | ant / se       | Duri<br>oduce,<br>ase, De<br>Prod<br>Prod<br>Prod        | Symptomatic ing Abolish, ccrease, NE luce luce luce luce luce luce  Extremities                    | Response  Better, Wo        | rse, NB, NNE NW NW NW NW NW NW NW          | I<br>Extensi   | ↑ or vor vor key  Dec Ext                             | Effect<br>ROM,<br>function            | et<br>strengt<br>onal tes<br>ex/Squ  | h<br>t | No<br>Effect<br>X<br>X |
| Effect of repeated mo Effect of static positic Spine testing not r Baseline Symptoms Repeated Te Active / Passive m resisted test, funct Rep Ext Rep Flex Rep Flex with patient Rep Ext with patient Rep Ext with patient of standing PROVISIONAL CLAS Derangement   | ovemenoning  | nt, est   | Pro Increa     | Duri<br>oduce,<br>ase, De<br>Prod<br>Prod<br>Prod        | Symptomatic ing Abolish, ecrease, NE luce luce luce luce luce luce luce                            | Response  Better, Wo        | rse, NB, NNE NW NW NW NW NW NW NW NW OTHER | =xtensi  | ↑ or vor vor key  Dec Ext                             | Effect<br>ROM,<br>function            | et strengt<br>onal tes<br>ex/Squ   | h<br>t | No<br>Effect<br>X<br>X |
| Effect of repeated mo Effect of static positic Spine testing not r Baseline Symptoms Repeated Te Active / Passive mresisted test, funct Rep Ext Rep Flex Rep Flex with patient C Rep Ext with patient C standing PROVISIONAL CLAS Derangement Dysfunction: Articular POTENTIAL DRIVER  | ovemenoning  | nt, est   | Pro Increa     | Duri<br>oduce,<br>ase, De<br>Prod<br>Prod<br>Prod        | Symptomatic ing Abolish, ecrease, NE luce luce luce luce luce luce luce                            | Response  Better, Wo        | rse, NB, NNE NW NW NW NW NW NW NW NW OTHER | =xtensi  | ↑ or vor key  Dec Ext  nc Ext to  ion  pup:           | Effect<br>ROM,<br>function            | et strengt<br>onal tes<br>ex/Squ   | h<br>t | No<br>Effect<br>X<br>X |
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| Effect of repeated mo Effect of static positic Spine testing not r Baseline Symptoms Repeated Te Active / Passive mresisted test, funct Rep Ext Rep Flex Rep Flex with patient C Rep Ext with patient C Rep Ex | ovemenoning  | nt, est  ATION  tractile  PAIN AN  MENT  de for set with Coss | Pro Increa     | Duriduce, se, De Prod Prod Prod Prod Prod Prod Prod Prod | Symptomatic ing Abolish, ccrease, NE luce luce luce luce luce luce  BILITY Co                      | Response  Better, Wo        | rse, NB, NNE NW NW NW NW NW OTHER Cog      | Extension subgroup of the subg | ↑ or ↓ or key  Dec Ext  nc Ext t  ion  pup:  - Emotic | Effect<br>ROM,<br>function<br>: NE FI | ext strengt st | h<br>t | No<br>Effect<br>X<br>X |



#### **Case Study Questions (Khan)**

**History** - Khan reports that symptomatically and functionally he feels he is unchanged. He has been consistent with the exercises in terms of repetitions and frequency; they produce knee pain during but are no worse after.

**Physical Examination** – Baseline symptoms nil. Functional baseline tests as per initial assessment.

Movement Loss - Flexion nil loss ERP with overpressure, extension nil loss ERP with overpressure. Resisted tests - no pain or weakness with flexion or extension. McMurray's produces concordant pain.

## 6. Based on the information gathered on Day 2, what is the interpretation and how should management proceed?

- a. There is a green light response therefore the loading strategy should remain unchanged.
- b. There is a green light response, however, to try and change the symptomatic and functional baselines increase the repetitions and frequency of his current exercise.
- c. There is a green light response, however, to try and change the symptomatic and functional baselines, explore the force progression of clinician overpressure.
- d. There is a green light response, however, to improve the symptomatic and functional baselines, utilise the force progression of knee extension with femoral external rotation.

#### Day 3 (2 weeks after initial assessment)

**History** - Khan reports that symptomatically pain is less 0-3/10 but he is still experiencing occasional clicking and sensations of giving way and does not feel confident in his knee to run on it. Stairs are pain free, but squatting and kneeling still produce pain. He has been consistent with the exercises in terms of repetitions and frequency; the exercises have no effect during or after.

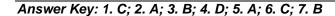
**Physical Examination** – Baseline symptoms nil. Squat and kneeling both produce pain at end range.

Movement Loss - Flexion nil loss ERP with overpressure, extension nil loss no pain with overpressure. Resisted tests no pain or weakness with flexion or extension. McMurray's produces concordant pain.



# 7. Based on the information gathered on Day 3, how should management proceed?

- a. Commence recovery of function with a graded strengthening and running programme.
- b. Test the response to knee extension with overpressure combined with lateral forces.
- c. Address the cognitive barriers around fear of resuming running.
- d. Refer for imaging to rule in/out Structural Compromise.





#### 8.3 Audio-Visual Section

#### 8.3.1 Information

This section of the examination uses a video. Please familiarise yourself with the directions for this section, and the standard McKenzie Assessment Forms that follow.

The Audio-Visual exam is divided into different sections:

- History
- Physical Examination
- Provisional Classification
- Principles of Management
- Follow Up Evaluation.

#### 8.3.2 Procedure

You will:

- Watch a video of a clinician examining and treating a patient, including a follow up evaluation.
- Listen and observe.
- Complete the assessment form provided based on what is being said and done by both the clinician and the patient.
- Refer to the information you have recorded on your assessment form to help you answer the questions.
- You will be asked questions regarding the history, physical examination, provisional classification, principle of management provided by the clinician and the follow up evaluation.

After each section, the video will be stopped. An allotted amount of time will be given to answer questions regarding that section.

#### 8.4 Performance Simulation

#### 8.4.1 <u>Information</u>

This section is used to examine the candidate's ability to competently perform MDT clinician procedures.



#### 8.4.2 Procedure

You will be asked to perform three of the MDT clinician procedures as taught on Parts A - D courses and demonstrated in the MDT procedures videos. A model is provided for the procedures.

Three procedures are randomly selected for each exam.

We wish you every success with The McKenzie Institute International Credentialling Examination



# APPENDIX Abbreviations MDT Assessment Forms

#### Guide to Abbreviations and Terminology used for the Completion of the Assessment Forms with Mechanical Diagnosis and Therapy®

| History: Page One           |            |                  |                       |              |
|-----------------------------|------------|------------------|-----------------------|--------------|
| Patient responses are recor | ded but su | ipplemented b    | by the clinician as a | ppropriate   |
| Referral:                   | GP         | =                | General               | Practitioner |
|                             | Orth = 0   | rthopaedic Spec  | cialist               |              |
| NPRS:                       | NPRS = N   | Numerical Pain F | Rating Scale          |              |
| Better / Worse Section:     | am = mo    | rning; pm = ev   | vening                |              |
| Disturbed Sleep:            | sup = su   | pine; R = right; | ; L = left            |              |

| Physical Examination: Page Two |   |  |  |  |  |  |  |
|--------------------------------|---|--|--|--|--|--|--|
| Movement Loss:                 | Maj = major; Mod = moderate; Min = minimal; Nil = no loss |  |  |  |  |  |  |
|                                | R = right; L = left                                       |  |  |  |  |  |  |

| To at Massaure and as | Describe offert an amount asia. Describe   |
|-----------------------|--|
| Test Movements:       | Describe effect on present pain – During:  |
|                       | • P = Produces   |
|                       | · A = Abolishes  |
|                       | $\cdot$ $\uparrow$ = increases; $\downarrow$ = decreases; NE = no effect         |
|                       | LUMBAR:  |
|                       | Pretest symptoms standing:   |
|                       | · Rep Repeat   |
|                       | · FIS Flexion in standing  |
|                       | Rep FIS Repeat Flexion in standing   |
|                       | EIS Extension in standing  |
|                       | Rep EIS Repeat Extension in standing   |
|                       | Pretest symptoms lying:  |
|                       | FIL Flexion in lying   |
|                       | Rep FIL Repeat Flexion in lying  |
|                       | <ul><li>Rep FIL Repeat Flexion in lying</li><li>EIL Extension in lying</li></ul> |
|                       | Rep EIL Repeat Extension in lying  |
|                       | If required pretest symptoms:  |
|                       | SG Side gliding  |
|                       | <ul> <li>SGIS Side gliding in standing</li> </ul>                                |
|                       | <ul> <li>SGIS – R Side gliding in standing right</li> </ul>                      |
|                       | <ul> <li>Rep SGIS – R Repeat Side gliding in standing right</li> </ul>           |
|                       | SGIS - L Side gliding in standing left   |
|                       | <ul> <li>Rep SGIS – L Repeat Side gliding in standing left</li> </ul>            |
|                       |  |
|                       |  |



#### **Test Movements cont.: LUMBAR cont.**: Other tests: **FISitt** Flexion in sitting Rep FISitt Repeat Flexion in sitting Flexion In Step Standing **FISS** Rep FISS Repeat Flexion In Step Standing **CERVICAL**: Pretest symptoms standing: PRO Protrusion Rep PRO Repeat Protrusion **RET** Retraction Rep RET Repeat Retraction **RET EXT Retraction Extension** Rep RET EXT Repeat Retraction Extension Pretest symptoms lying: As above If required pretest pain sitting: LF – R Lateral Flexion right Repeat Lateral Flexion right Rep LF – R LF – L Lateral Flexion left Rep LF - L Repeat Lateral Flexion left ROT – R Rotation right Rep ROT – R Repeat Rotation right ROT – L Rotation left Rep ROT – L Repeat Rotation left **FLEX** Flexion Rep FLEX Repeat Flexion Symptomatic respmnse: PDM = Pain during Movement ERP = End range pain **Mechanical response:** $\uparrow$ = increase; $\downarrow$ = decrease; ROM = Range of movement

| Static Tests:            | (see below)   |
|--------------------------|---|
| Principle of Management: | Education: TYOB = Treat Your Own Back; TYON = Treat Your Own Neck |



| <u>During Loading</u> - Either by repeated movements or sustained postures <i>(Static Tests)</i> |          |   |  |  |  |
|--|----------|---|--|--|--|
| Produce  | Р        | Movement or loading creates symptoms that were not present prior to the test. |  |  |  |
| Abolish  | Α        | Movement or loading abolishes symptoms that were present prior to the test.   |  |  |  |
| Increase   | <b>←</b> | Symptoms already present are increased in intensity.                          |  |  |  |
| Decrease   | <b>→</b> | Symptoms already present are decreased in intensity.                          |  |  |  |
| No Effect  | NE       | Movement or loading has no effect on the symptoms during the testing.         |  |  |  |
| Centralising   | CE'g     | Movement or loading moves the most distal pain proximally.                    |  |  |  |
| Peripheralising  | PE'g     | Movement or loading moves the pain more distally.                             |  |  |  |

| After Loading - | Either re | epeated movements or sustained postures   |
|-----------------|-----------|---|
| Worse           | W         | Symptoms produced or increased with movement or loading remain aggravated following the test.   |
| Not Worse       | NW        | Symptoms produced or increased with movement or loading return to baseline following the test.  |
| Better          | В         | Symptoms decreased or abolished with movement or loading remain improved after testing.  - Or - Symptoms produced, decrease on repetition, remain better after testing. |
| Not Better      | NB        | Symptoms decreased or abolished with movement or loading return to baseline after testing.  |
| Centralised     | CE'd      | Distal pain abolished by movement or loading remain abolished after testing.  |
| Peripheralised  | PE'd      | Distal pain produced during movement or loading remain after testing.   |
| No Effect       | NE        | Movement or loading has no effect on symptoms after testing.  |





# THE McKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

| Date                                    |                          |  |                          | $\overline{}$                      | $\sim$         |
|---|--------------------------|--|--------------------------|------------------------------------|----------------|
| Name                                    |                          | Gend                                   | der \                    | \(\frac{1}{2}\)                    | 7              |
| Address                                 |                          |  |                          | The second                         | En             |
| Telephone                               |                          |  | {}-                      | (i-1)                              | (V,)           |
| Date of Birth                           |                          | Age                                    | <i>}</i>                 |                                    |                |
| Referral: GP/Orth/Seli                  | f/Other                  |  | <i> </i>                 |                                    | )              |
| Work demands                            |                          |  | 251                      | Y 11/2 ///-                        | 4117           |
| Leisure activities                      |                          |  | (i                       |                                    |                |
| Outcome / Screening<br>NPRS (0-10)      | score                    |  |                          | N (                                |                |
| Present symptoms                        | 2                        |  |                          |                                    |                |
| Present since                           | 0                        |  |                          | _ improving / unchangii            | ng / worsening |
| Commenced as a resu                     | ult of                   |  |                          | no ap                              | parent reason  |
| Symptoms at onset: <i>b</i>             | oack / thigh / leg       |  |                          |                                    |                |
| Constant symptoms: b                    | oack / thigh / leg       |  | Intermittent symptom     | s: back / thigh / leg              |                |
| Worse                                   |                          | sitting / rising<br>ay progresses / pm | standing                 | walking<br>when still / on the mov | lying<br>ve    |
| Better                                  | bending<br>am / as the d | sitting<br>ay progresses / pm          | standing                 | walking<br>when still / on the mov | lying<br>ve    |
| Disturbed sleep                         | yes / no                 | 200000 AN (CS)                         | prone / sup / side R /   | L Surface:                         |                |
| Previous spinal history                 | /                        |  |                          |                                    |                |
| Previous treatments                     | St.                      |  |                          |                                    |                |
| SPECIFIC QUESTI                         | ONS                      |  |                          |                                    |                |
| Cough / sneeze / str<br>Medications:    |                          | Bladder / Bowe                         | l: normal / abnormal     | Gait: norm                         | al / abnormal  |
| General Health / Com                    | orbidities:              |  |                          |                                    |                |
| N 1000000000000000000000000000000000000 | ¥ ==                     |  | Recent / relevant surger |                                    |                |
|   |                          |  | Unexplained weight loss  |                                    |                |
| History of trauma: yes                  |                          |  |                          | g: yes / no                        |                |
| Patient goals / expecta                 | auons                    |  |                          |                                    |                |



#### **EXAMINATION**

| POSTURAL OBSER             |            | actio                | Ch       | ango of r  | antura           | hottor /worse          | /no offoot      |   |              |  |  |
|----------------------------|------------|----------------------|----------|------------|------------------|------------------------|-----------------|---|--------------|--|--|
| Standing: lordotic / neut. | E34        |                      |          |            |                  |                        | 2007            | o effect<br>Shift relevant: yes / no              |              |  |  |
| Standing: lordotic / n     |            |                      |          |            | mit: <i>rigi</i> | ht / left / nil        | Shirte          | evant: yes/no                                     |              |  |  |
| Other observations / t     | unctiona   | ıı baseiines         | s:       |            |                  |                        |                 |   |              |  |  |
| NEUROLOGICAL               |            |                      |          |            | D - fl -         |                        |                 |   |              |  |  |
| Motor deficit              |            |                      |          |            | _ Refle          | xes<br>odynamic tests  |                 |   |              |  |  |
| Sensory deficit            |            |                      |          |            | _ iveur          | odynamic tests         | -               |   |              |  |  |
| MOVEMENT LOSS              | Maj        | Mod                  | Min      | Nil        |                  |                        | Symptom         | S   |              |  |  |
| Flexion                    |            |                      |          |            |                  |                        |                 |   |              |  |  |
| Extension                  |            |                      |          |            |                  |                        |                 |   |              |  |  |
| Side gliding R             |            |                      |          |            |                  |                        |                 |   |              |  |  |
| Side gliding L             |            |                      |          |            |                  |                        |                 |   |              |  |  |
| Other                      |            |                      |          |            |                  |                        |                 |   |              |  |  |
| TEST MOVEMENTS             | Danasi     |                      |          |            | Duning           | u susdicasa abal       | iahaa isassaasa | doorgood to offeet                                |              |  |  |
| 1EST MOVEMENTS             |            |                      |          |            |                  |                        |                 | , decreases, no effect<br>ect, centralised, perip |              |  |  |
|                            |            | 3 888 301-1010-1 108 | Sy       | mptoma     | tic resp         | onse                   |                 | Mechanical resp                                   | oonse        |  |  |
|                            |            | During               | testing  | 1          |                  | After t                | esting          | Effect -<br>↑ or ♥ ROM or                         | No<br>effect |  |  |
| Pretest symptoms s         | tanding    |                      |          |            |                  |                        |                 | key functional test                               |              |  |  |
| FIS                        |            |                      |          |            |                  |                        |                 |   |              |  |  |
| Rep FIS                    |            |                      |          |            |                  |                        |                 |   |              |  |  |
| EIS                        |            |                      |          |            |                  |                        |                 |   |              |  |  |
| Rep EIS                    |            |                      |          |            |                  |                        |                 |   |              |  |  |
| Pretest symptoms ly        |            |                      |          |            |                  |                        |                 |   |              |  |  |
|                            |            |                      |          |            |                  |                        |                 |   |              |  |  |
| Rep FIL                    |            |                      |          |            |                  |                        |                 | 18  |              |  |  |
|                            |            |                      |          |            |                  |                        |                 |   |              |  |  |
| Rep EIL                    |            |                      |          |            |                  |                        |                 |   | Y .          |  |  |
| Pretest symptoms           |            |                      |          |            |                  | 8                      |                 |   | \$           |  |  |
| SGIS - R                   |            |                      |          |            |                  |                        |                 |   |              |  |  |
| Rep SGIS - R<br>SGIS - L   |            |                      |          |            |                  |                        |                 |   |              |  |  |
| Rep SGIS - L               |            |                      |          |            |                  |                        |                 |   |              |  |  |
| Other movements            |            |                      |          |            |                  |                        |                 |   |              |  |  |
| STATIC TESTS               |            |                      |          |            |                  |                        |                 |   |              |  |  |
| Sitting slouched / ere     | ct / Ivina | prone in e           | xtensior | n / lona s | sittina          |                        |                 |   |              |  |  |
| OTHER TESTS                |            |                      |          |            |                  |                        |                 |   |              |  |  |
| PROVISIONAL CLAS           | SSIFICA    | TION                 |          |            |                  |                        |                 |   |              |  |  |
| Derangement Ce             | ntral or s | ymmetrica            | I Unil   | lateral or | asymm            | etrical above kr       | ee Unilateral   | or asymmetrical belo                              | w knee       |  |  |
| Directional Preference     | e:         |                      |          |            | -                |                        |                 |   |              |  |  |
| Dysfunction: Directi       |            |                      |          |            |                  | OTHER subgi            | roup:           |   |              |  |  |
| •                          |            |                      |          | _          |                  | -                      |                 |   | 20 30 - 00 - |  |  |
| POTENTIAL DRIVER           |            |                      |          |            |                  | morbidities            | Cognitive - E   | Emotional Co                                      | ntextual     |  |  |
| Descriptions:              |            |                      |          |            |                  |                        |                 |   |              |  |  |
| PRINCIPLES OF MA           | NAGEM      | ENT                  |          |            |                  |                        |                 |   |              |  |  |
| Exercise type              |            |                      |          |            | ==               | equency.               |                 |   |              |  |  |
| E-make sesting Manageric   | nontie     |                      |          |            | 300 10           | COMMONDED CONTROL PLOT |                 |   |              |  |  |
| Other exercises / inte     |            |                      |          |            |                  |                        |                 |   | *            |  |  |
| Management goals           | -          |                      |          |            |                  |                        |                 |   |              |  |  |
|                            |            |                      |          |            |                  | signature              |                 |   |              |  |  |





# THE McKENZIE INSTITUTE CERVICAL SPINE ASSESSMENT

| Date                  |                               |                        | _                                  | $\bigcirc$          |
|-----------------------|-------------------------------|------------------------|------------------------------------|---------------------|
| Name                  |                               | Gender                 | _ \ <b>\</b> ₹                     | 5.7                 |
| Address               |                               |                        |                                    | (8 P)               |
| Telephone             |                               |                        | _ [[-][-]]                         | 1001                |
| Date of Birth         |                               | Age                    | - 14.41 /                          |                     |
| Referral: GP/Orth/    | Self / Other                  |                        |                                    | 1).(1)              |
| Work demands          |                               |                        |                                    | (T)                 |
| Leisure activities    |                               |                        |                                    | ) [ (               |
| Functional limitation | on for present episode        |                        | _ <b>\</b> \/                      | <b>\</b> {\         |
| Outcome / Screen      | ing score                     |                        |                                    |                     |
| NPRS (0-10)           | 1                             |                        |                                    |                     |
| Present Symptom:      | s                             |                        |                                    |                     |
| Present since         |                               |                        | improving / uncl                   | hanging / worsening |
| Commenced as a        | result of                     |                        |                                    | no apparent reason  |
| Symptoms at onse      | et: neck/arm/forearm/head     |                        |                                    |                     |
| Constant symptom      | ns: neck/arm/forearm/head     | Intermitte             | ent symptoms: neck/arm/forearm/hea | d                   |
| 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 Sleeping po          | ostures: prone / sup / | side R / L Pillows:                |                     |
| Previous spinal his   | story                         |                        |                                    |                     |
| Previous treatmen     | ts                            |                        |                                    |                     |
| SPECIFIC QUE          | <br>STIONS                    |                        |                                    |                     |
| Dizziness / tinnito   | us / nausea / vision / speech | 1                      | Gait / Upper Limbs:                | normal / abnormal   |
| Medications:          | 500                           | -                      | 20 20                              |                     |
| General health / C    | omorbidities:                 |                        |                                    |                     |
|                       |                               |                        | : / relevant surgery: yes / no     |                     |
|                       | yes / no                      |                        |                                    |                     |
|                       | yes / no                      |                        | Imaging: yes / no                  |                     |
| Patient goals / exp   | pectations:                   |                        |                                    |                     |
|                       |                               |                        |                                    |                     |



#### **EXAMINATION**

| POSTURAL OBSE<br>Sitting: erect / neuron<br>Change of posture: | tral / slui | тр            |           |         | ed head: yes                     |          |                               |           |          | on: <i>right /</i><br>elevant: კ |                 |           |
|--|-------------|---------------|-----------|---------|----------------------------------|----------|-------------------------------|-----------|----------|----------------------------------|-----------------|-----------|
| Other observations   | / functio   | nal base      | elines: . |         |                                  |          |                               |           |          |                                  |                 |           |
| NEUROLOGICAL<br>Motor deficit                                  |             |               |           | ·       | Ref                              | lexe     | es                            |           |          |                                  |                 |           |
| Sensory deficit  |             |               |           |         |                                  |          | ynamic tests                  |           |          |                                  |                 |           |
| MOVEMENT LOSS  | Maj         | Mod           | Min       | Nil     | Symptoms                         | 1        |                               | Maj       | Mod      | Min                              | Nil             | Symptom   |
| Protrusion   |             |               |           |         |                                  | 1        | Lateral flexion R             |           |          |                                  |                 |           |
| Flexion  |             |               |           |         |                                  | 1        | Lateral flexion L             |           |          |                                  |                 |           |
| Retraction   |             |               |           |         |                                  | 1        | Rotation R                    |           |          |                                  |                 |           |
| Extension  |             |               |           |         |                                  | 1        | Rotation L                    |           |          |                                  |                 |           |
| TEST MOVEMENTS   |             |               |           |         |                                  |          |                               |           |          |                                  | ct, centra      | lising,   |
|  | peripher    | alising. A    | ifter: be |         | se, no better, i<br>ymptomatic r |          | rorse, no effect, cen<br>onse | tralised, | periph   |                                  | inical res      | ponse     |
|  |             | D             | uring te  |         | ,p.ea                            | <u> </u> | After test                    | ting      |          | Effe                             | ect -<br>ROM or | No        |
| Pretest symptoms sitti   | ng _        |               |           |         |                                  |          |                               |           |          | Key Iulio                        | ionai tes       | ellect    |
| PRO  |             |               |           |         |                                  |          |                               |           |          |                                  |                 |           |
| Rep PRO<br>RET   |             |               |           |         |                                  |          |                               |           |          |                                  |                 |           |
| Rep RET  |             |               |           |         |                                  |          |                               |           |          |                                  |                 |           |
| RET EXT  |             |               |           |         |                                  |          |                               |           | ,        |                                  |                 |           |
| Rep RET EXT  |             |               |           |         |                                  |          |                               |           |          |                                  |                 |           |
| Pretest symptoms lyin<br>RET                                   | g _         |               |           |         |                                  |          |                               |           |          |                                  |                 |           |
| Rep RET  |             |               |           |         |                                  |          |                               |           |          |                                  |                 |           |
| RET EXT  |             |               |           |         |                                  |          |                               |           |          |                                  |                 |           |
| Rep RET EXT  |             |               |           |         |                                  |          |                               | _         |          |                                  | _               |           |
| Pretest symptoms   | -           |               |           |         |                                  |          |                               |           | _        |                                  |                 |           |
| LF - R   |             |               |           |         |                                  |          |                               |           |          |                                  |                 |           |
| LF - L   |             |               |           |         |                                  |          |                               |           |          |                                  |                 |           |
| Rep LF - L   |             |               |           |         |                                  |          |                               | _         | _        |                                  | _               |           |
| ROT - R<br>Rep ROT - R   |             |               |           |         |                                  |          |                               |           | - 4      |                                  |                 |           |
| ROT - L  |             |               |           |         |                                  |          |                               |           |          |                                  |                 |           |
| Rep ROT - L  |             |               |           |         |                                  |          |                               |           |          |                                  |                 |           |
| FLEX   |             |               |           |         |                                  |          |                               |           | ,        |                                  |                 |           |
| Rep FLEX Other movements                                       |             |               |           |         |                                  |          |                               |           |          |                                  |                 |           |
| STATIC TESTS Pr  | o / Ret /   | Flex / O      | ther      |         |                                  |          | OTHER TESTS _                 |           |          |                                  |                 |           |
| PROVISIONAL CLASS Derangement Ce                               |             | ON<br>symmetr | rical     | Unilate | ral or asymm                     | etric    | cal above elbow               | Unila     | teral or | asymme                           | trical bel      | ow elbow  |
| Directional Preference:  |             |               |           |         |                                  |          |                               |           |          |                                  |                 |           |
| Dysfunction: Direction   |             |               | _ Postu   | ıral    | ОТ                               | HEF      | R subgroup:                   |           |          |                                  |                 |           |
| POTENTIAL DRIVERS  | OF PAII     | N AND /       | OR DIS    | ABILIT  | Y Comor                          | bidi     | ties Co                       | gnitive - | Emoti    | onal                             | С               | ontextual |
| Descriptions:  |             |               |           |         |                                  |          |                               |           |          |                                  |                 |           |
| PRINCIPLES OF MANA   | GEMEN       | NT            |           |         |                                  |          |                               |           |          |                                  |                 |           |
| Education _  |             |               |           |         | Eroc                             | uler     | ncy                           |           |          |                                  |                 |           |
| Exercise type Other exercises / interve                        | ntions      |               |           |         |                                  |          | 0 /0                          |           |          |                                  |                 |           |
| Management goals   | HIUONS      | <u> </u>      |           |         |                                  |          |                               |           |          |                                  |                 |           |
| wanagement goals _   |             |               |           |         | 9                                | ana      | ture                          |           |          |                                  |                 |           |
| -  |             |               |           |         | 3                                | 9110     |                               |           |          |                                  | Internation     | nal 2020© |





# THE McKENZIE INSTITUTE THORACIC SPINE ASSESSMENT

| Date                  |                    |                         | {~p}                                | {                    | ٠ }         |
|-----------------------|--------------------|-------------------------|-------------------------------------|----------------------|-------------|
| Name                  |                    | Gender                  |                                     | )                    | ).          |
| Address               |                    |                         |                                     | \ \(\sigma\)         | (7)         |
| Telephone             |                    |                         | —— 11次7                             | 1 11                 | 11          |
| Date of Birth         |                    | Age                     | - $/$ $/$ $/$ $/$                   | \ /-/-               | \~\~\       |
| Referral: GP / Orth / | Self / Other       |                         |                                     | $\Lambda = I\Lambda$ | " NI        |
| Work demands          | 3                  |                         | - W ] ]                             | 1 Tol 1              | 1/6         |
| Leisure activities    |                    |                         | );];(                               | )                    | 1           |
| Functional limitation | on for present epi | sode                    |                                     | <i>\</i>             | $\$         |
| Outcome / Screen      | ing score          |                         | ساليا                               | 4                    | X           |
| NPRS (0-10)           | (=                 |                         |                                     |                      |             |
| Present symptoms      | <u> </u>           |                         |                                     |                      |             |
| Present since         | 8                  |                         | improv                              | ving / unchanging .  | /worsening  |
| Commenced as a        | result of          |                         |                                     | no appa              | rent reason |
| Symptoms at onse      | et                 |                         |                                     |                      |             |
| Constant symptom      | ns                 |                         | Intermittent symptoms               |                      |             |
| Worse                 | bending            | sitting / rising        | turning neck / trunk                | standing             | lying       |
|                       | am / as the da     | ay progresses / pm      | when still / on the move            |                      |             |
| Better                | bending            | sitting / rising        | turning neck / trunk                | standing             | lying       |
|                       | am / as the da     | ay progresses / pm      | when still / on the move            |                      |             |
| Disturbed sleep       | yes / no           | Sleeping postures: prod | ne / sup / side R / L Pillow        | vs:                  |             |
| Previous spinal his   | story              |                         |                                     |                      |             |
| Previous treatmen     | ts                 |                         |                                     |                      |             |
| SPECIFIC QUES         | STIONS             |                         |                                     |                      |             |
| Cough / sneeze        | / deep breath _    |                         | Gait / Upp                          | oer Limbs: normal    | / abnorma   |
| Medications:          |                    |                         |                                     |                      |             |
| General health / C    | omorbidities:      |                         |                                     |                      |             |
|                       |                    | Rec                     | cent / relevant surgery: yes / no _ |                      |             |
| History of cancer:    | yes/no             | Une                     | explained weight loss: yes / no _   |                      |             |
|                       |                    |                         | Imaging: yes / no _                 |                      |             |
| Patient goals / exp   | ectations:         |                         |                                     |                      |             |
|                       |                    |                         |                                     |                      |             |



#### **EXAMINATION**

| POSTURAL OBSERV                    |             |            |          |           |                      |                                    |  |              |
|------------------------------------|-------------|------------|----------|-----------|----------------------|------------------------------------|--|--------------|
| Sitting: erect / neutral           |             | E          | Protrude | d head:   | yes / no Chang       | ge of posture: better / wo         | orse / no effect                                 |              |
| Standing: neutral / ky             |             | 1011 010   |          |           |                      |                                    |  |              |
| Other observations / f             | unctiona    | ıl baselin | ies:     |           |                      |                                    |  |              |
| NEUROLOGICAL (up                   | per and     | lower lin  | nb)      |           |                      |                                    |  |              |
| Motor deficit                      |             |            |          |           | Reflexes             |                                    |  |              |
| Sensory deficit                    |             |            |          |           |                      | tests                              |  |              |
|                                    |             |            |          |           |                      |                                    | REPEATED MOVEME                                  | NT           |
| MOVEMENT LOCG                      | N 4 - 1     | NAI        | h 4!     | N.C.      | 0                    | TESTING                            |  |              |
| MOVEMENT LOSS                      | Maj         | Mod        | Min      | Nil       | Symptoms             | Rep Pro                            |  |              |
| Flexion                            |             |            |          |           |                      | Rep Ret                            |  | -            |
| Extension                          |             |            |          |           |                      |                                    |  |              |
| Rotation R                         |             |            |          |           |                      | Rep LF - R                         |  |              |
| Rotation L                         |             |            |          | 7         |                      | Rep LF - L                         |  |              |
| Other                              |             |            |          |           |                      | Rep ROT - R                        |  | -            |
|                                    |             |            |          |           |                      | Rep ROT - L                        |  |              |
| TEST MOVEMENTS                     | Descri      | ha affact  | on pres  | eant nair | Durina: produc       | Rep Flex es, abolishes, increases, | decreases no effect                              |              |
| TEST MOVEMENTS                     |             |            |          | ing. Afte | r: better, worse, no | better, no worse, no effe          | ct, centralised, peripher                        | alised       |
|                                    |             | 108-1100   |          | S         | ymptomatic respo     | nse                                | Mechanical resp                                  | onse         |
|                                    |             |            | During ' | testing   |                      | After testing                      | Effect -<br>♠ or ♥ ROM or<br>key functional test | No<br>effect |
| Pretest symptoms s                 | itting _    |            |          |           |                      |                                    |  |              |
|                                    |             |            |          |           |                      |                                    |  |              |
| Rep FLEX _                         |             |            |          |           |                      |                                    |  |              |
| EXT _                              |             |            |          |           |                      |                                    |  |              |
| Rep EXT                            |             |            |          |           |                      |                                    |  |              |
| Pretest symptoms ly                | ring _      |            |          |           |                      |                                    |  |              |
| EIL (prone)                        |             |            |          |           |                      |                                    |  |              |
| Rep EIL (prone)                    |             |            |          |           |                      |                                    |  |              |
| EIL (supine)                       |             |            |          |           |                      |                                    |  |              |
| Rep EIL (supine)                   |             |            |          |           |                      |                                    |  |              |
| Pretest symptoms s                 | itting _    |            |          |           |                      |                                    |  |              |
| ROT - R                            | 20          |            |          |           |                      |                                    |  |              |
| Rep ROT - R                        |             |            |          |           |                      |                                    |  |              |
| ROT - L                            |             |            |          |           |                      |                                    |  |              |
| Rep ROT - L                        |             |            |          |           |                      |                                    |  |              |
| Other movements                    |             |            |          |           |                      |                                    |  |              |
| STATIC TESTS Flex                  | c / Ext / F | Rotation   |          |           |                      | OTHER TESTS                        |  |              |
| PROVISIONAL CLAS                   | SIFICA      | TION       |          |           |                      |                                    |  |              |
| Derangement Directional Preference | e.          |            |          | ymmetric  | cal                  | Unilateral or asymme               | etrical  |              |
| Dysfunction: Direction             |             |            |          | tural     | OTHE                 | R subgroup:                        |  |              |
|                                    |             |            |          |           |                      |                                    |  |              |
| POTENTIAL DRIVER Descriptions:     |             |            |          |           |                      | lities Cognitive -                 | Emotional Con                                    | textual      |
| PRINCIPLES OF MA                   | NAGEM       | ENT        |          |           |                      |                                    |  |              |
|                                    |             |            |          |           | Fred                 | uency                              |  |              |
| Other exercises / inter            |             |            |          |           |                      | шенеу                              |  |              |
|                                    | venuons     | -          |          |           |                      |                                    |  | -            |
| Management goals                   |             |            |          |           | <u> </u>             |                                    |  |              |
|                                    |             |            |          |           | Siar                 | nature                             |  |              |





# THE McKENZIE INSTITUTE LOWER EXTREMITIES ASSESSMENT

| Date                    |   |  | $\overline{}$                           | $\odot$   |
|-------------------------|---|--|---|---|
| Name                    |   | Gender                                   |   | ( )   |
| Address                 |   |  |   | Y GO EN   |
| Telephone               |   |  | {}-{}-                                  | (VV)  |
| Date of Birth           |   | Age                                      | - $)$                                   |   |
| Referral: GP / Orth / S | Self / Other  |  | -1                                      |   |
| Work demands            |   |  | - 211 Y                                 | 1) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                          |
| -                       | for present episode                                       |  | — (jģj)                                 |   |
| Outcome / Screenin      | g score   |  |   |   |
| Present symptoms        |   |  |   |   |
| Present since           | -   |  |   | _ improving / unchanging / worsening                              |
| Commenced as a r        | esult of  |  |   | no apparent reason  |
| Symptoms at onset       | 1-  |  |   | Paraesthesia: yes / no  |
| Spinal history          | :   |  |   | Cough / Sneeze +ve / -ve  |
| Constant symptom        | i   | Inte                                     | rmittent symptoms:                      |   |
| Worse                   | bending sitting / risi<br>am / as the day progre<br>Other | 2000-2000-00-00-00-00-00-00-00-00-00-00- | standing walking<br>still / on the move | stairs squatting / kneeling<br>Sleeping: prone / sup / side R / L |
| Better                  | bending am / as the day progre other                      | sitting<br>esses / pm when               | standing walking<br>still / on the move | stairs squatting / kneeling Sleeping: prone / sup / side R / L    |
| Continued use mak       | es the pain: better                                       | worse                                    | no effect                               | Disturbed sleep yes / no  |
| Pain at rest            | yes/no  |  | Site:                                   | back / hip / knee / ankle / foot                                  |
| Other Questions:        | swelling  | catching /                               | clicking / locking                      | giving way / falling  |
| Previous history        | 4   |  |   |   |
| Previous treatment      |   |  |   |   |
| Medications             |   |  |   |   |
| General health / Co     | morbidities:  |  |   |   |
|                         |   | Rece                                     | nt / relevant surgery: ves              | /no   |
| History of cancer: y    |   |  |   | / no  |
|                         | es/no   |  |   |   |
| Patient goals / expe    |   |  |   | -   |
| godio / oxpi            |   |  |   |   |



#### **EXAMINATION**

| POSTURAL OBSER Sitting: lordotic / ne Other observations:  | eutral /  | kyphotic                              |             | ange of                          | posture:   | bett         | ter / worse / no effec   | t Sta  | nding:         | lordot                   | ic / neut                  | ral / I | kyphotic     |
|--|---|---------------------------------------|-------------|----------------------------------|--|--------------|--|--------|----------------|--------------------------|----------------------------|---------|--------------|
| NEUROLOGICAL:  | NA/   | motor /                               | sensor      | y / refle                        | exes / neuro   | dyna         | ımic   |        |                |                          |                            |         | 3            |
| BASELINES: Pain ar   | nd func   | tional a                              | ctivity     |                                  |  |              |  |        |                |                          |                            |         |              |
| EXTREMITIES  |   | hip / l                               | mee / a     | nkle / f                         | oot  |              |  |        |                |                          |                            |         |              |
| MOVEMENT LOSS  | Maj   | Mod                                   | Min         | Nil                              | Symptom  | s            |  | Maj    | Mod            | Min                      | Nil                        | Syr     | mptoms       |
| Flexion  |   |                                       |             |                                  |  |              | Adduction /<br>Inversion   |        |                |                          |                            |         |              |
| Extension  |   |                                       |             |                                  |  |              | Abduction /<br>Eversion  |        |                |                          |                            |         |              |
| Dorsi Flexion  |   |                                       |             |                                  |  | 1            | Internal Rotation  |        |                |                          |                            |         |              |
| Plantar Flexion  |   |                                       |             |                                  |  |              | External Rotation  |        |                |                          |                            |         |              |
| Other:   |   |                                       |             |                                  |  |              | Other:   |        |                |                          |                            |         |              |
| Passive Movement:  | note s  | sympton                               | ns, ranç    | ge and                           | +/- over pre   | ssure        | ə:   |        |                |                          | PDI                        | М       | ERP          |
|  |   |                                       |             |                                  |  |              |  |        |                |                          |                            |         |              |
| Resisted test pain re<br>Other tests / static p  | 9,540   | _                                     |             |                                  |  |              |  |        |                |                          |                            |         |              |
| SPINE  |   |                                       |             |                                  |  |              |  |        |                |                          |                            |         |              |
| N. V. V.   |   |                                       |             |                                  |  |              |  |        |                |                          |                            |         |              |
| Effect of repeated mo  |   |                                       |             |                                  |  |              |  |        |                |                          |                            |         |              |
| Effect of static position  |   |                                       |             |                                  |  |              |  |        |                |                          |                            |         |              |
| Emode of otatio poolitio   |   |                                       |             |                                  |  |              |  |        |                |                          |                            |         |              |
| Spine testing not n  |   | 10 to 100                             | 11 100      | condan                           | v problem  |              |  |        |                |                          |                            |         |              |
| =  | elevan  | 10 to 100                             | 11 100      | condar                           | y problem _  |              |  |        |                |                          |                            |         |              |
| Baseline Symptoms  | elevan  | 10 to 100                             | 11 100      |                                  | _  |              |  |        |                | laahan                   | iaal Bo                    |         |              |
| =  | elevan  | 10 to 100                             | 11 100      | Kali                             | Symptoma   |              | Response   |        | N              | E-02250234               | ical Re                    | spor    | nse          |
| Spine testing not re  Baseline Symptoms  Repeated Te  Active / Passive re  resisted test, func   | elevan.<br>ests                                     | ent,                                  | ant / se    | <b>Dur</b>                       | Symptoma   | itic F       |  | NW,    | ↑ orV          | Effe<br>ROM              | 470                        | th      | No<br>Effect |
| Baseline Symptoms  Repeated Te   | elevan.<br>ests                                     | ent,                                  | ant / se    | <b>Dur</b>                       | Symptoma<br>ring<br>, Abolish,                                 | itic F       | Response  After  Better, Worse, NB,  | NW,    | ↑ orV          | Effe<br>ROM              | ct<br>, streng             | th      | No           |
| Baseline Symptoms  Repeated Te   | elevan.<br>ests                                     | ent,                                  | ant / se    | <b>Dur</b>                       | Symptoma<br>ring<br>, Abolish,                                 | itic F       | Response  After  Better, Worse, NB,  | NW,    | ↑ orV          | Effe<br>ROM              | ct<br>, streng             | th      | No           |
| Baseline Symptoms  Repeated Te   | elevan.<br>ests                                     | ent,                                  | ant / se    | <b>Dur</b>                       | Symptoma<br>ring<br>, Abolish,                                 | itic F       | Response  After  Better, Worse, NB,  | NW,    | ↑ orV          | Effe<br>ROM              | ct<br>, streng             | th      | No           |
| Baseline Symptoms  Repeated Te   | elevan.<br>ests                                     | ent,                                  | ant / se    | <b>Dur</b>                       | Symptoma<br>ring<br>, Abolish,                                 | itic F       | Response  After  Better, Worse, NB,  | NW,    | ↑ orV          | Effe<br>ROM              | ct<br>, streng             | th      | No           |
| Baseline Symptoms  Repeated Te   | elevan.<br>ests                                     | ent,                                  | ant / se    | <b>Dur</b>                       | Symptoma<br>ring<br>, Abolish,                                 | itic F       | Response  After  Better, Worse, NB,  | NW,    | ↑ orV          | Effe<br>ROM              | ct<br>, streng             | th      | No           |
| Repeated To<br>Repeated To<br>Active / Passive m<br>resisted test, func  | elevan. ests novem tional                           | ent,<br>test                          | Pi<br>Incre | <b>Dur</b><br>roduce,<br>ase, De | Symptoma<br>ring<br>, Abolish,<br>ecrease, NE                  | atic F       | Response After Better, Worse, NB, NE   |        | ↑ orN<br>or ke | Effe<br>ROM.<br>y functi | ct<br>, streng<br>onal tes | th      | No<br>Effect |
| Repeated To Active / Passive m resisted test, func  PROVISIONAL CLA Derangement  | elevan.  ests  novem tional                         | ent,<br>test                          | Pi<br>Incre | <b>Dur</b><br>roduce,<br>ase, De | Symptoma<br>ring<br>, Abolish,<br>ecrease, NE                  | ss Direction | Response  After  Better, Worse, NB,  NE  Spine  Stional Preference                             |        | ↑ orN<br>or ke | Effe ROM                 | ct<br>, streng<br>onal tes | th      | No<br>Effect |
| Repeated To<br>Repeated To<br>Active / Passive m<br>resisted test, func  | elevan.  sests  novem tional  SSIFIC  ar / Co       | ent, test  CATION  Intractile         | Pi Incre    | Dur<br>roduce,<br>ase, Do        | Symptoma<br>ring<br>, Abolish,<br>ecrease, NE<br>Extremities   | ss Direc     | Response  After  Better, Worse, NB, NE  Spine ctional Preference _ ostural OTHER s             | ubgrou | ↑ orN<br>or ke | Effe ROM.                | ct<br>, streng<br>onal tes | th      | No<br>Effect |
| Repeated To Repeated To Active / Passive management PROVISIONAL CLA Derangement POTENTIAL DRIVED Descriptions:  PRINCIPLES OF MA   | elevan.  sests  novem tional  SSIFIC  ar / Co       | ent, test  CATION Intractile          | Pi Incre    | Dur<br>roduce,<br>ase, De        | Symptoma<br>ring<br>, Abolish,<br>ecrease, NE<br>Extremities   | ss Direc     | Response  After  Better, Worse, NB, NE  Spine ctional Preference _ ostural OTHER s             | ubgrou | ↑ orV<br>or ke | Effe ROM.                | ct<br>, streng<br>onal tes | th      | No<br>Effect |
| Repeated To Repeated To Active / Passive management PROVISIONAL CLA Derangement POTENTIAL DRIVED Descriptions:  PRINCIPLES OF MA   | elevan.  ests  novem tional  SSIFIC  ar / Co        | ent, test  CATION  Intractile  PAIN A | Pi Incre    | Dur<br>roduce,<br>ase, De        | Symptoma<br>ring<br>, Abolish,<br>ecrease, NE                  | s Direct     | Response  After  Better, Worse, NB, NE  Spine ctional Preference _ ostural OTHER s             | ubgrou | ↑ orN<br>or ke | Effe ROM. y functi       | ct<br>, streng<br>onal tes | Con     | No<br>Effect |
| Repeated To Active / Passive m resisted test, func  PROVISIONAL CLA Derangement Dysfunction: Articul POTENTIAL DRIVE Descriptions: PRINCIPLES OF MA Education Exercise type                            | elevan.  ests  novem tional  ssiFiC ar / Co         | ent, test  CATION  Intractile  PAIN A | Pi Incre    | Dur<br>roduce,<br>ase, De        | Symptoma ring , Abolish, ecrease, NE  Extremities  ABILITY     | s Direc      | Response  After Better, Worse, NB, NE  Spine ctional Preference ostural OTHER senorbidities Co | ubgrou | ↑ orN<br>or ke | Effe ROM. y functi       | ct<br>, streng<br>onal tes | Con     | No<br>Effect |
| Repeated To Active / Passive m resisted test, func  PROVISIONAL CLA Derangement Dysfunction: Articul POTENTIAL DRIVE Descriptions: PRINCIPLES OF MA Education Exercise type Other exercises / interest | ssific<br>ar / Co                                   | ent, test  CATION  Intractile  PAIN A | Pi Incre    | Dur<br>roduce,<br>ase, De        | Symptoma ring , Abolish, ecrease, NE  Extremities  ABILITY  Fr | s Direc      | Response  After Better, Worse, NB, NE  Spine ctional Preference ostural OTHER senorbidities Co | ubgrou | ↑ orN<br>or ke | Effe ROM. y functi       | ct<br>, streng<br>onal tes | Con     | No<br>Effect |
| Repeated To Active / Passive m resisted test, func  PROVISIONAL CLA Derangement Dysfunction: Articul POTENTIAL DRIVE Descriptions: PRINCIPLES OF MA Education Exercise type                            | elevan.  ests  novem tional  SSIFIC  ar / Co  RS OF | ent, test  CATION Intractile PAIN A   | Pi Incre    | Dur<br>roduce,<br>ase, De        | Symptoma ring , Abolish, ecrease, NE  Extremities  ABILITY     | s Direc      | Response  After Better, Worse, NB, NE  Spine ctional Preference ostural OTHER senorbidities Co | ubgrou | ↑ orN<br>or ke | Effe ROM.                | ct<br>, streng<br>onal tes | Con     | No<br>Effect |





# THE MCKENZIE INSTITUTE UPPER EXTREMITIES ASSESSMENT

| Date  |                        |                             |                    |                         | $\bigcirc$               | $\overline{C}$               | `                            |
|---|------------------------|-----------------------------|--------------------|-------------------------|--------------------------|------------------------------|------------------------------|
| Name  |                        |                             | Gender             |                         | (A)                      | ξ                            | Ì                            |
| Address   |                        |                             |                    |                         |                          | × 60                         | cin .                        |
| Telephone   |                        |                             |                    |                         | {   <del>-      </del> - | 1) (\forall                  | $V_{i}$                      |
| Date of Birth   |                        |                             | Age                |                         |                          |                              | -101                         |
| Referral: GP/Orth/S                                     | Self / Other           |                             |                    |                         | IN                       |                              | $\mathcal{N}$                |
| Work demands _  |                        |                             |                    |                         | SIT                      | 11/2/11/4                    | -11/2                        |
| Leisure activities _<br>_<br>-<br>Functional limitation | testi.                 | oisode                      |                    |                         |                          |                              |                              |
| Outcome / Screenin                                      | in coore               |                             |                    |                         | ) X {                    |                              | 3                            |
| NPRS (0-10)   | g score                |                             |                    |                         | المنافظات                |                              |                              |
| Present symptoms  |                        |                             |                    | -                       | Han                      | dedness: Right / Le          | ert                          |
| Present since   | -                      |                             |                    |                         |                          | improving / unchang          | aina / worsenina             |
| Commenced as a re                                       | esult of               |                             |                    |                         |                          |                              | pparent reason               |
| Symptoms at onset                                       |                        |                             |                    |                         |                          |                              | nesia: yes / no              |
| Spinal history  |                        |                             |                    |                         |                          | 2010                         | eeze +ve / -ve               |
| Constant symptoms                                       | :                      |                             | Inte               | rmittent sy             | mptoms:                  |                              |                              |
| Worse   | 0.±0.72*               | sitting<br>day progresses / |                    | neck<br>still / on th   | dressing<br>e move       | reaching Sleeping: prone / s | gripping<br>sup / side R / L |
| Better  | bending<br>am / as the | sitting<br>day progresses / | turning<br>pm when | g neck<br>still / on th | dressing<br>ne move      | reaching Sleeping: prone / s | gripping<br>sup / side R / L |
| Continued use make                                      | es the pain:           | better                      | worse              | no e                    | effect                   | Disturbed slee               | ep yes/no                    |
| Pain at rest  | yes / no               |                             |                    |                         | Site:                    | neck / shoulder / elbov      | v / wrist / hand             |
| Other Questions:  | sw                     | elling                      | catching /         | clicking / lo           | ocking                   | subluxing                    |                              |
| Previous history  |                        |                             |                    |                         |                          |                              |                              |
| Previous treatments                                     | s                      |                             |                    |                         |                          |                              |                              |
| Medications   |                        |                             |                    |                         |                          |                              |                              |
| General health / Co                                     | morbidities: _         |                             |                    |                         |                          |                              |                              |
|   |                        |                             | Rece               | nt / relevar            | nt surgery: yes          | /no                          |                              |
| History of cancer: ye                                   | es/no                  |                             | Unex               | kplained we             | eight loss: yes          | s/no                         |                              |
| History of trauma: yo                                   | es/no                  |                             |                    | P                       | maging: yes /            | no                           |                              |
| Patient goals / expe                                    | ctations               |                             |                    |                         | 1877 - L. 186 - 1870     | -                            |                              |
|   |                        |                             |                    |                         |                          |                              |                              |



#### **EXAMINATION**

| POSTURAL OBSER Sitting: erect / neu Other observations:   |                           |           | Change     | e of pos       | ture: <i>bette</i>                             | er/w  | orse / no effect                | Star    | nding:               | lordot         | ic / neut                              | ral / ky | /photic      |
|---|---------------------------|-----------|------------|----------------|--|-------|---------------------------------|---------|----------------------|----------------|--|----------|--------------|
| NEUROLOGICAL:   | NA /                      | motor /   | sensor     | y / reflex     | kes / neurody                                  | nam   | ic                              |         |                      |                |  |          |              |
| BASELINES: Pain ar  | nd fund                   | tional a  | ctivity    |                |  |       |                                 |         |                      |                |  |          |              |
| EXTREMITIES   |                           | shou      | lder / eli | bow / wi       | rist / hand _                                  |       |                                 |         |                      |                |  |          |              |
| MOVEMENT LOSS   | Maj                       | Mod       | Min        | Nil            | Symptoms                                       |       |                                 | Maj     | Mod                  | Min            | Nil                                    | Sym      | ptoms        |
| Flexion   |                           |           |            |                |  |       | Adduction /<br>Ulnar Deviation  |         |                      |                |  |          |              |
| Extension   |                           |           |            |                |  |       | Abduction /<br>Radial Deviation |         |                      |                |  |          |              |
| Supination  |                           |           |            |                |  | 1 †   | Internal Rotation               |         |                      |                |  |          |              |
| Pronation   |                           |           |            |                |  | 1 [   | External Rotation               |         |                      |                |  |          |              |
| Other:  |                           |           |            |                |  | 1 [   | Other:                          |         |                      |                |  |          |              |
| Passive Movement:   | note s                    | symptor   | ns, ranç   | ge and +       | -/- over press                                 | ure:  |                                 |         |                      |                | PDN                                    | И        | ERP          |
| Resisted test pain re<br>Other tests / static p   | 10.00                     | _         |            |                |  |       |                                 |         |                      |                |  |          |              |
| SPINE  Movement Loss  Effect of repeated mo  Effect of static position  Spine testing not management  Baseline Symptoms | ovemer<br>ning<br>elevani | nts       | ant / se   | condary        | problem  |       |                                 |         |                      |                |  |          |              |
| 8 (5)   |                           | 1         |            |                |  |       |                                 |         |                      |                |  |          |              |
| Repeated Te<br>Active / Passive m<br>resisted test, funct   | oveme                     | 1000      |            | Duri<br>oduce, | <b>Symptomationg</b><br>Abolish,<br>crease, NE |       | After<br>etter, Worse, NB, N    | ۱W,     | <b>↑</b> or <b>↓</b> | Effect<br>ROM, | cal Res<br>ct<br>strengtl<br>onal test | ,        | No<br>Effect |
|   |                           |           |            |                |  |       |                                 |         |                      |                |  |          |              |
|   |                           |           |            |                |  |       |                                 |         |                      |                |  |          |              |
| PROVISIONAL CLAS  |                           |           |            |                |  |       | Spine onal Preference           |         |                      |                |  |          |              |
| Dysfunction: Articula   | ar / Coi                  | ntractile | ×          |                |  | Post  | ural OTHER s                    | ubgrou  | p:                   |                |  |          |              |
| POTENTIAL DRIVER Descriptions:  |                           |           |            |                |  |       | rbidities Co                    | gnitive | - Emot               | ional          |  | Conte    | xtual        |
| PRINCIPLES OF MA  |                           |           |            |                |  |       |                                 |         |                      |                |  |          |              |
| Exercise type   |                           |           |            |                | Frequ  | uenc  | ру                              |         |                      |                |  |          |              |
| Other exercises / inte  | rventio                   | ns        |            |                |  |       |                                 |         |                      |                |  |          |              |
| Management goals  |                           |           |            |                |  |       |                                 |         |                      |                |  |          |              |
|   |                           |           |            |                | Si   | ignat | ure                             |         |                      |                |  |          |              |

