



4 Crucial Factors to Choose the Right Scoliosis Treatment for Your Child

For Parents Making Decisions for Their Child with Scoliosis



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Being a parent can be hard enough, and finding out that your child has scoliosis can be a stressful and confusing time.

Dr Google might seem like a good starting point to find out information, but you also might stumble across sites making unsubstantiated claims that may do more harm than good.

Well meaning friends, family and colleagues can inadvertently cause more confusion by offering their advice. They might say things like, "it could just get better by itself, why don't you watch and wait, don't bother with anything except surgery!". Or, "my cousin had to wear a brace, and she hated it!".

Your local health professionals may also give you advice such as.... "try swimming or do core exercises", but they may not be aware of all the latest research on scoliosis treatment options.

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When I first learned my daughter had scoliosis, I was worried about her future. Would her scoliosis get worse? Would she be in pain?

The biggest thing that took the weight off my shoulders was having someone dedicated to scoliosis treatment, who explained all of the options to me including the good... and the bad.

It empowered me to make the best choice for my daughter.



Are You Getting the Right Advice?

In this eBook, our goal is to help you cut through the confusion and understand the 4 crucial factors to consider when trying to choose the right scoliosis treatment for your child.

These are the 4 crucial factors that every parent needs to know about their child's scoliosis before making decisions about the right treatment.

Understanding more about the scoliosis will give you the knowledge to decide on the right treatment path.



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How Large is Your Child's Curve?

2

How Flexible is Your Child's Curve?

3

How Much More will Your Child's Spine Grow?

4

Where in the Spine is Your Child's Curve?



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Understanding the size of the curve can help determine the best treatment.

How Large is Your Child's Curve?

It is critical to firstly understand the size of the scoliosis curve.

The most accurate way is by getting a standing X-ray of the spine. The X-ray should then be measured by someone who has substantial experience in scoliosis treatment, a dedicated scoliosis clinician who looks at and measures these types of X-rays on a daily basis.

Typically the measurements of the X-rays are called the Cobb angle and the size of this angle determines the severity of the curve.

It is absolutely critical to get this measurement correct from the outset as this may be the difference between getting correct or incorrect advice.

Unfortunately the Cobb angle is often measured incorrectly, even in radiological reports, and parents base their decisions on inaccurate measurements.

Getting this right is crucial to choosing the right care.



Reviewing the Cobb angle of a scoliosis curve



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One of the most critical but often overlooked scoliosis assessments is the flexibility of the spine.

How Flexible is Your Child's Curve?

All other things being equal, a spine that is more flexible tends to have a greater chance of improving with treatment compared to a spine that is stiffer.

Knowing how flexible your child's scoliosis is can help inform the decision about things such as the suitability of bracing vs surgery when the degree of curve suggests that it is borderline for either treatment.

It's important to note though, that the flexibility of the spine can be independent of a child's overall flexibility and as the curve gets worse the spine tends to stiffen up.

How can flexibility be measured?

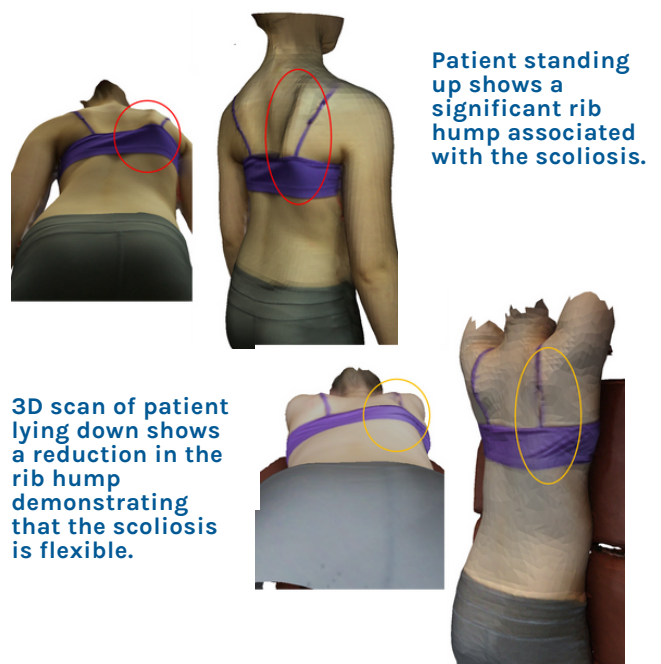
With the advent of full-spine 3D ultrasound, spinal flexibility can be accurately measured without X-rays.

It is also possible to gauge flexibility of the torso and any rib hump using a 3D body scanner that scans the torso in different positions. Rib humps are protrusions of the ribs, and are more visible when a person is bent over (flexing their spine).

Assessing the rib hump of the patient with a 3D scanner standing vs lying is another way to assess the flexibility of the scoliosis.



Bending full spine ultrasound is a radiation free method of assessing the flexibility of the scoliosis.





How Much More will Your Child's Spine Grow?

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Understanding how much more spinal growth is left is a critical piece of information.

Did you know some teenage girls are fully grown by 13, while others may continue to grow until they are 17?

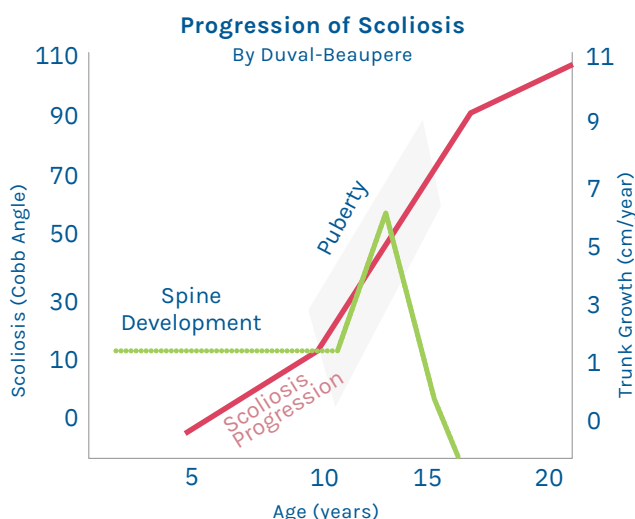
It's important to know how much growth your child has left.

To do this, an experienced scoliosis clinician can assess something called a Risser sign, on an X-ray.

As bones grow and mature they contain a section of cartilage called a growth plate. On an X-ray this growth plate is a dark line.



Hand X-ray to assess bone age



By looking at how far this dark line is spread across an X-ray of the pelvis, we can estimate the stage the child is at in their spinal growth. For example, when halfway through the growth spurt (which is called Risser stage 2), there is typically 18 months of spinal growth left.

In some cases the Risser stage can not be accurately assessed on a pelvic X-ray, in which case the alternative is to take a hand and wrist X-ray and look at those growth plates.



Where in the Spine is Your Child's Curve?

There are 3 main areas in the spine where a scoliosis can be located. In the mid back, also called the thoracic spine. In between the mid and lower back, called the thoracolumbar spine, and in the lower back, called the lumbar spine. There also can be a combination in one or more areas.

Why is it important to know the difference?

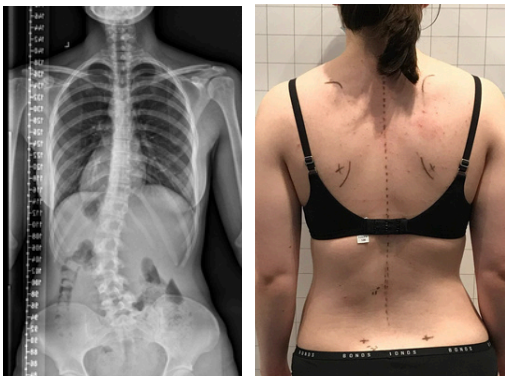
If the curve is primarily in the lumbar or thoracolumbar spine then the window of opportunity for non-surgical treatment to work well is smaller than it is for a thoracic curve of the same degree.

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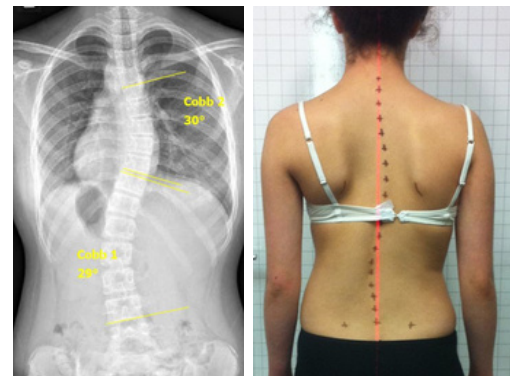
Knowing where in the spine the scoliosis is located, is important.

For example the typical recommendation for spinal surgery in a lumbar scoliosis is when the curve reaches 40 degrees. In a thoracic scoliosis, it is typically 50 degrees.

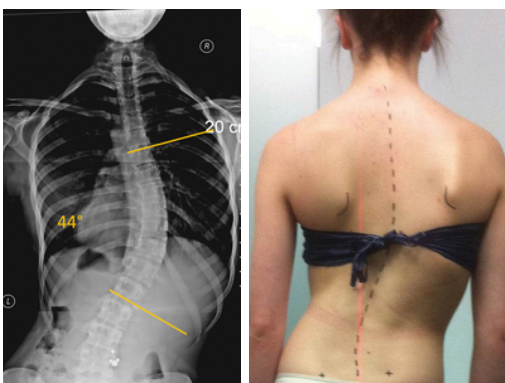
Also depending on where the scoliosis is in the spine, it will affect different aspects of the body in different ways. For example, in a thoracic scoliosis there is more of a rib hump whereas in lumbar scoliosis the waist and hips tend to be more affected.



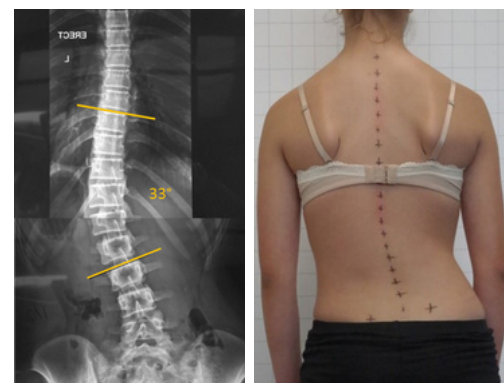
Lumbar scoliosis curve



Double curve



Thoracic scoliosis curve



Thoracolumbar scoliosis curve



Now You Understand the 4 Crucial Factors to Help Make an Informed Decision for Your Child.

So What Treatment do you Choose?

Firstly let's eliminate some confusion about a commonly recommended option, observation or "watch and wait".

Watching and waiting is essentially wasting time. In the past, when surgery was the only available treatment option, watching and waiting may have made more sense as no parent wanted their child to undergo surgery unnecessarily. A child however, even if their curve didn't progress enough for surgery, still had to live with their scoliosis and any consequences for the rest of their life. Just because the child's scoliosis has not progressed to surgical levels does not mean that they could not benefit from treatment.

Luckily, modern approaches to scoliosis treatments mean in many cases we now have the opportunity to stop the scoliosis getting worse, perhaps even improve it and help with body aesthetics and symmetry.

The research is now clear that non-surgical treatment can help in most scoliosis cases. The right scoliosis specific exercises can stop small curves progressing, and a well designed, custom scoliosis brace can help, even in some advanced cases. In addition these treatments are low risk and, compared to surgery, very cost effective.

Don't Watch and Wait.

It no longer makes sense to watch and wait. As with all modern approaches to treatment, early intervention is the key to the best results.

In children the rule is, if there is still spinal growth left, then there is a good chance that a scoliosis could get worse. How much worse usually depends on how big the scoliosis currently is, and how much more spinal growth is likely to happen.



What Should I Do Now?

Scoliosis is a complex condition. It is understandable that you may not know what to do at the outset.

Our teams are on hand to help you find the 'right treatment at the right time'. Our commitment to patient centred care underpins everything we do.

Lead Clinician, Dr. Maher Obeid, has specific training in scoliosis and is committed to supporting patients on their journey to ensure the best possible outcome.

We understand that every journey is unique and that no patient or treatment is quite the same, so we promise to work alongside you and your child, and provide you with all of the answers, advice and individualised care that you or your loved one deserves.

If you have any questions about how we can help, please don't hesitate to contact us.



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