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Reply to letter to the editor

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In Reply:

We hereby enclose a copy of our reply with respect to the letter of D. Cassidy.

Although Cassidy has identified two publications of our study (1, 2), he has failed to notice that in each article we report different outcome measures, and consequently, it is not strange at all that the data differ. In the article published in *Spine*, we have reported the results of our principal outcome measures (severity of the complaint and perceived benefit) (1), whereas in the one published in the *JMPT*, we have reported the results of the physical outcome measures (physical functioning and spinal mobility), as is mentioned in the subtitle of the article (2). We believe that the results of our principal outcome measure (severity of the complaint and perceived benefit) have more relevance for evaluating the treatment effect in patients with back and neck complaints. Readers who are interested in the long-term results (12 mo follow-up) of our study are referred to a recent publication in the *British Medical Journal* (3).

The scientific evidence that manipulation and mobilization have different effects (with respect to relevant outcome measures) is not convincing (4). We agree with Cassidy that to resolve this issue, future trials are needed to separate their effect in specific subgroups of patients with back and neck complaints.

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ROTATOR CUFF DISEASE: CURRENT TRENDS IN ORTHOPEDIC MANAGEMENT

To the Editor:

After reading the article by Dr. Stephen Brier (Brier S. Rotator Cuff Disease: Current Trends in Orthopaedic Management. *J Manipulative Physiol Ther* 1992; 15:123-8), I believe his examination for rotator cuff disease should be discussed. He mentions a "painful and limited arc of abduction" as the most common finding, a Codman's test in which a sustained position of abduction at 90° would be difficult, palpable tenderness at the attachment of the supraspinatus tendon, possible effusion and pain on rotation of the shoulder. All of the above tests and findings are nonspecific and could occur from a variety of shoulder conditions not necessarily related to a cuff tendinitis. A painful and limited arc of abduction is common in a partial cuff tear, a subacromial bursitis or an acromial spur, to name a few, and passive abduction of a tendinitis of the cuff is almost never limited. Inability to maintain a sustained position of the abducted arm could be due to a rupture, cuff fatigue or supracapsular neuritis. Tenderness and effusion at the supraspinatus can only be considered a tendinitis if the supraspinatus is painful on resisted testing. Pain on rotation could be due to problems with the inert passive tissue or the musculotendinous tissue and, again, is rather nonspecific as far as determining whether a cuff tendinitis is present. To specifically incriminate any or all of the rotator cuff muscles for tendinitis, a cuff muscle must express pain on resisted testing. Separate testing of the passive capsular tissue must also be performed to corroborate the involvement of a tendon.

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In Reply:

I would like to thank Dr. Hammer for taking the time to read and review my article on rotator cuff disease. While I am sure his intentions were meant to be clinically constructive, it should be noted that Dr. Hammer's interpretations seem to be consistent with cookbook diagnosis as it relates to physical examination findings. While I can appreciate the systematic approach to orthopedic testing procedures, this article was not meant to be broken down categorically regarding separate shoulder findings.

When Dr. Hammer states that "all of the above tests are nonspecific and could refer to a variety of shoulder conditions," I must strongly disagree. *Any orthopedic test in and of itself is not specific for any diagnosis.* Most experienced clinicians will explain that it is only when a host of consistent clinical findings are gathered about a specific malady that we can begin to arrive at an orthopedic diagnosis. For example, as the article discusses, the combination of such findings as a painful and limited arc of abduction with incongruous motion and the inability to sustain abduction at 90° is indicative of a