



THE MCKENZIE INSTITUTE UPPER EXTREMITIES ASSESSMENT

Date _____

Name _____ Sex M / F

Address _____

Telephone _____

Date of Birth _____ Age _____

Referral: GP / Orth / Self / Other _____

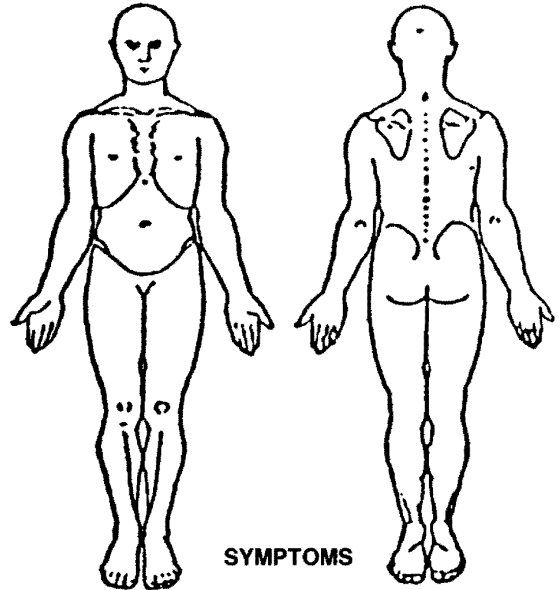
Work: Mechanical stresses _____

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 | <i>bending</i> | <i>sitting</i> | <i>turning neck</i> | <i>dressing</i> | <i>reaching</i> | <i>gripping</i> |
| | <i>am / as the day progresses / pm</i> | | <i>when still / on the move</i> | <i>Sleeping: prone / sup / side R / L</i> | | |
| | <i>Other</i> _____ | | | | | |
| Better | <i>bending</i> | <i>sitting</i> | <i>turning neck</i> | <i>dressing</i> | <i>reaching</i> | <i>gripping</i> |
| | <i>am / as the day progresses / pm</i> | | <i>when still / on the move</i> | <i>Sleeping: prone / sup / side R / L</i> | | |
| | <i>other</i> _____ | | | | | |

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

POSTURAL OBSERVATION

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 _____