THE McKENZIE INSTITUTE
UPPER EXTREMITIES ASSESSMENT

Date _____

Name _____ Gender Identity _____

Date of Birth _____ Age _____

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

Work demands _____

_____

Leisure activities _____

_____

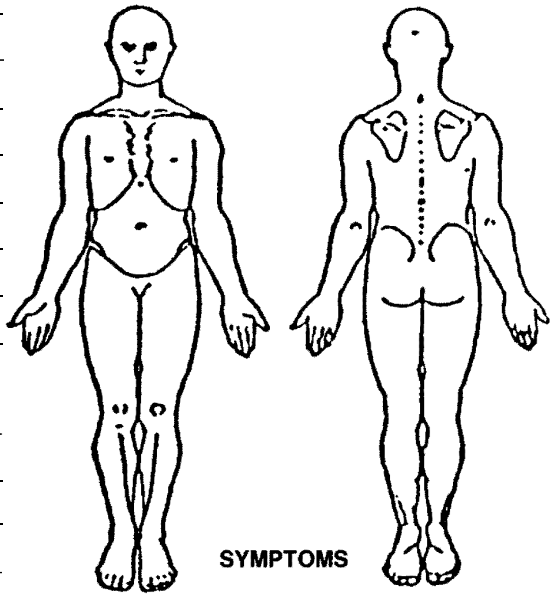
Functional limitation for present episode _____

_____

Outcome / Screening score _____

_____

NPRS (0-10) _____



Handedness: Right / Left

Present symptoms _____

Present since _____ *improving / unchanging / worsening*

Commenced as a result of _____ *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 sleep *yes / no*

Pain at rest *yes / no* Site: *neck / shoulder / elbow / wrist / hand*

Other Questions: *swelling catching / clicking / locking subluxing*

Previous history _____

Previous treatments _____

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* Change of posture: *No effect / effect*_____ Standing: *lordotic / neutral / kyphotic*

Other observations: _____

NEUROLOGICAL: NA / motor / sensory / reflexes / neurodynamic _____

BASELINES: Pain and functional activity _____

EXTREMITIES *shoulder / elbow / wrist / hand* _____

MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms
Flexion					
Extension					
Supination					
Pronation					
Other:					

	Maj	Mod	Min	Nil	Symptoms
Adduction / Uln Dev					
Abduction / Rad Dev					
Internal Rotation					
External Rotation					
Other:					

Passive Movement: note symptoms, range and +/- over pressure: _____

PDM	ERP

Resisted test pain response _____

Other tests / static positioning _____

SPINE

Movement Loss _____

Effect of repeated movements _____

Effect of static positioning _____

Spine testing *not relevant / relevant / secondary problem* _____

Baseline Symptoms _____

Repeated Tests	**Symptomatic Response**		**Mechanical Response**	
Active / Passive movement, resisted test, functional test	**During** Produce, Abolish, Increase, Decrease, NE	**After** Better, Worse, NB, NW, NE	**Effect** Change in ROM, strength or key functional test	No Effect

PROVISIONAL CLASSIFICATION **Extremities** **Spine**

☐ Serious Pathology: _____ ☐ Medical Condition: _____

☐ Derangement *Directional Preference:* _____ ☐ Articular Dysfunction ☐ Atypical Mechanical Condition

☐ Chronic Pain Syndrome ☐ Contractile Dysfunction ☐ Inflammatory Arthropathy / Arthritis ☐ Peripheral Nerve Disorder ☐ Post Surgery

☐ Postural Syndrome ☐ Soft Tissue Disease Process ☐ 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 _____