

Adolescent Idiopathic Scoliosis

Scoliosis is when the spine curves to the side. The spine can also twist at the same time. This twisting can pull the ribcage out of position. Scoliosis that develops between ages 10 and 18 is called adolescent idiopathic scoliosis (AIS). Idiopathic means there is no known cause.

Diagnosis

The most common time for scoliosis to develop is during adolescence. At this time scoliosis can be difficult to spot as teenagers are often covered up and their parents do not usually see them undressed.

A quick forward bend test (see image below) can help to check whether a child has scoliosis. The test is very easy to do and be done by a doctor or parent/

guardian. The child will need to uncover their back so that their shoulders and spine can be clearly seen. Ask the child to bend forward from the waist and to keep their legs and arms straight. You will need to look at the child from behind. If the child has scoliosis you should be able to see a clear bulge on one side of the back where the ribs are.

As well as the forward bend test, there are some other common signs of scoliosis to look out for. Sometimes one shoulder blade will stick out more than the other, a child might lean a little to one side. or one hip might be higher than the other. The forward bend test is only an aid to check for scoliosis and only a medical professional can make a diagnosis.

The earlier scoliosis is diagnosed and treated, the better. If you think that you or your child might have a curvature you should visit your doctor who can check and may be able to give you a diagnosis. If your doctor confirms that you have scoliosis, you will need to see a scoliosis specialist. You should ask your doctor to arrange the referral to a specialist centre as soon as possible.

What happens next?

Your doctor will be able to refer you or your child to the care of a scoliosis specialist. Sometimes your doctor might not have the most up-to-date list of these specialists. If not, you can contact SAUK. We

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will let you know where your nearest NHS/private scoliosis specialist centre is and the names of the specialists.

After scoliosis has been spotted, the doctor will refer the patient to a scoliosis specialist. The specialist will need to examine the patient. They will also take X-rays.

These X-rays should show the child's spine from top to bottom and include some parts of the shoulders and hips. The X-rays allow the specialist to see if the spine has any other problems such as extra/missing/fused vertebrae (small bones that make up the spine) or if the spine has developed a curve for no known reason.

CT and MRI scans are sometimes done to show more detailed pictures of the spine and check that there are no problems with the spinal cord.

Treatment

Monitoring

The specialist may recommend waiting and keeping an eye on the curvature. A specialist normally checks on the child's curve every 6-12 months. If your child is growing quickly they might need to be checked more often. The specialist will check to make sure the curve does not increase. If the curve is getting bigger the specialist might suggest further treatment:

Bracing

The idea is that bracing will slow down the growth of a curve.

There are several different kinds of braces for young

children and teenagers. Each type is usually made of lightweight plastic. Your child will be able to choose the colour and design. The brace is fitted to the shape of the body and it has padding and straps to hold it in place.

A skilled brace maker, called an orthotist will fit the brace. You might need to visit the orthotist more than once to make sure the brace fits comfortably. Braces are usually worn for at least 18 hours a day.

Not all scoliosis specialists offer bracing as a treatment because bracing does not always stop the patient from needing surgery later on. Some curves are not suitable for bracing and your specialist will be able to inform you of this.

For more information on bracing please see our bracing questions and answers sheet www.sauk.org.uk/scoliosis-treatment/bracing

Surgery

Sometimes a curve continues to grow quickly. It might reach a large size, which may mean that non-surgical treatments are unlikely to work. In this case, a specialist may recommend surgery to correct the curve. This surgery is sometimes called fusion surgery. Every scoliosis is different, and every operation is different. Your specialist will talk to you about what the advice is for your child's spine.

Choosing whether surgery is the right option is a big decision. The decision is always taken on an individual basis after discussion between the parents, the scoliosis specialist, and most importantly, the patient. Teenagers in particular; need to be involved in such a major decision so that they feel in control of their

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Please get in touch for a large print copy of this information sheet.
Please get in touch for our feedback questionnaire, available online or in paper form.



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treatment, which can help to reduce worry and anxiety.

The advice that surgery might be needed can come as a shock for the child and the family. This can make it difficult to think clearly when you are in the consultation room with the specialist. Sometimes unanswered questions come to mind after the consultation. The best thing to do is to write down these questions, which will help you to remember to discuss them the next time you see the specialist.

Families can also call SAUK as it can sometimes help to talk things through. We can direct you to information and resources that may help. You may find it useful to talk to members who have gone through surgery and discuss their experiences. Check out our personal accounts pages for further information about surgery.

Patients and their families should have as full an understanding as possible of what is involved, both before and after surgery. Being prepared for what will happen can greatly reduce anxiety and stress

For further information on AIS surgery, how to prepare and what to expect from your stay in hospital visit the treatment section of our website www.sauk.org.uk/scoliosis-treatment

Prognosis (outcome)

Techniques for the treatment of AIS have advanced a lot in recent years. How well a treatment works for each patient depends mainly on the size and nature of the curve. Sometimes when a curve is very large and stiff the main aim of surgery is to stop the curve from getting bigger. Therefore the changes to body shape might not be as much as expected. For smaller and more flexible curves the difference might be more noticeable. Most patients are generally pleased with the outcome of surgery.

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