

Scoliosis Fact Sheet

In accordance with Code of Virginia § 22.1-273, Richmond Public Schools provides educational material on scoliosis to parents of students in grades 5 through 10.

OVERVIEW

Scoliosis is the abnormal curvature of the spine. While the normal spine has gentle natural curves that round the shoulders and make the lower back curve inward, scoliosis involves a deformity of the spinal column and rib cage. To varying degrees, the spine curves from side-to-side, and some of the spinal bones may rotate slightly, making the hips or shoulders appear uneven. This curving of the spine cannot be corrected by practicing good posture.

It occurs in healthy school-age children, showing signs usually during the ages of 10-14 when a growth spurt may occur. The majority of scoliosis cases are caused from an unknown source.

This condition may run in families and is seen more often in girls than boys. A large number of young people have minor curves that will not progress. Early screening and treatment may prevent scoliosis from progressing to a stage where it interferes with mobility or activities.

EARLY SCREENING

Scoliosis can go unnoticed in a child because it is rarely painful in the developmental years. Early detection is important to make sure the curve does not progress. If detected early, many cases if needed can be controlled by a brace and exercise program. If surgery is indicated, the best results are obtained if it is completed before the curve is severe.

Parents should watch for the following symptoms of scoliosis beginning when their child is about 8 years of age:

- A tilted head that does not line up over the hips
- Uneven shoulders or a protruding shoulder blade
- Uneven waist
- One hip that is higher than the other causing an uneven hem or shirt line
- Leaning more to one side than another
- The family doctor, pediatrician, or orthopedist should examine your child when any one of these signs is present.

TREATMENT

The type of treatment used depends on the cause and how severe the curve. Spinal curvature is measured by degree. Most curves remain small and need only to be watched by a doctor for any signs of progression.

If a curve does progress, your physician may use an orthopedic brace to prevent it from getting worse. Children who require treatment with orthopedic braces can continue to participate in the full range of physical and social activities.

If a scoliosis curve is severe when it is first seen, or if treatment with a brace does not control the curve, surgery may be necessary. In these cases surgery has been found to be highly effective and safe treatment.

MORE INFORMATION

American Academy of Orthopedic Surgeons (www.aaos.org), Call 800-346-AAOS

National Scoliosis Foundation (www.scoliosis.org), Call 800-673-6922

The Scoliosis Association, Inc. (www.scoliosis-assoc.org), Call 800-800-0669

Scoliosis Research Society (www.srs.org), Call 847-823-7186