MCKENZIE INSTITUTE ASSESSMENT FORMS

Guidelines for the Completion of the Assessment Forms

History: **Page One** ***Patient responses are recorded but supplemented by the clinician as appropriate***	
Referral:	Circle the appropriate, may record date of follow-up appointment.
Postures / Stresses:	**Work: Mechanical stresses**: Record work activities and indicate frequency of activity e.g. 50% sitting, 50% standing. **Leisure: Mechanical stresses:** Record leisure or hobby activities and indicate frequency of activity e.g.; 75% sitting, 25% bending or could say walking 3x week 40 mins, gardening 3hours/week for example.
Functional Disability from Present Episode:	Ask patient specific activities that they are unable to perform or have difficulty performing because of current symptoms.
Functional Disability Score:	Note the test being used, and the score.
VAS Score:	Tend to scale the intensity of the pain, must include most distal pain. Can use to define pain range, not just its upper limit.
Body Chart:	Used to record “all symptoms this episode” i.e. all the symptoms the patient is complaining of, not signs. All symptoms may not still be present.
Present Symptoms:	Record here the location/type of symptoms that are still concerning the patient. May differ from the body chart as not all may still be present.
Present Since:	Usually given in weeks or days. Can write a specific date if known or if needed for legal reasons.
Improving / Unchanging / Worsening:	Circle as appropriate, and ask patient how, or in what way, if they say they are improving or worsening.
Commenced as a Result of:	If appropriate describe mechanism of injury e.g. lifting and twisting Or circle no apparent reason.
Symptoms at Onset:	Circle give time frame of onset of distal pain e.g. circle back then comment 2 days later in the leg.
Constant / Intermittent:	Circle as appropriate. Back = to gluteal fold, Thigh = above knee, Leg = below knee.
Better / Worse Section:	Recording *Circle* for always – if not clarified this means immediate pain response. If relates to time need to clarify outside the circle with e.g. 10minutes, prolonged. *Line under* – sometimes. *Oblique line through* – no effect. Put a ? above activity if patient still unsure even after further questions, rather than leave blank. If two unrelated areas of pain may need to indicate if dealing with back or leg pain for each activity.

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Disturbed Sleep:	If always circle Yes, sometimes underline Yes. Not affected circle No. If was previously circle Yes but write "previously".
Sleeping Postures:	Circle usual, indicate if unable to use this because of current pain and indicate present position – best and worse.
Sleeping Surface:	Circle as appropriate.
Previous Episodes:	Circle 0, between 1-5 episodes, 6-10 episodes or 11+, indicate year of first episode
Previous History:	Write if episodic, which areas affected before and what was it like between episodes, e.g. 100% between episodes
Previous Treatment:	Write what treatments they have had for this episode and, if appropriate what treatments/interventions they have had for previous episodes. May indicate what has helped if appropriate.
Specific Questions:	Circle appropriate answers and write any clarifications on the lines provided.

Physical Examination: Page Two	
It is not essential to perform all components of the Physical examination with every patient. If any section is not performed an oblique line is drawn through it.	
Posture:	Circle appropriate response.
Correction of Posture:	Circle response and indicate which pain changes if appropriate.
Other Observations:	Record any significant musculo-skeletal differences, e.g. wasting, swelling redness etc.
Neurological Examination:	Qualify which deficit in each section, recorded if abnormal, e.g. decreased S1 reflex. Can add Babinski / Clonus to reflexes if required. Record as NAD if testing was normal. Oblique line through if not applicable
Movement Loss:	The boxes Maj/Mod/Min/Nil can be used as a line i.e. more as a continuum. Can also record as a tick in the "pain" box, if patient is reporting pain, indicate location of the pain.
Test Movements:	Indicate the order performed by numbering if order is different to standard. Useful also to record the number of repetitions performed to gain the response. **Symptomatic response** - Use standard terms only. Monitor and describe effect on most distal symptoms predominantly. **Mechanical response** – Tick appropriate box. Can indicate which movement has been effected by the change if it is different to the one being tested.
Static Tests:	Record with standard "After" words.

Physical Examination: Page Two	
Other Tests:	State which and the response achieved.
Provisional Classification:	Circle the classification, record the pain location for Derangement, indicate the direction of Dysfunction, or clarify the type of Other.
Principle of Management:	**Education Circle** - Record specifics, e.g. posture correction, avoidance of flexion. **Mechanical Therapy** - Circle Yes or No and write the specific exercises on the line for Extension Principle, Flexion Principle or Lateral Principle. **Treatment Goals** – Indicate what you expect to change by next visit and things you wish to reassess on Day 2. Short and Long term goals can be recorded also.