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:

McKenzie Institute Canada Aileen Conway, Branch Administrator mckenziecanadamdt@gmail.com



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

2023:

You are eligible to register for the Credentialling Examination if you have completed Parts A - D (including the extremity content) of the McKenzie Institute International Education Programme, and are a licensed clinician.

2024 onwards:

You are eligible to register for the Credentialling Examination if you have completed Parts A-D and Advanced Extremities of the McKenzie Institute International Education Programme and are a licensed clinician.

MICanada requires a copy of the candidate's licence to practice.

If the Credentialling Exam Applicant did not attend the above named courses in Canada, the Applicants will need to provide evidence of their attendance at Parts A - D courses.

MICanada requires a copy of the candidate's licence to practice.

3. APPLICATION

3.1 Application Form

All Credentialling Exam registrations are to be completed via the MICanada website.

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 accommodation information as needed.

Items required for the exam:

Signed Confidentiality Agreement (will be sent via Adobe Sign approximately 2 weeks before the exam)

Signed Declaration Statement (will be sent via Adobe Sign approximately 2 weeks before the exam)

Government photo I.D. (to be shown on the day of the exam)



A few printed copies of the 2020 lumbar, cervical, upper/lower extremity assessment and reassessment forms. (actual number will be advised closer to the exam date)

<u>Please remember to bring this letter of confirmation, a signed declaration letter and a photo I.D. with you to the exam.</u>

1. The Declaration letter indicates that you have read the Information for Candidates Manual, and hence you are informed of the content and procedures of the exam. A copy of the Declaration can be found at the back of this Candidates Manual.

3.3 Number of Candidates

In-person exams are typically limited to 20 participants. Online exams are currently limited to 16. 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 – 1 st attempt	550.00
Examination – 1 st attempt with pre-purchase (in advance of registration) of a D PLUS PLAN	450.00
Retake of Exam:	
Retake entire exam. This option is only offered on scheduled examination dates.	250.00
Retake entire exam. This option is only offered on scheduled examination dates with D Plus Plan	200.00
Written Component Retake on scheduled exam date	150.00
Written Component Retake on scheduled exam date with D Plus Plan	100.00
Written Component Retake on non-scheduled exam date and agreed upon in advance with MICanada (Plan discounts not offered on this option)	300.00
Performance Component Retake on scheduled exam date	75.00
Performance Component Retake on scheduled exam date with D Plus Plan	50.00
Performance Component Retake on non-scheduled exam date and agreed upon in advance with MICanada (requires 2 proctors and added admin work)	300.00



3.5 Cancellations, Transfers & Refunds

3.5.1 Cancellations

If you must cancel your registration after receiving your letter of confirmation, you must submit written notice to qualify for a transfer or possible refund. To cancel in writing contact MICanada's Branch Administrator mckenziecanadamdt@gmail.com

Please review the cancellation terms and conditions outlined in MICanada's Cancellation Policy for further details. A copy of MICanada's cancellation policy is attached to your confirmation email and is available on the MICanada website.

3.5.2 <u>Transfers</u>

Please refer to the cancellation policy on the MICanada website.

3.5.3 <u>Refunds</u>

Please refer to the cancellation policy on the MICanada website.

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.

The afternoon session will comprise the audio-visual presentation and performance simulation.

Online examination format: Written

The exam consists of several sections: pen and paper, chart, evaluations, case students and audio-visual presentation which are completed over the duration of 6.5 hours.

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 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:

2023:

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.

2024 onwards:

Any procedures taught on the Part A- D and Advanced Extremity courses, included in the course manuals and demonstrated in the procedure's 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.

6. INFORMATION AND REGULATIONS FOR THE EXAMINATION

In person examination format:

- 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 letter of confirmation, a signed Declaration statement and a 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.
- 5. Once the test has begun, you may leave the exam room only with the examiner's permission. The time lost whilst absent from the room cannot be made up.
- 6. You can be dismissed from the examination for:
 - (a) Impersonating another candidate
 - (b) Creating a disturbance
 - (c) Giving or receiving help on the exam
 - (d) Attempting to remove exam materials or notes from the room
 - (e) Using notes, books, etc. brought in from outside.
- 7. Prior to the start of the exam, you will be asked to sign and date a Confidentiality Agreement



SAMPLE CONFIDENTIALITY AGREEMENT



THE McKENZIE INSTITUTE INTERNATIONAL CREDENTIALLING EXAMINATION IN MECHANICAL DIAGNOSIS AND THERAPY

	egistered to take the McKenzie Institute International [©] Credentialling Examination.
ИсКеп	rstand, acknowledge, and agree that this is a legal agreement between myself and the szie Institute International ® (MII) that sets forth the terms and conditions of use of the nation Materials and that:
1.	I will receive general and specific information in respect to intellectual property and copyright material which are the exclusive and confidential property of McKenzie Global Holdings Limited (MGHL), licensed exclusively to the MII (Confidential Information).
2.	In consideration of being given this Confidential Information, I will not discuss or disclose the questions and answers, or any of the Confidential Information received, with any other person, except authorised persons as required for the purposes of taking the MII Credentialling Examination in Mechanical Diagnosis and Therapy®.
3.	I will not copy or attempt to make copies, disclose, reproduce, download, post or publish, or distribute by any means (oral, written, photocopied, electronic, reconstructed through memory or otherwise) any examination material, including any exam questions, answers, or screen images.
4.	I will not sell, license, distribute, give away, or obtain from any other source other than MII the Examination Materials, questions, or answers.
5.	I will take all reasonable steps to prevent the disclosure of the Confidential Information.
6.	I will not use the Confidential Information other than for the purposes of taking the Examination.
	(Signed)



7. PREPARATION FOR THE EXAMINATION

7.1 <u>Pre-requisites</u>

2023: 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

2024 onwards: The following courses are the mandatory prerequisite for this examination:

Courses A, B, C, and D and Advanced Extremities 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
- Part E: MDT: Advanced Extremities

7.2 Preparation Materials

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

- 1. 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*.
- MDT Review days presented by McKenzie Institute Branches. Branches to insert the name used for their Advanced Clinical Reasoning courses / workshops.
- 3. USA Branch Online Case Manager Course.
- 4. Official Institute online materials MDT procedure videos, webinars, past issues of the IJMDT, MDT World Press and JMMT.
- 5. Retake (audit) any component of the Institute's International Education Programme.
- 6. "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 *The Physio Store.*)



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

Examiners for the Credentialing Exam cannot provide a candidate undertaking the exam any form of instruction or feedback relating to the Performance Simulation component within two weeks of 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.

Please see the next page.



- 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 would you record the response to repeated retraction 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?

- Review location, frequency and intensity of symptoms, effect of posture change, and test the response to repeated lumbar flexion and extension.
- b. Review symptomatic presentation, adherence to and performance of the home programme; retest all repeated movements for mechanical baselines.
- c. Review the symptomatic baselines, functional baselines, mechanical baselines, and the effect of posture change.
- d. Review the symptomatic and functional presentation, review adherence with posture recommendations and performance of the home programme. Retest appropriate key physical examination baselines.

8.2 Chart Evaluations and Case Studies

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

- 1. On the Chart Evaluations, you will have one of the following:
 - A completed history and physical examination assessment sheet
 - A completed history sheet only
 - A completed physical examination sheet

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

- 2. With the Case Studies, you will have completed:
 - History
 - Physical Examination Sheets, and
 - Follow up visits

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



CHART EVALUATION EXAMPLE: HENRY



THE McKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

Date				{~ ₅ }	{.}
Name <u>Her</u>	nry	Gender	<u>M</u>).().(
Address			— G		(5) (7)
Telephone			— 11	XII	1101011
Date of Birth		Age 32		18-	(-1-1-1-1
Referral: GP/Orth/	Selfy Other		— <i>I</i> /ſ	~VI	
Work demands _	Dentistry student, p	redominantly sitting		160	400
-			` \	11/	
		per week		1:0:1	181
	Walking dog			\W/	\ \ \
	8 6	e Difficulty dressing low	ver ½) Y ()}{{
Not been able to				السالي	
NPRS (0-10)	2-7/10	N W P	9		
Present symptoms	-	oody chart			
Present since	7 days		_		nanging/worsening
	\sim	wards off approx. 0.5m	* *		no apparent reason
	_				
Constant symptoms	s:(back)/thigh/leg		Intermittent sympton	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 / o	n the move
	other	egunds			
Better	bending	<u>sitting</u> <u>s</u>	standing_	walking	<u>lying</u>
	am / as the day	/ progresses / pm		when still / o	n the move
	other				
Disturbed sleep	yes /no	Sleeping postures: pror	ne / sup / side R .	/ L Surface:	
Previous spinal hist	ory <u>Nil</u>				
Previous treatments	s <u>Nil</u>				
SPECIFIC QUEST		DI 11 (D. 1			
Cough / specie L		Bladder / Bowel: for	maiy abnormai	C	Galt <u>normal</u> abnormal
Medications: Nil					
General Health / Co	omorbidities: <u>Goo</u>	od general health, stress		$\overline{}$	o do them
Listony of sames	(a) (a)		cent / relevant surge	\sim \sim	
History of cancer: y	=	Un	explained weight los		
History of trauma: y		able to sit for exams wit		ig: <i>yes(no</i>)	to the gym
r atient goals / expe	. 1. 10 De	able to sit for exams wit	inout pain 2. Diess i	JWEI /2 J. REIUIT	To the gym



EXAMINATION

					III AVA I I	ION					
POSTURAL OBSER	VATION										
Sitting: lordotic / neuti	otic	Change of posture: better / worse / no effect									
Standing: lordotic / ne	eutral / k	yphotic					Shift relevant: yes / no)			
Other observations / f	unctiona	l baseline	es:								
NEUROLOGICAL											
Motor deficit					Refle	YAS					
Sensory deficit						odynamic tests					
MOVEMENT LOSS	Maj	Maj Mod Min Nil Symptoms									
Flexion											
Extension											
Side gliding R											
Side gliding L											
Other	1000 DES	C 500.00 20		20 10	6006 30	AN HOUSE AND HOUSE	noto careful v				
TEST MOVEMENTS						g: produces, abolishes, incre worse, no better, no worse, r					
_	Contrain	sing, pen			easement of the	CONTRACTOR OF THE CONTRACTOR O	ACCOUNTS AND ACCOU				
<u> </u>			Зу	mptomat	ic respo	onse	Mechanical resp	10 Di			
		Durin	g testing			After testing	Effect -	No effect			
							♠ or ♥ ROM or key functional test				
Pretest symptoms s							, , , , , , , , , , , , , , , , , , , ,				
FIS —											
Rep FIS											
Rep EIS											
Pretest symptoms lyir	150 CT 150	8									
FIL		197									
Rep FIL											
EIL											
Rep EIL Pretest symptoms											
SGIS - R		01									
Rep SGIS - R											
SGIS - L											
Rep SGIS - L											
Other movements								·			
STATIC TESTS											
Sitting slouched / ered	ct / lying	prone in	extensior	/ long si	itting						
OTHER TESTS											
PROVISIONAL CLAS											
Derangement Cer	ntral or s	ymmetric	al Unil	ateral or	asymm	netrical above knee Unilat	eral or asymmetrical belo	w knee			
Directional Preference	e:										
Dysfunction: Directi	on			_ Postu	ural	OTHER subgroup:					
POTENTIAL DRIVER	S OF PA	AIN AND	I OR DIS	ABILITY	′ Co	omorbidities Cogni	tive - Emotional Co	ntextual			
Descriptions:											
PRINCIPLES OF MA	NAGEM	ENT									
Education	-										
Exercise type				Free	quency	′					
Other exercises / inte	rventions	·									
Management goals											
						Signature					



Chart Evaluation Question (Henry)

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



CASE STUDY EXAMPLE: KHAN - Assessment and Follow-up

THE McKENZIE INSTITUTE

ATTENDED TO	LOWER	EXIKEIV	IIIES A	55E55WI	=IN I	_	
Date _					. {,	(م.	(·)
Name _	Khan		Ge	ender M	. }	<u>:{</u>).(
Address _							(3.6)
Telephone _					. 11-3	11-11	1001
Date of Birth _			Ag	ge 48	. 18	14.	
Referral GA / On	th/Self/Other				1/	11	11 30
Work demands	Governr	nent administi	ator 40 hrs/we	eek	- W	Y I I	· 40/ +/ 6
Leisure activitie	s Running	ōx per week			·),,		
Functional limita	ation for prese	ent episode: _	Difficulty with	running		V 7	
Outcome / Scre	ening score				_ /	/ {	<i>PP</i>
NPRS (0-10)		0-7/10			\\	الغنفا	(m)
Present sympto	oms	As per body	/ chart				
Present since		Four month	s			improv	ing (unchanging) worsening
Commenced as	s a result of	Fell and lar	ded on flexed	knee			no apparent reason
Symptoms at or	nset	As per body	/ chart				Paraesthesia: yes (no)
Spinal history		Nil					Cough / Sneeze +ve / (ve)
Constant sympt	toms:			Intermitte	nt symptoms: _	Χ	
Worse		s <u>the day pro</u> ç	ising / first few		nding <u>walking</u> o <u>n the move</u>		squatting / kneeling
	Other		and out of car	2		0.0	100 W A
Better	bendir •-	· ·	eitting		nding walkin	_	squatting / kneeling
	<i>,a</i> m/a	s <u>the day pro</u> ţ	resses 4pm	<u>when still</u> /	o n the mo ve	Sleepi	ng: prone/sup/sideR/L
	other	Sleeping w	ith pillow unde	r knee sometin	nes helps		
Continued use	makes the pa	in: <i>better</i>	(wo	orse	no effect		urbed sleep <u>yes</u> / no
Pain at rest	<u>yes</u> /n	0			Site:	bad	ck / hip /(knee)/ ankle / foot
Other Question	S:	swelling	<u>C8</u>	atching / clickin	g/looking	<u>giv</u>	<u>ring way</u> / falling
Previous history	No pas	t history					
Previous treatm	nents Nil						
Medications Ir	nitially NSAID	S no effect, so	stopped				
General health	/ Comorbiditie	es: <u>hyperten</u>	sion				
				Recent / rele	evant surgery: ye	s (no)	
History of cance	er: <i>yes l</i>			Unexplained	d weight loss: ye	es (100	
History of traum	na: <i>yes (n</i> o)				maging: ve / no		
Patient goals / e			no pain, stairs				



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EXAMINATION

Extension								N	VATIO	OSTURAL OBSER
BASELINES: Pain and functional activity EXTREMITIES Initial Caree Anticolor Anticolor	lordotic neutral kyphotic	anding:	D Sta	tter / worse / no effec	posture: b	ange of	Cha	kyphotic	eutraD	
MOVEMENT LOSS Maj Mod Min Nil Symptoms Adduction / Inversion Extension X Knee Adduction / Eversion Eversion Adduction / Eversion				amic	exes / neurody	y / refle	/ sensor	motor /	(IA)	EUROLOGICAL:
MOVEMENT LOSS Maj Mod Min Nil Symptoms Flexion X knee Extension E	I/10	NPRS 4/1	step NI	RS 7/10, descending s	t 1/2 range NF	squa	activity	tional a	nd fund	ASELINES: Pain ar
Adduction / Inversion			•				_	-		
Extension	d Min Nil Symptoms	Mod	Maj		Symptoms	Nil	Min	Mod	Maj	OVEMENT LOSS
Exersion Dorsi Flexion D				Inversion	knee		Х			exion
Plantar Flexion					knee		Х			xtension
Dither:										Charles Court Set (2020) Charles
Passive Movement: note symptoms, range and +/- over pressure: PDM		\perp								
Ext min loss +OP Ext min loss +OP Resisted test pain response Other tests / static positioning SPINE Movement Loss Nil Effect of repeated movements Spine testing Spine Sp				Other:						ther:
Resisted test pain response Other tests / static positioning SPINE Movement Loss Nil Effect of repeated movements Spine testing not relevant / secondary problem Baseline Symptoms Repeated Tests Symptomatic Response Mechanical Response Active / Passive movement, resisted test, functional test Rep Ext Produce NW Rep Flex Produce NW Rep Flex Produce NW Rep Ext With patient OP Rep Ext With patient OP Rep Ext With patient OP Produce NW Rep Ext With patient OP Rep Ext With patient OP In Produce NW Rep Ext With patient OP Produce NW Rep Ext With patient OP Produce NW Rep Ext With patient OP In Produce NW Rep Ext With patient OP Produce NW Rep Ext With patient OP In Produce NW Rep Ext NE Flex/Squat Rep Ext With patient OP In Produce NW Rep Ext NE Flex/Squat Rep Ext With patient OP In Produce NW Rep Ext NE Flex/Squat Rep Ext With patient OP In Produce NW Rep Ext NE Flex/Squat Rep Ext With patient OP In Produce NW Rep Ext NE Flex/Squat Rep Ext With patient OP In Produce NW Rep Ext NE Flex/Squat Rep Ext With patient OP In Rep Ext With patie	PDM ERP			re:	+/- over press	ge and	ms, rang	symptoi	notes	assive Movement:
Resisted test pain response Other tests / static positioning SPINE Movement Loss Nil Effect of repeated movements Repeated Tests Active / Passive movement, resisted test, functional test Rep Ext Produce, Abolish, Increase, Decrease, NE Rep Flex Produce Produce Produce NW Rep Flex Rep Flex Produce Produce Produce NW Rep Ext with patient OP Rep Constraint OP Rep Ext with patient OP in Rep Ext with patient OP in Produce NW Inc Ext NE Flex/Squat Rep Produce NW Inc Ext NE Flex/Squat Produce NW Rep Descriptions: Provisional Preference Extension Dysfunction: Articular / Contractile Postural OTHER subgroup: POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY Comorbidities Cognitive - Emotional Cor Descriptions: PRINCIPLES OF MANAGEMENT Education Traffic light guide for symptom response	X							3300		ex min loss +OP
SPINE Movement Loss Nil Effect of repeated movements NE Effect of static positioning Spine testing not relevant relevant relevant response Repeated Tests Symptomatic Response Active / Passive movement, resisted test, functional test Rep Ext Produce NW Rep Flex with patient OP Produce NW Rep Ext with patient OP NW Rep Ext with patient OP Produce NW Rep Ext with patient OP NW Rep Ext with patient OP Produce NW Rep Ext with patient OP NW Rep Ext	X									xt min loss +OP
SPINE Movement Loss Nil Effect of repeated movements NE Effect of static positioning Spine testing not relevant relevant relevant response Repeated Tests Symptomatic Response Active / Passive movement, resisted test, functional test Rep Ext Produce NW Rep Flex with patient OP Produce NW Rep Ext with patient OP NW Rep Ext with patient OP Produce NW Rep Ext with patient OP NW Rep Ext with patient OP Produce NW Rep Ext with patient OP NW Rep Ext										
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## Effect of repeated movements NE				dant pain	roduces conco	ray's p	McMur	ng _	sitionir	ther tests / static po
Movement Loss Nil Effect of repeated movements NE Effect of static positioning Spine testing not relevant relevant / secondary problem Baseline Symptoms Repeated Tests Symptomatic Response Mechanical Response Froduce, Abolish, Increase, Decrease, NE Rep Ext Produce NW Rep Flex Produce NW Rep Flex with patient OP Produce NW Rep Ext with patient OP										
Repeated Tests Symptomatic Response Active / Passive movement, resisted test, functional test Rep Ext Produce, Abolish, Increase, Decrease, NE Rep Flex Produce Produce NW Rep Flex with patient OP Rep Ext with patient OP in standing Produce NW Inc Ext NE Flex/Squat PROVISIONAL CLASSIFICATION Extrem ities Spine Derangement Directional Preference Extension Postural OTHER subgroup: POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY Comorbidities Cognitive - Emotional Cordinated Cordinate									ning	ffect of static position
Repeated Tests Symptomatic Response Mechanical Response Active / Passive movement, resisted test, functional test During Produce, Abolish, Increase, Decrease, NE Better, Worse, NB, NW, NE To n PROM, strength or key functional test Rep Ext Produce NW Produce NW Rep Flex Produce NW Dec Ext NE Flex/Squat Rep Flex with patient OP Produce NW Dec Ext NE Flex/Squat Rep Ext with patient OP in standing Produce NW Inc Ext NE Flex/Squat PROVISIONAL CLASSIFICATION Extremities Spine Derangement Directional Preference Extension Postural OTHER subgroup: POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY Comorbidities Cognitive - Emotional Cor PRINCIPLES OF MANAGEMENT Education Traffic light guide for symptom response					y problem	condar	ant / se	M elev		
Active / Passive movement, resisted test, functional test Rep Ext Rep Ext Rep Flex Rep Flex Rep Flex Rep Ext Rep Ext Rep Flex Rep Flex Rep Flex Rep Flex Rep Flex with patient OP Rep Ext with patient OP in Standing Rep Ext with patient OP in Standing Rep Ext with patient OP in Spine Directional Preference Extension Dysfunction: Articular / Contractile Postural OTHER subgroup: POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY Comorbidities Cognitive - Emotional Cor Descriptions: PRINCIPLES OF MANAGEMENT Education Traffic light guide for symptom response								T		3 2
Produce, Abolish, Increase, Decrease, NE Rep Ext Produce Produce Produce Produce NW Rep Flex Produce Produce NW Rep Flex with patient OP Rep Ext with patient OP in Standing Produce NW Inc Ext NE Flex/Squat Produce Produce NW Inc Ext NE Flex/Squat Inc Ext NE Flex/Squat Produce Produce NW Inc Ext NE Flex/Squat Inc Ext NE Fl	VENDOT OF	Me	-	2000/2007	988 99				sts	Repeated Te
Rep Flex	▶ ROM, strength No		IW,	Better, Worse, NB, N	Produce, Abolish,					
Rep Flex with patient OP	X			NW	uce	Prod				ep Ext
Rep Ext with patient OP Produce NW Inc Ext NE Flex/Squat PROVISIONAL CLASSIFICATION Extremities Spine Derangement Directional Preference Extension Dysfunction: Articular / Contractile Postural OTHER subgroup: POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY Comorbidities Cognitive - Emotional Cord Descriptions: PRINCIPLES OF MANAGEMENT Education Traffic light guide for symptom response	X			NW	uce	Prod				ep Flex
Rep Ext with patient OP in Produce NW Inc Ext NE Flex/Squat PROVISIONAL CLASSIFICATION Extremities Spine Derangement Directional Preference Extension Dysfunction: Articular / Contractile Postural OTHER subgroup: POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY Comorbidities Cognitive - Emotional Cor Descriptions: PRINCIPLES OF MANAGEMENT Education Traffic light guide for symptom response	xt NE Flex/Squat	Dec Ext		NW	uce	Prod			OP	ep Flex with patient
PROVISIONAL CLASSIFICATION Extremities Spine Derangement Directional Preference Extension Dysfunction: Articular / Contractile Postural OTHER subgroup: POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY Comorbidities Cognitive - Emotional Cord Descriptions: PRINCIPLES OF MANAGEMENT Education Traffic light guide for symptom response	X			NW	uce	Prod				
Directional Preference Extension Dysfunction: Articular / Contractile Postural OTHER subgroup: POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY Comorbidities Cognitive - Emotional Cor Descriptions: PRINCIPLES OF MANAGEMENT Education Traffic light guide for symptom response	t NE Flex/Squat	Inc Ext N	ļ	NW	uce	Prod			OP in	
Dysfunction: Articular / Contractile Postural OTHER subgroup: POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY Comorbidities Cognitive - Emotional Cor Descriptions: PRINCIPLES OF MANAGEMENT Education Traffic light guide for symptom response				Spine	Extremities	į		ATION	SSIFIC	ROVISIONAL CLAS
Dysfunction: Articular / Contractile Postural OTHER subgroup: POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY Comorbidities Cognitive - Emotional Cor Descriptions: PRINCIPLES OF MANAGEMENT Education Traffic light guide for symptom response		sion	Extens	ctional Preference E	Dire					erangement
POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY Comorbidities Cognitive - Emotional Cor Descriptions: PRINCIPLES OF MANAGEMENT Education Traffic light guide for symptom response		roup:	subara	Postural OTHER	5,			tractile	ar / Cor	
Descriptions: PRINCIPLES OF MANAGEMENT Education Traffic light guide for symptom response							-			
Education Traffic light guide for symptom response	tional Contextual	∍ - Emotio	gnitive	norbidities Cog	BILITY Co	RDISA	ND / OF	PAIN A	S OF I	
Education Traffic light guide for symptom response								MENT	NAGFI	RINCIPLES OF MAI
and the state of t					onse	n respo	symptor			
Exercise type Rep knee ext with OP in standing Frequency 10-15 reps every 2 hrs		hrs	/erv 2 l	uency 10-15 rens ev	90		100 TO 100 TO 100	70 2002		O. Orașino
Other exercises / interventions		. 1113	1 y - L I	acitor 10-10 leps ev		<u></u>	J. 111 St			
	ocumo ruppino	in 2 Dr-	00 rai	To be able to accent	toire ne neir C	dav	o to ~~	-		
Management goals 1. To be able to go down stairs no pain 2. To be able to squat no pain 3. Resume running Signature	esume running	ın 3. Kes	io pair			JOWN S	e to go	pe able	1. 10	anagement goals
	enzie Institute International 2020	oppor ottor								



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 your interpretation and how will you 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 will you 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.

Answer Key: 1. C; 2. A; 3. B; 4. D; 5. A; 6. C; 7. B



8.3 Audio-Visual Section

8.3.1 <u>Information</u>

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

2023:

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

2024 onwards:

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

Three procedures are randomly selected for each exam.

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



APPENDIX

MDT Assessment Forms





THE McKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

Date			\sim	
Name	C	Gender	(T)	þ
Address				Cin
Telephone		(]-	(i. []	V_{i}
Date of Birth	F	Age)		
Referral: GP/Orth/Sel	f/Other	<i> </i>		$\mathcal{O}(1)$
Work demands			7 113 //I-	~1)/
			1 m m	My My
Leisure activities		\.		1/
Functional limitation fo	or present episode		$\langle \rangle \rangle$	
Outcome / Screening	score			
NPRS (0-10)				
Present symptoms				
Present since			improving / unchanging	g / worsening
Commenced as a resi	ult of		no app	arent reason
Symptoms at onset: I	oack / thigh / leg			
Constant symptoms: I	oack / thigh / leg	Intermittent symptoms	s: back / thigh / leg	
Worse	bending sitting / risi	ing standing	walking	lying
	am / as the day progresses / p.		when still / on the move	ſ
Better	bending sitting	standing	walking	lying
	am / as the day progresses / p.	m	when still / on the move	,
	other			
Disturbed sleep	yes / no Sleeping postu	rres: prone / sup / side R /	L Surface:	
Previous spinal histor	у			
Previous treatments				
SPECIFIC QUESTI	ONS			
Cough / sneeze / str	rain Bladder / B	owel: normal / abnormal	Gait: normai	l / abnormal
Medications:				
General Health / Com	orbidities:			
	/ no			
	s / no	-	g: yes / no	
Patient goals / expect	ations:			



EXAMINATION

POSTURAL OBSERVATION Sitting: lordotic / neutral / kyphotic Standing: lordotic / neutral / kyphotic Other observations / functional baselines:			L	Change of posture: better / worse / n Lateral shift: right / left / nil			TO COMP. 1820	o effect Shift relevant: yes / no		
NEUROLOGICAL Motor deficit Sensory deficit	unctiona	i baseiines			_ Refle	xes odynamic tests				
MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptom	ns				
Flexion					300		-7			
Extension										
Side gliding R					1					
IT. 135										
Side gliding L			-							
Other			,							
TEST MOVEMENTS								, decreases, no effect fect, centralised, perip		
		34.000	Sy	mptoma	tic resp	onse	Α.	Mechanical resp	onse	
During testing						After	testing	Effect - ↑ or ♥ ROM or key functional test	No effect	
Pretest symptoms s	tanding							key fullctional test		
FIS									5	
Rep FIS										
Rep EIS	-11									
Pretest symptoms ly	0.7520									
Ren FII										
Rep FIL										
Rep EIL										
Pretest symptoms									<i>y</i>	
SGIS - R										
Rep SGIS - R										
SGIS - L										
Rep SGIS - L										
Other movements										
STATIC TESTS										
Sitting slouched / erec	ct / lying	prone in e	xtensior	ı / long s	sitting _					
OTHER TESTS										
PROVISIONAL CLAS Derangement Cel Directional Preference	ntral or s	ymmetrica			_	netrical above ki	nee Unilateral	or asymmetrical belo	w knee	
Dysfunction: Directi	on			Postu	ral	OTHER subg	roup:			
POTENTIAL DRIVER							Cognitive - E	Emotional Co	ntextual	
Descriptions:										
PRINCIPLES OF MA Education	NAGEM	ENT								
Exercise type					Fr	equency				
Other exercises / inte	rventions				1000 00					
		•								
	S						Y X 7 X X			
						9.14.410				





THE McKENZIE INSTITUTE CERVICAL SPINE ASSESSMENT

Date						\bigcirc
Name			Gender		\₹\	۲ ۲
Address						(3) E)
Telephone					$\{\{-\frac{1}{2}, -\frac{1}{2}\}\}$	$(^{\prime} \vee ^{\prime} \vee ^{\prime})$
Date of Birth			Age		11:41	
Referral: GP/Orth/	Self / Other					1100
Work demands				/	31 Y 113	
Leisure activities						
Outcome / Screen	ing score					
NPRS (0-10)						
Present Symptoms	s					
Present since					improvin	g / unchanging / worsening
Commenced as a	result of				-	no apparent reasor
Symptoms at onse	et: neck/arm/i	forearm / head				
Constant symptom	ns: neck/arm/for	earm/head	Int	termittent sympto	oms: neck/arm/forea	rm/head
Worse	bending		sitting		turning	lying / rising
		day progresses /			when still / on the	move
Better	bending		sitting		turning	lying
		day progresses /			when still / on the	e move
Disturbed Sleep	yes / no	Sleeping post	tures: <i>prone</i>	/sup/sideR/L	Pillows:	
Previous spinal his	story					
Previous treatmen						
SPECIFIC QUES	STIONS					_
Dizziness / tinnitu	us / nausea / i	vision / speech_			Gait / Upper	Limbs: normal / abnormal
Medications:						
General health / C	omorbidities:					
18.4						
History of cancer:						
History of trauma:					imaging. <i>yes i no</i>	
Patient goals / exp	Decialions:					



EXAMINATION

POSTURAL OBSE Sitting: erect / neuron Change of posture:	tral / slui	тр			ed head: yes					on: <i>right /</i> elevant: 3		
Other observations	/ functio	nal base	elines: .									
NEUROLOGICAL Motor deficit					Ref	lexe	es					
Sensory deficit							ynamic tests					
MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms	1		Maj	Mod	Min	Nil	Symptom
Protrusion						1	Lateral flexion R					
Flexion						1	Lateral flexion L					
Retraction						1	Rotation R					
Extension							Rotation L					
TEST MOVEMENTS											ct, centra	lising,
	peripher	alising. A	ifter: be		se, no better, ymptomatic r		rorse, no effect, cen onse	tralised,	periph		nical res	ponse
,		D	uring te	1700	,р.с	<u> </u>	After test	ting		Effe	ect - ROM or	No
Pretest symptoms sitti	ng _									Key Iulio	ionai ies	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	-											
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 Pro	o / Ret /	Flex / O	ther			_	OTHER TESTS _					
PROVISIONAL CLASSI Derangement Ce		ON symmetr	rical	Unilate	ral or asymm	etric	cal above elbow	Unila	teral or	asymme	trical bel	ow elbow
Directional Preference:												
Dysfunction: Direction			_ Postu	ıral	ОТ	HEF	R subgroup:					
POTENTIAL DRIVERS	OF PAI	N AND /	OR DIS	ABILIT	Y Comor	bidi	ties Co	gnitive -	Emoti	onal	C	ontextual
Descriptions:	- ATTOMIC - TO											
PRINCIPLES OF MANA	GEMEN	ΝT										
Education _					****							
Exercise type _	55						ncy					
Other exercises / interve	ntions											
Management goals _					10-44		×					
-					s	igna	iture				Internation	– nal 2020©





THE McKENZIE INSTITUTE THORACIC SPINE ASSESSMENT

Date			{~p}	{	٠,
Name		Gender)).
Address				\ \(\sigma\gamma\g	(P)
Telephone			—— 11次月	1 11	11
Date of Birth		Age	- $/$ $/$ $/$ $/$	\ /-/-	\~\~\
Referral: GP/Orth/	Self / Other			$\Lambda = I\Lambda^{-1}$	" N
Work demands	-			(m) 400/	1/6
Leisure activities					
Functional limitatio	n for present epi	sode	\\\{	<i>\</i>	\mathbb{R}
Outcome / Screeni	ing score		(ساليه)	(L	
NPRS (0-10)					
Present symptoms					
Present since			improv	ving / unchanging .	/worsening
Commenced as a	result of			no appa	rent reason
Symptoms at onse	t				
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
		ay progresses / pm	when still / on the move		
Disturbed sleep	other yes / no	Sleeping postures: pror	ne / sup / side R / L Pillow	vs:	
Previous spinal his	story				
Previous treatment	ts				
SPECIFIC QUES					
Cough / sneeze			Gait / Upr	oer Limbs: normal	/ abnorma
				or Enribo. Norman	, asnonna
Concrai ricality C			ent / relevant surgery: yes / no _		
History of cancer:	yes/no		explained weight loss: yes / no _		



EXAMINATION

POSTURAL OBSERV								
Sitting: erect / neutral		F	Protrude	d head:	yes / no Chan	ge of posture: better / wo	orse / no effect	
Standing: neutral / ky		501 50						
Other observations / f	unctiona	ıl baselin	ies:					
NEUROLOGICAL (up	per and	lower lir	mb)					
Motor deficit					Reflexes			
Sensory deficit								
							REPEATED MOVEME	NT
				F.111		TESTING		
MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms	Rep Pro		
Flexion						Rep Ret		
Extension						· · · · · · · · · · · · · · · · · · ·		
Rotation R		,				Rep LF - R		
Rotation L				,		Rep LF - L		Ξ.
Other						Rep ROT - R		
						Rep ROT - L		-
TEAT 110//EUE1/TA	_					Rep Flex	A PARTICULAR CONTRACTOR CONTRACTO	
TEST MOVEMENTS						es, abolishes, increases, b better, no worse, no effe		alised
	contrain	omg, por	ipriorano			nse		
			During ¹			After testing	Effect - ↑ or ♥ ROM or key functional test	No effect
Pretest symptoms s	itting _							
Rep FLEX								
EXT _								
Rep EXT								
Pretest symptoms ly	ring							
EIL (prone)								
Rep EIL (prone)								
EIL (supine)								
Rep EIL (supine)								
Pretest symptoms s	itting _							
ROT - R	4.							
Rep ROT - R								
ROT - L								
Rep ROT - L								
Other movements								
			/ Other			OTHER TESTS		.)
PROVISIONAL CLAS	SSIFICA	TION						
Derangement Directional Preference	ā.		50000000 000000000000	ymmetric	cal	Unilateral or asymme	etrical	
Dysfunction: Direction				tural	OTHE	R subgroup:		
-,								
POTENTIAL DRIVER Descriptions:						lities Cognitive -	Emotional Con	textual
PRINCIPLES OF MA	NAGEM	ENT						
					Erec	uency		
Other exercises / inter					Fieq	uency		,
	ventions	-						7
Management goals						7		
					Siar	nature		





THE McKENZIE INSTITUTE LOWER EXTREMITIES ASSESSMENT

Date		$\overline{}$	$\overline{\mathbf{O}}$
Name	Gend	der Vij	()
Address			\ ASIEN
Telephone		{}{}{}{}{}{}{}{}{}{}	$\{V_i, V_i, V_i\}$
Date of Birth	Age		
Referral: GP/Orth/S	elf / Other	—— IN	
Work demands _			1) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
<u> </u>	for present episode	(jŷj)	
Outcome / Screening	score		
Present symptoms			
Present since			_ improving / unchanging / worsening
Commenced as a re	sult of		no apparent reason
Symptoms at onset			Paraesthesia: yes / no
Spinal history	1		Cough / Sneeze +ve / -ve
Constant symptoms		Intermittent symptoms:	
Worse	bending sitting / rising / first few st am / as the day progresses / pm Other	teps standing walking when still / on the move	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 make	s the pain: better worse	e no effect	Disturbed sleep yes / no
Pain at rest	yes/no	Site:	back / hip / knee / ankle / foot
Other Questions:	swelling catc	hing / clicking / locking	giving way / falling
Previous history			
Previous treatments			
Medications			
General health / Cor	norbidities:		
			/no
History of cancer: ye	s/no		
	s/no		
	etations		_
_			



EXAMINATION

POSTURAL OBSER Sitting: lordotic / ne Other observations:	eutral / .	kyphotic		ange of	posture:	bett	ter / worse / no effec	t Sta	nding:	lordot	ic / neut	ral / .	kyphotic
NEUROLOGICAL:	NA /	motor /	sensor	y / refle	exes / neuro	odyna	ımic						
BASELINES: Pain a	nd fund	tional a	ctivity										
EXTREMITIES		hip / F	mee / a	nkle / fo	oot								
MOVEMENT LOSS	Maj	Mod	Min	Nil	Sympton	ns		Maj	Mod	Min	Nil	Sy	mptoms
Flexion							Adduction / Inversion						
Extension							Abduction / Eversion						
Dorsi Flexion							Internal Rotation						
Plantar Flexion							External Rotation						
Other:							Other:						
Passive Movement:	note s	sympton	ns, rang	ge and ·	+/- over pre	essure	e:				PDI	M	ERP
Resisted test pain re Other tests / static p	50.00	_											
SPINE													
Movement Loss													
Effect of repeated mo													
Effect of static position													
495													
Spine testing not r	elevani	t / releva	22 202	condary	y problem								
		t / releva	22 202	condary	y problem	įú.							
Baseline Symptoms	·	t / releva	22 202						N	lechan	ical Re	spoi	nse
Spine testing not r Baseline Symptoms Repeated To Active / Passive n resisted test, func	ests	ent,	ant / see	Dur	Symptom	atic F		NW,	↑ orV	Effe ROM,	ical Re ct , streng	th	nse No Effect
Baseline Symptoms Repeated To	ests	ent,	ant / see	Dur	Symptom ring , Abolish,	atic F	Response After Better, Worse, NB,	NW,	↑ orV	Effe ROM,	ct , streng	th	No
Baseline Symptoms Repeated To	ests	ent,	ant / see	Dur	Symptom ring , Abolish,	atic F	Response After Better, Worse, NB,	NW,	↑ orV	Effe ROM,	ct , streng	th	No
Baseline Symptoms Repeated To	ests	ent,	ant / see	Dur	Symptom ring , Abolish,	atic F	Response After Better, Worse, NB,	NW,	↑ orV	Effe ROM,	ct , streng	th	No
Baseline Symptoms Repeated To	ests	ent,	ant / see	Dur	Symptom ring , Abolish,	atic F	Response After Better, Worse, NB,	NW,	↑ orV	Effe ROM,	ct , streng	th	No
Baseline Symptoms Repeated To	ests	ent,	ant / see	Dur	Symptom ring , Abolish,	atic F	Response After Better, Worse, NB,	NW,	↑ orV	Effe ROM,	ct , streng	th	No
Repeated To Active / Passive n resisted test, fund	ests novementional	ent, test	PI Incre	Dur roduce, ase, De	Symptom ing Abolish, ecrease, Ni	atic F	Response After Better, Worse, NB, NE		↑ orN or ke	Effe PROM, y functi	ct , streng onal tes	th	No Effect
Repeated To Active / Passive n resisted test, func PROVISIONAL CLA Derangement	ests novementional	ent, test	PI Incre	Dur roduce, ase, De	Symptom ring , Abolish, ecrease, Ni	atic F	Response After Better, Worse, NB, NE Spine Stional Preference		↑ orN or ke	Effe ROM,	ct , streng onal tes	th	No Effect
Repeated To Active / Passive n resisted test, func PROVISIONAL CLA Derangement	ests novemitional assiric	ent, test CATION Intractile	PI Incre	Dur roduce, ase, De	Symptom ing , Abolish, ecrease, Ni Extremitie	E B B C C C C C C C C C C C	Response After Better, Worse, NB, NE Spine ctional Preference _ ostural OTHER s	ubgrou	↑ orN or ke	Effe ROM,	ct , streng onal tes	th	No Effect
Repeated To Active / Passive in resisted test, fund PROVISIONAL CLA Derangement Dysfunction: Articul POTENTIAL DRIVE Descriptions: PRINCIPLES OF MA	ests novemitional sssific ar / Co	ent, test CATION Intractile	Pi Incre	Dur roduce, ase, De	Symptom ing Abolish, ecrease, Ni Extremitie	E B B C C C C C C C C C C C	Response After Better, Worse, NB, NE Spine ctional Preference _ ostural OTHER s	ubgrou	↑ orV or ke	Effe ROM,	ct , streng onal tes	th	No Effect
Repeated To Active / Passive in resisted test, fund PROVISIONAL CLA Derangement Dysfunction: Articul POTENTIAL DRIVE Descriptions: PRINCIPLES OF MA	ests novementional ar / Co RS OF	ent, test CATION Intractile PAIN A	Pi Incre	Dur roduce, ase, De	Symptom ring Abolish, ecrease, Ni	es Direc	Response After Better, Worse, NB, NE Spine ctional Preference _ ostural OTHER s	ubgrou	↑ or vor ke	Effe ROM,	ct , streng onal tes	Cor	No Effect
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THE MCKENZIE INSTITUTE UPPER EXTREMITIES ASSESSMENT

Date						C.	`
Name			Gender		(A)	4	7
Address						~ Ka	En
Telephone					{ - { } -	1) (,	(V_{i})
Date of Birth			Age				
Referral: GP/Orth/S	elf / Other				IN		\mathcal{N}
Work demands _					SIT	11/2/11/14	-11/
Leisure activities _ _ _ Functional limitation		pisode					
Outcome / Screenin	g score					dadnass: Bight / Le	<u>S</u>
Present symptoms					пап	dedness: Right / Le	÷I L
Present since						improving / unchan	aina / worsenina
Commenced as a re	sult of						oparent reason
Symptoms at onset						_	nesia: yes/no
Spinal history							neeze +ve / -ve
Constant symptoms	:		Inte	rmittent sy	/mptoms:		
Worse		sitting day progresses /	•	neck still / on th	dressing ne move	reaching Sleeping: prone /	gripping sup / side R / L
Better	bending am / as the	sitting day progresses /	turning opm when	g neck still / on th	dressing ne move	reaching Sleeping: prone /	gripping sup / side R / L
Continued use make	es the pain:	better	worse	no i	effect	Disturbed slee	ep yes/no
Pain at rest	yes / no				Site:	neck / shoulder / elbo	w / wrist / hand
Other Questions:	sv	velling	catching /	clicking / la	ocking	subluxing	
Previous history							
Previous treatments							
Medications							
General health / Co	morbidities: _						
			Rece	nt / releva	nt surgery: yes	/no	
History of cancer: ye	es / no		Unex	xplained w	eight loss: yes	s/no	
History of trauma: ye					maging: yes /		
Patient goals / expe							
V							



FXAMINATION

POSTURAL OBSER Sitting: erect/neu Other observations:	ıtral / s	lump	Change	- 1	sture:	bette		worse / no effect	Sta	nding:	lordot	ic / neu	tral /	kyphotic
NEUROLOGICAL:	NA /	motor /	sensor	y / refle	exes /	neurody	nar	mic						
BASELINES: Pain a	nd fund	tional a	ctivity											
EXTREMITIES		shoul	der / ell	bow/w	rist / ł	nand _								
MOVEMENT LOSS	Maj	Mod	Min	Nil	Syn	nptoms] [Maj	Mod	Min	Nil	Sy	mptoms
Flexion							1	Adduction / Ulnar Deviation						
Extension							1	Abduction /						
Supination							1	Radial Deviation Internal Rotation	1					
Pronation							1	External Rotatio	n					
Other:								Other:						
Passive Movement:	note	symptor	ns, ranç	ge and	+/- ov	er press	ure	:				PD	M	ERP
B. (2.1)														
Resisted test pain r Other tests / static p	9851	_												
Other tests / static	,031110	''''g _												
SPINE Movement Loss Effect of repeated mo		nts												
Effect of static position Spine testing not r Baseline Symptoms	elevan					-								
Spine testing not r	elevan										echan	ical Re	Spor	nse
Spine testing not r	elevan	ent,	Pr		Symp ing Aboli	otomationsh,	c R	esponse After Better, Worse, NB NE		M ↑ or↓	Effe	ical Re ct streng onal tes	th	nse No Effect
Spine testing not r Baseline Symptoms Repeated Te Active / Passive m	elevan	ent,	Pr	Dur oduce,	Symp ing Aboli	otomationsh,	c R	esponse After Better, Worse, NB		M ↑ or↓	Effe	ct streng	th	No
Spine testing not r Baseline Symptoms Repeated Te Active / Passive m	elevan	ent,	Pr	Dur oduce,	Symp ing Aboli	otomationsh,	c R	esponse After Better, Worse, NB		M ↑ or↓	Effe	ct streng	th	No
Spine testing not r Baseline Symptoms Repeated Te Active / Passive m	elevan	ent,	Pr	Dur oduce,	Symp ing Aboli	otomationsh,	c R	esponse After Better, Worse, NB		M ↑ or↓	Effe	ct streng	th	No
Spine testing not r Baseline Symptoms Repeated Te Active / Passive m	elevan	ent,	Pr	Dur oduce,	Symp ing Aboli	otomationsh,	c R	esponse After Better, Worse, NB		M ↑ or↓	Effe ROM,	ct streng	th	No
Spine testing not r Baseline Symptoms Repeated Te Active / Passive m	elevan	ent,	Pr	Dur oduce,	Symp ing Aboli	otomationsh,	c R	esponse After Better, Worse, NB		M ↑ or↓	Effe ROM,	ct streng	th	No
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Spine testing not r Baseline Symptoms Repeated Te Active / Passive m resisted test, funct PROVISIONAL CLA Derangement	ests ests ests sovemetional f	ent, test EATION Intractile	Pr Increa	Dur roduce, ase, De	Symping Aboli: Aboli: Extre	mities Di	E E	Spine ional Preference	, NW,	M ↑ or¥ or key	Effer ROM,	streng onal tes	th st	No Effect
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Baseline Symptoms Repeated Te Active / Passive m resisted test, funct PROVISIONAL CLA Derangement Dysfunction: Articula POTENTIAL DRIVEL Descriptions: PRINCIPLES OF MARE Education Exercise type	ests ests ests sovementional f	ATION Tractile PAIN A	Pr Increa	Dur roduce, ase, De	Symping Aboli: Aboli: Extre	mities Di	Pos	Spine ional Preference stural OTHER	subgrou	M ↑ or v or key	Effer ROM,	ct streng onal tes	Cor	No Effect
PROVISIONAL CLA Derangement Dysfunction: Articul: POTENTIAL DRIVEI Descriptions: PRINCIPLES OF MA Education Exercise type Other exercises / interest	ests ests ests estional f	ent, test ATION Intractile PAIN A	Pr Increa	Dur roduce, ase, De	Symping Aboli: Aboli: Extre	mities Di	rectipe Pos	Spine ional Preference stural OTHER orbidities C	subgrou	M ↑ or ✓ or key	Effer ROM,	ct streng onal tes	Cor	No Effect

