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Scoliosis

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What is scoliosis?



Everyone's spine has natural curves. These curves round our shoulders and make our lower back curve slightly inward. Some people have spines that also curve from side to side. Unlike poor posture, these curves cannot be corrected simply by learning to stand up straight.

This condition of side-to-side spinal curves is called scoliosis. On an x-ray, the spine of an individual with scoliosis looks more like an "S" or a "C" than a straight line. Some of the bones in a scoliotic spine also may have rotated slightly, making the person's waist or shoulders appear uneven.

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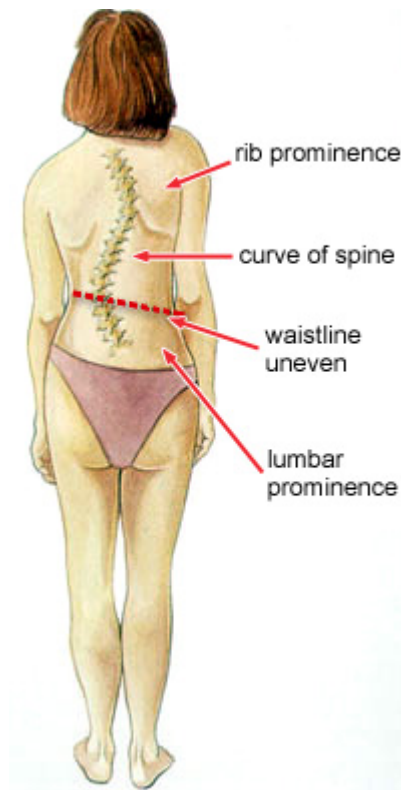
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Scoliosis affects approximately 2% of the population. If someone in a family has scoliosis, however, the likelihood of an incidence is much higher—approximately 20%. If anyone in your family has curvature of the spine, you should be examined for scoliosis.

Children

Most scoliosis is "idiopathic," meaning its cause is unknown. It usually develops in middle or late childhood, before puberty, and is seen more often in girls than boys. Although scoliosis can occur in children with cerebral palsy, muscular dystrophy, spina bifida, and other miscellaneous conditions, most scoliosis is found in otherwise healthy youngsters.

Adults

Scoliosis usually develops during childhood, but it also can occur in adults. Adult scoliosis may represent the progression of a condition that actually began in childhood and was not diagnosed or treated while the person was still growing. What could have started out as a slight or moderate curve may have progressed in the absence of treatment.

In other instances, adult scoliosis can be caused by the degenerative changes of the spine. Other spinal deformities such as kyphosis or round back are associated with the common problem of osteoporosis (bone softening). As more people in the United States reach the age of 65 years or older, the incidence of scoliosis and kyphosis is expected to increase.

If allowed to progress, severe instances of adult scoliosis can lead to chronic severe back pain, deformity, and difficulty in breathing.

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The Importance of Early Detection: Tips For Parents

Idiopathic scoliosis can go unnoticed in a child because it is rarely painful in the formative years. Therefore, parents should watch for the following warning signs of scoliosis when their child is about 8 years of age:

- Uneven shoulders
- Prominent shoulder blade or shoulder blades
- Uneven waist
- Elevated hips
- Leaning to one side

Any one of these signs warrants an examination by the family physician, a pediatrician, or an orthopaedist.

Some schools sponsor scoliosis screenings. Although only a physician can accurately diagnose scoliosis, school screenings can help alert parents to the presence of the warning signs in their child.

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Treatment

In planning treatment for each child, an orthopaedist will carefully consider a variety of factors, including the history of scoliosis in the family, the age of the child when the curve began, and the location and severity of the curve.

Most spine curves in children with scoliosis will remain small and need only to be periodically assessed by an orthopaedist for any sign of progression. If a curve does progress, an orthopaedic brace can be used to prevent it from getting worse. Children undergoing treatment with orthopaedic braces can continue to participate in a full range of physical and social activities.

Electrical muscle stimulation, exercise programs, and manipulation have not been found to be effective treatments for scoliosis.

If a scoliotic curve is severe when it is first seen, or if treatment with an orthopaedic brace does not control the curve, surgery may be necessary. In these instances, surgery has been found to be a highly effective and safe treatment for scoliosis.

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Summary

Scoliosis is a common problem that usually requires only observation with repeated examination in the growing years. Early detection is important to make

sure the curve does not progress. In the relatively small number of patients who require medical intervention, advances in modern orthopaedic techniques have made scoliosis a highly manageable condition. Orthopaedists, who are specialists in diseases of the muscles and skeleton, are the most knowledgeable and qualified group of physicians to diagnose, monitor, and treat scoliosis.

Your orthopaedist is a medical doctor with extensive training in the diagnosis, and nonsurgical and surgical treatment of the musculoskeletal system, including bones, joints, ligaments, tendons, muscles, and nerves.

This information has been prepared by the American Academy of Orthopaedic Surgeons, in cooperation with the Scoliosis Research Society (SRS), and is intended to contain current information on the subject from recognized authorities. However, it does not represent official policy of the Academy and SRS and its text should not be construed as excluding other acceptable viewpoints.

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