



THE MCKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

Date _____

Name _____ Gender Identity _____

Date of Birth _____ Age _____

Referral: GP / Ortho / 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: back / thigh / leg _____

Constant symptoms: back / thigh / leg _____ Intermittent symptoms: back / thigh / leg _____

Worse bending sitting / rising standing walking lying
am / as the day progresses / pm when still / on the move
other _____

Better bending sitting standing walking lying
am / as the day progresses / pm when still / on the move
other _____

Disturbed sleep yes / no Sleeping postures: prone / sup / side R / L Surface: _____

Previous spinal history _____

Previous treatments _____

SPECIFIC QUESTIONS

Cough / sneeze / strain Bladder / Bowel: normal / abnormal Gait: normal / abnormal

Medications: _____

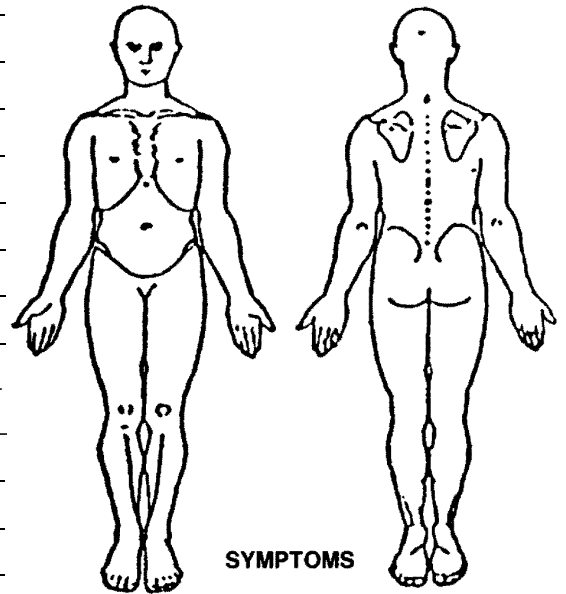
General Health / Comorbidities: _____

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: *lordotic / neutral / kyphotic*

Change of posture: *no effect / effect* _____

Standing: *lordotic / neutral / kyphotic*

Lateral shift: *right / left / nil*

Shift relevant: *yes / no*

Other observations / functional baselines: _____

NEUROLOGICAL

Motor deficit _____ Reflexes _____

Sensory deficit _____ Neurodynamic tests _____

MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms
Flexion					
Extension					
Side gliding R					
Side gliding L					
Other					

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 standing _____				
FIS _____				
Rep FIS _____				
EIS _____				
Rep EIS _____				
Pretest symptoms lying _____				
FIL _____				
Rep FIL _____				
EIL _____				
Rep EIL _____				
Pretest symptoms _____				
SGIS - R _____				
Rep SGIS - R _____				
SGIS - L _____				
Rep SGIS - L _____				
Other movements _____				

STATIC TESTS

Kyphotic sitting / lordotic sitting / long sitting / lying prone in extension _____

OTHER TESTS

PROVISIONAL CLASSIFICATION

☐ Serious Pathology: _____ ☐ Medical Condition: _____

<input type="checkbox"/> Derangement	Directional Preference: _____	<input type="checkbox"/> Central or symmetrical	<input type="checkbox"/> Unilateral or asymmetrical above knee	<input type="checkbox"/> Unilateral or asymmetrical below knee
<input type="checkbox"/> Articular Dysfunction / ANR	<input type="checkbox"/> Atypical Mechanical Condition	<input type="checkbox"/> Chronic Pain Syndrome	<input type="checkbox"/> Inflammatory Arthropathy / Arthritis	<input type="checkbox"/> Post Surgery
<input type="checkbox"/> Postural Syndrome	<input type="checkbox"/> Radicular Syndrome without DP	<input type="checkbox"/> Spinal Stenosis	<input type="checkbox"/> Structurally Compromised	<input type="checkbox"/> 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 _____