Scoliosis

Oral presentation

The question: to brace or not to brace?

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Objective
The goal of the study is to provide a critical review of brace treatment succcess (Cheneau-Type) in adolescent idiopathic scoliosis.

Study
Two hundred and thirty four patients with an idiopathic scoliosis (Cobb angle 20°–50°) were evaluated. Measurements were taken on standing radiographs (ap). Groups with good and bad compliance but also good and bad initial correction were formed. Different groups up to 50° Cobb angle were established.

Results
In patients with good compliance (n-188) and good initial correction (n-136), a continuous correction of about 7° Cobb angle was evident. In patients with good compliance but bad initial correction (n-45) only a stop of progression was noted. For patients with bad compliance (n-47), a progression of curvature with high variation (32.° ± 6.° to 37.° ± 9.°) was noted. Results are highly influenced by primary correction and compliance. The result at the end of therapy depends on the Cobb angle at the beginning of therapy.

Conclusion
Results of brace therapy correlate to the Cobb angle at the beginning of therapy and to compliance. However, a higher Cobb angle at the beginning of therapy cannot be compensated by compliance. Primary correction worsens in severe cases.

The criteria for bracing must be questioned. There is no doubt: "In the most cases, we are too late". I recommend that we start treatment earlier.