

## Mechanical Diagnosis and Therapy:

### Classification

Since the release of the 2<sup>nd</sup> Edition of The Lumbar Spine: Mechanical Diagnosis and Therapy in 2003 a number of therapists trained in the McKenzie method have expressed a concern about a lack of knowledge of the “new classification system”.

This article has been written with the specific purpose of introducing therapists to the changes that have occurred with the re-write of the Lumbar text. I would however direct therapists to the new text as it is an excellent update on Mechanical Diagnosis and Therapy and presents the concepts in considerably more detail than is possible in the scope of this article.

Firstly there is not a “New Classification System”.

The three syndromes originally described by Robin in 1979 remain as the key features of the classification system:

- Derangement
- Dysfunction
- Postural

The “other” classification has always been an integral part of the MDT assessment form to allow for the classification of all patients with spinal symptoms.

(Refer to Classification Algorithm) But the sub-classifications within “Other” are now well defined.

The sub levels of description for Derangement are where changes have been made. Previously the numbering system (D 1-7) was used to describe:

- location of symptoms (1-5)
- presence of a deformity (2,4,6)
- directional preference (1-6 v 7)

However as McKenzie clinicians we are all aware of the “temporary” nature of the secondary descriptions. The primary aim of treatment is to change the location of the symptoms and correct the deformity hence the saying “here today gone tomorrow” was not only true but also confusing. The decision to discard the numbering system was related to enhancing the stability of the classification system – which is an essential pre-requisite for both the clinician and the researcher.

The removal of the sub-classifications of deformity was based on the results of number of research papers, which demonstrated poor reliability of the visual identification of the presence of a deformity eg lateral shift. The reason that there was emphasis placed on the “deformities” in the original system was in part a safety factor – alerting the clinician to the presence of a deformity reinforced the indication that the deformity need to be addressed first in treatment eg in the case of the lateral shift, lateral forces were required before sagittal could be applied. However our repeated movement testing protocol addresses this safety concern.

Also the sub-classification of deformities did not identify those patients with the clinically significant lateral component where lateral forces are also an essential component of their treatment. For these two reasons it was determined that a separate classification for deformities was not necessary.

Derangements are now separated depending on their reducibility into reducible or irreducible. A reducible or irreducible derangement may be suspected on Day One but 3-5 sessions of mechanical evaluation are allowed before the provisional classification is confirmed.

Two further descriptions of Derangements are now made:

- Severity indicator, which, relates to the location of the symptoms. These are divided into three sub-groups – Central and symmetrical Symptoms, Unilateral and asymmetrical symptoms to the knee, Unilateral and asymmetrical symptoms to below knee. Again the location of symptoms will change in response to mechanical forces so is a description not a classification.
- Directional preference or treatment principle. These include extension, flexion, lateral or combination. Again this may change during the course of treatment and hence is not part of the classification. The terms anterior and posterior can also still be used.

The McKenzie assessment form has been modified to allow for this layered description.

An example of the new recording for a **D3** would be

**Provisional Classification** = Derangement

**Severity indicator** = Unilateral asymmetrical to the knee  
(Sub-classification is the term used for this on the new assessment form however the term severity indicator is more accurate)

**Principle of Management**= Extension.

An example of the new recording for an Extension **dysfunction** patient would be

**Provisional classification** = Dysfunction

No severity indicator (sub-classification) required)

**Principle of Management** = Extension

I am sure that we will all struggle with “the change” as it is never easy to move away from where you have been comfortable. However with regular use I am also sure you will find it will become as easy as the “old” terminology.

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### CLASSIFICATION ALGORITHM

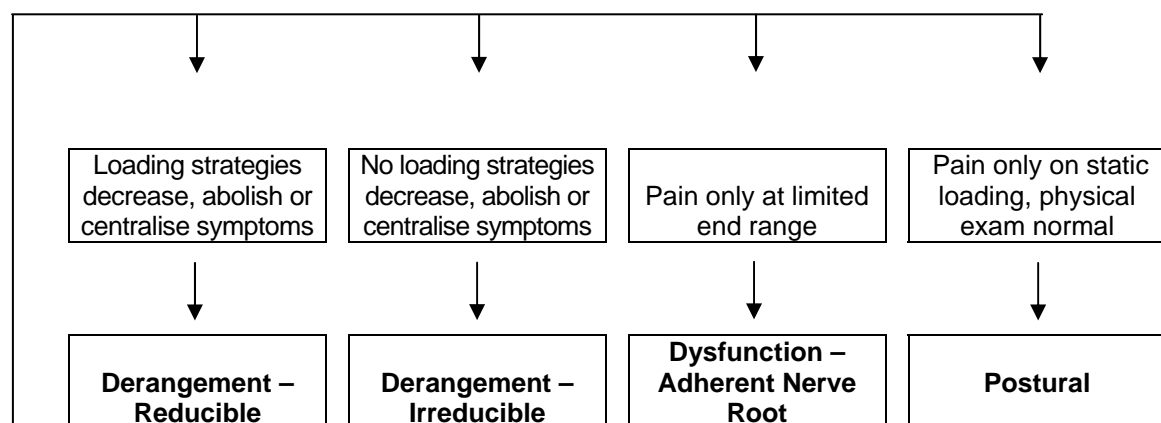
HISTORY TAKING

&

PHYSICAL EXAMINATION & TESTING

Red Flags

### Day 1 Provisional Classification



**Classification confirmed within 3-5 visits**

*(Reduction or remodelling process may continue for longer)*

OR

Fail to enter a spinal mechanical classification

Consider other conditions

Stenosis  
Hip  
SIJ  
Mechanically Inconclusive  
Spondylolisthesis  
Chronic pain state