



# THE MCKENZIE INSTITUTE CERVICAL SPINE ASSESSMENT

Date \_\_\_\_\_

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_

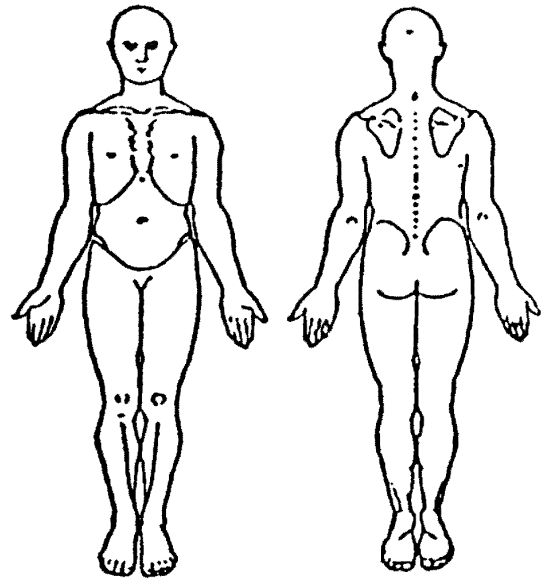
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

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: *neck / arm / forearm / head* \_\_\_\_\_

Constant symptoms: *neck/arm/forearm/head* \_\_\_\_\_ Intermittent symptoms: *neck/arm/forearm/head* \_\_\_\_\_

Worse *bending sitting turning lying / rising*

*am / as the day progresses / pm when still / on the move*

other \_\_\_\_\_

Better *bending sitting turning lying*

*am / as the day progresses / pm when still / on the move*

other \_\_\_\_\_

Disturbed Sleep *yes / no* Sleeping postures: *prone / sup / side R / L* Pillows: \_\_\_\_\_

Previous spinal history \_\_\_\_\_

Previous treatments \_\_\_\_\_

## SPECIFIC QUESTIONS

*Dizziness / tinnitus / nausea / vision / speech* \_\_\_\_\_ Gait / Upper Limbs: *normal / abnormal*

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*                      Protruded head: *yes / no*                      Lateral deviation: *right / left / nil*  
 Change of posture: *better / worse / no effect* \_\_\_\_\_ Lateral deviation relevant: *yes / no*  
 Other observations / functional baselines: \_\_\_\_\_

### NEUROLOGICAL

Motor deficit \_\_\_\_\_ Reflexes \_\_\_\_\_  
 Sensory deficit \_\_\_\_\_ Neurodynamic tests \_\_\_\_\_

MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms
Protrusion					
Flexion					
Retraction					
Extension					

	Maj	Mod	Min	Nil	Symptoms
Lateral flexion R					
Lateral flexion L					
Rotation R					
Rotation L					

**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 - ↑ or ↓ ROM or key functional test	No effect
<b>Pretest symptoms sitting</b> _____				
PRO _____				
Rep PRO _____				
RET _____				
Rep RET _____				
RET EXT _____				
Rep RET EXT _____				
<b>Pretest symptoms lying</b> _____				
RET _____				
Rep RET _____				
RET EXT _____				
Rep RET EXT _____				
<b>Pretest symptoms</b> _____				
LF - R _____				
Rep LF - R _____				
LF - L _____				
Rep LF - L _____				
ROT - R _____				
Rep ROT - R _____				
ROT - L _____				
Rep ROT - L _____				
FLEX _____				
Rep FLEX _____				
Other movements _____				

**STATIC TESTS** Pro / Ret / Flex / Other \_\_\_\_\_ **OTHER TESTS** \_\_\_\_\_

### PROVISIONAL CLASSIFICATION

**Derangement** Central or symmetrical      Unilateral or asymmetrical above elbow      Unilateral or asymmetrical below elbow

Directional Preference: \_\_\_\_\_

**Dysfunction:** Direction \_\_\_\_\_ **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 \_\_\_\_\_