



Every May, I take a moment to reflect on the passing of Robin McKenzie, an individual that has had a profound impact on the world as I know it. It is hard to fathom that he left us in 2013; a decade has passed in a heartbeat, it seems. Sadly, I remember the day like it was yesterday. I have a daily reminder that sits at the top of my inbox - an email from 2008 from Robin himself with his personal comments about my book, "RunSmart." The passage of time always puts life's moments into greater perspective, and with this in mind, I share my reflections on McKenzie ten years on.

I started writing content for this blog back in 2006, and it wasn't long before I made my first mention of McKenzie and MDT. Since then, I've written many posts and musings on various aspects of Mechanical Diagnosis and Therapy. To this day, the more time that I put in using the methodology, watching patient responses, and conceptualizing the anatomical and physiological constructs of human development, adaptation, and motion, the more I realize that McKenzie was really a man before his time, not just as an inspiration to this physiotherapist or countless others, but to the world of health and clinical reasoning in general.

I would offer that the most important contribution he made was his ability to view the problem of musculoskeletal care from a dynamic systems approach. He wouldn't have described it as such, of that I am certain. I am sure he would have simply kept coming back to the oft-used phrase, "Everything I learned, I learned from the patient." However, his approach truly reflects systems thinking and the dynamic behaviors of that system under mechanical loading. Using this understanding, he formulated a classification strategy long before anyone thought about

“treatment-based classification.” His first text on the lumbar spine was published in ... 1981.

McKenzie proposed the relative unimportance of having a specific pathoanatomical diagnosis long before the spine researchers had the epiphany that, well, we don't really know the anatomical causes of back pain. This was before the anatomists had to explain the presence of anatomical abnormalities on the MRI of asymptomatic individuals and the relevance (or lack thereof) to diagnostic imaging's role in diagnosis. He promoted clinical prediction rules as a diagnostic element built into his assessment algorithm long before the principles were brought to the forefront of evidence-based practice.

McKenzie's approach defined a cognitive-behavioral approach to musculoskeletal problems long before it was ever cool to do so. As I mentioned, his first text was published in 1981, just four years after Engel broadly introduced the concept of the biopsychosocial model. McKenzie focused on the value of self-care and of patient-generated forces and the methodical implementation of therapist-generated forces long before the buzzwords “patient-centered care” entered the world of modern health care, public health, and health sustainability. In short, he proposed self-care long before public health strategies focused on them - and the global disability produced by low back pain demanded them.

In my humble opinion, McKenzie was well ahead of his time on all of the major elements that plague the world of health care and, specifically, physiotherapy and musculoskeletal care. The man was a clinical scientist and a very astute one at that. But perhaps even more important was his unassuming approach to all of it with the simple goal of learning from each and every patient.

I am forever thankful and grateful for my interactions with Robin McKenzie while he was alive, be that through conferences, the McKenzie Institute journal (of which I served as the editor for about a decade), or that one email from him remarking about the value of my writing. Ten years ago, I understood how great an impact he made. Ten years later, I realize how “great” great really was and how the exposure to that greatness was truly life- and game-changing.

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