



# June is Scoliosis Awareness Month

## 10 Facts Parents Need to Know

Scoliosis is a curvature of the spine. It can vary from a slight abnormality to a disfiguring deformity that can affect how a person walks and breathes. Your child typically has a spine check each time he or she has an annual physical with your pediatrician, and often also by the school nurse.

Here are the important tips from our Spine experts:

**1. Scoliosis is common.** It is the most common spinal deformity in children.

**2. The most common type, “adolescent idiopathic scoliosis,” starts just before puberty.** It is most often detected between the ages of 10 and 15 — around the time of a child’s growth spurt — usually a year before a girl gets her period or a boy begins growing hair under his arms or in his groin.

**3. When to see a specialist.** If there’s any asymmetry detected in your child’s shoulders, scapulae (shoulder blades), spine, or pelvis, we recommend seeing a pediatric spine specialist to have an x-ray performed. If scoliosis is present, the doctor can measure the degree of curvature.

**4. Early diagnosis is key.** Treatment for children with a spinal curve of about 25ffl are treated without surgery, using a brace, physical therapy, and/or vitamin D supplements.

**5. Wear the brace as recommended for full benefit.** When a brace is needed, we custom fit your child with an external brace (a vest-like garment) to keep the scoliosis from getting worse and to maintain an upright spine. We choose the most effective brace that your child is most likely to wear as prescribed. Your child should wear the brace for 16 to 18 hours every day until he or she stops growing. This will ensure the spine straightens adequately and will stay straight into adulthood.

**6. Physical therapy can help.** To correct the curve, there are specific exercises and corrective breathing techniques a

physical therapist can teach your child to develop the inner muscles of the rib cage and change the shape of the upper trunk.

**7. When surgery is needed.** If your child has a curve of 50ffl or more, surgery is usually necessary. There are a variety of different approaches depending on the age of your child. For younger children, growing rods — including the magnetic remote-controlled MAGEC rod, which can be periodically adjusted using a device placed on the child’s back — is often used. “Tethering” of the vertebrae with screws and cords in the spine is a treatment option for somewhat older children who are still growing. Fusing parts of the spine in an operation through the back is the standard of care for most adolescents and teenagers.

**8. Scoliosis is not just a cosmetic problem.** Scoliosis that remains untreated can get worse. Once the curve hits the 70ffl stage, lung function may be impaired. Curves of 90ffl or more can worsen both lung and heart function.

**9. Children with scoliosis who receive treatment can live normal, active lives.** Even children who have had scoliosis surgery can participate in many sports and activities with their peers.

**10. Scoliosis is treatable.** There have never been better treatment options for children with scoliosis. The sooner you start, the less likely your child will need surgery and the healthier he or she will be.

### SCOLIOSIS CARE AT NEWYORK-PRESBYTERIAN OCH SPINE HOSPITAL

The pediatric spine specialists at New York-Presbyterian offer comprehensive care for infants, children, and adolescents with scoliosis. We perform more children’s spine surgery than any other center in New York. Our goal is to provide the highest quality, safest, and most cutting-edge care. We also provide a lifetime of care for scoliosis patients through a close collaboration between our pediatric and adult spine surgeons.

Learn more at [www.nyp.org/scoliosisfacts](http://www.nyp.org/scoliosisfacts) or call 844-697-2229 to book an appointment.