THE McKENZIE INSTITUTE
LUMBAR SPINE ASSESSMENT

Date

Name Edi Gender Identity M

Date of Birth Age 57

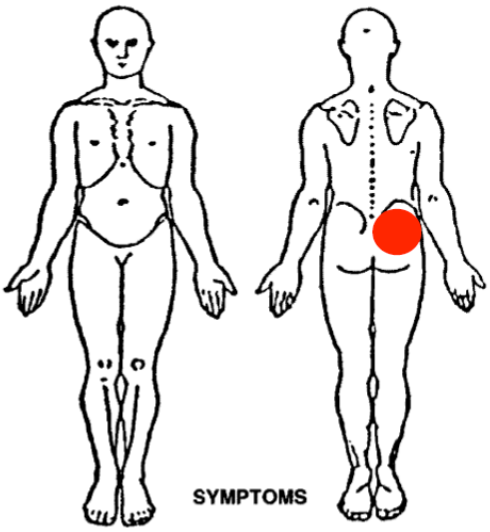
Referral: *GP / Orth / Self / Other*

Work demands Insurance
Sitting at desk 80%, travel 20%

Leisure activities Walk the dog 15 mins daily
Watch movies, plays chess

Functional limitation for present episode
Has to limit sitting, lifting dog, moving 'carefully + slowly'

Outcome / Screening score RMDQ 8/24



NPRS (0-10) Max 5/10

Present symptoms As body chart

Present since 1.5 years *improving / unchanging / worsening*

Commenced as a result of ?busy time at work, overtime no apparent reason

Symptoms at onset: *back / thigh / leg*

Constant symptoms: *back / thigh / leg* Intermittent symptoms: *back / thigh / leg*

Worse **Stiff** *bending sitting / rising standing walking lying*
am / as the day progresses / pm *when still / on the move*
other in evening, pain can be there 'most of the time'

Better **but 'stiff' initially** *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 LBP on and off over the years, usually related to 'stressful periods' at work

Previous treatments PT for 6 months: Modalities, stretching: no lasting change

SPECIFIC QUESTIONS

Cough / sneeze / strain Bladder / Bowel: *normal / abnormal* Gait: *normal / abnormal*

Medications: Blood pressure meds

General Health / Comorbidities: Pre-diabetic, high blood pressure

Recent / relevant surgery: *yes / no*

History of cancer: *yes / no* Unexplained weight loss: *yes / no*

History of trauma: *yes / no* Imaging: *yes / no* Degeneration
Disc herniations

Patient goals / expectations:
Would like some reassurance: "what should avoid?"

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EXAMINATION

POSTURAL OBSERVATION

Sitting: *lordotic / neutral / kyphotic* Change of posture: *no effect / effect* Erect: "just feels stiff"

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			X		'tight'
Extension			X		'stiff'
Side gliding R				X	No
Side gliding L				X	No
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	Nil			
FIS	P (R) LBP			
Rep FIS	P (R) LBP	NW		X
EIS	NE			
Rep EIS	P 'stiffness'	NW		X
Pretest symptoms lying	Nil			
FIL	NE			
Rep FIL	NE	NE		X
EIL	P (R) LBP			
Rep EIL	P (R) LBP	NW		X
Pretest symptoms				
SGIS - R				
Rep SGIS - R	REIL with OP: P (R) LBP	NW		
SGIS - L				
Rep SGIS - L	REIL with HOC to (L); P (R) LBP	NW		
Other movements	Extension MOB: P (R) LBP	NW		

STATIC TESTS

Kyphotic sitting / lordotic sitting / long sitting / lying prone in extension _____

OTHER TESTS SIJ tests ALL negative

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: cautious of movement

PRINCIPLES OF MANAGEMENT

Education _____

Exercise type _____ Frequency _____

Other exercises / interventions _____

Management goals _____

_____ Signature _____

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