

Scoliosis

by Dr. Cathy Wendland-Colby

Did you know that your spine is made up of a series of 24 moveable bones that stretch from the bottom of your head to the top of your tailbone? These spinal bones are called vertebrae; they are capable of movement to allow you to bend, twist and turn in many directions. Restrict the movement of any of these vertebrae, and you will restrict the motion of the corresponding area of the spine.

Look at anyone from the side, and you will notice that everyone's spine has a series of natural curves. There is a forward, or lordotic, curve in the neck which makes it possible to hold your head up and look straight ahead. There is a backward, or kyphotic, curve in your upper back which causes you to round your shoulders and creates space for your heart and lungs. There is another lordotic curve that you may have heard referred to as the small of your back. Lastly, there is a kyphotic curve to your tailbone which allows you to sit down.

There is an ideal angle for each of these curves to provide optimum function, performance and movement with minimal or no pain. When viewed from the side, an imaginary straight line from head to toe should run directly through the middle of the ear, shoulder, elbow, hip, knee and ankle. Sadly, many people unknowingly suffer from improper curvatures which cause premature degeneration of the spine and, in advanced stages, may cause pain, numbness, tingling, even loss of strength.

Look at anyone standing straight in front of you, and you should not see any curves. Their ears, shoulders and hips should be level and facing straight forward. From this direction, the spine should appear to be straight. An imaginary straight line from head to toe should run through the middle of the eyes, nose, mouth, sternum, belly button, zipper, between the knees and ankles.

However, in some people you will notice that their spine actually has side to side curves. This most often is visible as an uneven shoulder or waist, an elevated hip or a lean to one side. Unlike poor posture, these side to side curves, known as scoliosis, cannot be corrected simply by learning to stand up straight. When viewed on an X-Ray, the spine of someone with a scoliosis appears more like the letter "S" or "C" than like a straight line.

Who develops scoliosis?

Scoliosis affects a relatively small percentage of the population; generally less than 10 percent. However, scoliosis runs in families. If a family member has scoliosis, the likelihood of another member of the family developing scoliosis is much higher - approximately 25 percent. While everyone should be routinely checked for scoliosis, anyone with a family history of scoliosis should be examined two to three times per year.

Congenital scoliosis is the term for abnormal development of the vertebrae. This form of scoliosis may be apparent at birth, or may not be realized until puberty or later.

Idiopathic scoliosis is the term used when the vertebrae are all properly formed, but they have become misaligned; idiopathic meaning “of unknown origin”. This form typically develops as early as three years old, most often during puberty, and may occur even into adulthood. Adult scoliosis is oftentimes the progression of an undiagnosed and/or untreated scoliosis during childhood.

Early Detection

Parents can look for the following tell-tale signs that a child may have a scoliosis:

- Uneven Shoulders
- Uneven Waist Band
- Leaning to One Side
- Elevated Hip
- Rotation of Torso
- Prominent Shoulder Blade

Only a doctor can diagnose a scoliosis. Fortunately, many schools perform mass scoliosis screenings once a year to help alert parents to early warning signals.

Treatment

If you are over thirty, no doubt you remember the horrendous full spine braces that many kids wore during the sixties and seventies and even into the eighties. Remember the movie “Sixteen Candles” – there was a girl wearing one of these braces. Research has shown that these braces do little more than halt the progression of the curves, and offer not much hope in the area of improving or eliminating the scoliosis. Additionally, as these braces must be worn 20 – 22 hours per day, every day, the effect on the developing muscles is traumatic. Because the brace is essentially holding the patient upright, their muscles do little or no work, and therefore “atrophy” or lose strength. The result is that the patient is essentially unable to hold themselves up in an upright position without the brace due to loss of muscle strength. This loss of strength has actually been shown to allow the scoliosis to become worse if the brace is then subsequently removed.

Fortunately, clinical research continues to prove that Chiropractic is much more effective at reducing, even eliminating, most spinal curvatures. Only a Doctor of Chiropractic is trained and licensed to correct these vertebral misalignments, technically known as “Subluxations”, by use of the Chiropractic Adjustment.

Several factors will need to be evaluated to determine the correct type of care for your child, including the cause, the age of onset, the severity of the curvature, any family history and the location of the curvature. Your child’s Adjustments will be specifically tailored to reduce the curves and misalignments in their spine. Stretches and exercises will also be incorporated to assist the muscles and soft tissue in the scoliosis correction.

Early detection and correction are important. If you have any questions regarding your child, please do not hesitate to contact me. I welcome the opportunity to help.

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