

Scoliosis

Correction of juvenile idiopathic scoliosis after primary upper cervical care: a case study. Eriksen K. *Chiropr Res J*, 1996; 3(3):25-33

This is the case of a nine year old boy with juvenile idiopathic scoliosis and intermittent back pain. He had fractured his clavicle one month previous to his initial visit, had complained of pains in his right foot and had been involved in a motor vehicle accident two years prior.

The child was currently under the care of a medical orthopedist that was monitoring his scoliosis. X-ray analysis measured a right rotatory thoracic scoliosis of 17 ° and a left lumbar rotatory scoliosis of 12.5 °. Grostic upper cervical adjusting was performed with 5 adjustments performed in a little over 5 months.

By that time X-rays were taken again and revealed that the thoracic curve was reduced to 0 degrees and the lumbar curve reduced to 3 degrees.

Manipulation for the control of back pain and curve progression in patients with skeletally mature idiopathic scoliosis: two cases. Tarola GA. *J Manipulative Physiol Ther*. 1994;17:253-257.

This paper reports on two patients suffering from lumbar scoliosis and chronic back pain. The author writes that no attempt was made to straighten the spine and, along with adjustments, gentle manual intersegmental mobilization stretching and muscle massage techniques were also applied. In both cases back pain was ameliorated and apparently prevented while curve progression appeared to be retarded.

Anatomical leg length inequality, scoliosis and lordotic curve in unselected clinic patients. Specht DL, DeBoer KF. *J Manipulative Physiol Ther*. 1991;14:368-375.

The results of this study indicate that while there is no strong correlation between any one of the particular postural adaptations to anatomic leg length deficiency (short leg) and at least one abnormal spinal adaptation (i.e. scoliosis) occurs in over half of subjects who have a leg length inequality of greater than 6 mm.

Adult idiopathic scoliosis —a review and case study. Arthur B, Nykoliation J, Cassidy J. *Eur J Chiropr*. 1986;34:46-53.

The three cases mentioned in this paper deal with chiropractic management of back pain in adults with moderate or severe idiopathic scoliosis.

Clinical report: reduction of minor lumbar scoliosis in a 57 year old female.

Mawhiney R. *J Chiropr Res*. 1989;2:48-51.

This is the case of a 57-year-old female suffering from chronic lumbosacral pain. Her past history revealed progressive lumbar scoliosis. Using spinal adjustments, soft-tissue therapy and heel lifts the patient was kept asymptomatic and her lateral scoliosis disappeared.

She continued to maintain the curvature correction over a period of several years during follow-up. ”

Correction of progressive idiopathic scoliosis utilizing neuromuscular stimulation and manipulation: a case report. Aspegren DD, Cox JM. *J Manipulative Physiol Ther.* 1987;10:147-156.

This is the case report of a 14-year-old female diagnosed with adolescent idiopathic scoliosis whose curvature was progressing at the rate of 1° per month for the nine previous months. By the time she had appeared at the clinic her curvature had worsened to 27 degrees. The surgeon reported that there was no option for her but to have a Harrington rod implanted into her spine to stop the scoliosis.

The girl had no low back pain, joint swellings or other unusual conditions or symptoms but she had a marked rib hump in the Adam's position.

Bracing was ruled out in light of literature reports questioning its efficacy with advancing scoliotic curves and a warm-up period of 26 days was required for the neuromuscular stimulation of 70 mA to be reached. During the warm-up period the patient was adjusted 3 times a week and 2 times a week thereafter. De-rotation of the dextrorotatory curve was performed; gentle distraction was performed over the entire spine along with other procedures.

After 5 months of care, the curve progression had stopped and reduced from 27 degrees to 17 degrees. However, 9 months later the curve was recorded at 23 degrees. The child continues care.

Chiropractic and pilates therapy for the treatment of adult scoliosis Blum, CL *J Manipulative Physiol Ther* May 2002, Vol 25, No 4

In her early twenties the patient had spinal surgery for scoliosis which fused T9 through L4. Twenty years after her surgery, the patient's condition had continually worsened, until the fear of being confined to a wheelchair directed her to pursue active treatment. About 20 years after the surgery her orthopedist discussed the possibility of a complete spinal fusion costing \$150,000 (with a good chance of complications).

She began chiropractic care and was beginning to feel better but would regress between adjustments. In order to help her recovery she was referred to a Pilates trainer specializing in exercises for patients with scoliosis.

One year after commencement of chiropractic, she was beginning to stabilize and increase her physical activity. At present, she is no longer limited in her physical activity, although she still exhibits some symptoms from her scoliosis. Her condition is consistently improving as of the last office visit.

Chiropractic and scoliosis: a case study. Kaberi B, Blankensip N. CRJ Vol VI, No. 2, Fall 1999.

An adjustment at the proper place and at the proper time may result in structural changes throughout the entire spine. This case study supports the hypothesis that reduction of the upper cervical subluxation may produce changes in spinal curvature, an hypothesis proposed by BJ Palmer, DC, Ph.C during the 1940s.

Popular scoliosis test inadequate. Ten-year follow up evaluation of a school screening program for scoliosis. Is the forward-bending test an accurate diagnostic criterion for the screening of scoliosis. Karachalios, T, Sofianos J, Roidis N et al. *Spine* 2000; 24(22): 2318-24.

The Adam's forward-bending test, a popular evaluation technique used for school scoliosis screenings, cannot be considered a safe, diagnostic criterion for the early detection of scoliosis. The test failed to detect a significant number of scoliosis cases in a study of 2,700 students (with a ten-year follow up).

Scoliosis and Subluxation. Fortinopoulos V. *International Chiropractic Pediatric Association.* July/August 1999.

Following are three case studies of trauma induced scoliosis. The children below had been in traumas years before their scoliosis was noticed.

John's Story:

I first met John when he was 11 years old. He had developed a classic Distortion #3 scoliosis. There was a primary left thoracic curvature of 20 degrees, a secondary lumbar curvature of 13 degrees, and a tertiary cervical curvature of 12 degrees. John started under care and for the next 9 months, received specific chiropractic care to correct his vertebral subluxation complex (VSC) and the scoliosis. The result was a dramatic reduction of the three curves and the reduction of his VSC.

Sandy's Story:

I met Sandy when she was 9 years old. She was referred to my office as the result of a school scoliosis-screening program. X-ray revealed a Distortion #2 type scoliosis, which included a left lateral thoracic curve of 23 degrees and a right lateral compensatory curve in the cervical spine of 9 degrees. After a six-month care program, Sandy's thoracic curvature was down to 4 degrees.

Danielle's Story:

I first met Danielle when she was 10 years old. The results of the exam revealed Vertebral Subluxation Complex (VSC) at levels of C1, C5, T11, T12, L4, and L5. I also found a classic Distortion #3 type scoliosis. There was a left lateral rotatory curve of 6 degrees from T10 to L3, a right lateral curve of 15 degrees from T4 through T10, and a slight compensatory curve in the cervical spine. I made recommendations for mom to bring Danielle in on a 2x per week. Mom followed through by bringing Danielle in for care 1x every 6 weeks.

Danielle entered into puberty just after her 11th birthday. Shortly after that, I noticed that her scoliosis seemed to be worse so I took new X-rays. The new X-rays revealed a slight cervical curve, T4 through T10 was now 26 degrees, and T10 through L3 was now 20 degrees. At that point I started some much more specific scoliosis care. After 6 months, the curves were: slight cervical, T4-T10 18 degrees, and T10-L3 20 degrees.

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