



# THE MCKENZIE INSTITUTE CERVICAL SPINE ASSESSMENT

Date \_\_\_\_\_

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_

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

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

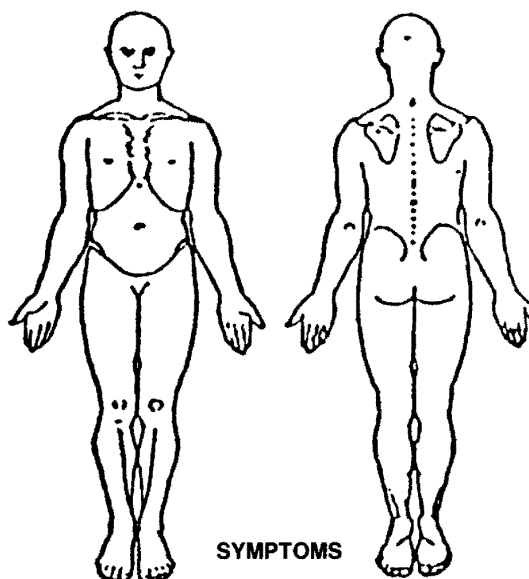
Work: Mechanical stresses \_\_\_\_\_

Leisure: Mechanical stresses \_\_\_\_\_

Functional Disability from present episode \_\_\_\_\_

Functional Disability score \_\_\_\_\_

VAS Score (0-10) \_\_\_\_\_



## HISTORY

Present Symptoms \_\_\_\_\_

Present since \_\_\_\_\_ improving / unchanging / worsening

Commenced as a result of \_\_\_\_\_ or no apparent reason

Symptoms at onset: neck / arm / forearm / headache \_\_\_\_\_

Constant symptoms: neck / arm / forearm / headache Intermittent symptoms: neck / arm / forearm / headache

Worse bending sitting turning lying / rising  
am / as the day progresses / pm when still / on the move  
other \_\_\_\_\_

Better bending sitting turning lying  
am / as the day progresses / pm when still / on the move  
other \_\_\_\_\_

Disturbed Sleep Yes / No Pillows \_\_\_\_\_

Sleeping postures prone / sup / side R / L Surface firm / soft / sag

Previous Episodes 0 1-5 6-10 11+ Year of first episode \_\_\_\_\_

Previous History \_\_\_\_\_

Previous Treatments \_\_\_\_\_

## SPECIFIC QUESTIONS

Dizziness / tinnitus / nausea / swallowing / +ve / -ve Gait / Upper Limbs: normal / abnormal

Medications: Nil / NSAIDS / Analg / Steroids / Anticoag / Other \_\_\_\_\_

General health: Good / Fair / Poor \_\_\_\_\_

Imaging: Yes / No \_\_\_\_\_

Recent or major surgery: Yes / No \_\_\_\_\_ Night pain: Yes / No \_\_\_\_\_

Accidents: Yes / No \_\_\_\_\_ Unexplained weight loss: Yes / No

Other \_\_\_\_\_

## EXAMINATION

### POSTURAL OBSERVATION

Sitting: *Good / Fair / Poor*    Standing: *Good / Fair / Poor*    Protruded Head: *Yes / No*    Wry neck: *Right / Left / Nil*  
 Correction of Posture: *Better / Worse / No effect* \_\_\_\_\_    Relevant: *Yes / No*  
 Other Observations \_\_\_\_\_

### NEUROLOGICAL

Motor Deficit \_\_\_\_\_    Reflexes \_\_\_\_\_  
 Sensory Deficit \_\_\_\_\_    Dural Signs \_\_\_\_\_

MOVEMENT LOSS	Maj	Mod	Min	Nil	Pain
Protrusion					
Flexion					
Retraction					
Extension					

	Maj	Mod	Min	Nil	Pain
Lateral flexion R					
Lateral flexion L					
Rotation R					
Rotation L					

**TEST MOVEMENTS** Describe effect on present pain – **During:** produces, abolishes, increases, decreases, no effect, centralising, peripheralising. **After:** better, worse, no better, no worse, no effect, centralised, peripheralised.

	Symptoms During Testing	Symptoms After Testing	Mechanical Response		
			↑Rom	↓Rom	No effect
<b>Pretest symptoms sitting</b> _____					
PRO _____					
Rep PRO _____					
RET _____					
Rep RET _____					
RET EXT _____					
Rep RET EXT _____					
<b>Pretest symptoms lying</b> _____					
RET _____					
Rep RET _____					
RET EXT _____					
Rep RET EXT _____					
<b>If required pretest pain sitting</b> _____					
LF - R _____					
Rep LF - R _____					
LF - L _____					
Rep LF - L _____					
ROT - R _____					
Rep ROT - R _____					
ROT - L _____					
Rep ROT - L _____					
FLEX _____					
Rep FLEX _____					

### STATIC TESTS

Protrusion \_\_\_\_\_    Flexion \_\_\_\_\_  
 Retraction \_\_\_\_\_    Extension: *sitting / prone / supine* \_\_\_\_\_

### OTHER TESTS

### PROVISIONAL CLASSIFICATION

Derangement                      Dysfunction                      Postural                      OTHER  
 Central or Symmetrical              Unilateral or Asymmetrical above elbow              Unilateral or Asymmetrical below elbow

### PRINCIPLE OF MANAGEMENT

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