Mark W Werneke

List of Publications by Year in descending order

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#	Article	IF	CITATIONS
1	A Descriptive Study of the Centralization Phenomenon. Spine, 1999, 24, 676-683.	1.0	224
2	Discriminant Validity and Relative Precision for Classifying Patients With Nonspecific Neck and Back Pain by Anatomic Pain Patterns. Spine, 2003, 28, 161-166.	1.0	91
3	Simulated computerized adaptive test for patients with lumbar spine impairments was efficient and produced valid measures of function. Journal of Clinical Epidemiology, 2006, 59, 947-956.	2.4	83
4	Categorizing Patients With Occupational Low Back Pain by Use of the Quebec Task Force Classification System Versus Pain Pattern Classification Procedures: Discriminant and Predictive Validity. Physical Therapy, 2004, 84, 243-254.	1.1	80
5	Telerehabilitation During the COVID-19 Pandemic in Outpatient Rehabilitation Settings: A Descriptive Study. Physical Therapy, 2021, 101, .	1.1	74
6	Centralization: Prevalence and Effect on Treatment Outcomes Using a Standardized Operational Definition and Measurement Method. Journal of Orthopaedic and Sports Physical Therapy, 2008, 38, 116-125.	1.7	61
7	Clinical Outcomes for Patients Classified by Fear-Avoidance Beliefs and Centralization Phenomenon. Archives of Physical Medicine and Rehabilitation, 2009, 90, 768-777.	0.5	61
8	Association Between Directional Preference and Centralization in Patients With Low Back Pain. Journal of Orthopaedic and Sports Physical Therapy, 2011, 41, 22-31.	1.7	57
9	Computerized Adaptive Test for Patients With Lumbar Spine Impairments Produced Valid and Responsive Measures of Function. Spine, 2010, 35, 2157-2164.	1.0	49
10	Categorizing patients with occupational low back pain by use of the Quebec Task Force Classification system versus pain pattern classification procedures: discriminant and predictive validity. Physical Therapy, 2004, 84, 243-54.	1.1	28
11	Lumbar Computerized Adaptive Test and Modified Oswestry Low Back Pain Disability Questionnaire: Relative Validity and Important Change. Journal of Orthopaedic and Sports Physical Therapy, 2012, 42, 541-551.	1.7	26
12	Change in Psychosocial Distress Associated With Pain and Functional Status Outcomes in Patients With Lumbar Impairments Referred to Physical Therapy Services. Journal of Orthopaedic and Sports Physical Therapy, 2011, 41, 969-980.	1.7	23
13	Impact of Risk Adjustment on Provider Ranking for Patients With Low Back Pain Receiving Physical Therapy. Journal of Orthopaedic and Sports Physical Therapy, 2018, 48, 637-648.	1.7	21
14	Prevalence of classification methods for patients with lumbar impairments using the McKenzie syndromes, pain pattern, manipulation, and stabilization clinical prediction rules. Journal of Manual and Manipulative Therapy, 2010, 18, 197-204.	0.7	20
15	Using Intake and Change in Multiple Psychosocial Measures to Predict Functional Status Outcomes in People With Lumbar Spine Syndromes: A Preliminary Analysis. Physical Therapy, 2011, 91, 1812-1825.	1.1	17
16	Effect of Adding McKenzie Syndrome, Centralization, Directional Preference, and Psychosocial Classification Variables to a Risk-Adjusted Model Predicting Functional Status Outcomes for Patients With Lumbar Impairments. Journal of Orthopaedic and Sports Physical Therapy, 2016, 46, 726-741.	1.7	13
17	Is Telerehabilitation a Viable Option for People With Low Back Pain? Associations Between Telerehabilitation and Outcomes During the COVID-19 Pandemic. Physical Therapy, 2022, 102, .	1.1	11
18	Clinician's ability to identify neck and low back interventions: an inter-rater chance-corrected agreement pilot study. Journal of Manual and Manipulative Therapy, 2011, 19, 172-181.	0.7	10

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19	The Development and Psychometric Properties of the Patient Self-Report Neck Functional Status Questionnaire (NFSQ). Journal of Orthopaedic and Sports Physical Therapy, 2015, 45, 683-692.	1.7	10
20	Clinical Interpretation of the Neck Functional Status Computerized Adaptive Test. Journal of Orthopaedic and Sports Physical Therapy, 2019, 49, 875-886.	1.7	9
21	The Lower Extremity Physical Function Patient-Reported Outcome Measure Was Reliable, Valid, and Efficient for Patients With Musculoskeletal Impairments. Archives of Physical Medicine and Rehabilitation, 2021, 102, 1576-1587.	0.5	8
22	Association between changes in function among patients with lumbar impairments classified according to the STarT Back Screening Tool and managed by McKenzie credentialed physiotherapists. Physiotherapy Theory and Practice, 2020, 36, 589-597.	0.6	6
23	Upper Quadrant Edema Patient-Reported Outcome Measure Is Reliable, Valid, and Efficient for Patients With Lymphatic and Venous Disorders. Physical Therapy, 2021, 101, .	1.1	5
24	Directional preference and functional outcomes among subjects classified at high psychosocial risk using STarT. Physiotherapy Research International, 2018, 23, e1711.	0.7	4
25	Associations between interim patient-reported outcome measures and functional status at discharge from rehabilitation for non-specific lumbar impairments. Quality of Life Research, 2020, 29, 439-451.	1.5	4
26	Cognitive behavioural interventions, and function and pain outcomes among patients with chronic neck pain managed with the McKenzie approach. Musculoskeletal Care, 2020, 18, 46-52.	0.6	4
27	Directional preference, cognitive behavioural interventions, and outcomes among patients with chronic low back pain. Physiotherapy Research International, 2019, 24, e1773.	0.7	2
28	The association between self-efficacy on function and pain outcomes among patients with chronic low back pain managed using the McKenzie approach: a prospective cohort study. Journal of Manual and Manipulative Therapy, 0, , 1-8.	0.7	1
29	Authors' response. Journal of Manual and Manipulative Therapy, 2010, 18, 209-210.	0.7	0
30	Letters. Spine, 2015, 40, 666.	1.0	0
31	Criteria for Recommending a Patient Self-Report Functional Outcome. Archives of Physical Medicine and Rehabilitation, 2017, 98, 191-192.	0.5	0