Managing Chronic Conditions...

Adult Scoliosis



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What is Adult Scoliosis?

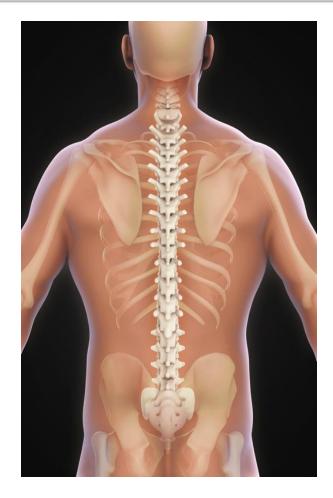
Adult scoliosis occurs when the spine curves abnormally to the left or right. The majority of scoliosis cases are termed idiopathic, meaning "of an undetermined" cause. Although scoliosis is usually considered a disorder affecting adolescents, it is also found in adults.





Causes of Adult Scoliosis

- 1. Progression of the disease from childhood such as when scoliosis is not treated early or goes unnoticed during childhood. The scoliotic curves may be thoracic, lumbar or both.
- 2. The asymmetric degeneration of spinal elements. Disorders such as degenerative disc disease and compression fractures (e.g., osteoporosis) may cause changes in the height of vertebral bodies and their shape. A region of the spine may begin to lose its symmetry — meaning, each side is vertically straight— and bend to the left or right.
- 3. A combination of Nos. 1 and 2.





Symptoms of Adult Scoliosis 1 of 2



Back pain is the primary symptom of adult scoliosis, especially in lumbar scoliosis. However, if the scoliotic curvature involves the thoracic spine, and is severe, the patient may experience breathing difficulties; and the function of the lungs and/or heart may be compromised.

In some cases where the thoracic curvature is small, back pain may be thought to be caused by spinal osteoarthritis. Again, depending on the spinal level(s) affected and the severity of adult scoliosis, certain physical characteristics may exist or develop, including: (see next page) ...



Symptoms of Adult Scoliosis 2 of 2

• Deformity;

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- Lack of symmetry; for example, one shoulder or hip may appear higher than the other
- Trunk imbalance; it may cause the patient to appear to be listing to one side
- Scoliosis can affect one leg to become longer than the other and cause walking difficulties (e.g., gait dysfunction)





DIAGNOSIS OF ADULT SCOLIOSIS





- The diagnosis of adult scoliosis involves a thorough review of the patient's personal and family medical histories. The physician tests for spinal joint and/or peripheral vascular disease as these are known to cause back pain similar to scoliosis. In severe cases of scoliosis, the patient's cardiopulmonary (heart and lung) function may be evaluated.
- The neurological examination includes an assessment of the following symptoms:
- Pain
- Numbness
- Paresthesias (e.g., a tingling sensations)
- Extremity sensation and motor function
- Muscle spasm
- Weakness
- Bowel and/or bladder dysfunction

CLASSIFICATION AND NON-SURGICAL TREATMENT

Adult Scoliosis Curve Classification

- Spinal curves are classified according to pattern (shape) and magnitude (severity). Tests that may be utilized to describe scoliotic curvature, include:
- Cobb Angle measurement
- King Classification
- Lenke Classification
- Nash-Moe technique

Non-surgical Treatment for Adult Scoliosis

- Many patients with adult scoliosis do not require surgery. Some conservative non-surgical treatments for adult scoliosis may include:
- Moist heat
- Medications for pain, inflammation, and/or muscle spasms
- Physical therapy and exercise



SURGICAL TREATMENT

Spine Surgery for Adult Scoliosis

- Surgery *may be considered* if any of the following conditions exist:
- Thoracic (mid back) curve is greater than 50-degrees with persistent pain
- Progressive thoracolumbar (mid and lower back) curve
- Lumbar (low back) curve with persistent pain
- Decreased cardiopulmonary (heart and lung) function
- Deformity
- Spine surgery to treat adult scoliosis may include the removal of one or more intervertebral discs (discectomy) and removal of bone (osteotomy) followed by spinal instrumentation and fusion to stabilize the spine. Spinal instrumentation provides immediate spinal stability using different devices such as rods and screws.
 Bone graft stimulates new bone to grow into and around bone and instrumentation. In time, bone graft fuses (e.g., joins) surgically treated spinal levels together.
- Spine surgery to treat adult scoliosis is followed by physical therapy either in a rehabilitation facility on an outpatient basis or at home -- to help the patient build strength and endurance.