The McKenzie Institute International

CENTRE FOR POSTGRADUATE STUDY 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: https://www.mckenzieinstituteusa.org/forms.cfm
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 Acceptance of Application

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 <u>Cancellations, Transfers & Refunds</u>

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 <u>Refunds</u>

The refund policy is as follows:

Period	Refund Amount
Prior to 4 weeks before the exam	\$400.00
2-4 weeks before the exam	\$200.00
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.

The afternoon session will comprise the audio-visual presentation and performance simulation. 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 89 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 65 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.
- 4. 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.
- 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. (An illustration of the Attestation and Confidentiality Agreement is on the next page.)



ILLUSTRATION

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 2023) 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 65 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.

You agree not to divulge or discuss with anyone the contents of the written and practical examinations, the names of the other candidates taking the written and practical examinations, and how many candidates participated in the written and practical examinations.

Any and all content utilized in and developed for The McKenzie Institute Credentialing Examination, including the written and practical examinations, is the exclusive property of The McKenzie Institute International, licensed to The McKenzie Institute USA, and is protected by United States and international copyright laws.

Furthermore, all such content included in The McKenzie Institute Credentialing Examination is deemed proprietary and confidential information, and shall not be disclosed, copied, re-created, or forwarded by any candidate taking the examination. 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 Pre-requisites

The following courses are the mandatory prerequisite for this examination:

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

- Part A: MDT: The Lumbar Spine
- Part B: MDT: Cervical & Thoracic Spine
- Part C: MDT: Advanced Lumbar Spine and Extremities Lower Limb
- Part D: MDT: Advanced Cervical & Thoracic Spine and Extremities Upper Limb

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 books.*
- 3. Attending Clinical Decision Making and Advanced Procedure Courses
- 4. Take the 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 info@mckenzieinstituteusa.org.

7.3 Instruction Prior to Exam

Candidates cannot receive any form of instruction or feedback from Institute faculty or examiners, nor can faculty or examiners provide any instruction or feedback to candidates relating to any component of the examination including but not limited to the Performance Simulation within two weeks before the exam.



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 RFIS (repeated flexion in standing) produces back and leg pain which is no worse after and has no effect on movement baselines, REIS (repeated extension in standing) has no effect during and after, RFIL (repeated flexion in lying) has no effect during and after, REIL (repeated extension in lying) produces low back strain which is no worse after and has no effect on movement 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. RFIL (Repeated Flexion in Lying) 10/2hours, RFIS (Repeated Flexion in Standing) 10/2hours starting at midday, REIL (Repeated Extension in Lying) after either RFIL and RFIS for prevention, postural advice
 - RFIS (Repeated Flexion in Standing) 10/2hours, REIL (Repeated Extension in Lying) after the RFIS for prevention, postural advice
 - c. RFIL (Repeated Flexion in Lying) 10/2hours, REIL (Repeated Extension in Lying) after the RFIL for prevention, postural advice
 - d. RFIS (Repeated Flexion in Standing) 10/2hours, REIS (Repeated Extension in Standing) 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 24 hours 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 _				(~p)	{.}
Name _	Henry	Gender	M).(
Address _			((0 P)
Telephone _				1201	11 11
Date of Birth _		Age 3		18-2	
Referral: GP/Or	th /Self y Other		— <i>].(</i>	~ VI	MILIN
Work demands	Dentistry stude	ent, predominantly sitting	- W	1 100	Two 1 1 60
E MANAGEMENT MANAGEMENT		M = vocassastas contratas I to		\	11/
Leisure activitie	es <u>Gym work out</u>	•		(iv)	101
				\W/	\.\
		pisode Difficulty dressing lo	wer ½) Y {)}}}
	e to go to the gym			السالي	
NPRS (0-10)		7/10			
Present sympto		per body chart		inanananian (fash	
Present since	<u>7 d</u>	•			anging/worsening
	\sim	l backwards off approx. 0.5m	1 (ZII) wall and lande	<u>a on back</u> r	no apparent reason
	nset: (back)/thigh/				
		/ leg			
Worse	<u>bending</u>	<u>sitting</u> / rising (2 hrs)	<u>standing</u> (> 20 mins)	<u>walking</u> (> 20 mins)	lying
	am) as th	e day progresses (pm)		when still / on	the move
	other _				
Better	bending	sitting	standing	walking	<u>lying</u>
	am / <u>as th</u>	e day progresses / pm		when still / on	the move
	other _				
Disturbed sleep	yes /no	Sleeping postures: pro	one / sup / side R	/ L Surface: _	
Previous spinal	history Nil				
Previous treatm	nents <u>Nil</u>				
					-
SPECIFIC QUE		Disables / David		_	
Cough / specz		Bladder / Bowel:	rmai y abnormai	G	alt normal abnormal
Medications:			donal primarila descentration aco		COLD DESIGNATION
General Health	/ Comorbidities:	Good general health, stress	sed about exams and ecent / relevant surge		do them
History of cance	er: ves /no	*	nexplained weight lo	· · · —	
History of traum	<i>'</i> \(\times \)			ng: <i>yes (no)</i> ng: <i>yes(no</i>)	
		o be able to sit for exams w		TO 100 100 TO 10	to the gym
J		The second section of the second seco	and the same of th		



POSTURAL OBSER	VATION											
Sitting: lordotic / neutral / kyphotic Change of posture: better / worse / no effective control of the control						ct						
Standing: lordotic / neutral / kyphotic				Lateral shift: right / left / nil			Shift relevant: yes / no					
Other observations /	functional	l baseline	es:									
NEUROLOGICAL												
Motor deficit	2				Refle							
Sensory deficit	,				Neur	odynamic tests						
MOVEMENT LOSS	Maj	Maj Mod Min Nil Symptoms										
Flexion												
Extension												
Side gliding R												
Side gliding L												
Other	E201 12.01			W 12	100	ar we war we		190				
TEST MOVEMENTS						g: produces, abolishes, incomes, no better, no worse						
ř	30110011	, por 1		mptomati		The state of the s	, 110 0111	Mechanical resp				
				протац	с гезр	Onse			80 08			
		Durin	ng testing			After testing		Effect - ↑ or ♥ ROM or	No effect			
								key functional test				
Pretest symptoms s		0										
Rep FIS												
EIS												
Rep EIS												
Pretest symptoms lying												
FIL												
Rep FIL												
Rep EIL												
Pretest symptoms												
SGIS - R									e-			
Rep SGIS - R												
SGIS - L												
Rep SGIS - L Other movements												
STATIC TESTS	61 MHZ 10		10 80	(2009) 40	1214							
Sitting slouched / ere	ct / lying	prone in	extensior	ı / long sit	tting							
OTHER TESTS												
PROVISIONAL CLAS	SSIFICAT	ΓΙΟΝ										
Derangement Ce	ntral or sy	ymmetric	al Unil	ateral or a	asymm	netrical above knee Uni	ilateral d	or asymmetrical belo	w knee			
Directional Preferenc	e:											
Dysfunction: Direct	ion			_ Postu	ıral	OTHER subgroup:						
POTENTIAL DRIVER	RS OF PA	AIN AND	/ OR DIS	ABILITY	Co				ntextual			
Descriptions:												
PRINCIPLES OF MA	NAGEMI	ENT										
Education	-											
Exercise type				Free	quency	′						
Other exercises / inte	rventions	<u> </u>										
Management goals												
10 570	900:	· · · · · ·	-			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

		(ENZIE IN EXTREMI			:NIT		
No. of the last of	OVVLIX		IILO AO	OL OOIVIL			
Date					مرب)	}	(·)
Name K	han		Gend	der M	ن ر).(
Address					(1)	7	(3.67)
Telephone					1173		1101011
Date of Birth			Age	48	18.	AL	1-1-1-1
Referral GP / Orth					11	Λ	11 11
Work demands	Governn	nent administrat	or 40 hrs/weel	κ	W Y	10	W/ 1 W
Leisure activities	Running	5x per week)[1	
Functional limitati	on for prese	ent episode: D	ifficulty with ru	ınning	· (\)	7	())
Outcome / Screen	ning score				· } }	{	
NPRS (0-10)		0-7/10			السالي	.	
Present symptom	ns	As per body o	hart		70.		
Present since		Four months				improvir	ng (unchanging) worsening
Commenced as a	a result of	Fell and lande	ed on flexed kr	nee		_	no apparent reason
Symptoms at ons	set	As per body of	hart				Paraesthesia: yes (no)
Spinal history		Nil				_	Cough / Sneeze +ve / ve
Constant sympton	ms:			Intermitter	t symptoms: X		50 00 500 (
Worse	bendir	ng sitting / risi	ng / first few s	teps star	ding <u>walking</u>	stairs •	squatting / kneeling
	em /a	s <u>the day prog</u> re	esses /pm	when still / c	n th e mav e	Sleepin	g: prone/ <u>sup</u> /sideR/L
		getting in an		III or our o	and move	Олоори	g. pronor <u>eap</u> roldo rr. L
Better	bendir		eittina	stan	ding walking	stairs	squatting / kneeling
Detter		rs s <u>the day progr</u> e	-	when still / c	-		g: prone/sup/side R/L
		Sleeping with				Олобри	g. prener cup render (r. 2
Continued use m	akes the pa	in: <i>better</i>	wors	e)	no effect	Distu	rbed sleep <u>yes</u> / no
Pain at rest	<u>yes</u> /n	0			Site:	bac	k / hip (knee)/ ankle / foot
Other Questions:		swelling	<u>catc</u>	hing / clicking	/Looking	givi	ng way / falling
Previous history	No pas	st history					
Previous treatme	nts Nil						
Medications Initi	ially NSAID	S no effect, so s	topped				
General health / (Comorbiditie	es: <u>hypertensio</u>	n				
			200	Recent / relev	vant surgery: yes	no	
History of cancer	yes 🔞 .			Unexplained	weight loss: yes	@	
History of trauma	yes no			Ir	naging: ve / no		
Patient goals / ex	pectations:	Running no	pain, stairs no	o pain			



POSTURAL OBSER	VATIO	-											
Sitting: lordotic ne Other observations:	eutraD I	kyphotic	Cha	ange of	f posture: b	etter / worse	no effec	D Sta	nding:	lordo	tic Rneu	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 Inversion	n						
Extension			Х		knee	Abducti 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 oning			condar	ry problem								
Effect of repeated mo	ovemen oning relevant			condar	ry problem								
Effect of repeated mo Effect of static position Spine testing not r	ovemen oning relevani				y problem				Me	echani	cal Re	spon	ıse
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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.

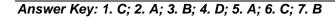
Physical Examination – Baseline symptoms nil. Squat and kneeling both produce pain at end range.

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 Information

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 procedure 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

MDT Assessment Forms





THE McKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

Date				7
Name	G	ender	î.) (.)	}
Address				:00
Telephone		(1-	(1)	[V,)
Date of Birth	A	ge) /		
Referral: GP/Orth/Se	elf / Other	[]		
Work demands			7 11\ //I-	1-11/
Leisure activities				
Functional limitation t	for present episode	\\	V/	M
Outcome / Screening	score			
NPRS (0-10)	50) 8			
Present symptoms	-			
Present since	(<u>-</u>		improving / unchangin	g / worsening
Commenced as a res	sult of		no app	parent reason
Symptoms at onset:	back / thigh / leg			
Constant symptoms:	back / thigh / leg	Intermittent symptoms	: back / thigh / leg	
Worse	bending sitting / risir	ng standing	walking	lying
	am / as the day progresses / pn		when still / on the move	е
Better	bending sitting	standing	walking	lying
	am / as the day progresses / pn	n	when still / on the move	
	other			1221
Disturbed sleep	yes / no Sleeping postur	res: prone / sup / side R /	L Surface:	
Previous spinal histo	ry			
Previous treatments				
SPECIFIC QUEST	IONS			
Cough / sneeze /s	train Bladder / Bo	owel: normal / abnormal	Gait: norma	al / abnormal
Medications:				
General Health / Con	norbidities:			
ÿ.		Recent / relevant surgery	100 - 1 189 200 - 100 -	
	s / no		yes / no	
	s / no		:yes/no	
Patient goals / expec	tations:			



POSTURAL OBSER									
Sitting: lordotic / neut.	500					better / worse / i	20000 1000 4		
Standing: lordotic / n		-		_ateral sh	nift: <i>rigi</i>	ht / left / nil	Shift rel	evant: yes/no	
Other observations / f	functiona	l baseline	s:						
NEUROLOGICAL									
Motor deficit					_ Refle	xes			
Sensory deficit					_ Neur	odynamic tests	2		
MOVEMENT LOSS	Maj	Mod	Min	Nil	Ĭ		Symptom	S	
Flexion									
Extension									
Side gliding R									
Side gliding L									
Other									
TEST MOVEMENTS								, decreases, no effect ect, centralised, perip	
			Sy	mptoma	tic resp	onse		Mechanical resp	onse
			g testing			After te	sting	Effect - ↑ or ♥ ROM or key functional test	No effect
Pretest symptoms s								,	
FIS									
Rep FIS									
EIS									
Rep EIS	dha.								
Pretest symptoms ly	3550								
Pen FII									
Rep FIL									
Rep EIL									
Pretest symptoms									
SGIS - R									
Rep SGIS - R									
SGIS - L									
Rep SGIS - L									
Other movements									
STATIC TESTS									
Sitting slouched / ere-	ct / lying	prone in e	extension	n / long s	itting _				
OTHER TESTS	CO 0000			9943	500000				
PROVISIONAL CLAS	SSIFICA	TION							
			al Unil	ateral or	asymm	netrical above kne	e Unilateral	or asymmetrical belo	w knee
Directional Preference	e:								
Dysfunction: Directi				Postu	ral	OTHER subgro	up:		
POTENTIAL DRIVER						omorbidities	Cognitive - E	motional Co	ntextual
Descriptions:									
PRINCIPLES OF MA	AND DE DESCRIPTION								
Education	-								
Exercise type					Fr	equency			
Other exercises / inte	rventions	s							*
Management goals	-								
						Signature			





THE McKENZIE INSTITUTE CERVICAL SPINE ASSESSMENT

Date					\cap	\odot
Name			Gender		(A)	۲ ۲
Address						(3) E)
Telephone					{ - { } - }	$(V_{i}V_{j})$
Date of Birth			Age		18:41	
Referral: GP / Orth /	Self / Other				M	
Work demands				- L	(Y)	(W) +) W
Leisure activities) ((
Functional limitation	on for present e	pisode			\W/	/\/\
Outcome / Screen	ing score					
NPRS (0-10)						
Present Symptom	s					
Present since	<u></u>				improving	ı / unchanging / worsening
Commenced as a	result of					no apparent reason
Symptoms at onse	et: neck/arm/	forearm / head				
Constant sympton	ns: neck/arm/fo	rearm/head	Inter	mittent sympto	ms: neck/arm/foreari	m/head
Worse	bending		sitting		turning	lying / rising
	- 12	day progresses /			when still / on the	move
Better	bending		sitting		turning	lying
	am / as the	day progresses /	pm		when still / on the	move
Disturbed Sleep	1.000	Sleeping post	ures: prone / s	sup / side R / L	Pillows:	
Previous spinal his	story					
Previous treatmen	its					
SPECIFIC QUE	 STIONS					
		vision / speech_			Gait / Upper	Limbs: normal / abnormal
Medications:		200				
-				ecent / relevant	surgery: yes / no _	
History of cancer:	yes / no		Ur	nexplained wei	ght loss: yes/no _	
History of trauma:	yes / no			1	maging: yes/no _	
Patient goals / exp	oectations:					



POSTURAL OBSE Sitting: erect / neu Change of posture:	tral / slui	тр			ed head: yes					on: <i>right /</i> elevant: j		
Other observations	/ function	nal base	elines: .									
NEUROLOGICAL Motor deficit				·	Ref	lexe	es					
Sensory deficit							ynamic tests					
MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms	Ī		Maj	Mod	Min	Nil	Symptom
Protrusion						Ī	Lateral flexion R					
Flexion						1	Lateral flexion L					
Retraction							Rotation R					
Extension							Rotation L					
TEST MOVEMENTS											ct, centra	lising,
	periphen	alising. A	ifter: be		se, no better, i ymptomatic r		rorse, no effect, cen onse	tralised,	periph		inical res	ponse
		D	uring te		,p.ea	<u></u>	After test	ting		Effe	ect - ROM or	No
Pretest symptoms sitt	ng _									Key Iulio	ionai tes	ellect
PRO												
Rep PRO RET												
Rep RET												
RET EXT												
Rep RET EXT												
Pretest symptoms lyin RET	g _								-			
Rep RET												
RET EXT												
Rep RET EXT								_			_	
Pretest symptoms	-								_			
LF - R												
LF - L												
Rep LF - L								_	_		_	
ROT - R Rep ROT - R									1			
ROT - L												
Rep ROT - L												
FLEX									-			
Rep FLEX Other movements												
STATIC TESTS Pr	o / Ret /	Flex / O	ther				OTHER TESTS _					
PROVISIONAL CLASS Derangement Ce	ntral or		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 Education	GEMEN	NT										
Exercise type					Fred	uer	ıcy					
Other exercises / interve	entions						0 /0					
Management goals												
					S	igna	ture				- x x	-, 3
								N	1cKenzi	e Institute	Internation	nal 2020©





THE McKENZIE INSTITUTE THORACIC SPINE ASSESSMENT

Date			{~p}	{	٠ }
Name		Gender)*()).
Address				\ \(\sigma_{\hat{\gamma}}\)	(7)
Telephone			—— 11光7	110	11
Date of Birth		Age	$ /r \cdot \chi$	1-1-	\~\~\
Referral: GP/Orth/	Self / Other			$\Lambda = I\Lambda$	" N
Work demands	3		- W]]	1 Tol 1	1/6
Leisure activities	-)::];()	1
Functional limitation	on for present epi	sode	\\\/_	<i>\</i>	\(\lambda\)
Outcome / Screen	ing score		(سالینا	4	X
NPRS (0-10)	(
Present symptoms					
Present since	8		impro	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: prof	ne / sup / side R / L Pillov	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 _		
			explained weight loss: yes / no _		
			Imaging: yes / no _		
Patient goals / exp	ectations:				



POSTURAL OBSERV	/ATION							
Sitting: erect / neutral	/ slump	F	Protrude	d head:	yes / no Chan	ge of posture: better / wo	orse / no effect	
Standing: neutral / ky	photic _							
Other observations / f	unctiona	l baselin	ies:					
NEUROLOGICAL (up	per and	lower lir	mb)					
Motor deficit					Reflexes			
Sensory deficit					Neurodynamic	tests		
						CERVICAL SPINE I TESTING	REPEATED MOVEME	ENT
MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms	Rep Pro		
Flexion						Rep Ret		
Extension						Rep Ret Ext		
Rotation R						Rep LF - R		
Rotation L						Rep LF - L		
Other						Rep ROT - R		
						Rep ROT - L		
						Rep Flex		
TEST MOVEMENTS						es, abolishes, increases,		1000 Ma
_	centrali	sing, per	ipheralis			better, no worse, no effe	The state of the s	
				5	ymptomatic respo	onse	Mechanical resp	onse I
			During t	_		After testing	Effect - ↑ or ♥ ROM or key functional test	No effect
Pretest symptoms s	itting _							
FLEX _								
Rep FLEX _								
EXT _								
Rep EXT								5
Pretest symptoms ly	ring							
EIL (prone)								
Rep EIL (prone)								
EIL (supine)								
Rep EIL (supine)								
Pretest symptoms s	itting							
ROT - R	–					6		
Ren ROT - R						*		
Rep ROT - R								
Pan POT -I								
Rep ROT - L Other movements								
STATIC TESTS Flex						OTHER TESTS		
PROVISIONAL CLAS	SIFICA	TION						
Derangement			tral or sy	/mmetric	eal	Unilateral or asymme	etrical	
Directional Preference	۵۰			, minocine		omatorar or doymme	Striour	
Dysfunction: Direction			Pos	tural	OTHE	R subgroup:		
POTENTIAL DRIVER Descriptions:	S OF P	AIN AND) / OR D	ISABILI		dities Cognitive -	Emotional Cor	itextual
•								
PRINCIPLES OF MA Education	NAGEN	LINI						
22					Frea	uency		
Other exercises / inter						-7		
Management goals								
					Siar	nature		





THE McKENZIE INSTITUTE LOWER EXTREMITIES ASSESSMENT

Date		\bigcirc
Name	Gender	
Address		TO TO TO
Telephone	{	1-{{-}{}}
Date of Birth	Age	
Referral: GP/Orth/S	eff / Other	
Work demands _		(Y)) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
-	for present episode	
Outcome / Screenin	g score	
Present symptoms		
Present since	0	improving / unchanging / worsening
Commenced as a re	sult of	no apparent reason
Symptoms at onset		Paraesthesia: yes / no
Spinal history		Cough / Sneeze +ve / -ve
Constant symptoms	: Intermittent sympto	oms:
Worse	bending sitting / rising / first few steps standing am / as the day progresses / pm when still / on the m	walking stairs squatting / kneeling ove Sleeping: prone / sup / side R / L
Better	bending sitting standing am / as the day progresses / pm when still / on the m other	walking stairs squatting / kneeling ove Sleeping: prone / sup / side R / L
Continued use make	es the pain: better worse no effec	t Disturbed sleep yes / no
Pain at rest	yes/no Site	e: back / hip / knee / ankle / foot
Other Questions:	swelling catching / clicking / lockin	ng giving way / falling
Previous history		
Previous treatments		
Medications		
General health / Cor	norbidities:	
	Recent / relevant su	
History of cancer: ye	es / no Unexplained weight	
		ing: yes / no
	ctations	
_		



POSTURAL OBSER Sitting: lordotic / no Other observations:	eutral /		: Cha	ange of	posture:	bett	ter / worse / no effec	t Stai	nding:	lordo	tic / neu	tral /	kyphotic
NEUROLOGICAL:	NA /	motor /	sensor	y / refle	exes / neur	odyna	amic						2
BASELINES: Pain a	nd func	ctional a	ctivity										
EXTREMITIES		hip / l	knee / a	inkle / f	foot								
MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptor	ns		Maj	Mod	Min	Nil	Sy	mptoms
Flexion							Adduction / Inversion						
Extension							Abduction / Eversion						
Dorsi Flexion			90				Internal Rotation						7.
Plantar Flexion							External Rotation						
Other:							Other:						
Passive Movement: Resisted test pain r Other tests / static ;	espons	se _	ns, rang	ge and	T/- Over pi	essure	e				PD		ERP
SPINE Movement Loss													
Effect of repeated mo	ovemer	nts											
Effect of static position	oning .												
Spine testing not r	elevan	t / releva											
Spine testing not r	elevan	t / releva			y problem				M	lechan	ical Re	asno	nse
Spine testing not r	ests	t / releva	ant / se	condar Dui roduce	y problem	natic F		NW,	↑ or √	Effe ROM	nical Resect , strenge	gth	nse No Effect
Spine testing not r Baseline Symptoms Repeated To Active / Passive n	ests	t / releva	ant / se	condar Dui roduce	y problem Symptom ring , Abolish,	natic F	Response After Better, Worse, NB,	NW,	↑ or √	Effe ROM	ct , streng	gth	No
Spine testing not r Baseline Symptoms Repeated To Active / Passive n	ests	t / releva	ant / se	condar Dui roduce	y problem Symptom ring , Abolish,	natic F	Response After Better, Worse, NB,	NW,	↑ or √	Effe ROM	ct , streng	gth	No
Active / Passive n	ests	t / releva	ant / se	condar Dui roduce	y problem Symptom ring , Abolish,	natic F	Response After Better, Worse, NB,	NW,	↑ or √	Effe ROM	ct , streng	gth	No
Spine testing not r Baseline Symptoms Repeated To Active / Passive n	ests	t / releva	ant / se	condar Dui roduce	y problem Symptom ring , Abolish,	natic F	Response After Better, Worse, NB,	NW,	↑ or √	Effe ROM	ct , streng	gth	No
Spine testing not r Baseline Symptoms Repeated To Active / Passive n	ests	t / releva	ant / se	condar Dui roduce	y problem Symptom ring , Abolish,	natic F	Response After Better, Worse, NB,	NW,	↑ or √	Effe ROM	ct , streng	gth	No
Spine testing not r Baseline Symptoms Repeated To Active / Passive n resisted test, fund PROVISIONAL CLA	ests novemetional	ent, test	P Incre	Dui roduce ease, D	Symptom ring , Abolish, ecrease, N	es Direct	Response After Better, Worse, NB, NE Spine ctional Preference		↑orV or ke	Effe ROM y functi	ct , streng ional te	gth	No
Spine testing not r Baseline Symptoms Repeated To Active / Passive n resisted test, fund PROVISIONAL CLA Derangement	ests novementional	ent, test	P Incre	Dui roduce ase, D	Symptom ring , Abolish, ecrease, N	es DirecPc	Response After Better, Worse, NB, NE Spine ctional Preference _ ostural OTHER s	ubgrou	↑orV or ke	Effe ROM	ct , streng ional te	yth st	No
PROVISIONAL CLA Derangement Dysfunction: Articul POTENTIAL DRIVE Descriptions: PRINCIPLES OF MA	ests novementional assirio	ent, test CATION ontractile	P Incre	Dui roduce ease, D	Symptom ring , Abolish, ecrease, N Extremitie	es DirecPc	Response After Better, Worse, NB, NE Spine ctional Preference _ ostural OTHER s	ubgrou	↑ or v	Effe ROM	ct , streng ional te	yth st	No Effect
Baseline Symptoms Repeated To Active / Passive n resisted test, fund PROVISIONAL CLA Derangement Dysfunction: Articul POTENTIAL DRIVE Descriptions: PRINCIPLES OF MA Education	ests novementional assific	ent, test CATION ontractile	P Incre	Dui roduce ase, D	Symptom ring , Abolish, ecrease, N	es Direc	Response After Better, Worse, NB, NE Spine ctional Preference _ ostural OTHER s	ubgrou	↑ or or ke	Effe ROM y functi	ect , strengional te	gth st	No Effect
Baseline Symptoms Repeated To Active / Passive n resisted test, fund PROVISIONAL CLA Derangement Dysfunction: Articul POTENTIAL DRIVE Descriptions: PRINCIPLES OF MA Education	ests novementional	ent, test CATION entractile	P Incre	Dui roduce ase, D	Symptom ring , Abolish, ecrease, N Extremitie	es Direc Con	Spine ctional Preference ostural OTHER smorbidities	ubgrou	↑ or or ke	Effe ROM y functi	ect , strengional te	gth st	No Effect
Baseline Symptoms Repeated To Active / Passive n resisted test, fund PROVISIONAL CLA Derangement Dysfunction: Articul POTENTIAL DRIVE Descriptions: PRINCIPLES OF MA Education Exercise type	ests novementional	ent, test CATION entractile	P Incre	Dui roduce ase, D	Symptom ring , Abolish, ecrease, N Extremitie	es Direc Con	Spine ctional Preference ostural OTHER smorbidities	ubgrou	↑ or or ke	Effe ROM y functi	ect , strengional te	gth st	No Effect
PROVISIONAL CLA Derangement Dysfunction: Articul POTENTIAL DRIVE Descriptions: PRINCIPLES OF MA Education Exercise type Other exercises / interest of the second control of the	ests novementional	ent, test CATION Intractile F PAIN A	P Incre	Dui roduce ase, D	Symptom ring , Abolish, ecrease, N Extremitie	es Direc Con	Spine ctional Preference ostural OTHER smorbidities	ubgrou	↑ or or ke	Effe ROM y functi	ect , strengional te	gth st	No Effect





THE MCKENZIE INSTITUTE UPPER EXTREMITIES ASSESSMENT

Date					\bigcirc	\overline{C}	`
Name			Gender		(A)	4	γ
Address						× 60	Ein .
Telephone					{ - 	1) (,	V_{ij}
Date of Birth			Age			{	-101
Referral: GP/Orth/S	elf / Other			<u></u>	IN		\mathcal{N}
Work demands _					III Y	11/2/11-4	-11/
Leisure activities _ _ Functional limitation		oisode					
Outcome / Screening	g score						3
NPRS (0-10)	-				Han	dedness: Right / Le	ft
Present symptoms							
Present since	***					improving / unchang	ging / worsening
Commenced as a re	esult of					_ no ap	parent reason
Symptoms at onset	N2						nesia: yes / no
Spinal history	Q					_	eeze +ve / -ve
Constant symptoms	:		Inte	rmittent sy	mptoms:		
Worse	0.±012e000	sitting day progresses /	* San State Control of	neck still / on th	dressing e move	reaching Sleeping: prone / s	gripping sup / side R / L
Better	bending am / as the	sitting day progresses /	turning pm when	g neck still / on th	dressing e move	reaching Sleeping: prone / s	gripping 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							
Medications							
General health / Cor	morbidities: _						
			Rece	nt / relevar	nt surgery: yes	:/no	
						s/no	
History of trauma: ye					maging: yes /		
Patient goals / expe					780 CS 184	-	
	100 m / 6 70000 m (6000 T (600						



POSTURAL OBSER Sitting: erect / neu Other observations:			Chang	e of pos	sture:	better	/ worse / no effect	Sta	nding:	lordot	ic / neu	tral /	kyphotic
NEUROLOGICAL:	NA /	motor /	sensor	y / refle	xes / ne	eurodyn	amic						3
BASELINES: Pain a	nd func	tional a	ctivity										
EXTREMITIES			- 1 2	bow/w	rist / ha	ınd _							
MOVEMENT LOSS	Maj	Mod	Min	Nil	Symp	otoms		Maj	Mod	Min	Nil	Sy	mptoms
Flexion							Adduction /						
Extension							Ulnar Deviation Abduction /						
Supination			<u> </u>				Radial Deviation Internal Rotation						
Pronation							External Rotation						
Other:							Other:						
Passive Movement:		0.00	ns, ranç	ge and -	+/- over	pressu	re:				PDI	IVI	ERP
Other tests / static p	ositio	ning _											
SPINE Movement Loss Effect of repeated mo Effect of static position	ovemen	ıts											
Spine testing not r Baseline Symptoms	elevant	/ relev		condary									
Spine testing not r	elevant	/ relev	ant / se	condary		%			M	echani	ical Re	spor	nse
Spine testing not r	elevant	ent,	ant / se	condary	Symptoing Abolish	omatic	Response After Better, Worse, NB, NE		↑ or ↓	Effect ROM,	ical Res	:h	nse No Effect
Spine testing not r Baseline Symptoms Repeated Te Active / Passive m	elevant	ent,	ant / se	Duri	Symptoing Abolish	omatic	Response After Better, Worse, NB,		↑ or ↓	Effect ROM,	ct strengt	:h	No
Spine testing not r Baseline Symptoms Repeated Te Active / Passive m	elevant	ent,	ant / se	Duri	Symptoing Abolish	omatic	Response After Better, Worse, NB,		↑ or ↓	Effect ROM,	ct strengt	:h	No
Spine testing not r Baseline Symptoms Repeated Te Active / Passive m	elevant	ent,	ant / se	Duri	Symptoing Abolish	omatic	Response After Better, Worse, NB,		↑ or ↓	Effect ROM,	ct strengt	:h	No
Spine testing not r Baseline Symptoms Repeated Te Active / Passive m	elevant	ent,	ant / se	Duri	Symptoing Abolish	omatic	Response After Better, Worse, NB,		↑ or ↓	Effect ROM,	ct strengt	:h	No
Spine testing not r Baseline Symptoms Repeated Te Active / Passive m	elevant	ent,	ant / se	Duri	Symptoing Abolish	omatic	Response After Better, Worse, NB,		↑ or ↓	Effect ROM,	ct strengt	:h	No
Spine testing not r Baseline Symptoms Repeated Te Active / Passive m resisted test, funct PROVISIONAL CLA Derangement Dysfunction: Articula POTENTIAL DRIVE	elevant ests ests ests ssiFic ar / Cor	ATION ATION PAIN A	Pr Incre	Duri roduce, ase, De	Symptoning Abolisherrease	omatic n, NE ities Dire P	Response After Better, Worse, NB, NE Spine ectional Preference ostural OTHER sections	NW,	↑ or vor key	Effect ROM,	ct strengt onal tes	t t	No Effect
Spine testing not r Baseline Symptoms Repeated Te Active / Passive m resisted test, funct PROVISIONAL CLA Derangement Dysfunction: Articula POTENTIAL DRIVE	elevant ests ests ests ssiFic ar / Cor	ATION ATION PAIN A	Pr Incre	Duri roduce, ase, De	Symptoning Abolisherrease	omatic n, NE ities Dire P	Response After Better, Worse, NB, NE Spine ectional Preference ostural OTHER sections	NW,	↑ or vor key	Effect ROM,	ct strengt onal tes	t t	No Effect
Spine testing not r Baseline Symptoms Repeated Te Active / Passive m resisted test, funct PROVISIONAL CLA Derangement Dysfunction: Articula POTENTIAL DRIVER Descriptions: PRINCIPLES OF MA	elevant s ests evemetional t SSIFIC ar / Cor	ATION htractile PAIN A	Pr Incre	Duri roduce, ase, De	Symptoning Abolish ccrease	omatic n, NE ities Dire P	Response After Better, Worse, NB, NE Spine ectional Preference ostural OTHER sections	NW,	↑ or vor key	Effect ROM,	ct strengt onal tes	t t	No Effect
Spine testing not r Baseline Symptoms Repeated Te Active / Passive m resisted test, funct PROVISIONAL CLA Derangement Dysfunction: Articula POTENTIAL DRIVER Descriptions: PRINCIPLES OF MA Education	elevant s ests evemetional t SSIFIC ar / Cor	ATION htractile PAIN A	Pr Incre	Duri roduce, ase, De	Symptoing Abolish ccrease	omatic n, NE iities Dire P	Response After Better, Worse, NB, NE Spine ectional Preference ostural OTHERs morbidities Care	NW,	n or vor vor key	Effect ROM,	ct strengt onal tes	t t	No Effect
Spine testing not r Baseline Symptoms Repeated Te Active / Passive m resisted test, funct PROVISIONAL CLA Derangement Dysfunction: Articula POTENTIAL DRIVEI Descriptions: PRINCIPLES OF MA Education Exercise type	ssific ar / Cor	ATION atractile PAIN A	Pr Incre	Duri roduce, ase, De	Symptoing Abolish ccrease	omatic n, NE iities Dire P Co	Response After Better, Worse, NB, NE Spine ectional Preference ostural OTHER semorbidities Company	NW,	n or vor vor key	Effect ROM,	ct strengt onal tes	t t	No Effect
Spine testing not r Baseline Symptoms Repeated Te Active / Passive m resisted test, funct PROVISIONAL CLA Derangement Dysfunction: Articula POTENTIAL DRIVER Descriptions: PRINCIPLES OF MA	ssific ar / Cor	ATION atractile PAIN A	Pr Incre	Duri roduce, ase, De	Symptoing Abolish ccrease	omatic n, NE iities Dire P Co	Response After Better, Worse, NB, NE Spine ectional Preference ostural OTHER semorbidities Company	NW,	n or vor vor key	Effect ROM,	ct strengt onal tes	t t	No Effect
Spine testing not r Baseline Symptoms Repeated Te Active / Passive m resisted test, funct PROVISIONAL CLA Derangement Dysfunction: Articula POTENTIAL DRIVER Descriptions: PRINCIPLES OF MARE Education Exercise type Other exercises / interest	ssific ar / Cor	ATION atractile PAIN A	Pr Incre	Duri roduce, ase, De	Symptoing Abolish ccrease	omatic n, NE iities Dire Co Frequ	Response After Better, Worse, NB, NE Spine ectional Preference ostural OTHER semorbidities Company	NW,	n or vor vor key	Effect ROM,	ct strengt onal tes	Con	No Effect

