

## Seven Stages of Spencer

The seven stages of Spencer are a sequence of osteopathic manipulative treatments used to address somatic dysfunction of the shoulder. The technique is articular, characterized as direct and passive. Muscle energy is often used to augment the treatment effect. The order of the stages matters. The stages are extension, flexion, circumduction with compression, circumduction with traction, abduction, adduction with external rotation, internal rotation, and distraction.



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### Characteristics

#### Shoulder Girdle

##### [Shoulder Girdle](#)

The seven stages of Spencer are used for somatic dysfunctions of the shoulder girdle. The shoulder girdle includes the clavicle, scapula, humerus and their associated joints. The glenohumeral joint is most often the focus of the Spencer technique, but dysfunctions of the clavicle and scapula may also be treated using this technique. The most common indication for Spencer technique is somatic dysfunction of the shoulder associated with adhesive capsulitis also known as frozen shoulder.

#### Articular Technique

##### [Article](#)

The seven stages of Spencer are considered articular. Articular techniques are low-velocity, moderate-to-high amplitude, carrying the dysfunction through its full range of motion. Articular techniques are direct, meaning they take the dysfunction into the restrictive barrier, and passive, meaning the forces necessary for treatment are introduced by the practitioner.

#### Muscle Energy Activation

##### [Muscle-man Energy in Active-gear](#)

Muscle energy can be used to enhance the seven stages of Spencer. This occurs when the practitioner passively brings the patient to the restrictive barrier, then instructs the patient to actively move their joint in the opposite direction, away from the restrictive barrier. The practitioner resists this motion for a few seconds, then the patient relaxes. The dysfunction is then passively carried to the next restrictive barrier.

### Stages

#### Every Fancy Cat Takes An Indoor Dump

##### [Every Fancy Cat Takes An Indoor Dump](#)

The seven stages are performed in the following order; extension, flexion, circumduction with compression, circumduction with traction, abduction, adduction with external rotation, internal rotation, and distraction. Use the mnemonic Every Fancy Cat Takes An Indoor Dump to remember these steps in order.

## Extension

### Extension-cord

Stage 1 of the seven stages of Spencer glenohumeral **extension** with the elbow flexed. The patient is lying lateral recumbent (on their side) with the shoulder to be treated in the air. The practitioner faces the patient and places one hand at the top of the shoulder joint. The other grasps the elbow, which is flexed. The arm is then brought posteriorly to bring the shoulder into extension. At the restrictive barrier, a springing or oscillatory motion may be applied. Muscle energy can also be used to enhance the treatment, as mentioned above.

## Flexion

### Flexing

Stage 2 of the seven stages of Spencer glenohumeral **flexion** with the elbow extended. The practitioner uses one hand to hold the top of the shoulder joint, while the other grasps the patient's hand. The elbow is extended and the arm is brought forward to bring the shoulder into flexion. Treatment at the restrictive barrier occurs as above.

## Circumduction with Compression

### Compression-vice

Stage 3 is circumduction with slight **compression** and elbow flexed. The patient flexes the elbow, and the arm is abducted to the restrictive barrier. The practitioner then applies slight compression through the elbow to the shoulder joint. While compressing, the elbow is moved in concentric circles, starting small and becoming larger.

## Circumduction with Traction

### Tractor

Stage 4 circumduction with slight **traction** and elbow extended. Like stage 3, the arm is abducted to the restrictive barrier. In this stage, however, the elbow is extended. The practitioner grasps the wrist and applies slight traction upward. The arm is then moved in concentric circles, starting small and becoming larger. This produces circumduction at the shoulder joint.

## Abduction then Adduction with External Rotation

### Abs and Add-duct-tape with External Rotation

Stage 5 is broken up into two parts. Stage 5a is abduction with the elbow flexed. The practitioner grasps the shoulder with the most cephalad arm. The patient is then instructed to grasp this arm with the arm being treated. The practitioner then moves the shoulder into abduction, using the elbow as a lever.

Stage 5b is adduction with external rotation. The set-up is similar to 5a, except that the patient rests the wrist on the practitioner's arm. The practitioner moves the elbow down toward the table, which induces adduction and external rotation at the shoulder joint.

## Internal Rotation

### Internal Rotation

Stage 6 is internal rotation. The patient's arm is abducted about 45 degrees and the dorsum of the patient's hand is placed on the patient's low back. The elbow is then pulled anteriorly, inducing internal rotation at the shoulder joint.

## Distraction

### Dice-tractor

Stage 7 is distraction, also called distraction in abduction. In this stage, the practitioner places the treated arm on their own shoulder. Then using both hands the shoulder is grasped just inferior to the acromioclavicular joint. The practitioner applies an inferior, scooping motion to the proximal humerus, causing distraction at the glenohumeral joint.