

Scoliosis

What is Scoliosis?

Scoliosis is a “side to side” curve of the spine. Normally, the spine is straight if you look at a person’s back from behind. In scoliosis, the side-to-side curve may cause a child to lean to one side and often produces other noticeable physical deformities. Scoliosis will often worsen as the child grows, especially during puberty. Scoliosis can be diagnosed through a physical exam of the spine. Also, the use of X-ray is often necessary, to determine the magnitude of the curve.

What does the physician look for in a Scoliosis exam?

There are physical signs that are seen in some but not all children with scoliosis. These signs include:

- 1) **Rib hump on the back** – This is caused by the vertebrae of the spine becoming wedged shaped and the ribs protruding, forming a hump on one or both sides of the back. The physician can check for this hump by having the child bend over at the waist.
- 2) **Shoulder Asymmetry** – Your child may hold one of his shoulders higher than the other. This posture can be caused by the curvature of the spine.
- 3) **Leg length discrepancy** – One of your child’s legs may appear shorter than the other evidences by the waistline not being level.

Is Scoliosis painful?

It is unusual for scoliosis to cause severe pain in children. While large degrees of scoliosis can be associated with mild, occasional backache, many patients have no discomfort.

What are the treatment options for scoliosis?

Depending on the severity of the curve, different treatments are available. The severity is measured in degrees through use of X-ray and by physical exam. For instance, in spinal curves **less than 40 degrees**, in a growing child, a scoliosis brace is recommended. Braces have been shown to slow progression in some (85%) but not all cases. There are two types of braces.

- 1) TLSO – A brace that is worn 20 out of 24 hours per day.
- 2) Nighttime Bending Brace – A brace that is worn at nighttime only. In situation where this is needed a physician would discuss these options with the family.

For larger curves, surgery may be recommended to prevent the curve from getting worse. If a curve reaches 70 degrees it may interfere with normal functioning of your child’s heart and lungs.

What's FACT, What's FICTION

Calcium supplements do not make a difference in the progression or severity of scoliosis in the adolescent age group.

Exercise (the lack or use of) has no effect on the progression of scoliosis.

There is also no evidence that the use of chiropractic manipulation improves the degree of curvature.

A child with scoliosis can be involved in activities such as running, weight lifting, riding amusement park rides, etc.

The weight of a book bag being carried on one shoulder is not related to the cause of scoliosis nor does it affect the way the spine grows.

Waterbeds vs. firm mattresses: There is no evidence that one type of mattress is better for scoliosis than another. It is the preference of each individual.

Scoliosis that requires either brace or surgical treatment is 10 times more common in females than in males.

If you have any concerns, please contact your doctor. If you have any questions, please call the school nurse.