



# THE MCKENZIE INSTITUTE THORACIC SPINE ASSESSMENT

Date \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

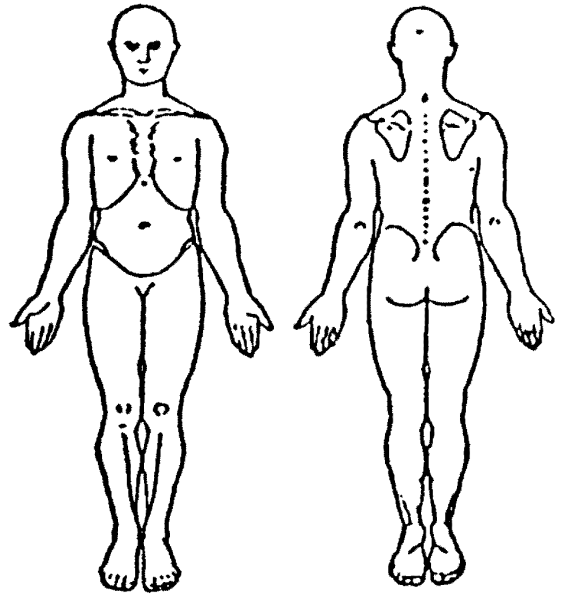
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

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 \_\_\_\_\_

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* Sleeping postures: *prone / sup / side R / L* Pillows: \_\_\_\_\_

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

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

## SPECIFIC QUESTIONS

*Cough / sneeze / deep breath* \_\_\_\_\_ *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*      Change of posture: *better / worse / no effect* \_\_\_\_\_  
 Standing: *neutral / kyphotic* \_\_\_\_\_  
 Other observations / functional baselines: \_\_\_\_\_

**NEUROLOGICAL** (upper and lower limb)

Motor deficit \_\_\_\_\_ Reflexes \_\_\_\_\_  
 Sensory deficit \_\_\_\_\_ Neurodynamic tests \_\_\_\_\_

**CERVICAL SPINE REPEATED MOVEMENT TESTING**

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

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

	Symptomatic response		Mechanical response	
	During testing	After testing	Effect - ↑ or ↓ ROM or key functional test	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 movements _____				

**STATIC TESTS** Flex / Ext / Rotation / Other \_\_\_\_\_      **OTHER TESTS** \_\_\_\_\_

**PROVISIONAL CLASSIFICATION**

**Derangement**      Central or symmetrical      Unilateral or asymmetrical  
 Directional Preference: \_\_\_\_\_  
**Dysfunction:** Direction \_\_\_\_\_      **Postural**      **OTHER** subgroup: \_\_\_\_\_

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