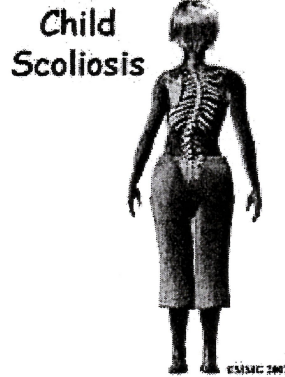


Learning About Scoliosis

Virginia Legislation requires that school divisions provide parents of students in grades five through ten with the following scoliosis educational information. Parents are encouraged to read this important health information in order to gain an understanding of this condition and the treatment available for your child. Please contact your school nurses should you have any further questions or concerns.



WHAT IS SCOLIOSIS?

Scoliosis is a lateral, or sideways, curvature of the spine. Normally, the spine curves backward in the chest area and forward in the waist area when looking at a person from the side. The curvature of the spine to one side, or to both sides at different levels, is the condition known as Scoliosis.

Scoliosis is not a disease. It often occurs in more than one family member in the same or different generations. It does not develop as a result of anything that a child or his parents did or didn't do. Most often it appears with growth during the early teen years, although it may be found in younger children as well.

HOW IS SCOLIOSIS NOTICED?

One of the most common signs of scoliosis is a prominent shoulder blade, frequently the right one. One shoulder may also be higher and the child tends to lean to one side. The hips may be uneven, and one may seem to be higher than the other. Scoliosis should not be confused with poor posture. Scoliosis will not disappear as a child gets older. Very often the first indication of scoliosis is that there is something wrong with the fitting of clothes. This is apparent when observing the hemline of a skirt or dress or the length of pant legs. When a child with scoliosis bends forward, the appearance of a rib hump is one of the definitive signs.

HOW COMMON IS SCOLIOSIS?

Approximately 10% of the adolescent population has some degree of scoliosis. This means that about 1,000,000 youngsters in the United States alone have scoliosis. Some scoliosis may be so mild that treatment may not be needed. Approximately one-quarter of these will require attention.

IS THERE A CAUSE TO SCOLIOSIS?

About 80%-90% of the patients have the type that is known as idiopathic scoliosis. This means that the exact cause of this type of curvature is unknown. Idiopathic scoliosis often runs in families and appears to be genetic in nature. It is not known what causes the development of the curve, or why some curves progress more than others. Scoliosis occurs in perfectly healthy children. Because scoliosis may appear at any time during the growing years, it is essential that the spine be checked regularly until growth is complete. The curvature may progress considerably during the rapid teenage growth spurt.

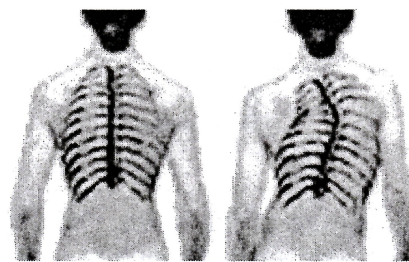
IS THERE A CAUSE TO SCOLIOSIS? (continued)

Two other spinal conditions are lordosis and kyphosis. These differ from scoliosis. There is no evidence to support that scoliosis is caused by carrying heavy book bags and back packs.

Scoliosis, in its early years produces no pain and may be difficult to detect. It may be present for several years in a form so mild that even a doctor might very well fail to recognize it. One of the easiest ways to detect scoliosis is by using the forward bending test.

CAN SCOLIOSIS BE CURED?

There are currently no medications to treat scoliosis, nor can its onset be prevented. The treatment is mechanical in nature. When the curvature is recognized early in development, there are methods of correcting the curvature and preventing its increase. Delay in treating scoliosis may necessitate major treatment. Consulting your doctor is vital to proper treatment. If it progresses, bracing and/or surgery may be needed.



SIMPLE CHECK FOR THE EARLY DETECTION OF SCOLIOSIS

1. Is one shoulder higher than the other?
2. Is one shoulder blade more prominent than the other?
3. Does one hip seem higher or more prominent than the other?
4. Is there a greater distance between the arm and the body on one side than on the other, when the arms are hanging down loosely at the sides?
5. Is there a larger "crease" at one side of the waist than at the other side?
6. Does the child have a "swayback" (lordosis)?
7. Does the child have "round shoulder" or "humpback?" (kyphosis)
8. Does the child seem to "list" or lean to one side?

When the child is bending forward with the arms hanging down loosely with the hands even and the palms touching each other at about the level of the knees, -

9. Is there a hump in the rib area?
10. Is there a hump in the lumbar region (near the waist)?

If you have ANY "yes" answers it is advised that you consult with your physician, an orthopedist, or your pediatrician for further evaluation.

