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Preliminary results of prediction of brace treatment outcomes by monitoring brace usage

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Objective

To determine whether brace treatment outcome can be predicted by brace usage in terms of wear time (quantity) and wear tightness (quality).

Study design

A brace compliance monitoring system consisting of a microcomputer and a force transducer was used to monitor how brace candidates used their braces during daily activates.

Twenty AIS subjects $(13.4 \pm 1.8 \text{ years})$ prescribed Boston braces with full time brace wear were monitored for 2 weeks and followed-up for 3 years. A prediction of curve progression model was developed. The prediction model was tested on a new full time brace wearer (9.2 years old, female, AIS, 39° Cobb angle, Apex T8).

Hypothesis

Brace treatment outcome may be predicted from brace usage.

Results

The curve size of the 20 subjects prior to bracing was $32 \pm 8^{\circ}$. While in the brace, the Cobb angle improved by $9 \pm 6^{\circ}$. At skeletal maturity, after bracing, the Cobb angle was $4 \pm 9^{\circ}$ higher than prior to bracing. The quantity and qual-

ity of brace usage was recorded. The curve progression model was:

Curve Progression = 33 + 0.12*Peterson Risk(%) - 0.48*Quality(%) - 0.52*Quantity (%) +0.0066*Quantity*Quality.

The new subject had a Peterson Risk 73%, Quantity 80% and Quality 70%. The in-brace Cobb angle was 29° . At the 4 month visit, the predicted curve progression was 2° and the out of brace curve was 40° (1° different).

Conclusion

The quality and quantity of brace usage plus the risk progression factor may be able to predict brace treatment outcome.

References

. Lou E, Hill D, Raso J, Mahood J, Moreau M: Improving brace wear with active brace system. Stud Health Technol Inform 2006, 123:498-504.