



Scoliosis

Is Early Intervention The Answer?

By Dr. Jacqueline Smith

Has your child been diagnosed with Scoliosis? Are you confused as to what steps you should take to help your child? Are you currently in the “wait and see” period? For those of you that don’t know,

Scoliosis is an abnormal lateral bending of the spine that occurs in approximately 2-4 % of the population. It is associated with back pain, neck pain, diminished quality of life, limited activity, decreased respiratory function and lower self-esteem.

Scoliosis is more prevalent in girls and is usually detected between 8 and 14 years of age by either a pediatrician or the parents. So, if your child were diagnosed with scoliosis what would you do?



Imagine this scenario: A mother brings her daughter to the pediatrician who discovers her daughter has scoliosis. The mother is then referred to an orthopedic surgeon who determines that the curve(s) are below 25 degrees. At this point, he states there is nothing to do at this time as she is not in need of a brace and isn't a surgical candidate. So, the prescribed approach is to wait and see what happens.

Six months later the mother takes the daughter back to the orthopedic surgeon only to find out that her curves got worse and she has to wear a brace for 23 hours a day or worse yet, she needs surgery. This is usually the moment when panic sets in and the parents wonder what it is they can do to help their child. What would you do?

The current methods of treatment are observation (wait and see) only, bracing and surgical intervention. Looking at each respectively, observation in and of itself is not technically a treatment and it allows time for the curvature to get worse, bracing has been shown to be emotionally detrimental with a high non-compliance rate and surgical intervention is trading deformity for dysfunction.

As there may be needs for bracing and surgery in certain instances, it is worth visiting the idea of early intervention in those cases that fall into the observation only category, usually below 25 degrees.

A child's posture is a good indicator of underlying spinal problems. A typical scoliosis posture pattern demonstrates a high right hip and shoulder, their head may be too far forward (the ears should be in line with the shoulders), and in severe cases their rib cage may be rotated. Unfortunately, current screening using the Adam's Test where a child bends forward at the waist and is observed from behind has been termed the "Too Late Test." If a rib hump or bump is observed during this procedure, the rib cage has already started to rotate.



The ability for parents and health practitioners to recognize these early warning signs could set the stage for an early intervention program that may halt the scoliosis from getting worse.

Scoliosis is not only a skeletal problem, but it is also a disease of the neuro-muscular-skeletal system. It involves postural disorganization, neuro-musculo-skeletal dysfunction and unsynchronized growth patterns. Re-education of the musculature and associated postural reflexes is an absolute necessity when rehabilitating a curvature.

Let's take a closer look at the thought process behind early intervention. The first thing to realize is that all big curves start out small and each scoliotic curve is individual in nature. There is no one easy answer on how to tackle a curvature but there are contributing factors that appear to be common among children with scoliosis. One factor that needs to be addressed is the front to back curves seen on a side view x-ray. More often than not, there is a loss of the natural curvature in the neck, the mid-back or low back. Sometimes a loss of curvature is present in all three areas. The first goal in early management of these cases is to restore these natural curves to reduce the tension on the spinal cord. This is accomplished by specific chiropractic adjustments and neuromuscular rehabilitation.

The second component of an early active rehabilitation program is to address the neuromuscular imbalances. Some scoliosis patients have issues with balance and proprioception, which is an individual's awareness of their body position.



Active and Reactive exercises are applied in the office and performed at home by the patient to re-coordinate the tonal (postural) muscles helping to improve overall balance and function.

If a child has a scoliosis that is classified as observation only, this is the perfect time to actively rehabilitate the neuromuscular system. Early, proactive rehab may be successful in preventing the curve from progressing, possibly even reducing it, making a significant impact on the child's overall health and quality of life.

This article was written in hopes of reaching all those parents whose children are in the “wait and see” category.

The CLEAR Institute is a non profit organization dedicated solely to the research, development and treatment of scoliosis reduction for all ages. Dr. Jacqueline Smith is a chiropractic physician practicing in Palm Harbor. She currently serves on the Board of Advisors for the CLEAR Institute and is one of only three doctors in the state of Florida who offer this program. For more information, please visit <http://www.helpmyscoliosis.com> or you may contact Dr. Smith at 727-785-6771.