

SCOLIOSIS

Scoliosis is a sideways curvature of the spine. Most people with scoliosis have a mild form which causes no symptoms or problems. When scoliosis is more severe, though, it can cause pain, damage to the spinal nerves in the area of curvature, damage to the bones of the spine, and compression of the organs of the chest, especially the lungs. In addition, cosmetic deformity is a problem in severe cases.

Most cases of scoliosis occur during puberty, at the time when the skeleton is growing rapidly. Scoliosis tends to run in families, and girls are affected ten times more commonly than boys. Ten percent of the general population has scoliosis, most of mild degree. There is no known cause. Poor posture does not cause scoliosis.

Screening for scoliosis is important because early on there are no symptoms, and because techniques are available to stop scoliosis from getting worse. The years of growth during puberty are the riskiest for progression of scoliosis. Screening occurs at regular check-ups beginning at age 8.

When mild scoliosis is detected, careful re-examination is necessary every 6-12 months until skeletal growth is completed (about 2 years after the first menstrual period for females, or after males have facial, underarm and pubic hair and the voice change is completed). When moderate degrees of scoliosis are suspected, X-rays are necessary and referral to a specialist may be recommended.

While exercise and good posture are healthy habits, they have no effect on scoliosis. Bracing can prevent scoliosis from getting worse and is sometimes necessary until growth is finished. Surgical correction is reserved for severe cases. Therapies such as electrical stimulation or chiropractic manipulation also have no effect.

The majority of children with scoliosis grow to be normal adults, unaffected by any spine problems.

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