



# SYMMETRY

## PHYSIOTHERAPY

## Scoliosis

A scoliosis is a lateral or sideways curve in the spine that is apparent when viewing the spine from behind. A mild degree of scoliosis is common, occurring in up to 50 per cent of the population. Scoliosis occurs mainly in the thoracic and thoraco-lumbar (mid – low back) regions of the spine and is far more common in females.



Most causes for Scoliosis are idiopathic or unknown; however it is believed that genetic inheritance may be a major contributor to scoliosis. Curvature can develop at any age but rapid acceleration of the curve develops around puberty. Adolescents around the ages 9 – 14 are the most common age group affected. If there is suggestion of a scoliosis medical opinion should be sought. Plain x-rays of the spine can easily detect the extent of a scoliosis.

The most important part of the management of scoliosis is early detection, as this may prevent the need for surgery. The management of a scoliosis is determined by its extent. In the majority of cases a mild scoliosis requires no specific treatment.

Physiotherapy intervention plays an important role in the management of scoliosis.

Treatment may consist of:

- Postural correction and advice
- Strengthening of muscles and correction of muscle imbalances
- Clinical Pilates
- Taping

In more severe cases bracing may be necessary, and may prevent the need for surgery.

In the most severe cases, surgery may be indicated. This involves insertion of metal rods along the spine. These rods act as a brace to straighten the spine and prevent further deterioration of the scoliosis. The rods are usually left in the spine throughout life. Life after surgery returns to near normal by about 9 months. A physiotherapist can advise of the most appropriate form of management based on the individual.

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