

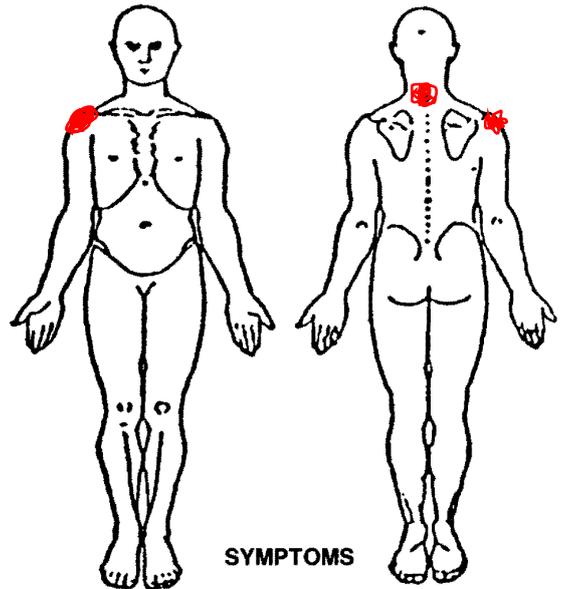


THE MCKENZIE INSTITUTE UPPER EXTREMITIES ASSESSMENT

Date _____
 Name _____ Sex M / F
 Address _____
 Telephone _____
 Date of Birth _____ Age: 36
 Referral: GP / Orth / Self / Other _____
 Work: Mechanical stresses _____

 Leisure: Mechanical stresses _____
 Functional Disability from present episode _____

 Functional Disability score _____
 VAS Score (0-10) _____



HISTORY

Handedness: Right / Left

Present Symptoms _____
 Present since _____ Improving / Unchanging / Worsening
 Commenced as a result of _____ Or No Apparent Reason
 Symptoms at onset _____ Paraesthesia: Yes / No
 Spinal history _____ Cough / Sneeze +ve / -ve
 Constant symptoms: _____ Intermittent Symptoms: _____

Worse ~~bending~~ ~~sitting~~ ~~turning neck~~ dressing reaching gripping
 am / as the day progresses / pm when still / on the move Sleeping: prone / sup / side R / L
 Other _____

Better bending sitting turning neck dressing reaching gripping
 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 night Yes / No
 Pain at rest Yes / No Site: Neck / Shoulder / Elbow / Wrist / Hand
 Other Questions: Swelling ~~Catching~~ / ~~Clicking~~ / ~~Locking~~ ~~Subluxing~~

Previous episodes _____
 Previous treatments _____
 General health: Good / Fair / Poor _____
 Medications: Nil / NSAIDS / Analg / Steroids / Anticoag / Other _____
 Imaging: Yes / No _____
 Recent or major surgery: Yes / No _____ Night pain: Yes / No _____
 Accidents: Yes / No _____ Unexplained weight loss: Yes / No _____

Summary Acute / Sub-acute / Chronic Trauma / Insidious Onset
 Sites for physical examination Neck / Shoulder / Elbow / Wrist / Hand Other: _____

EXAMINATION

POSTURE

Sitting Good / Fair / Poor Correction of Posture: Better / Worse / No Effect / NA Standing: Good / Fair / Poor
 Other observations: _____

NEUROLOGICAL: NA / Motor / Sensory / Reflexes / Dural _____

BASELINES (pain or functional activity): _____

EXTREMITIES Shoulder / Elbow / Wrist / Hand _____

MOVEMENT LOSS	Maj	Mod	Min	Nil	Pain
Flexion					
Extension					↓
Supination					
Pronation					

	Maj	Mod	Min	Nil	Pain
Adduction / Ulnar Deviation					
Abduction / Radial Deviation					
Internal Rotation					
External Rotation					

Passive Movement (+/- over pressure) (note symptoms and range): _____

	PDM	ERP

Resisted Test Response (pain) _____

Other Tests _____

SPINE

Movement Loss _____

Effect of repeated movements _____

Effect of static positioning _____

Spine testing Not relevant / Relevant / Secondary problem _____

Baseline Symptoms _____

Repeated Tests	Symptom 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
Active / Passive movement, resisted test, functional test				
Effect of static positioning				

PROVISIONAL CLASSIFICATION

Dysfunction – Articular _____
 Derangement _____
 Other _____

Extremities

Spine

Contractile _____
 Postural _____

PRINCIPLE OF MANAGEMENT

Education _____ Equipment Provided _____
 Exercise and Dosage _____
 Barriers to recovery _____
 Treatment Goals _____