

Scoliosis

Exercise therapy

The goal

- to attempt to influence progression of the curve
- to facilitate effectiveness of bracing

Exercise therapy is highly individual

Juvenile kyphosis

In acute stage- to limit physical activities

NSAID, analgetics

Exercise to activate muscle balance

Spine mobilisation in midthoracic region

Erect posture-thoracic spine extension

To improve the loss of rotational components

Activation of scapular adductors

Spinal exercise

Activation of muscles

Synergy of ventral and dorsal trunk muscles

Correct pelvic alignment

Diaphragmatic breathing

Exercise in traction

Mobilisation techniques

Klapp's crawling method (creeping)

Schroth method (Catharina Schroth)

- Scoliosis is three dimensional deformity
- Pelvic, rib cage, shoulder blocks
- Derotation

Vojta's method

Lifestyle modifications

Orthotic treatment

The aim:

- to improve scoliotic curvature
- to prevent further progression

Low effectiveness

23 hours per day

Adherence to treatment is low (65%)

Parent's participation

Surgery

45° with progression

Above 50° in all

Anterior, posterior, combined approach