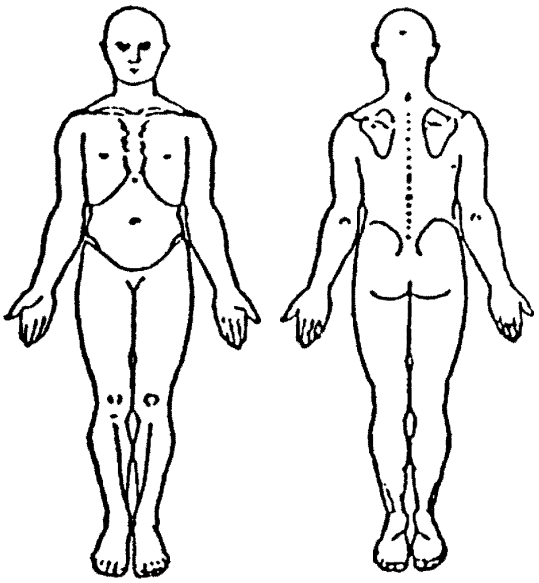
THE McKENZIE INSTITUTE
CERVICAL SPINE ASSESSMENT



Date _____

Name _____ Gender identity _____

Date of Birth _____ Age _____

Referral: *GP / Orth / Self / Other* _____

Work demands _____

_____

Leisure activities _____

_____

Functional limitation for present episode _____

_____

Outcome / Screening score _____

_____

NPRS (0-10) _____

Present Symptoms _____

Present since _____ *improving / unchanging / worsening*

Commenced as a result of _____ no apparent reason

Symptoms at onset: *neck / arm / forearm / head* _____

Constant symptoms: *neck/arm/forearm/head* _____ Intermittent symptoms: *neck/arm/forearm/head* _____

Worse *bending* *sitting* *turning* *lying / rising*

am / as the day progresses / pm *when still / on the move*

other _____

Better *bending* *sitting* *turning* *lying*

am / as the day progresses / pm *when still / on the move*

other _____

Disturbed Sleep *yes / no* Sleeping postures: *prone / sup / side R / L* Pillows: _____

Previous spinal history _____

_____

Previous treatments _____

_____

SPECIFIC QUESTIONS

Dizziness / tinnitus / nausea / vision / speech _____ Gait / Upper Limbs: *normal / abnormal*

Medications: _____

General health / Comorbidities: _____

_____ Recent / relevant surgery: *yes / no* _____

History of cancer: *yes / no* _____ Unexplained weight loss: *yes / no* _____

History of trauma: *yes / no* _____ Imaging: *yes / no* _____

Patient goals / expectations: _____

_____

EXAMINATION

POSTURAL OBSERVATION

Sitting: *erect / neutral / slump* Protruded head: *yes / no* Lateral deviation: *right / left / nil*

Change of posture: *no effect / effect* _____ Lateral deviation relevant: *yes / no*

Other observations / functional baselines: _____

NEUROLOGICAL

Motor deficit _____ Reflexes _____

Sensory deficit _____ Neurodynamic tests _____

MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms
Protrusion					
Flexion					
Retraction					
Extension					

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

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

	Symptomatic response		Mechanical response	
	During testing	After testing	Effect - Change in ROM or key functional test	No effect
Pretest symptoms sitting				
PRO				
Rep PRO				
RET				
Rep RET				
RET EXT				
Rep RET EXT				
Pretest symptoms lying				
RET				
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 / Ret / Flex / Other _____ **OTHER TESTS** _____

PROVISIONAL CLASSIFICATION

☐ Serious Pathology: _____ ☐ Medical Condition: _____

☐ Derangement *Directional Preference:* _____ ☐ *Central or symmetrical* ☐ *Unilateral or asymmetrical above elbow* ☐ *Unilateral or asymmetrical below elbow*

☐ Articular Dysfunction / ANR ☐ Atypical Mechanical Condition ☐ Chronic Pain Syndrome ☐ Inflammatory Arthropathy / Arthritis ☐ Post Surgery

☐ Postural Syndrome ☐ Radicular Syndrome without DP ☐ Spinal Stenosis ☐ Structurally Compromised ☐ Trauma / Recovering Trauma

Classification subgroup / description _____

POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY Comorbidities Cognitive - Emotional Contextual

Descriptions: _____

PRINCIPLES OF MANAGEMENT

Education _____

Exercise type _____ Frequency _____

Other exercises / interventions _____

Management goals _____

_____ Signature _____