

# Patient information

## Adolescent Idiopathic Scoliosis

### What is a scoliosis?

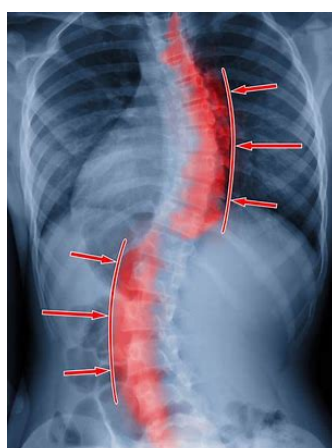
Scoliosis is a condition that can affect people of all ages; however, it is most commonly starts during adolescence between the ages of 10 and 15. This is known as an Adolescent Idiopathic Scoliosis (AIS). It affects between 2-4% of 10 to 18 year olds and is a lateral curvature and rotation of the spine of more than  $10^{\circ}$ . The cause of scoliosis is unknown (idiopathic).

The amount of curvature varies from person to person and there are no precursors to developing a scoliosis, although there is an increased risk of between 11 and 33% of developing one if a first degree relative has one.



### How is scoliosis identified?

In the case of a scoliosis an X-ray is required to determine the degree of curvature (Cobb angle) and this will allow for the medical team to determine the best course of treatment.



## What are the symptoms of a scoliosis?

Often a scoliosis can develop during a growth spurt and may not always be obvious at first. Some of the symptoms you may see include;

- Rib cage sticking out on one side especially at the back
- Shoulders not being level
- Your hip or waist sticking out
- Your head tilting over to one side of your trunk
- Clothes not fitting well anymore
- Not being able to stand up straight
- Some people with scoliosis may also have back or shoulder pain.

## What is the management for a scoliosis?

There is clear International guidance to advise on the most appropriate treatment for patient age and degree of curve. These will include; physiotherapy, monitoring, bracing or potentially surgery. Mild curves often only require physiotherapy and monitoring, moderate curves needing bracing +/- consideration of surgery, and curves exceeding 50° requiring corrective surgery.



## What is the Physiotherapy management for a scoliosis?

Physiotherapy management will not change the size or shape of your curve, however, it will help to manage any pain and help to strengthen and stretch muscles to reduce the forces going through the spine itself.



## Reference

The following clinicians have been consulted and agreed this patient information:

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