The McKenzie Institute International

CENTRE FOR POSTGRADUATE STUDY IN MECHANICAL DIAGNOSIS AND THERAPY



International Credentialling Exam

Candidate Information Booklet

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INTERNATIONAL CREDENTIALLING EXAM

SECTION ONE CREDENTIALLING EXAM OVERVIEW

The International Credentialling Exam is the primary level of certification for Clinicians who have completed the Part A – D schedule of MDT courses.

To attain the status and qualification of "Cred. MDT" or "Cert. MDT" you need to undertake an examination to fully demonstrate your thorough understanding of the principles of MDT.

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 - D of the McKenzie Institute International Education Programme, and are a licensed clinician, currently in good standing with your provincial college. Clinicians that did not take all their courses in Canada will need to provide evidence of their attendance at Parts A - D courses.

3. FORMAT OF THE EXAMINATION

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

3.1 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

3.2 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.

3.2.1 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.

3.2.2 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.

3.2.3 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.

3.2.4 <u>Audio-Visual Presentation</u>

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

3.2.5 Performance Simulation

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.

4. 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.

5. REGULATIONS FOR THE EXAMINATION

You can be dismissed from the examination for:

- 1. Impersonating another candidate
- 2. Not following the online examination guidelines provided by MICanada

6. EXAMINATION Guidelines

6.1 Instruction Prior to Exam

- 1. Exam candidates CANNOT use a CHROMEBOOK or similar, mobile phone, or tablet for the online examination
- 2. Exam candidates cannot wear a headset or speak during the exam
- 3. Even though this is an online exam, you cannot play music during the exam as you are being recorded, and it will interfere with the quality of the recording

6.2 <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.

7. SOFTWARE PREPARATIONS FOR THE EXAMINATION

7.1 <u>Set Up Requirements</u>

Equipment:

You will need to use a device that has a **webcam**: A laptop or Mac OS or PC computer with Windows OS is required. You **CANNOT** use a Chromebook, mobile phone or tablet.

System Requirements:

- Windows: 11, 10, 8, 7.
- Mac: MacOS 10.12 or higher.
- Chromebook OS not permitted

Room set up:

You must set your computer up in a quiet, empty room where you will not be distracted or interrupted. You must be alone in your exam environment.

7.2 Schoology

For the purposes of the examination, the MICanada Branch Administrator will supply you with a log in to use. This will be provided approximately 10 days prior to the exam date. You must access the examination site and Test Assessment folder (see below) at least 3 full days before the exam gets underway.

You will also be given details and access to an online TEST assessment. This will not take longer than ten minutes to complete, and it will allow you to test the following:

- Your login for Schoology is correct
- You are able to gain access to the Test Assessment folder & when the time is right the Examination Assessment folders
- The Lockdown Browser is installed correctly and works when you take the assessment
- You are able to access to a test simulation that will help you become become familiar with how the online examination environment, how the

questions will appear, and the format for answering them during the real exam.

It is recommended that you use this time to read through the relevant information about each section in this booklet as well as the helpful tips for progressing through the exam online.

7.3 Lockdown Browser and Webcam Proctoring

The McKenzie Institute International employs the use of Lockdown Browser and Webcam Proctoring software to ensure a fair and secure online testing environment for our candidates. The Respondus software will record your activity on screen and visually throughout the exam and those recordings will be viewed by the branch to ensure all exam candidates follow the examination protocols stipulated throughout this document and outlined in the exam.

You are required to be alone in your selected examination environment. You **CANNOT** share your examination environment with another person. As you are being recorded during the exam, please take your privacy into consideration when selecting your examination setting. Please remove items of a personal nature that you don't wish to be viewed or recorded.

7.4 Non-Disclosure Agreement

This will be sent to you by your Branch Administrator. The Non-Disclosure agreement as well as the candidate instructions should be read and signed by you. This should then be returned to the Branch Administrator at least 3 days before the exam is due to get underway. You will not gain access to the Test Assessment until the non-disclosure agreement is signed.

8. EXAMINATION DAY SCHEDULE

8.1 <u>Examination timetable</u>

MI Canada Credentialing Exam: March 29 & March 31, 2026

Section	Updated Exam Time Allocation
Pen and Paper	1 hr 40 mins
Chart Eval/Case Studies	1hr 20mins
Audio Visual	1hr 30mins
Total Exam	4 hrs 30mins

EXAM SCHEDULE PACIFIC TIME (PT):

DATE	EXAM COMPONENT	START	END
29MAR (SAT)	Registration & Set-up	7.00AM	7.15AM
29MAR (SAT)	WRITTEN EXAM	7:15AM	1.30PM
31MAR(TUES)	PERFORMANCE	Assigned Appointment Time	20 minutes

EXAM SCHEDULE EASTERN TIME (ET):

DATE	EXAM COMPONENT	START	END
29MAR (SAT)	Registration & Set-up	10.00AM	10.15AM
29MAR (SAT)	WRITTEN EXAM	10:15AM	4.30PM
31MAR(TUES)	PERFORMANCE	Assigned Appointment Time	20 minutes

Below is a breakdown of the exam hourly schedule. This schedule is based on **Eastern Time**, please adjust for your individual time zone. If you finish a section early, then you will have some extended break time between the different sections of the exam.

10.00am ET	EXAM WILL OPEN for submissions
10.00am – 10.15am	Registration, Introduction, Exam preparation Open the Paper/Pen Assessment and read through / complete the LockDown Browser/Web monitoring requirements
10.15am – 11.55am	Paper/ Pen (1 hr 40 mins)
11.55am – 12.15pm	Break (20 mins)
12.15pm – 1.35pm	Chart Evaluations/Case Studies (1 hr 20 mins)
1.35pm – 2.30pm	Meal Break (55 mins)
2.30pm	If you logged out of Schoology or closed out of the lockdown browser before lunch, you will need to use the MCKENZIE the MCKENZIE Schoology link to once again access the exam site. The link can be found in the Exam Day Instructions page.
2.30pm	Audio-visual folder will appear, you may need to refresh your page to see it.
2.30pm – 4.00pm	Audio Visual (1.5 hours)
4.00pm – 4.30pm	Additional time allowance is allocated for final submission to account for slow internet speed or content loading. Please note that this extra time allowance does not increase the overall time allocated for each component once the timer begins. Please see below for more information.
4.30pm	WRITTEN EXAM WILL CLOSE with no further submissions possible

Recommendation: Do not log out or close out of Schoology until you have completed the exam or until the exam is over.

9. PAPER/PEN

9.1 <u>General Information</u>

This portion of the examination consists of 45 multiple choice questions, plus 1 non-quantifying admin question. You have ONE HOUR AND 40 MINS to complete this section of the examination.

10. CHART EVALUATIONS and CASE STUDIES

10.1 <u>General Information</u>

This section of the examination consists of 24 multiple choice questions plus 1 non-quantifying admin question related to information on Assessment Sheets that are clearly marked EVALUATION 1, 2, 3 etc.

For the Chart Evaluations, you will have an Assessment form only OR just the History Sheet completed; OR just the Examination sheet completed.

For the Case Studies, you will have a History AND Examination Assessment form completed and Follow Up Visit information.

You have **ONE HOUR 20 MINUTES** to complete this section of the examination.

AUDIO VISUAL PRESENTATION

10.2 <u>General Information</u>

This section of the examination consists of 11 multiple choice questions plus 1 non-quantifying admin question related to the video.

In this section you will be examined by use of a Video. You will see a Clinician examine and treat a Patient.

You will start with a **blank Assessment sheet and a blank Reassessment Sheet** and you will follow along and complete it with what is being said and done by both the Clinician and the Patient.

IMPORTANT: The Clinician may be doing some things correctly and some things incorrectly, completely or incompletely.

There are question sections for the following areas:

- History
- Examination
- Conclusion
- Principles of Treatment
- Reassessment

You have **ONE HOUR 30 MINUTES** to complete this section of the examination.

10.3 Examination process

In Schoology, you will see a FOLDER called 'AUDIO VISUAL COMPONENT' which contains 10 separate assessments/folders.

How it the audiovisual section works:

You will begin with a blank assessment form. For each subsequent section, you will be able to view a 'correct' form. You have approximately five minutes to then update your assessment form with any changes before you watch the next video component.

Doing it this way, you will not be penalised and will have the opportunity to answer subsequent sections correctly, even if you answered incorrectly on the previous section.

Each time, refer to the information you have or do not have on your assessment sheet to help you answer the questions.

PERFORMANCE SIMULATION

8.1 OVERVIEW - PERFORMANCE SIMULATION

The second component to the Credentialling Examination is the successful completion of a performance simulation. This is a practical exam where you demonstrate your knowledge about the application of MDT Procedures with **two examiners** who will critique and grade your knowledge. This practical examination may be conducted via Zoom or similar software. It may be on the <u>same day as the online written examination</u>, or on a different date to be advised by your Branch.

This component is completed over the duration of **20 minutes**. In total you will be examined on three procedures selected by the examiner and to gain a PASS in this section you must obtain a total of **230 points**, <u>AND</u> a required minimum of **60 points** for each technique performed.

Exam Candidates are required to recruit a patient model for the performance component of the exam.

Patient Models: The practice patient model can be a friend, family member, work colleague or another course registrant. Patient models must be considered adults in the province they are residing. All patient models will be required to sign a consent waiver.

The patient model <u>cannot</u> be another Physiotherapist or Chiropractor. They should be asymptomatic and they must be the legal age of majority in the province/state where you practice. Ideally, the patient model should be no older than 65). The patient model waiver must have been submitted to MICanada at least <u>7 days before</u> the exam

8.2 ONLINE PERFORMANCE EXAMINATION PROCESS

On your allotted date and time you should be prepared with the following:

- Computer/Tablet/Phone with a suitable camera that can be placed conveniently so that the examiners will be able to clearly see you perform the procedures.
- A portable or adjustable treatment table
- A straight back chair
- An adult model (as defined by your province or state) to be used as the 'patient'

It is the exam candidate's responsibility to make sure that the camera angle is positioned well prior to the performance testing. As such, we suggest you practice and record yourself in advance to ensure good sight lines. This is also a great tool to help critique your procedure practices. Without exception, the model cannot be another exam candidate or previously noted clinician.

You will be asked to perform specific MDT procedures as selected by the examiners. The head examiner will present you with the first procedure, which you will have two minutes to read through.

You will then be asked to perform the procedure (using your model) as if it was going to be the first time you are applying it to a patient. This will be repeated until you have completed all three procedures.

There will be no role-playing required with regard to monitoring any symptoms or pretending the model has a particular diagnosis. The model with perform only the movements you request. The model will not volunteer any information.

If at any time the model experiences any discomfort related to procedures performed, they may terminate the procedure.

Please refer to the following pages for sample examination questions.

10. 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 of this section.)

10.1 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.

10.2 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.

Please go to next page.

CHART EVALUATION EXAMPLE: HENRY



THE McKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

Date			2	{~ ₅ }	(.)
Name Henry		Gender	M).().(
Address			— (i		(3 (V)
Telephone			11)(11	11 11
Date of Birth		Age 3		18-3	(-)-i-1-)
Referral: GP/Orth (Seli	f y Other		— 1/1	~W	11. 7.11
Work demands De	entistry student, pre	edominantly sitting		160	Two Town
_				1.1.	
Leisure activities Gy		er week		/io/	101
	alking dog	ANALYSING AND IN IN IN		\W/	\ \ \ /
Functional limitation fo	or present episode	Difficulty dressing lo	ower ½) Y {	<i>}</i> }} {
Not been able to go			-	(سالیہ)	
Outcome / Screening	score				
NPRS (0-10)	2-7/10		<u>.</u>		
Present symptoms	_As per bo	dy chart			
Present since	7 days			improving / (nch	anging / worsening
Commenced as a resu	ult of Fell backy	ards off approx. 0.5r	m (2ft) wall and landed	l on back r	no apparent reason
Symptoms at onset: (t	pack)/thigh/leg_				
Constant symptoms:	pack)/thigh/leg		_ Intermittent symptor	ns: back/thigh/le	g
Worse	<u>bending</u>	<u>sitting</u> ∠rising (2 hrs)	<u>standing</u> (> 20 mins)	<u>walking</u> (> 20 mins)	lying
	am) as the day	progresses (pm)		when still / on	the move
	other				
Better	bending	<u>sitting</u>	<u>standing</u>	<u>walking</u>	<u>lying</u>
	am / as the day į	orogresses / pm		when still / on	the move
	other				
Disturbed sleep	yes /no s	Bleeping postures: pro	one / sup / side R	/ L Surface: _	
Previous spinal history	 y Nil				
	85 C				
Previous treatments	Nil				
SPECIFIC QUESTIO	NS				
Cough / specie Lstr	বার্ন	Bladder / Bowel:	ormal) abnormal	G	a normal abnormal
Medications: Nil					
General Health / Com	orbidities: Good	general health, stres	sed about exams and	being able to sit to	do them
·		R	ecent / relevant surge	ry: yes(no)	
History of cancer: yes	/no	U	Inexplained weight los	s: <i>yes (</i> no)	
History of trauma: yes	no		Imagir	ng: <i>yes(no</i>)	
Patient goals / expecta	ations: 1. To be a	ble to sit for exams w	vithout pain 2. Dress I	ower ½ 3. Return	to the gym

POSTURAL OBSER	VATION								
Sitting: lordotic / neut	ral / kyph	otic	Cha	ange of p	osture:	better / worse / no ef	fect		
Standing: lordotic / neutral / kyphotic			Į	Lateral shift: right / left / nil			Sh	ift relevant: <i>yes / no</i>	
Other observations /	functional	l baseline	es:						
NEUROLOGICAL Motor deficit Reflexes Sensory deficit Neurodynamic tests									
MOVEMENT LOSS Maj Mod Min Nil Symptoms									
Flexion			Ý						
Extension									
Side gliding R Side gliding L									
Other									
TEST MOVEMENTS						produces, abolishes, vorse, no better, no wor			
			Sy	mptomat	ic respo	onse		Mechanical resp	onse
			g testing			After testing		Effect - ↑ or ♥ ROM or key functional test	No effect
Pretest symptoms s		9							
Rep FIS	5505								
EIS									
Rep EIS Pretest symptoms lyii	200								
	<u></u>								
Rep FIL									
EIL									
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	/ long si	tting				
OTHER TESTS									
Derangement Ce	PROVISIONAL CLASSIFICATION Derangement Central or symmetrical Unilateral or asymmetrical above knee Unilateral or asymmetrical below knee Directional Preference:								
Dysfunction: Direct	ion			_ Postu	ıral	OTHER subgrou	ıp:		
POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY Comorbidities Cognitive - Emotional Contextual									
Descriptions:									
PRINCIPLES OF MA	NAGEMI	ENT							
Education	8			TEL-	ALLO::				-
Exercise type									
	rventions								
Management goals						0:			
	Signature								

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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

A CONTRACTOR OF THE PARTY OF TH	MCKENZIE INSTITUTE ER EXTREMITIES ASSESSMENT
Date	\cap
Name Khan	Gender M C
Address	
Telephone	
Date of Birth	Age 48
Referral GA / Orth / Self	
Work demandsG	overnment administrator 40 hrs/week
Leisure activities Ru	nning 5x per week
Functional limitation fo	r present episode: Difficulty with running
Outcome / Screening s NPRS (0-10)	O-7/10
Present symptoms	As per body chart
Present since	Four months improving (unchanging) worsening
Commenced as a resu	
Symptoms at onset	As per body chart Paraesthesia: yes (no)
Spinal history	Nil Cough / Sneeze +ve / ve
Constant symptoms:	Intermittent symptoms:X
Worse	bending sitting / rising / first few steps standing walking stairs squatting / kneeling
	am / as the day progresses /pm when still / on the move Sleeping: prone / sup / side R / L
	Other getting in and out of car
	bending startding walking stairs squatting / kneeling
	and/as the day progresses from when still / on the move Sleeping: prone / sup / side R / L
	other Sleeping with pillow under knee sometimes helps
Continued use makes	
	ves / no Site: back / hip (knee) / ankle / foot
Other Questions:	swelling <u>catching / clicking</u> / <u>looking</u> <u>giving way</u> / falling
Previous history	No past history
Previous treatments	Nil
Medications Initially N	ISAIDS no effect, so stopped
General health / Como	rbidities: hypertension
	Recent / relevant surgery: yes (no)
History of cancer: yes	
History of trauma: yes	Imaging:√ve3 / no
Patient goals / expecta	tions: Running no pain, stairs no pain

POSTURAL OBSER	VATIO	N											
Sitting: lordotio ne	eutraD	kyphotic	Cha	ange of	posture: b	ette	er / worse / no effec	D Sta	nding:	lordot	ic Reut	ral	kyphotic
Other observations:				67	8						V=-	8	8000
NEUROLOGICAL:	(NA)	motor /	sensor	y / refle	exes / neurody	/nar	mic						
BASELINES: Pain a	nd func	tional a	ctivity	squa	t 1 <i>1</i> 2 range NF	PRS	7/10, descending	step N	PRS 4/1	0			
EXTREMITIES		hip(nee) a	nkle / f	oot								
MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms			Maj	Mod	Min	Nil	Sy	mptoms
Flexion			Х		knee		Adduction / Inversion						
Extension			Х		knee		Abduction / Eversion						
Dorsi Flexion							Internal Rotation						
Plantar Flexion Other:						-	External Rotation Other:						
outer.							outor.						
Passive Movement:	note s	sympton	ns, ranç	ge and	+/- over press	sure	:				PDN	Л	ERP
Flex min loss +OP												-4	X
Ext min loss +OP												-	Х
Desired to the size of			IZ			1000		1 1000000000000000000000000000000000000	NA TANADA		- 4/5		
Resisted test pain res			2000	10	68	162	ess, Knee extension	i no pa	in but w	eakne:	SS 4/5		
Other tests / static po	Siuonii	₋	IVICIVIUI	rayspi	roduces conco	JIGE	апі раіп						
SPINE													
Movement Loss N	lil												
Effect of repeated mo		nts N	F										
Effect of static position		10 11											
Spine testing Cnot r	elevan	Dreleva	ant/se	condar	v problem								
Spine testing <u>not r</u> Baseline Symptoms		Dreleva	ant/se	condar	y problem								
	· _	Dreleva	ant/se		y problem	Re	esponse		Me	echani	cal Res	pon	ise
Baseline Symptoms	sts oveme	nt,	Pro	Duri Duce,	Symptomatic		esponse After Jetter, Worse, NB, N	IW,	↑ or ↓	Effect ROM,	Ø.	1	nse No Effect
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Baseline Symptoms Repeated Te Active / Passive management resisted test, funct	sts oveme ional te	nt,	Pro	Duri oduce, ase, De Prod	Symptomatic ng Abolish, crease, NE uce uce		After setter, Worse, NB, N NE NW		↑ or ↓	Effect ROM, function	t strength nal test	1	No Effect X
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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.

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 recorded but supplemented by the clinician as appropriate							
Referral:	GP	=	General	Practitioner			
	Orth = Orthopaedic Specialist						
NPRS:	NPRS = Numerical Pain Rating Scale						
Better / Worse Section:	am = morning; pm = evening						
Disturbed Sleep:	sup = sup	pine; R = right;	L = left				

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

Test Movements:	Describe effect	on present pain – During:				
	• P = Produces					
	 A = Abolishes 					
		; ↓ = decreases; NE = no effect				
	LUMBAR:					
	Pretest symptoms standing:					
	· Rep	Repeat				
		Flexion in standing				
	 Rep FIS 	Repeat Flexion in standing				
		Extension in standing				
	 Rep EIS 	Repeat Extension in standing				
	Pretest sympto					
	· FIL	Flexion in lying				
	 Rep FIL 	Repeat Flexion in lying Extension in lying				
	• EIL	Extension in lying				
	 Rep EIL 	Repeat Extension in lying				
	If required pret	est symptoms:				
	· SG	Side gliding				
	 SGIS 	Side gliding in standing				
	 SGIS – R 	Side gliding in standing right				
		Repeat Side gliding in standing right				
		Side gliding in standing left				
		Repeat Side gliding in standing left				
		1 - 3 - 3 3				

Test Movements cont.:

LUMBAR cont.:

Other tests:

FISitt Flexion in sitting

Rep FISitt Repeat Flexion in sittingFISS Flexion In Step Standing

Rep FISS Repeat Flexion In Step Standing

CERVICAL:

Pretest symptoms standing:

PRO Protrusion

Rep PRO Repeat Protrusion

RET Retraction

Rep RET Repeat RetractionRET EXT Retraction Extension

Rep RET EXT Repeat Retraction Extension

Pretest symptoms lying: As above

If required pretest pain sitting:

LF – R Lateral Flexion right

Rep LF – R Repeat Lateral Flexion right

• 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	↑	Symptoms already present are increased in intensity.					
Decrease	V	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 repeated movements or sustained postures										
Worse	W	Symptoms produced or increased with movement or loading remain aggravated following the test.								
Not Worse	NW	mptoms produced or increased with movement or loading return to seline 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				$\hat{}$	\sim
Name		Gend	ler \	<i>y</i>) (7
Address				75	En
Telephone			{}-	(i-1)	(V,)
Date of Birth		Age	<i>}</i>		
Referral: GP/Orth/Se	elf / Other		—— <i>I</i> A):(()
Work demands			[[]	Y 117 /11-	11/2
_			(i		
Functional limitation	for present episo	de	<i>\</i>	V/ \	.{} /
Outcome / Screening	g score		\		
Present symptoms					
Present since				_ improving / unchangir	ng / worsening
Commenced as a re	sult of			no ap	parent reason
Symptoms at onset:	back / thigh / leg				
Constant symptoms:	back / thigh / leg		Intermittent symptom	s: back / thigh / leg	
Worse	bending	sitting / rising	standing	walking	lying
		ay progresses / pm		when still / on the mov	⁄e
Better	bending	sitting	standing	walking	lying
	am / as the d	ay progresses / pm		when still / on the mov	⁄e
Disturbed sleep	yes / no	Sleeping postures:	prone / sup / side R /	L Surface:	
Previous spinal histo	ory				
Previous treatments					
SPECIFIC QUEST	TIONS				
Cough / sneeze / s	train	Bladder / Bowel	: normal / abnormal	Gait: norm	al / abnormal
Medications:					
General Health / Cor					
I.V. a			Recent / relevant surger		
	Dec. (1981)			g: yes/no	
radent goals / expec	J. A. I. J.				

POSTURAL OBSER'Sitting: lordotic / neutr		otic	Cha	ange of p	posture: better/worse	/ no effect		
Standing: lordotic / ne	4.00				nift: right / left / nil	70000 0000	elevant: yes/no	
Other observations / f	functiona	I baseline			U 1			4
NEUROLOGICAL Motor deficit					Reflexes			
Sensory deficit					_ Neurodynamic tests	Vi-		
MOVEMENT LOSS	Maj	Mod	Min	Nil		Sympton	ns	
Flexion						.25 089		
Extension								
Side gliding R								
Side gliding L								
Other								
TEST MOVEMENTS					During: produces, abol better, worse, no better,			
			Sy	mptomat	tic response		Mechanical resp	onse
		Durin	g testing		After t	esting	Effect - ↑ or ♥ ROM or key functional test	No effect
Pretest symptoms s	_							
FIS								
Rep FIS								
Rep EIS								
Pretest symptoms ly	773							
FIL	9 ,2 2							
Rep FIL								
CII.								
Rep EIL								
Pretest symptoms							4	
SGIS - R							***	
Rep SGIS - R								
SGIS - L Rep SGIS - L								
Other movements								
STATIC TESTS								<u> </u>
Sitting slouched / erec	ct / lying	prone in e	extension	ı / long s	itting			
OTHER TESTS								
	ntral or s	ymmetrica			asymmetrical above kr	iee Unilateral	or asymmetrical belo	w knee
Directional Preference					OTUED			
Dysfunction: Directi								
POTENTIAL DRIVER	RS OF PA	AIN AND	OR DIS	ABILITY	Y Comorbidities	Cognitive - I	Emotional Co	ntextual
Descriptions:								
PRINCIPLES OF MA Education	NAGEM	ENT						
Exercise type					Frequency			
Other exercises / inte	rventions				OCC STOCKED CONTRACTOR OF CO.			
Management goals								
					Signature			

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THE McKENZIE INSTITUTE CERVICAL SPINE ASSESSMENT

Date					(a, b)	\bigcirc
Name			Gender	<u> </u>	\ \ \	١.٢
Address						(6) (6)
Telephone					11-33-11	1,0,0,1
Date of Birth			Age		18.41	
Referral: GP / Orth /	'Self / Other					11).(
Work demands				—— G	31 1 1/3	
Leisure activities						
Functional limitation	on for present ep	oisode			\W/	<i>\</i> ∅{
Outcome / Screen	ing score				المالي	
NPRS (0-10)						
Present Symptom	s					
Present since	_				improvin	g / unchanging / worsening
Commenced as a	result of					no apparent reason
Symptoms at onse	et: neck/arm/f	forearm / head				
Constant sympton	ns: neck/arm/for	earm/head	Ir	ntermittent sympt	toms: neck/arm/forea	rm/head
Worse	bending		sitting		turning	lying / rising
	am / as the	day progresses /	/ pm		when still / on the	e move
	other					
Better	bending		sitting		turning	lying
	am / as the	day progresses /	/ pm		when still / on the	e move
	other					
Disturbed Sleep	yes / no	Sleeping post	tures: <i>prone</i>	e / sup / side R /	L Pillows:	
Previous spinal his	story					
Previous treatmen	ıts					
SPECIFIC QUE	STIONS					
Dizziness / tinnite	us / nausea / v	vision / speech_			Gait / Upper	Limbs: normal / abnormal
Medications:						
General health / C						
-						
					eight loss: yes / no	
History of trauma:	yes / no				Imaging: yes/no	
Patient goals / exp	oectations:					

POSTURAL OBS Sitting: erect / ne Change of posture Other observation	utral / slui e: better	mp / worse	/ no e	ffect			Late			on: <i>right /</i> levant:)		
NEUROLOGICAL					_							
Motor deficit					Re							
Sensory deficit	-				Ne	eurod	ynamic tests					
MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptom:	s		Maj	Mod	Min	Nil	Symptoms
Protrusion							Lateral flexion R					
Flexion							Lateral flexion L					
Retraction							Rotation R					
Extension							Rotation L					
TEST MOVEMENTS											ct, centra	alising,
	periprier	alisiliy. A	iter. De		ymptomatic		/orse, no effect, cen onse	uanseu,	periprie		inical res	sponse
				10000	,		arrange as	0		Effe	ect -	
		L	uring te	sting			After tes	ung	ij	কor ৵ । key funct	ROM or ional tes	
Pretest symptoms sit												
PRO Rep PRO												
RET												
Rep RET												
RET EXT									3			
Rep RET EXT Pretest symptoms lyi	na								,			
RET												
Rep RET												
RET EXT												
Rep RET EXT Pretest symptoms												
Rep LF - R												
LF - L												
Rep LF - L ROT - R												
Rep ROT - R												
ROT - L												
Rep ROT - L												
FLEX Rep FLEX												
Other movements												
STATIC TESTS F	ro / Ret /	Flex / O	ther				OTHER TESTS					
PROVISIONAL CLASS	SIFICATION	ON					And a substitution of the					
Derangement C	entral or	symmetr	ical	Unilate	eral or asymi	metri	cal above elbow	Unila	teral or	asymme	trical be	low elbow
Directional Preference:	(2)											
Dysfunction: Directio	n		Postu	ıral	0	THEF	R subgroup:					
POTENTIAL DRIVERS	OF PAII	N AND /	OR DIS	ABILIT	Y Como	orbidi	ties Co	gnitive -	Emotic	onal	C	Contextual
Descriptions:												
PRINCIPLES OF MAN	AGEME	NT										
Education	2											
Exercise type							ncy					
Other exercises / interv	entions											
Management goals												
						Signa	iture					

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THE McKENZIE INSTITUTE THORACIC SPINE ASSESSMENT

Date			{~e}		· /
Name		Gender)	.(
Address				\ \(\sigma_{\hat{\gamma}}\)	(P)
Telephone				1 11	11
Date of Birth		Age	/ Y · Y	\ /-b-	\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Referral: <i>GP / Orth /</i>	Self / Other			$\langle \langle \rangle \rangle$	W
Work demands			40 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(m) 4m) -	110
	-			m m /	1/
Leisure activities	-			}	11
Functional limitation	on for present epi	sode	\W <i>)</i>	/	<i>\\</i> /
				Ţ,	\mathcal{X}
Outcome / Screen	ing score		سيالينا	(0/120
NPRS (0-10)					
Present symptoms	· ·				
Present since			impro	ving / unchanging	/ worsening
Commenced as a	tms/distribyro-shisk b			no appa	rent reason
Symptoms at onse					
Constant symptom	ns		Intermittent symptoms		 -
Worse	bending	sitting / rising	turning neck / trunk	standing	lying
		ay progresses / pm	when still / on the move		
D #	other				
Better	bending	sitting / rising	turning neck / trunk	standing	lying
	am / as the da other	ay progresses / pm	when still / on the move		
Disturbed sleep		Sleeping postures: pro	ne / sun / side R / I Pillou	ws:	
ызыные эксер	yes 7110	Gleephing postures. pro	ne / sup / side / () E	vo	
Previous spinal his	story				
Previous treatmen	ts				
SPECIFIC QUES	STIONS				
Cough / sneeze	/ deep breath _		Gait / Upp	oer Limbs: normal	/ abnormal
Medications:					
General health / C	omorbidities:				
			cent / relevant surgery: <i>yes / no</i> _		
			explained weight loss: yes / no _		
radent goals / exp	ectations:				

POSTURAL OBSERV Sitting: erect / neutral Standing: neutral / ky Other observations / fi	/ slump photic _			d head:		ge of posture: <i>better / wo</i>	rse / no effect	
NEUROLOGICAL (up	per and	lower lir	mb)					
Motor deficit					Reflexes			
Sensory deficit					Neurodynamic	tests		
						CERVICAL SPINE F	REPEATED MOVEME	NT
MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms	Rep Pro		
Flexion						Rep Ret		
Extension						Rep Ret Ext		
Rotation R						Rep LF - R		
Rotation L		İ				Rep LF - L		,
Other						Rep ROT - R		
						Rep ROT - L		
						Rep Flex		
TEST MOVEMENTS				ing. Afte	r: better, worse, no	ces, abolishes, increases, o b better, no worse, no effec	ct, centralised, peripher	
L				S	ymptomatic respo I	onse	Mechanical resp	onse
			During '	_		After testing	Effect - ↑ or ♥ ROM or key functional test	No effect
Pretest symptoms si								
FLEX								
Rep FLEX								
EXT _								
Rep EXT								
Pretest symptoms ly	ing _							
EIL (prone)								
Rep EIL (prone)								
EIL (supine)								
Rep EIL (supine)							8	
Pretest symptoms si								
ROT - R								
Rep ROT - R								
ROT-L _								
Rep ROT - L								
Other movements								
			/ Other			OTHER TESTS		
PROVISIONAL CLAS	SIFICA	TION						
Derangement		Cen	tral or sy	/mmetric	cal	Unilateral or asymme	etrical	
Directional Preference	e:							
Dysfunction: Direction	on		Pos	tural	OTHE	R subgroup:		
POTENTIAL DRIVER Descriptions:				ISABILI	TY Comorbio	dities Cognitive - E	Emotional Cor	textual
PRINCIPLES OF MAI	NAGEM	ENT						
Education								
Exercise type					Freq	uency		
Other exercises / inter	ventions	3						-
Management goals								
					Sign	nature		

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THE McKENZIE INSTITUTE LOWER EXTREMITIES ASSESSMENT

Date		$\overline{}$	\bigcirc
Name	Ger	nder (1)	{ }
Address			Y COLON
Telephone		(]-{}-	$(\mathcal{V},\mathcal{V},\mathcal{V})$
Date of Birth	Age		
Referral: GP/Orth/Se	f/Other	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Work demands		[][Y	1) / / -) \
eisure activities		1.95.0	
Functional limitation f	or present episode	\W/	/8/
Outcome / Screening	score		
Present symptoms	<u>-</u>		
Present since			
Commenced as a res	ult of		no apparent reason
Symptoms at onset			Paraesthesia: yes / no
Spinal history	-		Cough / Sneeze +ve / -ve
Constant symptoms:		Intermittent symptoms:	
Worse	bending sitting / rising / first few am / as the day progresses / pm Other	-	stairs squatting / kneeling Sleeping: prone / sup / side R / L
Better	bending sitting am / as the day progresses / pm other	standing walking when still / on the move	stairs squatting / kneeling Sleeping: prone / sup / side R / L
Continued use makes	s the pain: better wor	rse no effect	Disturbed sleep yes / no
Pain at rest	yes / no	Site:	back / hip / knee / ankle / foot
Other Questions:	swelling cat	tching / clicking / locking	giving way / falling
Previous history			
Previous treatments			
Medications			
General health / Com	orbidities:		
		Recent / relevant surgery: yes /	′no
History of cancer: yes			/ no
	s/no		0
	tations		
-			

POSTURAL OBSER Sitting: lordotic / ne Other observations:			Cha	ange of posture: be	etter / worse / no effec	t Sta	nding:	lordo	tic / neuti	ral / kypho	tic
NEUROLOGICAL:	NA/	motor/	sensor	y / reflexes / neurody	namic						
BASELINES: Pain a	nd func	tional a	ctivity								
EXTREMITIES		hip / k	nee / a	nkle / foot							
MOVEMENT LOSS	Maj	Mod	Min	Nil Symptoms		Maj	Mod	Min	Nil	Sympton	ns
Flexion					Adduction /						
Extension					Inversion Abduction /						
Dorsi Flexion					Eversion Internal Rotation						
Plantar Flexion					External Rotation						\dashv
Other:					Other:						
rassive Movement.	note s	symptom	is, ranç	ge and +/- over pressi	ure:				PDI	И ER	
Resisted test pain r Other tests / static p	5.50	_									<u> </u>
Movement Loss Effect of repeated mo Effect of static position Spine testing not re Baseline Symptoms	oning relevani			condary problem							
Repeated T	ests			Symptomatic	Response		M	lechan	ical Re	sponse	
Active / Passive n resisted test, fund				During roduce, Abolish, ase, Decrease, NE	After Better, Worse, NB, NE	NW,	Effect ↑ or ▼ ROM, strength or key functional test				
					Spine rectional Preference _ Postural OTHER s						
Derangement Dysfunction: Articul	lar / Co	ntractile		Dii I	rectional Preference _ Postural OTHER s	ubgrou	p:			200	
Derangement	lar / Co RS OF	ntractile		Dir R DISABILITY C	rectional Preference _ Postural OTHER s	ubgrou				Contextu	al
Derangement	lar / Co RS OF	ntractile PAIN A	.ND / O	Dir R DISABILITY C	rectional Preference _ Postural OTHER s	ubgrou	p:			200	al
Derangement	lar / Co RS OF	ntractile PAIN A		Dii R DISABILITY C	rectional Preference _ Postural OTHER s	ubgrou	p: - Emot	tional		200	al
Derangement	lar / Co RS OF	ntractile PAIN A		Dii R DISABILITY C	rectional Preference _ Postural OTHER s omorbidities Co	ubgrou	p: - Emot	tional		200	al
Derangement	lar / Co RS OF ANAGE	PAIN A	ND / O	Dii R DISABILITY C	rectional Preference _ Postural OTHER s omorbidities Co	ubgrou	p: - Emot	tional		200	al



THE McKENZIE INSTITUTE UPPER EXTREMITIES ASSESSMENT

Date					\bigcirc	$\widehat{\cdot}$	\
Name			Gender		(A)	4	ļ
Address						~ /s:	
Telephone					(1-}}-	1) (,0	V_{ij}
Date of Birth			Age				-60
Referral: GP/Orth/S					1/2	*	$\mathcal{J}_{n}I$
Work demands _					$\mathcal{U} \overset{Y}{Y}$	1) \ /(1-4	-11/
Leisure activities _ _ _ Functional limitation							
	nor present e	-pisode			\V/	<i>}\\</i>	(
Outcome / Screenin NPRS (0-10)	g score				Han	dedness: Right / Le	ft.
Present symptoms							
Present since						improving / unchang	ing / worsening
Commenced as a re	esult of					no ap	parent reason
Symptoms at onset	<u> </u>					Paraesth	esia: yes / no
Spinal history						_ Cough / Sn	eeze +ve / -ve
Constant symptoms	:		Into	ermittent sy	mptoms:		
Worse	bending am / as the	sitting day progresse	•	g neck n still / on th	dressing e move	reaching Sleeping: prone / s	gripping up/side.R/I
		auj progrados	o / p///	July 377 U	0 11/0/0	disspiring, promore	ap / 3/30 11/ E
Better	bending	sitting day progresse.		g neck n still / on th	dressing e move	reaching Sleeping: prone / s	gripping up / side R / L
Continued use make	es the pain:	better	worse	no e	effect	Disturbed slee	p yes/no
Pain at rest	yes / no				Site:	neck / shoulder / elbow	/wrist/hand
Other Questions:	SI	welling	catching /	clicking / lo	ocking	subluxing	
Previous history							
Previous treatments	s						
Medications							
General health / Cor	morbidities: _						
			Rece	ent / relevar	nt surgery: yes	/no	
History of cancer: ye							
History of trauma: ye						no	
Patient goals / expe	otations						
	-						

POSTURAL OBSER Sitting: erect / net Other observations:			Chang	e of pos	sture: <i>better</i>	· / worse / no effect	Star	nding:	lordot	ic / neutr	al / kyphotic
NEUROLOGICAL:	NA /	motor /	sensor	y / refle	xes / neurodyr	namic					
BASELINES: Pain a	nd func	tional a	ctivity								
EXTREMITIES		shoul	der / el	bow/w	rist / hand _						
MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms		Maj	Mod	Min	Nil	Symptoms
Flexion						Adduction /					
Extension						Ulnar Deviation Abduction /					
Supination						Radial Deviation Internal Rotation					
Pronation						External Rotation					
Other:						Other:					
Resisted test pain r		10 1001	ns, ranç	ge and -	+/- over pressu	ire:				PDM	l ERP
Other tests / static	950	_									
Movement Loss Effect of repeated movement Effect of static position of the spine testing and the spine testing and the spine Symptoms.	oning relevan										
Repeated Tests			Symptomatic Response Mechanic						ical Res	oonse	
Active / Passive movement, resisted test, functional test		ent,	During Produce, Abolish, Increase, Decrease, NE			After		Effect ↑ or V ROM, strength or key functional test		No	
		test			53	Better, Worse, NB, NE	w,				Effect
		test			53	(C)(2) (2)	NW,				
		test			53	(C)(2) (2)	NW,				
		test			53	(C)(2) (2)	NW,				
	tional 1		Incre	ase, De	53	(C)(2) (2)	NW,				
resisted test, func	SSIFIC	ATION	Incre	ase, De	Extremities Dire	NE		or key	, function	onal test	Effect
PROVISIONAL CLA	SSIFIC ar / Col	ATION ntractile	Incre	ase, De	Extremities Dire P BILITY Co	Spine ectional Preference _ ostural OTHER so	ubgrou	or key	/ function	onal test	Effect
PROVISIONAL CLA Derangement Dysfunction: Articul	SSIFIC ar / Col	ATION ntractile	Incre	ase, De	Extremities Dire P BILITY Co	Spine ectional Preference _ ostural OTHER so	ubgrou	or key	/ function	onal test	Effect
PROVISIONAL CLA Derangement Dysfunction: Articul POTENTIAL DRIVE Descriptions: PRINCIPLES OF MA Education	SSIFIC ar / Col RS OF	ATION Intractile PAIN A	Incre	ase, De	Extremities Dire PBILITY Co	Spine ectional Preference _ ostural OTHER so	ubgrou	p:	ional	onal test	Effect
PROVISIONAL CLA Derangement Dysfunction: Articul POTENTIAL DRIVE Descriptions: PRINCIPLES OF MA Education Exercise type	SSIFIC ar / Col RS OF	ATION Intractile PAIN A	Incre	R DISA	Extremities Dire PBILITY Co	Spine ectional Preference ostural OTHER so	ubgrou	p:	ional	onal test	Effect
PROVISIONAL CLA Derangement Dysfunction: Articul POTENTIAL DRIVE Descriptions: PRINCIPLES OF MA Education Exercise type	SSIFIC ar / Col RS OF	ATION Intractile PAIN A	Incre	R DISA	Extremities Dire PBILITY Co	Spine ectional Preference _ ostural OTHER su	ubgrou	p:	ional	onal test	Effect
PROVISIONAL CLA Derangement Dysfunction: Articul POTENTIAL DRIVE Descriptions: PRINCIPLES OF MA Education Exercise type Other exercises / inte	SSIFIC ar / Col RS OF	ATION Intractile PAIN A MENT	Incre	R DISA	Extremities Dire PBILITY Co	Spine ectional Preference _ ostural OTHER su	ubgrou	p:	ional	onal test	Effect