

Scoliosis is a curvature of the spine

When viewed from the side, the spine should have curves. However when viewed from the back, the spine should be straight.

Scoliosis is usually first noticed in children between the ages of 10 and 13. However, it can occur in younger children aged 4 to 10 years (juvenile scoliosis) and in babies (infantile scoliosis).

In children, scoliosis can be a serious condition as it can rapidly progress as a child grows, particularly in adolescence.

Understanding scoliosis in children

Key Points:



An x-ray is usually required to accurately diagnose a scoliosis after a physical assessment.



There is no 'cure' for scoliosis, and successful treatment relies on early detection.



Children should start being checked for scoliosis at around 10 years. Any unusual signs should be investigated.



Visit a ScoliCare Clinic for accurate assessment and early treatment for best results for your child.

Contact your local ScoliCare Clinic:



1300 883 884
support@scolicare.com
www.scolicare.com



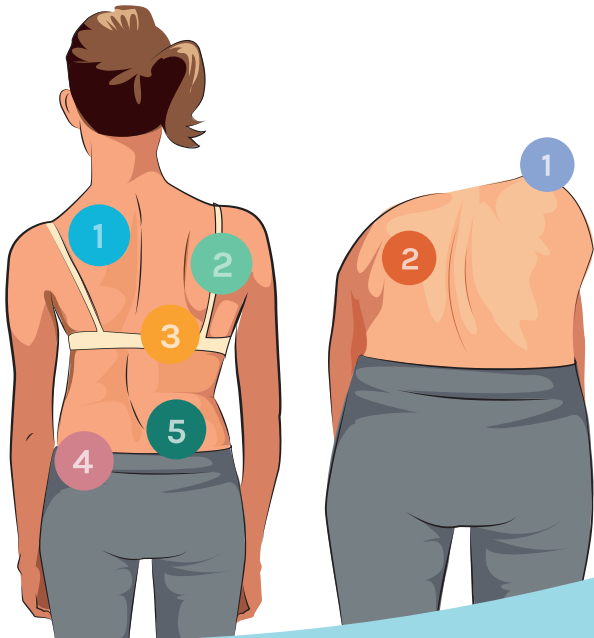
Visual indications of scoliosis in a child's posture are often the first clue, and the child should be assessed by a scoliosis clinician.

With the child standing up, look for signs in the posture and spine.

- 1 Uneven shoulders
- 2 Prominent shoulder blade(s)
- 3 A visible curve
- 4 Uneven hips
- 5 Uneven waist

With the child bending forward, look for signs of an asymmetrical 'hump'.

- 1 Thoracic rib hump
- 2 Lumbar hump



Types of scoliosis

The most common type of scoliosis is known as 'idiopathic', which means of unknown cause.

It tends to run in families and is more common in girls.

There are also other types of scoliosis that may be congenital, caused by trauma or as a result of underlying pathologies.



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In children, the best chance to correct scoliosis is with early detection and treatment as they grow.
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Treatment options

Early, non-surgical intervention can play an important role in treating scoliosis.



Observation

If a small scoliosis is detected in a young child, they should be monitored and checked regularly by a scoliosis clinician.



Scoliosis specific rehabilitation

Specific exercise for scoliosis may be solely used in smaller curves, or in conjunction with bracing for larger curves.



Custom Scoliosis Bracing

Small curves in younger children may be effectively managed by a custom 3D designed scoliosis brace, worn only at night. Larger, progressive curves may require full-time brace wear to reduce the curve and/or avoid surgery.



Surgery

Surgery is usually recommended for very large, progressive curves. Although it is preferable to avoid surgery with early treatment, in some cases surgery may be the best option for the patient.