



THE MCKENZIE INSTITUTE LUMBAR 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 _____

Commenced as a result of _____

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: _____

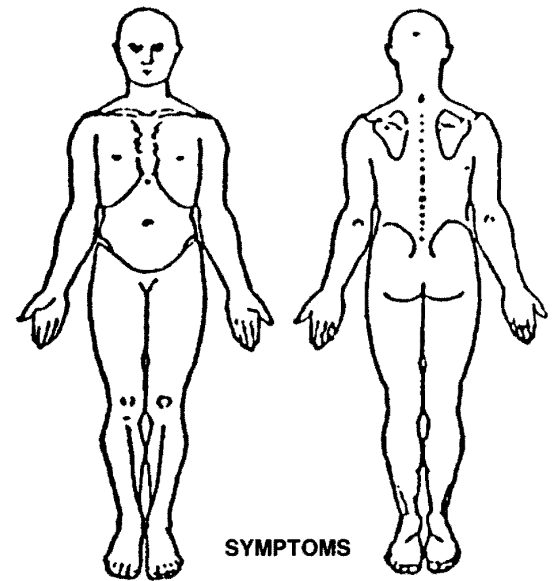
General Health / Comorbidities: _____

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: _____

- | | | | | |
|--|--|---|--|--|
| ☐ Derangement | Directional Preference: _____ | ☐ Central or symmetrical | ☐ Unilateral or asymmetrical above knee | ☐ Unilateral or asymmetrical below knee |
| ☐ 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 _____