

## Scoliosis Case Report

**Dr.**  
**Street:**  
**City:**  
**Zip:**  
**Phone:**  
**E-Mail:**

**Date:**

(Please attach Patient Consent Form)

The patient presented for Scoliosis care utilizing the CLEAR Scoliosis Treatment protocols.

### Part One: Medical History

The patient's scoliosis was first diagnosed by

Treatment consisted of

Family members with scoliosis are  
and were treated with

Trauma history, including complications at birth include

Initial Cobb angle was

Cobb angle change after treatment was

The date of the last x-ray, and Cobb angle at that time was

The treatment for the scoliosis has been

The patient is currently braced / non-braced.

Surgery has / has not been recommended.

### **Social & Occupational History**

## Nutritional Information

## Physical / Scoliosis Examination

The patient height is \_\_\_\_\_ and weight is \_\_\_\_\_. The patient is left / right handed with a left / right dominant eye. Lung capacity as measured with a spirometer is \_\_\_\_\_. Adams test is positive / negative. The Scoliometer readings prone are: Dorsal lumbo-dorsal \_\_\_\_\_ lumbar \_\_\_\_\_. The Scoliometer readings are bending are: Dorsal \_\_\_\_\_ lumbo-dorsal \_\_\_\_\_ lumbar \_\_\_\_\_. Balance test is left \_\_\_\_\_ seconds, right \_\_\_\_\_ seconds. One Legged Stork Test is left \_\_\_\_\_ seconds, right \_\_\_\_\_ seconds. The Spinal Meningeal Tension Test is positive \_\_\_\_\_. Shoulder Depressor is positive left / right. Foraminal Encroachment test is positive left / middle / right. Distraction test is positive / negative. Laseque Test was positive on the left / right hip. Hip flexion test was positive on the left / right hip. Pupillary response was negative / positive. Cervical Flexion Test was positive at \_\_\_\_\_ inch. Cervical flexor muscle strength was \_\_\_\_\_. Cervical extensor muscle strength was \_\_\_\_\_.

Post treatment examination on \_\_\_\_\_ revealed the following:  
 The patient height is \_\_\_\_\_ and weight is \_\_\_\_\_. The patient is right / left handed with a right / left dominant eye. Lung capacity as measured with a spirometer is \_\_\_\_\_. Adams test is positive / negative. The Scoliometer readings prone are: Dorsal lumbo-dorsal \_\_\_\_\_ lumbar \_\_\_\_\_. The Scoliometer readings are bending are: Dorsal \_\_\_\_\_ lumbo-dorsal \_\_\_\_\_ lumbar \_\_\_\_\_. Balance test is left \_\_\_\_\_ seconds, right \_\_\_\_\_ seconds. One Legged Stork Test is left \_\_\_\_\_ seconds, right \_\_\_\_\_ seconds. The Spinal Meningeal Tension Test is positive \_\_\_\_\_. Shoulder Depressor is positive left / right. Foraminal Encroachment test is positive left / middle / right. Distraction test is positive / negative. Laseque Test was positive on the left / right hip. Hip flexion test was positive on the left / right hip. Pupillary response was negative / positive. Cervical Flexion Test was positive at \_\_\_\_\_ inch. Cervical flexor muscle strength was \_\_\_\_\_. Cervical extensor muscle strength was \_\_\_\_\_.

**X-Ray report (pre):**

The lateral cervical x-ray reveals a Lordotic / kyphotic / S curve with  
 % loss of curve and  
 # apparent head weight with  
 “ of forward head posture  
 C0 C1 angle of  
 C1 C2 angle of  
 Posterior dysfunctional vertebrae  
 Disc degeneration / or thinning of

Cervical flexion x-ray reveals a flexion angle of  
 C0 C1 angle of  
 C1 C2 angle of  
 restricted in flexion

Cervical extension x-ray reveals an extension angle of  
 C0 C1 angle of  
 C1 C2 angle of  
 restricted in extension

Cervical dorsal nasium x-ray indicates  
 degree upper angle left / right  
 degree lower angle left / right  
 degree cervical dorsal angle left / right  
 degree dorsal upper dorsal angle left / right

The base posterior x-ray reveals  
 anterior / posterior rotation of C1 on the left / right  
 degrees with  
 right / left alar ligament damage.

Lateral lumbar x-ray indicates a  
 % loss of lumbar curve with L5 retrolithesis of  
 mm.  
 Disc degeneration and / or thinning of

A-P sitting lumbar x-ray indicates  
 degree sacral base line  
 with an anterior / posterior hip on that same side of  
 mm.  
 degree left / right lumbosacral angle  
 degree left / right lumbodorsal angle  
 degree left / right dorsal lower dorsal angle

Standing scoliosis x-ray reveals a  
 left / right cervical dorsal Cobb angle from  
 left / right thoracic Cobb angle from  
 left / right lumbodorsal Cobb angle from  
 + / - sacral base line  
 left / right anterior / posterior hip

### **X-Ray report (post):**

The lateral cervical stress x-ray (taken on the 3<sup>rd</sup> visit) with  
 horizon glasses and  
 #'s anterior head weight  
 reveals a Lordotic / kyphotic / S curve with  
 % loss of curve and  
 # apparent head weight with  
 “ of forward head posture  
 C0 C1 angle of  
 C1 C2 angle of  
 Posterior dysfunctional vertebrae

The lateral cervical post x-ray reveals a Lordotic / kyphotic / S curve with  
 % loss of curve and  
 # apparent head weight with  
 “ of forward head posture  
 C0 C1 angle of  
 C1 C2 angle of  
 Posterior dysfunctional vertebrae

Cervical dorsal post nasium x-ray indicates  
 degree upper angle left / right  
 degree lower angle left / right  
 degree cervical dorsal angle left / right  
 degree dorsal upper dorsal angle left / right

The base posterior post x-ray (only necessary if the pre film shows four degrees or more  
 of atlas rotation) reveals  
 anterior / posterior rotation of C1 on the left / right  
 degrees with  
 right / left alar ligament damage.

Lateral lumbar x-ray (only necessary if the pre film indicated 50% or greater loss of  
 curve) indicates a  
 % loss of lumbar curve with L5 retrolithesis of

mm.

Disc degeneration and / or thinning of

Standing post scoliosis x-ray reveals a  
 left / right cervical dorsal Cobb angle from  
 left / right thoracic Cobb angle from  
 left / right lumbodorsal Cobb angle from  
 + / - sacral base line  
 left / right anterior / posterior hip

**The following Specific Spinal Isometric and Scoliosis Stretching Exercises were recommended:**

Spinal rotation, spinal molding at night with rib support, cervical extension, lumbar extension, chest expander with left / right lean, cervical flexion supine, posterior L5, leg extension beginner / advanced / left / right / both, spondy, cervical dorsal left / right / chin up / chin down, axis spinous left / right, atlas rotation left / right, leg drag left / right, serratus swing left arm / right arm / head left / head right, leg pump exercise left / right, straight leg with weight left / right, leg raise left side up / right side up, praying mantis, overhead stretch, toe raise Left / right, psoas stretch left / right ball twist left / right, LD ball left / right.

The warm-up chair exercises were prescribed to the patient as well as cervical extension traction, headweights #, limited vision glasses, hip weights left anterior / posterior / right anterior / posterior, left / right shoulder weight.

The following supplements were also recommended: omega three, FYI, KASP .

Treatment consisted of Mix, Fix, Set.

The Mix phase consisted of exercise chair, traction, VT cervical & lumbar, spinaltor, Eckard Table left / right lateral flexion,

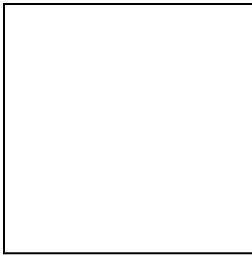
The Fix phase contained the following adjustments:

The Set phase consisted of LD ball exercise, ball twist ex, rotatory exercise, Pneumex gait training, Scoliosis Traction Chair, tightrope exercise, and Vibe w/ traction.

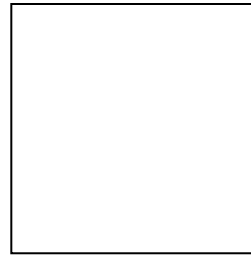
(Be sure to include pictures or text describing how the patient was set-up in the Scoliosis Traction Chair and the Eckard Flexion/Distracton table)

**Pre and Post X-rays:**

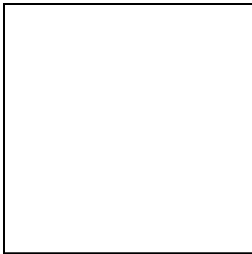
Scoliosis Pre



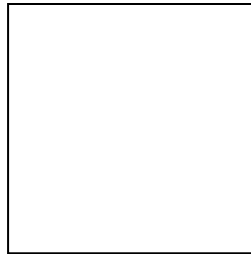
Scoliosis Post



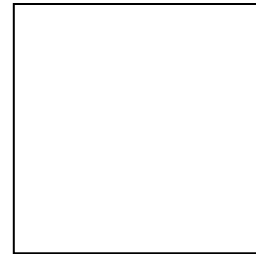
Lateral Cervical Pre



Lateral Cervical Stress



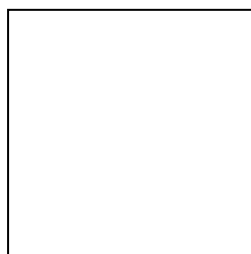
Lateral Cervical Post



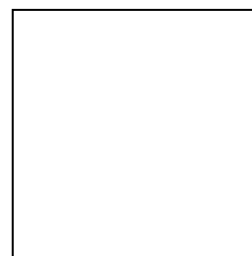
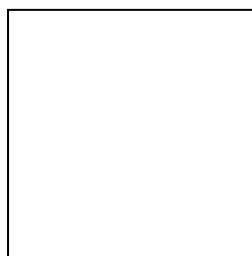
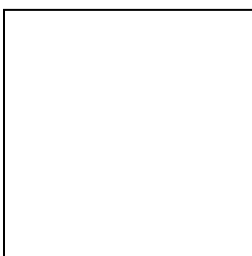
Nasium Pre



Nasium Post



Additional X-rays



These x-rays would include base posterior (+4 degrees) lateral lumbar (over 50% loss of curve), etc.

To computerize x-rays, take x-ray pictures with a digital camera on a tripod, no flash. Copy the x-rays to a computer and crop and enhance with photo software. Open the x-rays in MS Paint. Use the 2<sup>nd</sup> from the bottom line in red and use the 48 font with no background. Copy and paste into MW Word.

**Conclusion:**

The above results were obtained with the CLEAR Scoliosis Protocols. Additional research is recommended.