Adolescent Scoliosis: A Primer

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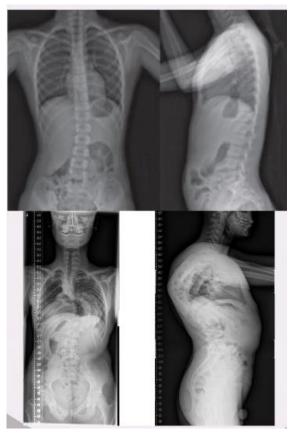




Overview









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Effect of Adolescence on Spinal Growth

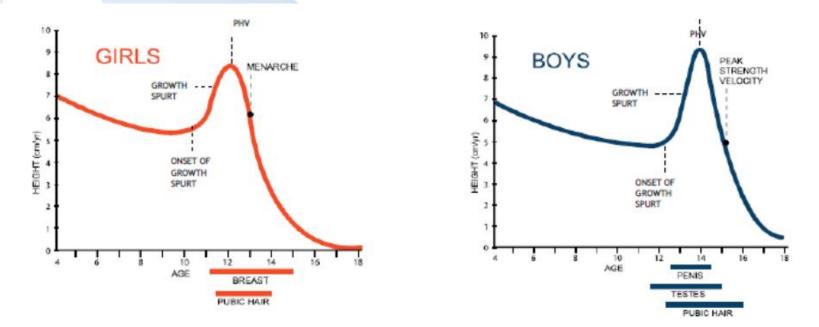


Figure 1. The adolescent growth spurt, and PHV for girls (left) and boys (right). Taken from Canadian Sport for Life (Balyi & Way, 2005)





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Natural History and Risk of Progression

SUPPLEMENT

The Natural History of Adolescent Idiopathic Scoliosis

Stuart L. Weinstein, MD

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TABLE 1. Major Curve Magnitude Average Cobb Angle at Final Follow Up^9

Cobb Angeles (Mean) (deg.)	
Thoracic	85 (23-156)
Thoracolumbar	90 (50-155)
Lumbar	49 (15-90)
Double major	
Thoracic	79 (30-104)
Lumbar	76 (32-110)

		Age at Detection	
Curve Magnitude			
degrees	10-12 years	13-15 years	16 years
<19	25%	10%	0%
20-29	60	40	10
30-39	90	70	30
>40	100	90	70

FIGURE 2. Probabilities of major curve progression: (skeletally immature patients).



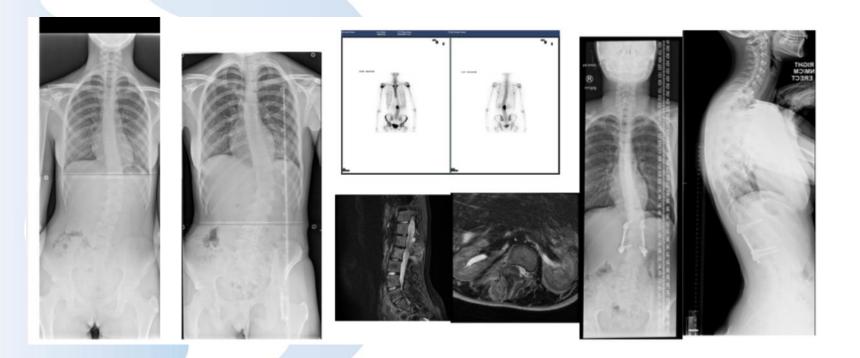
Clinical Assessment







Atypical Presentations







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Management

- History and Physical Examination
- Appropriate Investigations and Counselling
 - Observation for Progression
 - Bracing in the Skeletally Immature
 - Non-Operative
 - Operative Intervention
- Early referral





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ORIGINAL ARTICLE

Effects of Bracing in Adolescents with Idiopathic Scoliosis

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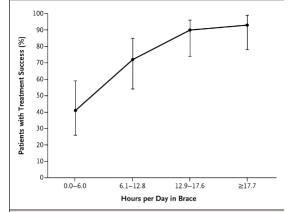


Figure 2. Rate of Treatment Success According to Average Hours of Daily Brace Wear.

During the first 6 months, patients wore the brace for a mean (\pm SD) of 12.1 \pm 6.6 hours per day (range, 0 to 23.0). Duration of brace wear was positively associated with the rate of success (P<0.001 by the chi-square test). The lowest quartile of wear (mean hours per day, 0 to 6.0) was associated with a success rate of 42%, whereas brace wear for an average of at least 12.9 hours per day was associated with success rates of 90 to 93%. I bars indicate 95% confidence intervals.





Management













Easy referral pathway

Rapid Access to Specialist

Explanation of the condition and understanding what to expect

Comprehensive care





