The McKenzie Method of mechanical diagnosis and therapy (MDT) is supported in the literature as a valid and reliable approach to spine injuries. It can also be applied to the peripheral joints, but has not been explored through research to the same extent. A previous case series detailed the use of MDT in the treatment of adhesive capsulitis has not been previously reported in the literature.

**Purpose**

The purpose of this report is to demonstrate the assessment, intervention, and clinical outcomes of a patient diagnosed with adhesive capsulitis, who was classified as having a shoulder derangement using MDT methodology.

**Foundation**

- Bases treatment on patient response to movement via symptom provocation and alleviation
- Sub-classifies conditions based on tissue response to mechanical loading with specific, repeated motions identified during testing
- Sub-classifications: trauma/inflammatory, postural, dysfunction, derangement, chronic pain state
- Questionable reliability/validity of specialized orthopedic testing making identification of anatomical structure challenging
- Adhesive capsulitis is very challenging to diagnose; patients are commonly misdiagnosed as having this condition
- MDT is an alternative way to evaluate and treat without identifying the exact anatomical structure.

**MDT Method**

- Evaluation and Treatment of a Patient Diagnosed with Adhesive Capsulitis Classified as a Derangement Using the McKenzie Method: A Case Report

**Description**

- 52-year-old female
- 4-week insidious onset left shoulder pain
- Medical diagnosis: adhesive capsulitis
- Decreased work/ADL capabilities: 55/80 Upper Extremity Functional Scale (UEFI)
- Pain: 4-7/10 visual analog scale (VAS)
- Decreased A/PROM: 152° abduction, 155° flexion, 70° ER
- Rapid change in symptoms (pain decreased to 1/10, ROM increased) following repeated shoulder extension/scapular retraction
- MDT classification: derangement

**Observations**

<table>
<thead>
<tr>
<th>Repeated Motion Testing</th>
<th>Initial Evaluation Results</th>
<th>Final Evaluation Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scapular Retractions</td>
<td>During: pain _ROM</td>
<td>Full ROM, 0/10 pain</td>
</tr>
<tr>
<td></td>
<td>After: ROM/pain better (1/10)</td>
<td></td>
</tr>
<tr>
<td>Shoulder Flexion</td>
<td>During: NE/pain, ROM</td>
<td>Not tested</td>
</tr>
<tr>
<td></td>
<td>After: NE/pain/ROM</td>
<td></td>
</tr>
<tr>
<td>Shoulder ER</td>
<td>During: pain  _NE/ROM</td>
<td>Not tested</td>
</tr>
<tr>
<td></td>
<td>After: ROM/pain worse</td>
<td></td>
</tr>
<tr>
<td>Shoulder Extension</td>
<td>During: pain  _ROM</td>
<td>Full ROM, 0/10 pain</td>
</tr>
<tr>
<td></td>
<td>After: Better ROM/pain (1/10)</td>
<td></td>
</tr>
</tbody>
</table>

**Improvements/Rejection**

- **Improvements in ROM/pain/function**
- **MDT classification: derangement**

**Conclusions**

The patient demonstrated symptomatic improvement and restoration of functional abilities following evaluation and treatment using MDT methodology. The use of MDT techniques can be effective in the treatment of extremity pathology.

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**Contact Information**

A Bowser, BS, is a DPT student at the University of New England, 716 Stevens Ave. Portland, ME 04103

abowser@une.edu

**References**