

# McKenzie Method Exercises Handout

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ dd / mm / yyyy

Practitioner: \_\_\_\_\_

## DIRECTIONAL PREFERENCE ASSESSMENT

Directional Preference Identified

- Extension  
 Flexion  
 Lateral Shift - Right  
 Lateral Shift - Left  
 None identified

Pain Centralisation Observed

- Yes  No

Assessment Notes

## EXERCISE PROTOCOL

### Exercise 1: Prone Lying

Lie face down on a firm surface with arms at your sides. Remain in this position for 5-7 minutes. Monitor for pain centralisation.

Repetitions/Duration: 5-7 minutes, 3-4 times per day

### Exercise 2: Prone Press-Ups

From prone position, place hands under shoulders. Slowly straighten elbows, lifting chest while keeping hips on the floor. Hold 2-3 seconds at the top, then lower. Monitor for centralisation.

Repetitions/Duration: 10 repetitions, 3-4 times per day

### Exercise 3: Standing Extensions

Stand with feet shoulder-width apart. Place hands on lower back. Bend backward as far as comfortable, keeping knees straight. Hold 2-3 seconds, then return to starting position.

Repetitions/Duration: 10 repetitions, every 2-3 hours

### Exercise 4: Walking

Walk regularly throughout the day, maintaining upright posture. Start with 10-15 minutes and gradually increase as tolerated.

Repetitions/Duration: 10-15 minutes, gradually increasing

## PROGRESSION CRITERIA

Progress to the next exercise when:

### Progression Guidelines

- Pain centralises consistently for 5+ consecutive days  
 Current exercise produces no increase in leg pain  
 Current exercise is performed with good form and no pain increase  
 Functional improvements are noted (reduced stiffness, improved mobility)

Repeat current exercise rather than progress if:

### Repeat Criteria

- Pain does not centralise  
 Leg pain increases

**RED FLAGS - STOP EXERCISES AND CONTACT CLINIC IMMEDIATELY IF:**

**Red Flag Symptoms**

- Progressive numbness or weakness in legs
- Loss of bowel or bladder control
- Severe night pain that prevents sleep
- Pain that peripheralises (moves from spine toward limbs)
- Sudden increase in pain severity
- New neurological symptoms

**PATIENT ACKNOWLEDGEMENT**

- I have received instruction on proper exercise form and understand when to progress, repeat, or stop exercises.
- I understand the red flag symptoms and will contact the clinic immediately if they occur.
- I have been given the opportunity to ask questions about this exercise program.

\_\_\_\_\_  
Patient Signature

Date: \_\_\_\_\_ dd / mm / yyyy

\_\_\_\_\_  
Practitioner Signature

Date: \_\_\_\_\_ dd / mm / yyyy

**FOLLOW-UP TRACKING**

Follow-Up Date: \_\_\_\_\_ dd / mm / yyyy

Pain Centralisation Status

- Improved     No change     Worsened

Exercise Compliance

- Excellent (90-100%)     Good (70-89%)     Fair (50-69%)     Poor (<50%)

Current Exercise Level

- Prone Lying
- Prone Press-Ups
- Standing Extensions
  - Walking
  - Discharged

Follow-Up Notes