

Division of Pediatric Orthopaedics

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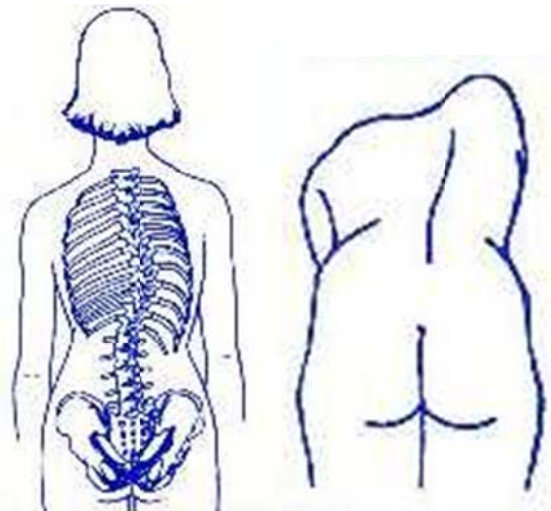
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INFORMATION ABOUT SCOLIOSIS

Scoliosis is a twisting or curving of the spine. The onset of scoliosis can be very subtle and may be difficult to detect in its early stages.

Both males and females can be affected, however it is more common in females.



Idiopathic scoliosis is the most common form of scoliosis accounts for about 80-85% of all cases. This form of scoliosis can occur in children who are otherwise healthy. Idiopathic means that the cause is unknown, although it may run in families. Other known causes of scoliosis are congenital, nerve and muscle disorders, connective tissue disorders or chromosomal abnormalities.

One or more of the following "signs" may be present:

- One shoulder higher than the other when standing
- One shoulder blade more prominent than the other
- One hip higher than the other
- A larger or more prominent crease in one side of the waist when compared with the other

What is the treatment for scoliosis?

Scoliosis is diagnosed through physical examination and x-rays of spine. The measurements of the curves of the spine are obtained from the actual x-ray films.

When planning for the treatment of scoliosis, many factors are taken into consideration. Some of these are:

- (1) the age of the child,
- (2) the location of the curve
- (3) the severity of the curve,
- (4) if female, whether or not the child has begun her periods - if male, whether or not he has had his growth spurt.

Some curves are minimal and just need to be observed by the orthopaedist for any signs of progression. If the curve is moderately large or rapidly getting worse, a brace may be required to prevent further progression. Children who wear a brace for scoliosis can continue to participate in a full range of physical activities while wearing their brace.

For more severe curves, or for curves that are not controlled by bracing, surgery may be required for some correction and also to stop the curve from getting bigger. If surgery is not done for these curves in the thoracic area (mid-section) of the spine, problems with breathing and decreased lung capacity will eventually occur in the third and fourth decades of life.

As you can see, there are a number of factors that play into the treatment of scoliosis. With proper assessment and discussion, an individualized treatment plan that is suitable for your child can be established.

Useful websites:

Scoliosis Research Society

www.srs.org

American Academy of Orthopaedic Surgeons

www.aaos.org

American Academy of Family Physicians

www.aafp.org

www.theuniversityhospital.com/healthlink/septoct2001/html/longs/scoliosis.htm

<http://www.theuniversityhospital.com/scoliosis/index.shtml>

