

In accordance with the Virginia code- 8VAC20-690-02, schools will provide educational information on scoliosis to all families of students in grades five through ten. The information provided to you in this letter is from the Scoliosis Association(www.scoliosis.org) and the Scoliosis Research Society (www.SRS.org).

Scoliosis Facts for Parents

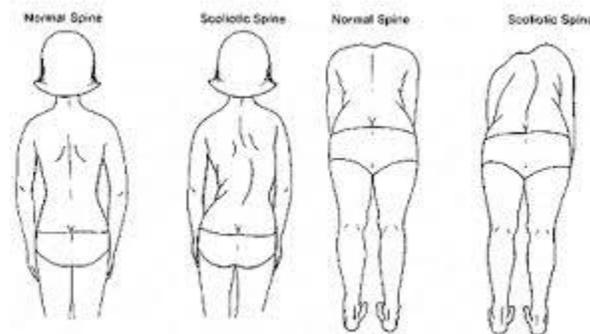
What is scoliosis

Scoliosis is a sideways curvature of the spine that occurs most often during the growth spurt just before puberty. Scoliosis may appear in more than one member of a family in the same or different generations. It does not develop as a result of anything that a child or parents did or failed to do. Poor posture or carrying a heavy backpack does not cause scoliosis. About 3% of adolescents have scoliosis.

A simple check for scoliosis is part of a routine physical exam. However, it would not normally be detected at visits for illnesses such as colds and sore throats. Parents/guardians are strongly encouraged to have their child evaluated by their primary care provider for scoliosis as part of a regular checkup.

What are the signs of scoliosis

- *One shoulder may be higher than the other.
- *One scapula (shoulder blade) may be higher or more prominent than the other.
- *There may be more space between the arm and the body on one side.
- *One hip may appear higher or more prominent than the other.
- *There may be a larger crease at one side of the waist than on the other, or the crease is at a different level.
- *When the individual turns to the side, the back may appear excessively round.
- *When the individual bends forward until the spine is horizontal, one side of the back appears higher than the other or asymmetrical.



How is scoliosis diagnosed

Scoliosis is suspected on physical exam when any of the above signs are noted. If a significant curve is suspected, an x-ray is done to measure the actual angle of the curve in the spine. The Scoliosis Research Society defines scoliosis as a curvature of the spine measuring 10 degrees or greater on x-ray. The physician will look for signs in the medical and family history as well as the physical examination that suggest an underlying cause for scoliosis. If this is suspected, other tests may be done.

Treatment of scoliosis

The goal of treatment is to stop the progression of the curve and avoid long-term problems. Treatment depends on the degree of the curve and the amount of growth the child is expected to have. The 3 main treatments are:

Observation and repeated examinations are done for smaller curves, to determine if the spine is continuing to curve. Curve progression normally slows down or stops after a child reaches puberty. However, it is important to follow up as instructed, to be sure no further treatment is necessary.

Bracing may be used when the curve measures between 25 to 40 degrees on an x-ray, but skeletal growth remains. The type of brace and the amount of time spent in the brace will depend on the adolescent's condition. Modern braces often can be hidden under clothing.

Surgery may be recommended when the curve measures 50 degrees or more on an x-ray and bracing is not successful in slowing down the progression of the curve.

According to the Scoliosis Research Society, there is no evidence to show that other methods for treating scoliosis (i.e. manipulation, electrical stimulation, and corrective exercise) prevent the progression of the disease. There are currently no medications to treat scoliosis nor can its onset be prevented.

Adult Scoliosis

When scoliosis is mild in adults, the condition can remain unchanged or progress so slightly over the years that no serious problems develop. However, in some people significant changes can occur.

Curves can increase in size causing pain. In the most severe cases, breathing can be affected.

Osteoporosis (thinning of the bone) later in life can cause a mild curvature to increase significantly.

Prevention of osteoporosis is especially important in people with scoliosis. Scoliosis in adults can be the result of a curve not treated during adolescence or as a result of degeneration of the discs and joints of the spine.

We hope you found this information helpful. If you have any concern that your child may have scoliosis, or if your child has not had a routine physical exam in the past year, we urge you to make an appointment with your child's primary care physician.