The McKenzie Method

The McKenzie Method was developed by New Zealand based physiotherapist, Robin McKenzie. It consists of a comprehensive mechanical evaluation which assesses the effect of repetitive movements and/or static positioning on the patient's symptoms.

This mechanical diagnosis enables the physiotherapist to develop a mechanical treatment strategy aimed not only at resolving the patient's current symptoms, but also at long term prevention of recurrence.

Accurate diagnosis

Recent research has shown the McKenzie assessment process to reliably differentiate discogenic from non discogenic pain. Furthermore, the McKenzie assessment process was more accurate than MRI in distinguishing painful from non painful discs.

This allows the medical practitioner the option to refer to a McKenzie trained physiotherapist for a reliable and accurate opinion regarding discogenic diagnosis. All physiotherapists at the Castle Hill Physiotherapy & Sports Injuries Centre are trained in the McKenzie Method.

Effective treatment

Recent meta-analyses (systematic reviews) of the literature have found the McKenzie method to be efficacious in the management of acute low back pain. Two randomised trials found that McKenzie therapy provides better results than a back school, with the McKenzie group demonstrating less sick leave, fewer recurrences and medical consults, less pain and increased ROM. Improvements were maintained at a five year follow-up.

Role of physiotherapy

Patient self-management skills are integral to the McKenzie method. Physiotherapists teach patients how to perform the specific exercise positions, and static/dynamic posture corrections shown in the mechanical evaluation have a direct therapeutic benefit. Patients are also taught to avoid specific movements, postures and activities that clearly increase and worsen their condition. Manual therapy techniques, such as mobilisation and manipulation, are introduced if the self-treatment strategies fail to fully resolve the problem.

Physiotherapists with expertise in the McKenzie Method can complete postgraduate studies to achieve a Credential (base level) or Diploma (advanced level) qualification. These practitioners apply assessment and treatment methods of the McKenzie system to a variety of mechanical conditions affecting the cervical, thoracic or lumbar spine and the peripheral joints.

Benefits of physiotherapy

The McKenzie Method provides:

- Safe, efficacious and cost-effective treatment
- Reliable, differential diagnosis for discogenic and non-discogenic pain
- Reliable, differential diagnosis for symptomatic and non-symptomatic discs

- Self-management skills to encourage and empower patients to use control and resolve their current symptoms and reduce the recurrence and severity of future attacks.

Example

Many patients suffering from back or neck pain, with or without referred pain, will clearly exhibit a "direction preference" when repeated movement and/or static positioning are applied to the spine. This means there will be a particular movement or position which will cause the symptoms to shift to a more central (proximal) location. Often there will be other movements or positions which will cause the symptoms to shift to a more peripheral (distal) location.

The ***Centralisation Sign*** was discovered by Robin McKenzie. Recently published scientific papers have established that the presence of this sign is a strong indicator of discogenic pathology and a highly accurate and reliable predictor of treatment outcome. Movement, activities and postures that cause the symptoms to "centralise" indicate the "preferred direction(s)" for the physiotherapist to use in developing a self-treatment strategy. Simultaneously, the physiotherapist must teach the patient how to avoid those positions, activities and movements that cause the symptoms to move peripherally.

A common example seen in the clinical practice occurs when the patient sits with a relaxed, slouched posture and experiences symptoms in the neck, head or arm. When the patient is asked to sit and restore lumbar and cervical lordosis, the patient reports that the symptoms are less or abolished in the arm or head and are much more pronounced in the neck region. Similarly, with the patient who has low back and leg symptoms, the symptoms reduce or abolish in the leg and become more prominent in the low back area, following posture correction.

The absence of the Centralisation Sign is equally significant and introduces a different range of specific tests, other mechanical diagnoses and treatment options. One option may be that the patient is not suitable for mechanical therapy. This can be determined in one or two visits.

These assessment and treatment methods developed by Robin McKenzie are now used by physiotherapists, doctors and spine surgeons worldwide.

At the Castle Hill Physiotherapy & Sports Injuries Centre we have also been using the McKenzie REPEX (Repeated end range passive exercise) bed with great benefit to our patients for more than a decade. The Repex bed is based on the patient's directional movement preference theory and provides exceptional positive outcomes particularly in the management of acute, severe low back and let pain (without a neurological deficit).