



What is scoliosis?

The human body is a truly remarkable machine. We can move and balance because of natural curves in the spine. However, when curves occur side-to-side, twisting the body, the spine is not aligned properly. This indicates scoliosis is present.

Scoliosis is not a disease

Scoliosis is not a disease—it is a description of abnormal curves in the spine. The condition can affect children, teenagers and adults, with about two percent of females having scoliosis and 0.5 percent¹ of males exhibiting the condition in the general population. In the United States, there are about 3.6 million¹⁻² Americans living with some degree of scoliosis. Each year there are some 100,000 new cases detected and, of all those living with scoliosis, approximately 27,000 are so serious they must undergo spinal surgery to correct this condition.³

Scoliosis ranges in severity and can be the result of a variety of causes. While scoliosis may go virtually unnoticed in some children, the condition can affect a person's ability to engage in physical activity, and in severe cases may impair the ability to walk, to sit or to lie down comfortably. Congenital spine deformities, genetic conditions, neuromuscular problems and limb length inequality can all be associated with scoliosis, as well as cerebral palsy, spina bifida, muscular dystrophy, spinal muscular atrophy and tumors.

People with a family history of spinal deformity are at greater risk for developing scoliosis. However, more than 80 percent of cases are the result of unknown causes. In fact, most cases are found in otherwise healthy people. The onset of symptoms in the majority of these cases occurs in children around the beginning of puberty. There are several warning signs that help diagnose scoliosis. The Adam's Forward Bend Test is widely considered to be a very accurate method of detecting scoliosis.

The Adam's Forward Bend Test

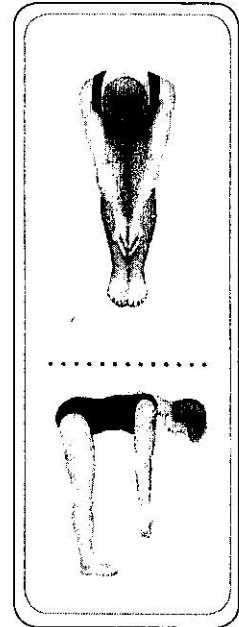
Early detection is important in order to minimize the long-term impact scoliosis may have on a person's quality of life. A simple exam, called the Adam's Forward Bend Test, can be administered to detect unnatural curvature of the spine. Used by pediatricians, in school screenings or at home, the child is asked to lean forward with feet together, bending 90 degrees at the waist. Asymmetry of the trunk or abnormal spine curvature can be easily identified. Once detected, the presence of scoliosis can be confirmed with an x-ray. Younger children should be checked using the Adam's Forward Bend Test every six to nine months from fifth grade through adolescence.

Treatment options

There are various treatments for scoliosis. A doctor will take into consideration several factors before recommending a treatment plan, including the severity of the curvature, location of the curve, maturity of the spine, and potential for progression of the curve. One of three treatments is usually recommended: observation, orthopaedic bracing or surgery.

Learn more

Learn more online at www.iscoliosis.com and at www.srs.org.



1. National Institute of Arthritis and Musculoskeletal and Skin Diseases. Questions and Answers about Scoliosis in Children and Adolescents. http://www.niams.nih.gov/Health_Info/Scoliosis/default.asp. Published July 2001. Accessed August 12, 2008.

2. U.S. Census Bureau. U.S. Interim Projections by Age, Sex, Race, and Hispanic Origin. <http://www.census.gov/population/www/projections/usinterproj/natprojtab02a.pdf>. Published March 2004. Accessed August 12, 2008.

3. National Inpatient Profile. Chicago, IL: SMG Marketing Group Inc; 2000.



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