

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



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Unique & Innovative

The McKenzie Method of mechanical diagnosis and therapy (MDT) is supported in the literature as a valid and reliable approach to spine injuries.^{3, 5} 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 shoulder; however, the application of MDT in the treatment of adhesive capsulitis has not been previously reported in the literature.¹

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

MDT Method

- Bases treatment on patient response to movement via symptom provocation and alleviation⁵
- Sub-classifies conditions based on tissue response to mechanical loading with specific, repeated motions identified during testing⁵
- Sub-classifications: trauma/inflammatory, postural, dysfunction, derangement, chronic pain state⁵

Clinical problem

- Questionable reliability/validity of specialized orthopedic testing making identification of anatomical structure challenging^{2, 4}
- Adhesive capsulitis is very challenging to diagnose; patients are commonly misdiagnosed as having this condition⁶

Solution

- MDT is an alternative way to evaluate and treat without identifying the exact anatomical structure.

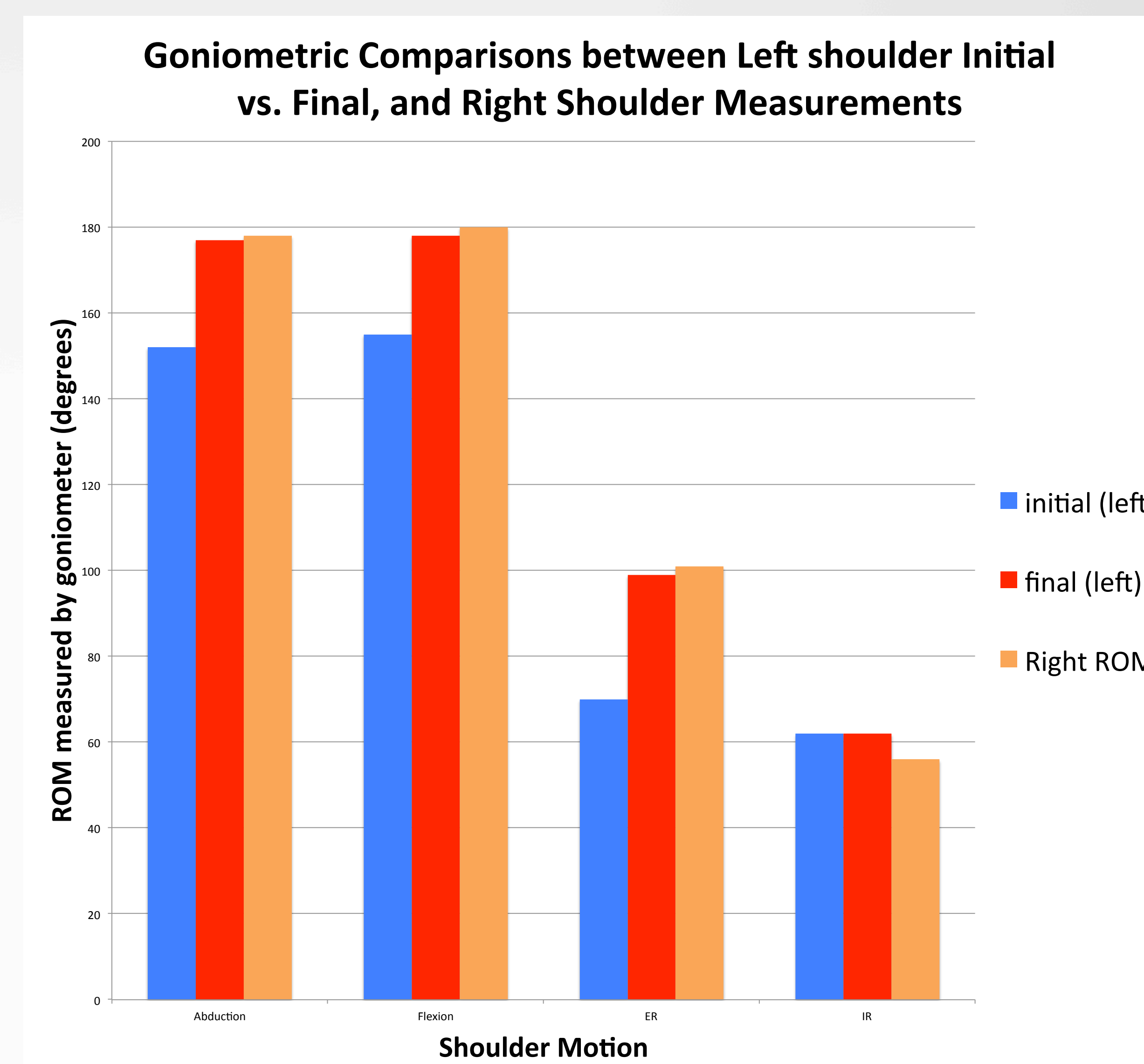
Description

- 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

Repeated Motion Testing	Initial Evaluation Results	Final Evaluation Results
Scapular Retractions	During: pain ↓, ROM ↑ After: ROM/pain better (1/10)	Full ROM, 0/10 pain
Shoulder Flexion	During: NE pain, ROM ↑ After: NE pain/ROM	Not tested
Shoulder ER	During: pain ↑, NE ROM After: ROM/pain worse	Not tested
Shoulder Extension	During: pain ↓, ROM ↑ After: Better ROM/pain (1/10)	Full ROM, 0/10 pain
Mechanical Diagnosis Hypothesis		Confirmed/Rejected
Derangement Syndrome		Improvements in ROM/pain/functional status with repeated scapular retractions/shoulder extension confirm hypothesis

* NE= no effect; ROM= range of motion



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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