THE McKENZIE INSTITUTE
LUMBAR SPINE ASSESSMENT

Date

Name Lisa Gender Identity f

Date of Birth Age 43

Referral: *GP / Ortho / Self / Other*

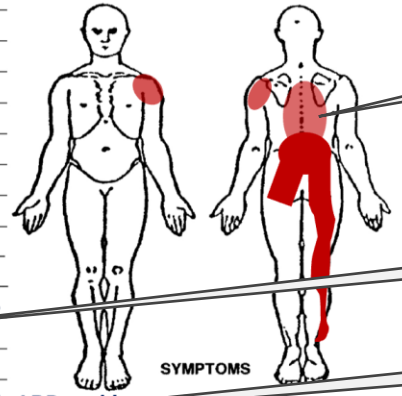
Work demands Product manager
sitting, travels a lot

Leisure activities Pilates, Body Art, Zumba

Functional limitation for present episode
No Body Art and Zumba, Pilates rarely

Outcome / Screening score PROMIS-29: Anxiety,Fatigue, Sleep, soc. rolls

NPRS (0-10) 6 – 8 / 10



Present symptoms See body chart - mainly LBP and buttock

Present since 3 years *improving / unchanging / worsening*

Commenced as a result of Lifted niece no apparent reason

Symptoms at onset *back / thigh / leg* The rest started one year later

Constant symptoms: *back / thigh / leg* 2 NPRS Intermittent symptoms: *back / thigh / leg*

Worse avoids *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 Hot packs

Disturbed sleep 3 -4 x / night *yes / no* Sleeping postures *prone / sup / side R / L* Surface: medium

Previous spinal history Recurrent back pain during and after long journeys. It has become significantly worse since lifting 3 years ago

Previous treatments Physiotherapy – lots of heat / Electro; muscle relaxants; 1 year ago
Injection, Chiro, Massage, McKenzie – all made it worse

SPECIFIC QUESTIONS

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

Medications: Tramadol 2 x tgl 200 mg, NSAID as needed, mild antidepressant

General Health / Comorbidities: Pre-Diabetes (careful with nutrition) , chronic fatigue

Recent / relevant surgery *yes / no* Appendix 3 years ago

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

History of trauma: *yes / no* Imaging *yes / no* MRI: Disc thinning

Patient goals / expectations: Some relief, avoid surgery

Large pain area indicates nociplastic pain

Heightened concerns in psychosocial areas

Long duration

Constant pain, in the absence of inflammation, as an indication of nociplastic pain.

Pain exacerbated by a wide variety of stressors. No clearly alleviating factors.

A long history of ineffective or exacerbating interventions.

Comorbidities are common in chronic pain conditions.

Low expectations of therapy

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: Bending, turning trunk in sitting

NEUROLOGICAL

Motor deficit OK Reflexes NT

Sensory deficit entire leg feels numb Neurodynamic tests OK

MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms
Flexion		X			LBP – unwilling to do
Extension			X		LBP – unwilling to do
Side gliding R			X		No pain, feels stiff
Side gliding L			X		No pain, feels stiff
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	Low back 3 /10			
FIS	↑			
Rep FIS	↑	W		X
EIS	↑			
Rep EIS	↑	NW		X
Pretest symptoms lying	Low back 4 /10			
FIL	↓			
Rep FIL	↑	NW	more ROM	
EIL	NE			
Rep EIL	↑	W		X
Pretest symptoms	low back 5 /10			
SGIS - R	P tension			
Rep SGIS - R	P tension	NW		X
SGIS - L	P tension			
Rep SGIS - L	P tension	NW		X
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: Diabetes, Fatigue, Fear-Avoidance, demanding job

PRINCIPLES OF MANAGEMENT

Education _____

Exercise type _____ Frequency _____

Other exercises / interventions _____

Management Goals _____

_____ Signature _____

Hypersensitivity as an Indicator of nociplastic symptoms

Avoidance behavior

No initial loading strategies resulting in improvement. Rather a short-term aggravation or worsening.

Drivers of Pain and Disability

Notes