

# **The McKenzie Institute International**

**CENTRE FOR POSTGRADUATE STUDY IN  
MECHANICAL DIAGNOSIS AND THERAPY**



**International Credentialling Exam**

**Information for Candidates**

Copyright © 2018 McKenzie Global Holdings Limited (MGHL).

Any and all content is copyright to and the exclusive property of MGHL, licensed to the McKenzie Institute International (MII), and is protected by international copyright law. No part of the content may in any form or by any means be reproduced, stored in a retrieval system or transmitted without the written permission of the CEO of MII. All rights reserved.

# TABLE OF CONTENTS

<b>1. PURPOSE .....</b>	<b>2</b>
<b>2. ELIGIBILITY .....</b>	<b>2</b>
<b>3. APPLICATION .....</b>	<b>2</b>
3.1 Application Form .....	2
3.2 Acceptance of Application .....	2
3.3 Number of Candidates .....	3
3.4 Examination Fee .....	3
3.5 Cancellations, Transfers & Refunds .....	3
3.5.1 Cancellations .....	3
3.5.2 Transfers .....	3
3.5.3 Refunds .....	3
<b>4. FORMAT OF THE EXAMINATION .....</b>	<b>4</b>
4.1 Content Areas .....	4
4.2 Methods .....	4
4.2.1 Paper-and-Pen .....	4
4.2.2 Chart Evaluations .....	5
4.2.3 Case Study .....	5
4.2.4 Audio Visual Presentation .....	5
4.2.5 Performance Simulation .....	5
<b>5. PASSING GRADE .....</b>	<b>5</b>
<b>6. INFORMATION AND REGULATIONS FOR THE EXAMINATION .....</b>	<b>6</b>
<b>7. PREPARATION FOR THE EXAMINATION .....</b>	<b>8</b>
7.1 Pre-requisites .....	8
7.2 Preparation Materials .....	8
7.3 Instruction Prior to Exam .....	8
<b>8. SAMPLE QUESTIONS AND INFORMATION ABOUT THE EXAMINATION .....</b>	<b>9</b>
8.1 Paper/Pen .....	9
8.2 Chart Evaluations and Case Studies .....	10
8.3 Audio Visual Section .....	19
8.3.1 Information .....	19
8.3.2 Procedure .....	19
8.4 Performance Simulation .....	20
8.4.1 Information .....	20
8.4.2 Procedure .....	20
<b>APPENDIX Assessment Forms .....</b>	<b>21</b>



*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  
[mckenziecanada@bellnet.ca](mailto:mckenziecanada@bellnet.ca)***



## 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 (including the extremities) of the McKenzie Institute International Education Programme, and are a licensed clinician.

Applicants will need to provide evidence of their attendance at Parts A - D course, if they did not complete the A through D courses in Canada or if MICanada does not have a database record of course completion. You will be contacted by MICanada if proof of course completion is required.

**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.

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 2016 lumbar, cervical, upper/lower extremity assessment and reassessment forms. (actual number will be advised closer to the exam date)



### 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
<b>Examination – 1<sup>st</sup> attempt</b>	<b>550.00</b>
<b>Retake of Exam:</b>	
Retake entire exam. This option is only offered on scheduled examination dates.	<b>200.00</b>
Written Component Retake on scheduled exam date	<b>150.00</b>
Written Component Retake on non-scheduled exam date and agreed upon in advance with MICanada	<b>300.00</b>
Performance Component Retake on scheduled exam date	<b>75.00</b>
Performance Component Retake on non-scheduled exam date and agreed upon in advance with MICanada ( <i>requires 2 proctors and added admin work</i> )	<b>300.00</b>

### 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 [mckenziecanada@bellnet.ca](mailto:mckenziecanada@bellnet.ca)

Please review the cancellation terms and conditions outlined in MICanada's Cancellation Policy for further details. MICanada's [cancellation policy](#) can be located on the MICanada website.

#### 3.5.2 **Transfers**

Please refer to the [cancellation policy](#) on the MICanada website.

#### 3.5.3 **Refunds**

Please refer to the [cancellation policy](#) on the MICanada website.



## **4. FORMAT OF THE EXAMINATION**

Every component of the International Credentialling Examination has been verified 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 thought 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*
- *Examination*
- *Conclusions*
- *Principle of Treatment*
- *Reassessment*
- *Prevention*
- *Clinician procedures*

The exam is divided into 2 sections/components, the written/theoretical component and the performance/practical section/component. Depending on the number of candidates registering for the exam, the practical testing component may take place on a different day from the written component.

The written component will comprise the following methods: paper-and-pen, chart evaluations and case studies, and finally the audiovisual presentation.

### **4.2 Methods**

The testing methods currently used in the examination are paper-and-pen, chart evaluations, case studies, audiovisual 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 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 examination form, a principle of treatment, identifying contraindications and the need for additional testing or medical procedures. The testing format is multiple-choice questions.

#### **4.2.3 Case Studies**

Written case histories are presented on a McKenzie Institute International Assessment Form (sample form included in this manual). Multiple-choice questions are asked that focus on evaluating the patient, reaching conclusions, developing a principle of treatment, and selecting treatment procedures. This section also focuses on reassessment concepts.

#### **4.2.4 Audio Visual Presentation**

A video is presented of a patient undergoing a history, examination, and/or a procedure in a clinical setting. Multiple-choice questions assess the candidate's ability to analyse and interpret the History, Examination, including the patient's movements and static postures, conclusions, the clinician / patient communications, and the proposed treatment programme. Ability to accurately record patient information is also assessed in this section.

#### **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 candidate.

#### **PLEASE NOTE:**

**Any procedures taught on Parts A – D courses, included in course manuals and demonstrated in the procedures 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 (written).
- **Section 2:** The Performance Simulation (practical).

A candidate must pass both sections. The passing score for Section 1 is 73 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

1. Be sure to access the exam site no later than 15 minutes before the scheduled commencement time of the exam.
2. Have your photo I.D. available for presentation
3. You are not permitted to share your examination room, you must remain on your own throughout the exam
4. Blank notepaper is permitted in the exam room.
5. You can be dismissed from the examination for:
  - (a) Impersonating another candidate
  - (b) Using a cell phone or other communication device without permission
  - (c) Giving or receiving help on the exam
  - (d) Attempting to copy or remove exam materials or notes from the room
  - (e) Using notes, books, etc. brought in from outside.
6. 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**

**CONFIDENTIALITY AGREEMENT**

I, ....., of ....., have registered to take The McKenzie Institute International Credentialling Examination. I hereby acknowledge and undertake as follows:

1. I will receive general and specific information in respect to intellectual property and copyright material owned by The McKenzie Institute International. (Confidential Information).
2. In consideration of being given this confidential information I undertake that I will:
  - (a) Not discuss or disclose any of this confidential information or the existence of this Confidentiality Agreement other than strictly for the purpose of fulfilling The McKenzie Institute International's requirements with regard to the confidential information relating to The McKenzie Institute International's Credentialling Examination in Mechanical Diagnosis and Therapy®.
  - (b) Take all reasonable steps to prevent the disclosure of the confidential information.
  - (c) Not use the confidential information other than for the purposes of fulfilling my responsibilities with regard to reviewing the intellectual property and copyright material referred to in Clause 2(a) of this Agreement.
3. I acknowledge that a breach of this Confidentiality Agreement by me, will amount to The McKenzie Institute International seeking financial damages for losses resulting from the breach.

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Date)



## 7. PREPARATION FOR THE EXAMINATION

### 7.1 Pre-requisites

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

### 7.2 Preparation Materials

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

1. “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 *OPTP.COM* or *The Physio Store in London, ON*)
2. Course manuals, notes, and *Treat Your Own Back / Treat Your Own Neck / Treat Your Own Shoulder / Treat Your Own Knee* books.
3. MDT Procedure reviews, immediate access is granted once exam registration is confirmed by the branch office. Review/read the procedure instructions in the manuals at the same time as reviewing the videos. It may help to read the instructions out loud
4. MDT Comprehension Self-tests A-D (free, on MICanada website)
5. MDT Review days presented by McKenzie Institute Branches.
6. Online Case Manager Course (\$ - savings with D Plus Plan)
7. Official Institute online materials – MDT procedure videos, webinars, past issues of the IJMDT, MDT World Press and JMMT.
8. Retake (audit) any component of the Institute’s International Education Programme.

**McKenzie Institute Canada**  
**Aileen Conway, Branch Administrator**  
**[mckenziecanada@bellnet.ca](mailto:mckenziecanada@bellnet.ca)**

### 7.3 Instruction Prior to Exam

Examiners for the Credentialling Exam a candidate is undertaking cannot provide 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 choices, and then decide which choice is correct. 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 visit of a 27 year old male patient presenting with intermittent back and left thigh and calf pain, 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. What are the appropriate self treatment exercise recommendations for the first two days?

**Note:** Your provisional classification is based on the following test results:

- **RFIS (Repeated Flexion in Standing) Produce Back and Leg Pain/No Worse Moderate loss motion**
  - **REIS (Repeated Extension in Standing) No Effect, Minimal loss of motion**
  - **RFIL (Repeated Flexion in Lying) Produce Back Pain/No Worse**
  - **REIL (Repeated Extension in Lying) Produce Strain /No Worse**
- (a) RFIL (Repeated Flexion in Lying) 10/2hours, RFIS (Repeated Flexion in Standing) 10/2hours starting at mid day, REIL (Repeated Extension in Lying) after either RFIL and RFIS for prevention, postural advice
  - (b) 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) FIS (Repeated Flexion in Standing) 10/2hours, REIS (Repeated Extension in Standing) afterwards for prevention, postural advice



2. **A 32 year old female patient with constant pain across C6-C7 with radiation into the Right Scapula and Right upper arm 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. The response to single movements and repeated movements were the same. How would you record this on the evaluation form? Repeated Retraction:**
- (a) Increase, No Worse
  - (b) Produce, No Worse
  - (c) Increase, Worse
  - (d) Produce, Worse
3. **Which of the following symptoms may indicate Serious Pathology in a patient presenting with complaint of headache?**
- (a) Use of narcotics to manage pain.
  - (b) Progressive worsening of temporal/occipital headache with visual changes.
  - (c) Headache aggravated with routine activity.
  - (d) Difficulty sleeping due to challenge finding a comfortable position.
4. **A patient returns for follow up treatment 24 hours after the initial assessment, what should the review process include?**
- (a) Review site, frequency and intensity of symptoms, effect of posture correction and test repeated flexion and extension.
  - (b) Review symptomatic presentation, compliance with home programme, retest all repeated movements for mechanical baselines.
  - (c) Review symptomatic changes, mechanical baselines and effect of posture change.
  - (d) Review of symptomatic and mechanical presentation; review compliance with posture recommendations and performance of home programme. Retest appropriate key findings.

## 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 examination assessment sheet
- A completed history sheet only
- A completed 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
- Examination Sheets, and
- Follow up visits

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



### CHART EVALUATION SAMPLE: ALEX



## THE MCKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

Chart Evaluation Sample - Alex

Date \_\_\_\_\_

Name Alex Sex  M  F

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age 28

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

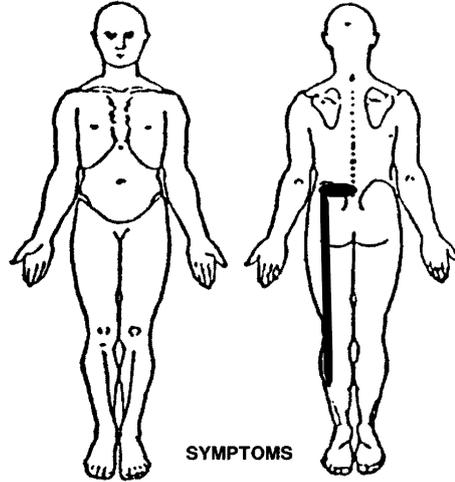
Work: Mechanical stresses Travelling Computer Technician  
Standing / Bending & Sitting

Leisure: Mechanical stresses Gym, Sports

Functional Disability from present episode Working Part-Time  
No exercise

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

VAS Score (0-10) 6 - 7 / 10



#### HISTORY

Present Symptoms Left L5 – S1, across left buttocks, posterior thigh and calf

Present since 7 days Improving / Unchanging /  Worsening

Commenced as a result of Lifting suitcase after 6 hour plane ride Or no apparent reason

Symptoms at onset:  back  thigh /  leg Next day calf – noticed he was slightly crooked

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

Worse  bending LBP & Leg  sitting  rising  standing  walking lying  
am / as the day progresses / pm LBP when still / on the move

other Hard to find comfortable sleep position

Better bending sitting standing walking  Lying slightly  
am / as the day progresses / pm when still on the move

other Ice

Disturbed Sleep  Yes  No Sleeping postures: prone / sup / side R / L Surface  firm  soft / sag

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

Previous History 5 years ago back pain only after weight lifting

Previous Treatments None

#### SPECIFIC QUESTIONS

Cough / Sneeze  Strain  +ve  -ve Bladder:  normal  abnormal Gait: normal /  abnormal

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

General Health  Good  Fair /  Poor \_\_\_\_\_

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

Recent or major surgery: Yes  No \_\_\_\_\_ Night Pain:  Yes  No Positional

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

Other: \_\_\_\_\_



**Chart Evaluation Sample - Alex**

**EXAMINATION**

**POSTURE**

Sitting: Good / Fair / Poor Standing: Good / Fair / Poor Lordosis: Red / Acc / Normal Lateral Shift: Right / Left / Nil  
Correction of Posture: Better / Worse / No effect Relevant: Yes / No  
Other Observations: \_\_\_\_\_

**NEUROLOGICAL**

Motor Deficit 5 / 5 Reflexes Intact  
Sensory Deficit Intact Dural Signs SLR(L) 20 (R) 50

**MOVEMENT LOSS**

	Maj	Mod	Min	Nil	Pain
Flexion	✓				Back & left leg
Extension	✓				Back & left leg
Side Gliding R				✓	
Side Gliding L	✓				Back & left leg

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

Symptoms During Testing	Symptoms After Testing	Mechanical Response		
		↑Rom	↓Rom	No Effect
<b>Pretest symptoms standing: Back &amp; Left Leg 6/10</b>				
FIS ↑ Back & left leg				
Rep FIS X 3 ↑ Back & leg	Worse			
EIS ↑ Back & leg				
Rep EIS X 3 ↑ Back & leg	Worse			
<b>Pretest symptoms lying:</b>				
FIL ↑ Leg				
Rep FIL X 3 ↑ Leg	Worse			
EIL ↑ Leg				
Rep EIL X 3 ↑ Leg	Worse			
<b>If required pretest symptoms:</b>				
SGIS - R No effect				
Rep SGIS - R				
SGIS - L ↑ Back & leg				
Rep SGIS - L				

**STATIC TESTS**

Sitting slouched \_\_\_\_\_ Sitting erect \_\_\_\_\_  
Standing slouched \_\_\_\_\_ Standing erect \_\_\_\_\_  
Lying prone in extension \_\_\_\_\_ Long sitting \_\_\_\_\_

**OTHER TESTS**

\_\_\_\_\_  
\_\_\_\_\_

**PROVISIONAL CLASSIFICATION**

Derangement \_\_\_\_\_ Dysfunction \_\_\_\_\_ Posture \_\_\_\_\_ Other \_\_\_\_\_  
Derangement: Pain Location \_\_\_\_\_

**PRINCIPLE OF MANAGEMENT**

Education \_\_\_\_\_ Equipment Provided \_\_\_\_\_  
Mechanical Therapy yes / no \_\_\_\_\_  
Extension Principle \_\_\_\_\_ Lateral Principle \_\_\_\_\_ Flexion Principle \_\_\_\_\_  
Other \_\_\_\_\_  
Treatment Goals \_\_\_\_\_



### **CHART EVALUATION Question**

- 5. Based on information provided on the assessment form for Alex, how should you proceed?**
- (a) Assess symptom response to therapist manual shift correction.
  - (b) Refer patient back to doctor.
  - (c) Assess symptom response to sustained extension.
  - (d) Instruct patient in correct sitting posture and reassess in 24 hours.



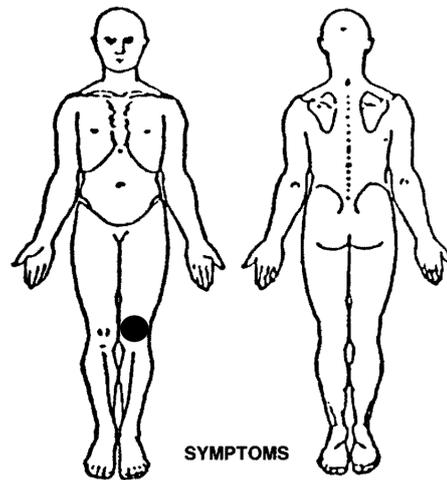
## CASE STUDY SAMPLE: GEORGE – Assessment and Follow-up



### THE MCKENZIE INSTITUTE LOWER EXTREMITIES ASSESSMENT

CASE STUDY SAMPLE - GEORGE

Date \_\_\_\_\_  
 Name George Sex  M  F  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age 35  
 Referral:  GP /  Orth /  Self /  Other \_\_\_\_\_  
 Work: Mechanical stresses Accountant  
 Leisure: Mechanical stresses Runner  
 Functional disability from present episode Decreased running  
 Functional disability score \_\_\_\_\_  
 VAS Score (0-10) 0.5 / 10



#### HISTORY

Present symptoms Left knee  
 Present since 3 months Improving /  Unchanging / Worsening  
 Commenced as a result of Running Or No Apparent Reason  
 Symptoms at onset Left knee Paraesthesia: Yes /  No  
 Spinal history None Cough / Sneeze +ve /  -ve  
 Constant symptoms: \_\_\_\_\_ Intermittent Symptoms: Left knee

**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 Running – pain can linger 3-4 hours after 5 mile run

**Better** bending sitting standing walking stairs squatting / kneeling  
 am / as the day progresses / pm when still / on the move Sleeping: prone / sup / side R / L  
 other Rest, activity avoidance

Continued use makes the pain: Better   Worse No Effect Disturbed night Yes /  No  
 Pain at rest Yes /  No Site: Back / Hip /  Knee / Ankle / Foot  
 Other Questions: ~~Swelling~~ ~~Clicking / Locking~~ ~~Giving Way / Falling~~

Previous episodes One – three years ago – full resolution – no treatment  
 Previous treatments None  
 General health:  Good / Fair / Poor \_\_\_\_\_  
 Medications: Nil /  NSAIDS / Analg / Steroids / Anticoag / Other Tried a few days– no effect  
 Imaging:  Yes / No X-rays negative  
 Recent or major surgery: Yes /  No Night pain: Yes / No \_\_\_\_\_  
 Accidents: Yes /  No Unexplained weight loss: Yes /  No

**Summary** Acute / Sub-acute /  Chronic Trauma /  Insidious Onset  
 Sites for physical examination Back / Hip /  Knee / Ankle / Foot Other: \_\_\_\_\_



**EXAMINATION**

**CASE STUDY SAMPLE - GEORGE**

**POSTURE**

Sitting Good Fair Poor Correction of Posture: Better / Worse / No Effect / NA Standing: Good Fair / Poor  
Other observations: \_\_\_\_\_

**NEUROLOGICAL:** NA / Motor / Sensory / Reflexes / Dural \_\_\_\_\_

**BASELINES** (pain or functional activity): Pain with squat, up/down 1 step

**EXTREMITIES** Hip / Knee / Ankle / Foot

MOVEMENT LOSS	Maj	Mod	Min	Nil	Pain		Maj	Mod	Min	Nil	Pain
Flexion			✓		<b>ERP</b>	Adduction / Inversion					
Extension			✓		<b>ERP</b>	Abduction / Eversion					
Dorsi Flexion						Internal Rotation					
Plantar Flexion						External Rotation					

Passive Movement (+/- over pressure) (note symptoms and range):	PDM	ERP
<b>Flexion – minimal loss</b>		✓
<b>Extension – minimal loss</b>		✓

**Resisted Test Response (pain)** Knee extension 4+ / 5 No Pain  
Knee flexion 4+ / 5 No Pain

**Other Tests** \_\_\_\_\_

**SPINE**

Movement Loss Full movement

Effect of repeated movements No Effect

Effect of static positioning \_\_\_\_\_

Spine testing Not relevant / Relevant / Secondary problem \_\_\_\_\_

**Baseline Symptoms** \_\_\_\_\_

Repeated Tests	Symptom Response		Mechanical Response	
	During – Produce, Abolish, Increase, Decrease, NE	After – Better, Worse, NB, NW, NE	Effect – ↑ or ↓ ROM, strength or key functional test	No Effect
<b>Rep passive flexion</b>	<b>Produce Pain</b>	<b>No Worse</b>		
<b>Repeated active extension (unloaded in sitting)</b>	<b>Produce Pain</b>	<b>No Worse</b>	<b>↑ Flex &amp; Ext</b>	
			<b>Reduce pain with squat/step</b>	
<b>Effect of static positioning</b>				

**PROVISIONAL CLASSIFICATION**

Extremities

**Spine**

Dysfunction – Articular \_\_\_\_\_ Contractile \_\_\_\_\_

Derangement Extension Responder Postural \_\_\_\_\_

Other \_\_\_\_\_

**PRINCIPLE OF MANAGEMENT**

Education \_\_\_\_\_ Equipment Provided \_\_\_\_\_

Exercise and Dosage Active unloaded knee extension 10 every 2 hours

Treatment Goals \_\_\_\_\_



## **Follow Up Notes: George**

### **Day 2 (24 hours later)**

History: I feel about 50% better, pain only 3/10 with 5 mile run, lingered less than 1 hour, less pain with squat. Did exercises every 2 hours.

Physical Examination: No pain at rest

Squat – p 3/10 at maximum Flexion

Flexion - minimal loss no pain

Extension – minimal loss product pain

### **Day 3 (3 days later)**

History: I have done recommended exercises and I am about the same as last visit

Physical Examination: No pain at rest

Squat p 3/10 at maximum

Flexion – minimal loss no pain

Extension – minimal loss produce pain

### **CASE STUDY Questions**

**Based on the information provided on the assessment and follow up notes for George:**

**6. What would be your recommendation for treatment after Day 2?**

- (a) Change direction of force to flexion
- (b) Add rotational component to extension
- (c) Continue treatment as outlined
- (d) Request patient stop running

**7. What would be your recommendation for treatment after Day 3?**

- (a) Change direction of force to flexion
- (b) Add force progression to extension
- (c) Add rotational component to extension
- (d) Continue treatment as outlined

---

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



## **8.3 Audio Visual Section**

### **8.3.1 Information**

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
- Examination
- Conclusion
- Principle of Treatment
- Reassessment.

### **8.3.2 Procedure**

You will

- Watch a video of a clinician examining and treating a patient.
- 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, or do not have, on your assessment form to help you answer the questions.
- You will be asked questions regarding the history, examination and treatment provided by the clinician.
- The clinician may be doing some of the history, exam and reassessment correctly or incorrectly, complete or incomplete.

After each section, the video will be stopped. An allotted amount of time will be given to answer questions regarding that section. The assessment form and answer sheets will then be collected.

The next section will be based on a new assessment form given to you with correct completion of the previous section. A few minutes will be provided for you to review.

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

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 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**

## **Assessment Forms**





# THE MCKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

Date \_\_\_\_\_

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_

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

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

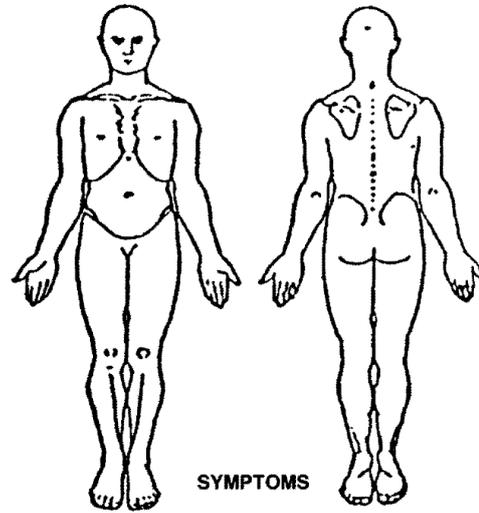
Work: Mechanical stresses \_\_\_\_\_

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

Functional disability from present episode \_\_\_\_\_

Functional disability score \_\_\_\_\_

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



## HISTORY

Present symptoms \_\_\_\_\_

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

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

Symptoms at onset: *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: *firm / soft / sag*

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

Previous history \_\_\_\_\_

Previous treatments \_\_\_\_\_

## SPECIFIC QUESTIONS

*Cough / sneeze / strain / +ve / -ve* Bladder: *normal / abnormal* Gait: *normal / abnormal*

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

General health: *good / fair / poor* \_\_\_\_\_

Imaging: *yes / no* \_\_\_\_\_

Recent or major surgery: *yes / no* \_\_\_\_\_ Night pain: *yes / no* \_\_\_\_\_

Accidents: *yes / no* \_\_\_\_\_ Unexplained weight loss: *yes / no*

Other: \_\_\_\_\_

© Copyright The McKenzie Institute International 2014



**EXAMINATION**

**POSTURE**

Sitting: *good / fair / poor*    Standing: *good / fair / poor*    Lordosis: *red / acc / normal*    Lateral shift: *right / left / nil*  
 Correction of posture: *better / worse / no effect*    \_\_\_\_\_    Relevant: *yes / no*  
 Other observations: \_\_\_\_\_

**NEUROLOGICAL**

Motor deficit \_\_\_\_\_ Reflexes \_\_\_\_\_  
 Sensory deficit \_\_\_\_\_ Dural signs \_\_\_\_\_

**MOVEMENT LOSS**

	Maj	Mod	Min	Nil	Pain
Flexion					
Extension					
Side gliding R					
Side gliding L					

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

	Symptoms during testing	Symptoms after testing	Mechanical response		
			↑Rom	↓Rom	No effect
<b>Pretest symptoms standing</b> _____					
FIS _____					
Rep FIS _____					
EIS _____					
Rep EIS _____					
<b>Pretest symptoms lying</b> _____					
FIL _____					
Rep FIL _____					
EIL _____					
Rep EIL _____					
<b>If required pretest symptoms</b> _____					
SGIS - R _____					
Rep SGIS - R _____					
SGIS - L _____					
Rep SGIS - L _____					

**STATIC TESTS**

Sitting slouched \_\_\_\_\_ Sitting erect \_\_\_\_\_  
 Standing slouched \_\_\_\_\_ Standing erect \_\_\_\_\_  
 Lying prone in extension \_\_\_\_\_ Long sitting \_\_\_\_\_

**OTHER TESTS**

\_\_\_\_\_  
 \_\_\_\_\_

**PROVISIONAL CLASSIFICATION**

Derangement                      Dysfunction                      Posture                      Other  
 Derangement: Pain location \_\_\_\_\_

**PRINCIPLE OF MANAGEMENT**

Education \_\_\_\_\_ Equipment provided \_\_\_\_\_  
 Mechanical therapy: *yes / no* \_\_\_\_\_  
 Extension principle \_\_\_\_\_ Lateral principle \_\_\_\_\_  
 Flexion principle \_\_\_\_\_ Other \_\_\_\_\_  
 Treatment goal \_\_\_\_\_

© Copyright The McKenzie Institute International 2014





# THE MCKENZIE INSTITUTE CERVICAL SPINE ASSESSMENT

Date \_\_\_\_\_

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_

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

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

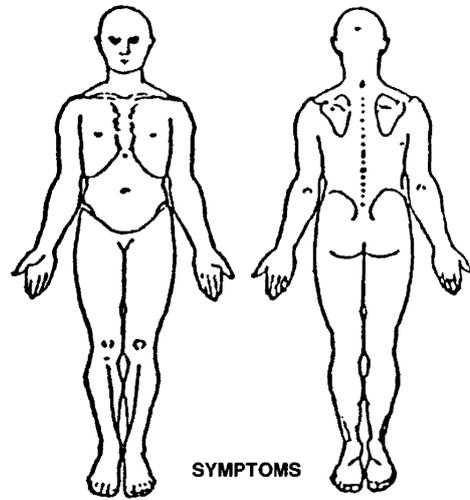
Work: Mechanical stresses \_\_\_\_\_

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

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

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

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



## HISTORY

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

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

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

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

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

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

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

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

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

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

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

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

## SPECIFIC QUESTIONS

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

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

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

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

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

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

Other \_\_\_\_\_

© Copyright The McKenzie Institute International 2014



**EXAMINATION**

**POSTURE**

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

**NEUROLOGICAL**

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

MOVEMENT LOSS	Maj	Mod	Min	Nil	Pain
Protrusion					
Flexion					
Retraction					
Extension					

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

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

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

**STATIC TESTS**

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

**OTHER TESTS** \_\_\_\_\_

**PROVISIONAL CLASSIFICATION**

Derangement \_\_\_\_\_    Dysfunction \_\_\_\_\_    Postural \_\_\_\_\_    Other \_\_\_\_\_  
 Derangement: Pain location \_\_\_\_\_

**PRINCIPLE OF MANAGEMENT**

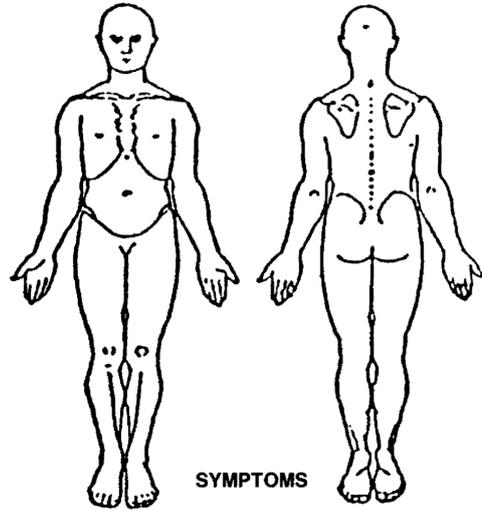
Education \_\_\_\_\_    Equipment Provided \_\_\_\_\_  
 Mechanical Therapy: *Yes / No* \_\_\_\_\_  
 Extension Principle \_\_\_\_\_    Lateral Principle \_\_\_\_\_  
 Flexion Principle \_\_\_\_\_    Other \_\_\_\_\_  
 Treatment goals \_\_\_\_\_





**THE MCKENZIE INSTITUTE  
THORACIC SPINE ASSESSMENT**

Date \_\_\_\_\_  
 Name \_\_\_\_\_ Sex M / F  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Referral: GP / Orth / Self / Other \_\_\_\_\_  
 Work : Mechanical stresses \_\_\_\_\_  
 \_\_\_\_\_  
 Leisure: Mechanical stresses \_\_\_\_\_  
 Functional disability from present episode \_\_\_\_\_  
 \_\_\_\_\_  
 Functional disability score \_\_\_\_\_  
 VAS Score (0-10) \_\_\_\_\_



**HISTORY**

Present symptoms \_\_\_\_\_  
 Present since \_\_\_\_\_ *improving / unchanging / worsening*  
 Commenced as a result of \_\_\_\_\_ *or no apparent reason*  
 Symptoms at onset \_\_\_\_\_  
 Constant symptoms \_\_\_\_\_ Intermittent symptoms \_\_\_\_\_  
 Worse *bending sitting / rising turning neck / trunk standing lying*  
*am / as the day progresses / pm when still / on the move*  
*other* \_\_\_\_\_  
 Better *bending sitting / rising turning neck / trunk standing lying*  
*am / as the day progresses / pm when still / on the move*  
*other* \_\_\_\_\_  
 Disturbed sleep *yes / no* \_\_\_\_\_ Pillows \_\_\_\_\_  
 Sleeping postures *prone / sup / side R / L* \_\_\_\_\_ Surface: *firm / soft / sag* \_\_\_\_\_  
 Previous episodes 0 1-5 6-10 11+ Year of first episode \_\_\_\_\_  
 Previous history \_\_\_\_\_  
 Previous treatments \_\_\_\_\_

**SPECIFIC QUESTIONS**

*Cough / sneeze / deep breath / +ve / -ve* \_\_\_\_\_ *Gait: normal / abnormal* \_\_\_\_\_  
 Medications: *Nil / NSAIDS / Analg / Steroids / Anticoag / Other* \_\_\_\_\_  
 General health: *good / fair / poor* \_\_\_\_\_  
 Imaging: *yes / no* \_\_\_\_\_  
 Recent or major surgery: *yes / no* \_\_\_\_\_ *Night pain: yes / no* \_\_\_\_\_  
 Accidents: *yes / no* \_\_\_\_\_ *Unexplained weight loss: yes / no* \_\_\_\_\_  
 Other \_\_\_\_\_

© Copyright The McKenzie Institute International 2014



**EXAMINATION**

**POSTURE**

Sitting: *good / fair / poor*      Standing: *good / fair / poor*      Protruded head: *yes / no*      Kyphosis: *red / acc / normal*  
Correction of posture: *better / worse / no effect* \_\_\_\_\_  
Other observations: \_\_\_\_\_

**NEUROLOGICAL** (upper and lower limb)

Motor deficit \_\_\_\_\_ Reflexes \_\_\_\_\_  
Sensory deficit \_\_\_\_\_ Dural signs \_\_\_\_\_

**MOVEMENT LOSS**

	Maj	Mod	Min	Nil	Pain
Flexion					
Extension					
Rotation R					
Rotation L					
Other					

**CERVICAL DIFFERENTIAL TESTING**

Rep Pro \_\_\_\_\_  
Rep Ret \_\_\_\_\_  
Rep Ret Ext \_\_\_\_\_  
Rep LF - R \_\_\_\_\_  
Rep LF - L \_\_\_\_\_  
Rep ROT - R \_\_\_\_\_  
Rep ROT - L \_\_\_\_\_  
Rep Flex \_\_\_\_\_

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

	Symptoms during testing	Symptoms after testing	Mechanical response		
			↑Rom	↓Rom	No effect
<b>Pretest symptoms sitting</b> _____					
FLEX _____					
Rep FLEX _____					
EXT _____					
Rep EXT _____					
<b>Pretest symptoms lying</b> _____					
EIL (prone) _____					
Rep EIL (prone) _____					
EIL (supine) _____					
Rep EIL (supine) _____					
<b>Pretest symptoms sitting</b> _____					
ROT - R _____					
Rep ROT - R _____					
ROT - L _____					
Rep ROT - L _____					
Other: _____					

**STATIC TESTS**

Flexion \_\_\_\_\_ Rotation R \_\_\_\_\_  
Extension / prone / supine \_\_\_\_\_ Rotation L \_\_\_\_\_

**OTHER TESTS**

**PROVISIONAL CLASSIFICATION**

Derangement \_\_\_\_\_ Dysfunction \_\_\_\_\_ Posture \_\_\_\_\_ Other \_\_\_\_\_  
Derangement: Pain location \_\_\_\_\_

**PRINCIPLE OF MANAGEMENT**

Education \_\_\_\_\_ Equipment provided \_\_\_\_\_  
Mechanical therapy: *yes / no* \_\_\_\_\_  
Extension principle \_\_\_\_\_ Lateral principle \_\_\_\_\_  
Flexion principle \_\_\_\_\_ Other \_\_\_\_\_  
Treatment goals \_\_\_\_\_

© Copyright The McKenzie Institute International 2014





# THE MCKENZIE INSTITUTE LOWER EXTREMITIES ASSESSMENT

Date \_\_\_\_\_

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_

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

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

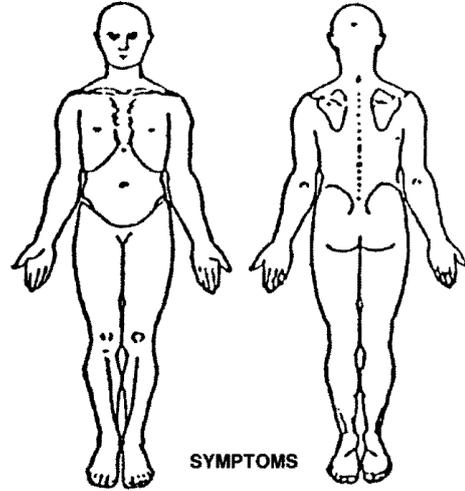
Work: Mechanical stresses \_\_\_\_\_

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

Functional disability from present episode \_\_\_\_\_

Functional disability score \_\_\_\_\_

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



## HISTORY

Present symptoms \_\_\_\_\_

Present since \_\_\_\_\_ *Improving / Unchanging / Worsening*

Commenced as a result of \_\_\_\_\_ *Or No Apparent Reason*

Symptoms at onset \_\_\_\_\_ *Paraesthesia: Yes / No*

Spinal history \_\_\_\_\_ *Cough / Sneeze +ve / -ve*

Constant symptoms: \_\_\_\_\_ Intermittent Symptoms: \_\_\_\_\_

**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 \_\_\_\_\_

**Better**      *bending    sitting    standing    walking    stairs    squatting / kneeling*  
*am / as the day progresses / pm    when still / on the move    Sleeping: prone / sup / side R / L*  
 other \_\_\_\_\_

Continued use makes the pain:    *Better    Worse    No Effect*                      *Disturbed night    Yes / No*

Pain at rest                      *Yes / No*                      Site:    *Back / Hip / Knee / Ankle / Foot*

Other Questions:                      *Swelling                      Clicking / Locking                      Giving Way / Falling*

Previous episodes \_\_\_\_\_

Previous treatments \_\_\_\_\_

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

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

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

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

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

**Summary**                      *Acute / Sub-acute / Chronic*                      *Trauma / Insidious Onset*

Sites for physical examination    *Back / Hip / Knee / Ankle / Foot*                      *Other: \_\_\_\_\_*

© Copyright The McKenzie Institute International 2014



**EXAMINATION**

**POSTURE**

Sitting *Good / Fair / Poor* Correction of Posture: *Better / Worse / No Effect / NA* Standing: *Good / Fair / Poor*  
Other observations: \_\_\_\_\_

**NEUROLOGICAL:** *NA / Motor / Sensory / Reflexes / Dural* \_\_\_\_\_

**BASELINES** (pain or functional activity): \_\_\_\_\_

**EXTREMITIES** *Hip / Knee / Ankle / Foot*

<b>MOVEMENT LOSS</b>	Maj	Mod	Min	Nil	Pain
Flexion					
Extension					
Dorsi Flexion					
Plantar Flexion					

	Maj	Mod	Min	Nil	Pain
Adduction / Inversion					
Abduction / Eversion					
Internal Rotation					
External Rotation					

**Passive Movement (+/- over pressure) (note symptoms and range):** \_\_\_\_\_

PDM	ERP

**Resisted Test Response (pain)** \_\_\_\_\_

**Other Tests** \_\_\_\_\_

**SPINE**

Movement Loss \_\_\_\_\_  
Effect of repeated movements \_\_\_\_\_  
Effect of static positioning \_\_\_\_\_  
Spine testing *Not relevant / Relevant / Secondary problem* \_\_\_\_\_

**Baseline Symptoms** \_\_\_\_\_

<b>Repeated Tests</b>	<b>Symptom Response</b>		<b>Mechanical Response</b>	
	<b>During –</b> Produce, Abolish, Increase, Decrease, NE	<b>After –</b> Better, Worse, NB, NW, NE	<b>Effect –</b> ↑ or ↓ ROM, strength or key functional test	<b>No Effect</b>
<b>Active/Passive movement, resisted test, functional test</b>				
<b>Effect of static positioning</b>				

**PROVISIONAL CLASSIFICATION**

<b>Extremities</b>	<b>Spine</b>
Dysfunction – Articular _____	Contractile _____
Derangement _____	Postural _____
Other _____	Uncertain _____

**PRINCIPLE OF MANAGEMENT**

Education \_\_\_\_\_ Equipment Provided \_\_\_\_\_  
Exercise and Dosage \_\_\_\_\_  
Treatment Goals \_\_\_\_\_





## THE MCKENZIE INSTITUTE UPPER EXTREMITIES ASSESSMENT

Date \_\_\_\_\_

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_

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

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

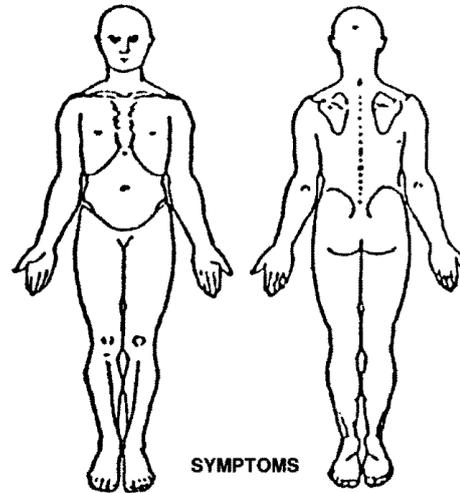
Work: Mechanical stresses \_\_\_\_\_

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

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

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

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



### HISTORY

Handedness: Right / Left

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

Present since \_\_\_\_\_ Improving / Unchanging / Worsening

Commenced as a result of \_\_\_\_\_ Or No Apparent Reason

Symptoms at onset \_\_\_\_\_ Paraesthesia: Yes / No

Spinal history \_\_\_\_\_ Cough /Sneeze +ve / -ve

Constant symptoms: \_\_\_\_\_ Intermittent Symptoms: \_\_\_\_\_

**Worse**      bending      sitting      turning neck      dressing      reaching      gripping

am / as the day progresses / pm      when still / on the move      Sleeping: prone / sup / side R / L

Other \_\_\_\_\_

**Better**      bending      sitting      turning neck      dressing      reaching      gripping

am / as the day progresses / pm      when still / on the move      Sleeping: prone / sup / side R / L

other \_\_\_\_\_

Continued use makes the pain:      Better      Worse      No Effect      Disturbed night      Yes / No

Pain at rest      Yes / No      Site: Neck / Shoulder / Elbow / Wrist / Hand

Other Questions:      Swelling      Catching / Clicking / Locking      Subluxing

Previous episodes \_\_\_\_\_

Previous treatments \_\_\_\_\_

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

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

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

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

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

**Summary**      Acute / Sub-acute / Chronic      Trauma / Insidious Onset

Sites for physical examination      Neck / Shoulder / Elbow / Wrist / Hand      Other: \_\_\_\_\_

© Copyright The McKenzie Institute International 2014



**EXAMINATION**

**POSTURE**

Sitting *Good / Fair / Poor* Correction of Posture: *Better / Worse / No Effect / NA* Standing: *Good / Fair / Poor*  
Other observations: \_\_\_\_\_

**NEUROLOGICAL:** *NA / Motor / Sensory / Reflexes / Dural* \_\_\_\_\_

**BASELINES (pain or functional activity):** \_\_\_\_\_

**EXTREMITIES** *Shoulder / Elbow / Wrist / Hand* \_\_\_\_\_

<b>MOVEMENT LOSS</b>	Maj	Mod	Min	Nil	Pain		Maj	Mod	Min	Nil	Pain
Flexion						Adduction / Ulnar Deviation					
Extension						Abduction / Radial Deviation					
Supination						Internal Rotation					
Pronation						External Rotation					

Passive Movement (+/- over pressure) (note symptoms and range): _____	PDM	ERP
_____		
_____		

**Resisted Test Response (pain)** \_\_\_\_\_

**Other Tests** \_\_\_\_\_

**SPINE**

Movement Loss \_\_\_\_\_  
Effect of repeated movements \_\_\_\_\_  
Effect of static positioning \_\_\_\_\_  
Spine testing *Not relevant / Relevant / Secondary problem* \_\_\_\_\_

**Baseline Symptoms** \_\_\_\_\_

<b>Repeated Tests</b>	<b>Symptom Response</b>		<b>Mechanical Response</b>	
	<b>During –</b> Produce, Abolish, Increase, Decrease, NE	<b>After –</b> Better, Worse, NB, NW, NE	<b>Effect –</b> ↑ or ↓ ROM, strength or key functional test	No Effect
<b>Active / Passive movement, resisted test, functional test</b>				
<b>Effect of static positioning</b>				

**PROVISIONAL CLASSIFICATION**

Dysfunction – Articular \_\_\_\_\_  
Derangement \_\_\_\_\_  
Other \_\_\_\_\_

**Extremities**

**Spine**

Contractile \_\_\_\_\_  
Postural \_\_\_\_\_  
Uncertain \_\_\_\_\_

**PRINCIPLE OF MANAGEMENT**

Education \_\_\_\_\_ Equipment Provided \_\_\_\_\_  
Exercise and Dosage \_\_\_\_\_  
Treatment Goals \_\_\_\_\_

© Copyright The McKenzie Institute International 2014



## DECLARATION Statement

I confirm that in preparation for the McKenzie Institute International Credentialling Exam Information for Candidates document, and hence I am informed of the content and procedures of the Exam.

I am aware that the minimum requirements to pass the exam are 73 points for Section 1, and a total of 230 points and a minimum of 60 points for each procedure for Section 2.

---

**Signed**

---

**Name**

---

**Date**

**A COPY OF THIS FORM WILL BE SENT TO YOU VIA ADOBE SIGN AND MUST BE COMPLETED PRIOR TO THE EXAM. YOU WILL NOT BE ABLE TAKE THE EXAM IF THE ADOBE SIGN DOCUMENT IS NOT COMPLETED.**

