Scoliosis Specific Exercises in Early Onset Scoliosis











Michael Vitale, MD MPH



Disclosures

Michael G. Vitale, MD MPH

Disclosure: I DO have a financial relationship with a commercial interest.

Royalties: Biomet

Consultant: Stryker, Biomet

Research Support: CWSDRF, SRS, POSNA; OREF

Travel Support: CWSDSG, FoxPSDSG

Other: CSSG - BOD

POSNA – BOD

IPOS- Chairman

Columbia Orthopedics

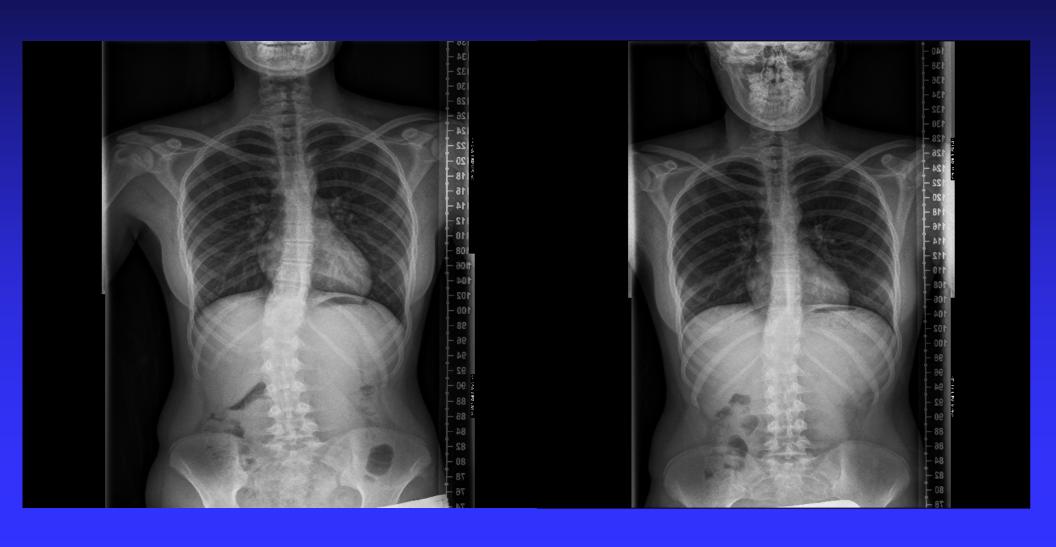
Conservative Treatment

Resurgence of Interest in "Aggressive Bracing" and Scoliosis-Specifc PT

- Center for Conservative Treatment of Scoliosis
 - Scoliosis Specific PT
 - RSC Smart Bracing

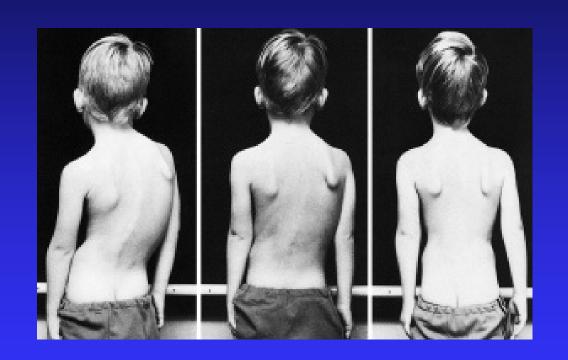
Empiricism via a Case Report

8 y/o after 6 months of Schroth NO Brace



Rationale for SSE

- Emerging Evidence
- Patient Demand
- Relationship Build
- Prehab and Post op Rehab



5 year old patient compliant with Schroth Exercises

Day 1 Week 1 Week 8



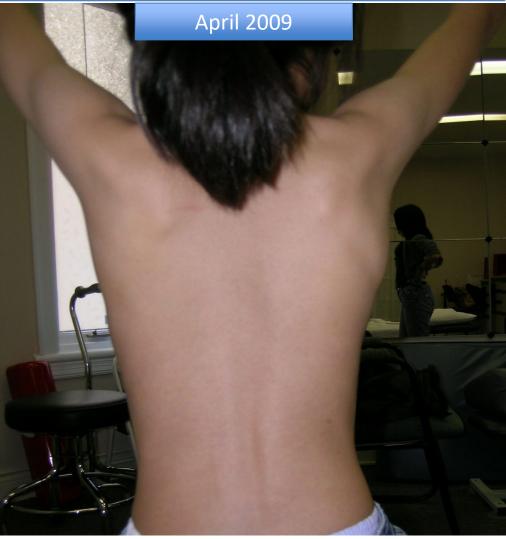




Postural Control at 8 weeks

Febr 2009





X ray at 8 Weeks Improvement of Cobb angle: 16°

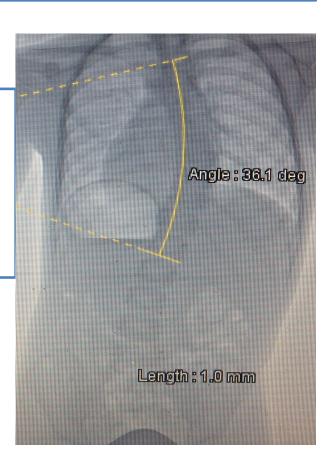
Initial X-ray 52° Cobb

X-ray before bracing 36°Cobb

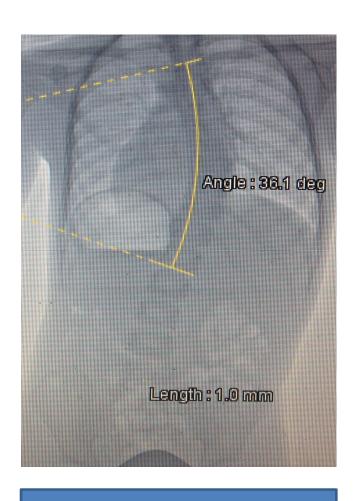
First X-ray
October 2008



Second X-ray April
2009



Before bracing: 36° In Boston Brace: 32°



April 2009

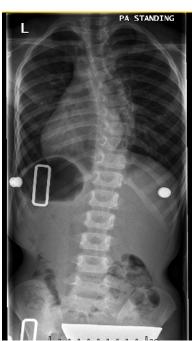


June 2009

In Brace Correction: Boston Brace - 32° Change to Rigo-Cheneau - 8°

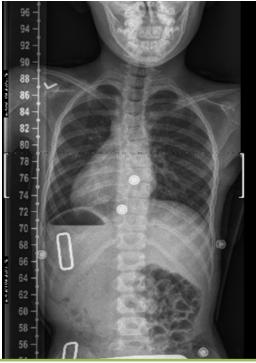


In brace X-ray
June 2009





In brace X-ray Feb 2010



Radiographic Follow up over Time

52°

36°

34°

20°

16°



2008/10/22

2009/03/34

2010/07/22,

2011/09/01,

2012/09/20

Evidence Supporting Schroth for AIS 4 RCT

Monticone et.al. 2013 - RCT

Study: To evaluate the effect of active self elongation and taskoriented exercises on spinal deformities and quality of life

• Experimental (SSE) and control (traditional spinal exercises

- N = 55 each group
- Cobb
- Quality of life (SRS 22)
- Angle of Trunk Rotation (ATR)
- Analysis at skeletal maturity and 1 year after

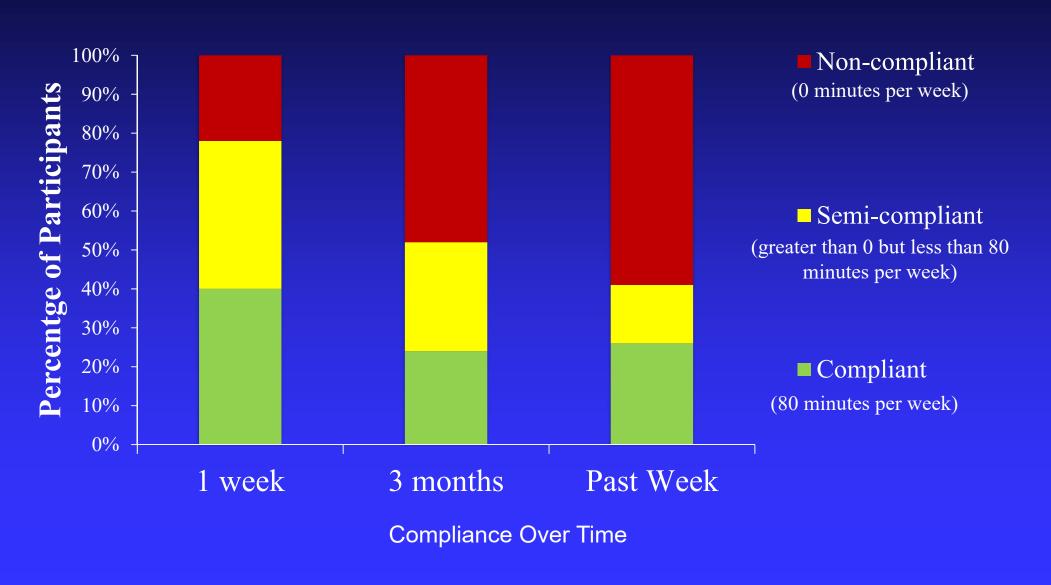


Monticone M et al. <u>Active Self-Correction and Task-Oriented Exercises Rduce Spinal Deformity and Improve Quality of Life in Subjects with Mild Adolescent Idiopathic Scoliosis. Results of a Randomised Controlled Trail. Eur Spine.</u> 2013.

	Group	pre-training	Post-training	1 year follow-up
Calda (dannar)	F	10.2	14.0	14.2
Cobb (degrees)	Experimental	19.3	14.0	14.3
	Control	19.2	20.9	22.0
ATR (degrees	Experimental	7.1	3.6	3.3
	Control	6.9	6.6	6.5

Monticone M et al. <u>Active Self-Correction and Task-Oriented Exercises Rduce Spinal Deformity and Improve Quality of Life in Subjects with Mild Adolescent Idiopathic Scoliosis. Results of a Randomised Controlled Trail. Eur Spine.</u> 2013.

Compliance with Schroth is a Challenge and Opportunity



Conclusions

- Conservative therapy for AIS includes observation, bracing and/or physical therapy
- Schroth has emerging high-quality evidence to recommend it for primary treatment of AIS, maybe select cases of JIS/EOS
- Need compliant patient and family
- Potential benefit in patient-based outcomes

Thank You Michael G Vitale MD MPH mgv1@columbia.edu

