APPENDIX 4

Scoliosis management

Treatment options for scoliosis can range from nonsurgical methods, such as observation with repeat X-rays, to surgical methods, such as spinal fusion. Treatment options include the following (note that goals are shown in italics):

- Observation: Regular spine X-rays and clinical exams with a spine specialist *to monitor scoliosis curve for possible progression*.
- Bracing: A spinal brace that applies corrective forces to the spine to slow or stop scoliosis curve progression.
- Surgery: Surgery performed to prevent future progression and improve the scoliosis curve (decrease the Cobb angle). There are many types of scoliosis surgery. The most common type is spinal fusion, defined as fusing (joining together) two or more vertebrae in the spine; screws and metal rods are typically used to hold the spine in the straightened position and facilitate fusion between bones.

Table A4.1 summarizes these treatment options

Table A4.1	Treatment	options	for	managing	scoliosis
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TREATMENT OPTIONS	INDICATIONS	GOALS				
Observation						
Skeletally immature	Cobb angle less than 20 degrees	Monitor scoliosis curve through repeat X-ray images for possible progression				
Skeletally mature	Cobb angle between 30 and 50 degrees					
Bracing						
Skeletally immature	Cobb angle between 20 and 45 degrees	Slow or stop scoliosis curve progression				
		Prevent or delay surgery				
Skeletally mature	Not an appropriate treatment once skeletally mature					
Surgery						
Skeletally immature	Cobb angle greater than or equal to 50 degrees	Stop curve progression Improve the spinal curve (decrease the Cobb angle) Achieve a balanced spine and posture				
Skeletally mature	Cobb angle greater than 50 degrees					

More information on scoliosis management in CP is available in the book *Scoliosis: Congenital*, *Neuromuscular*, *Syndromic*, *and Other Nonidopathic Types* in the Gillette Children's Healthcare Series.