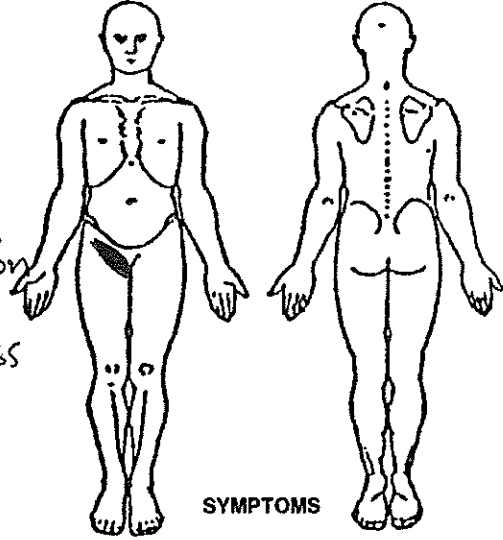




THE MCKENZIE INSTITUTE LOWER EXTREMITIES ASSESSMENT

Date _____
 Name Mrs. Hip Sex M F
 Address _____
 Telephone _____
 Date of Birth _____ Age 56
 Referral: GP / Orth / Self / Other Family MD
 Work: Mechanical stresses Office administration
6-8 hours/day
 Leisure: Mechanical stresses Cycling, spinning class
 Functional disability from present episode _____
 Functional disability score _____
 VAS Score (0-10) 5/10



HISTORY

Present symptoms R hip anterior / groin
 Present since 3 months Improving / Unchanging / Worsening
 Commenced as a result of cycling, spinning class Or No Apparent Reason
 Symptoms at onset anterior hip / groin Paraesthesia: Yes / No
 Spinal history back pain 1 yr. ago; resolved Cough / Sneeze +ve / -ve
 Constant symptoms: _____ Intermittent Symptoms: hip / groin

Worse bending sitting / rising / first few steps standing walking stairs squatting crouching
 am / as the day progresses / pm night when still / on the move Sleeping: prone / sup / side R/L
 Other uses a pillow between legs when sleeping; crossing leg
Better bending sitting standing walking stairs squatting / kneeling
 am / as the day progresses / pm when still / on the move Sleeping: prone / sup / side R/L
 other no pain with all other activities or positions except
above.

Continued use makes the pain: Better Worse No Effect Disturbed night Yes / No
 Pain at rest Yes / No at night when not using a pillow Site: Back Hip Knee / Ankle / Foot
 Other Questions: Swelling excessive Clicking / Locking none Giving Way / Falling none

Previous episodes none
 Previous treatments none
 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 if leg not supported
 Accidents: Yes / No _____ Unexplained weight loss: Yes / No _____

Summary Acute / Sub-acute / Chronic Trauma / Insidious Onset
 Sites for physical examination Back Hip Knee / Ankle / Foot Other: sudden onset after spinning class
R

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): pain when crossing leg; squatting/crouching

EXTREMITIES Hip / Knee / Ankle / Foot

MOVEMENT LOSS	Maj	Mod	Min	Nil	Pain		Maj	Mod	Min	Nil	Pain
Flexion			✓		✓	<u>Adduction</u> / Inversion				✓	
Extension				✓		<u>Abduction</u> / Eversion				✓	
Dorsi Flexion						Internal Rotation			✓		✓
Plantar Flexion						External Rotation				✓	
						<u>Adduction + Flexion + IR</u>		✓			✓

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

	PDM	ERP
<u>Flexion + overp</u>		✓
<u>Flexion - Adduction - Internal Rotation + overp</u>		✓

Resisted Test Response (pain) unremarkable

Other Tests FADIR impingement test painful

SPINE

Movement Loss unremarkable

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
<u>Active/Passive movement, resisted test, functional test</u>				
<u>Flexion</u>	<u>produced, increase</u>	<u>worse</u>		
<u>Adduction</u>	✓	✓		
<u>Internal Rotation</u>	✓	✓		
<u>Extension</u>	NE	NE	<u>↓ pain upon retest</u>	
<u>Effect of static positioning</u>			<u>FADIR</u>	
<u>Internal Rotation</u>				

Day 2

→ 2nd visit Force alternatives explored

PROVISIONAL CLASSIFICATION

Dysfunction - Articular _____

Derangement Articular

Other _____

Extremities

Spine

Contractile _____

Postural _____

PRINCIPLE OF MANAGEMENT

Education _____

Equipment Provided _____

Exercise and Dosage _____

Treatment Goals 1. return to cycling and spinning class

2. abolish pain at night, when crossing leg