

FACTS ABOUT

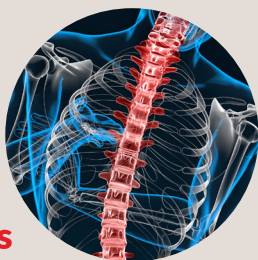
Paediatric Scoliosis

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There are **3 main types of paediatric scoliosis**

Idiopathic

- Most common type
- Can occur during **infancy → adolescence**
- Condition often **worsens** during **growth spurts**



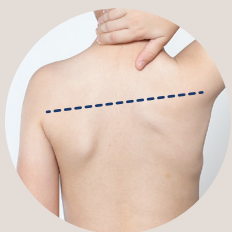
Congenital

- Least common type
- Present at **birth**
- Individual **spinal bones** are not formed/separated properly
- **Worsens** with **growth**

Neuromuscular

- **Asymmetrical pull of muscle** forces around the **spinal structures**
- Commonly affects patients with **underlying muscle** or **nerve conditions** (cerebral palsy or muscular dystrophy)
- Some patients may be **wheelchair-dependent**

Warning signs to look out for



Asymmetrical shoulder blades

Asymmetrical waistlines

Abnormal rib protrusion or loin folds

In females, **one breast** may appear **higher** than the other

Important: Parents seek professional advice should they suspect the presence of scoliosis

Scoliosis

is commonly diagnosed during **growth spurts**



Girls

Age: 11-14



Boys

Age: 13-16

Population statistics

2% of the population have **scoliosis**
7/10 are female



Common treatments

- Watchful Observation
- Bracing
- Surgery
- Physical Therapy



Management strategies

90%

does not require any intervention

6%

may require bracing or surgery

60%

are compliant with rigid brace

Recommended activities



Planking exercises



Back stretches



Daily sun exposure of 30 minutes