



# THE MCKENZIE INSTITUTE LOWER EXTREMITIES ASSESSMENT

Date \_\_\_\_\_

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_

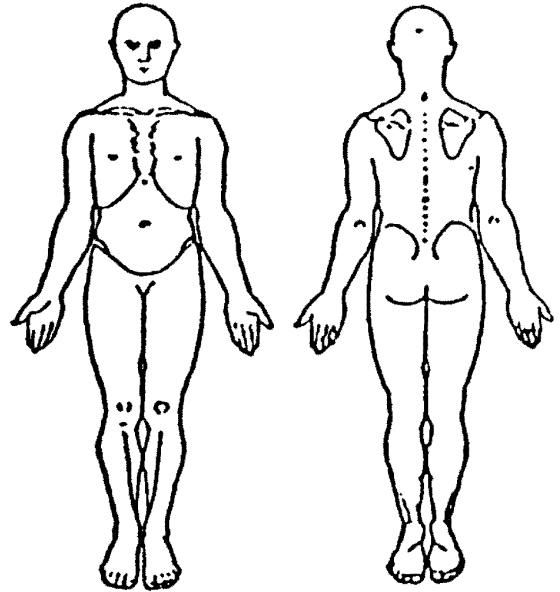
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

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 \_\_\_\_\_ 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 sleep    *yes / no*  
 Pain at rest                      *yes / no*                      Site:                      *back / hip / knee / ankle / foot*  
 Other Questions:                      *swelling*                      *catching / clicking / locking*                      *giving way / falling*

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: *lordotic / neutral / kyphotic* Change of posture: *better / worse / no effect* Standing: *lordotic / neutral / kyphotic*

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

**NEUROLOGICAL:** NA / motor / sensory / reflexes / neurodynamic \_\_\_\_\_

**BASELINES:** Pain and functional activity \_\_\_\_\_

**EXTREMITIES** *hip / knee / ankle / foot* \_\_\_\_\_

MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms
Flexion					
Extension					
Dorsi Flexion					
Plantar Flexion					
Other:					

	Maj	Mod	Min	Nil	Symptoms
Adduction / Inversion					
Abduction / Eversion					
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	
	During Produce, Abolish, Increase, Decrease, NE	After Better, Worse, NB, NW, NE	Effect ↑ or ↓ ROM, strength or key functional test	No Effect

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

**Derangement** \_\_\_\_\_ Directional Preference \_\_\_\_\_

**Dysfunction:** Articular / Contractile \_\_\_\_\_ **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 \_\_\_\_\_