

Oral presentation

Remodeling of Cheneau's brace during treatment

J Cheneau*, D Chekryzhev, A Mesentsev and D Petrenko

Address: 9 rue des Chanterelles, 31650 Saint Orens, France

* Corresponding author

from 5th International Conference on Conservative Management of Spinal Deformities
Athens, Greece. 3–5 April 2008

Published: 15 January 2009

Scoliosis 2009, **4**(Suppl 1):O48 doi:10.1186/1748-7161-4-S1-O48

This abstract is available from: <http://www.scoliosisjournal.com/content/4/S1/O48>

© 2009 Cheneau et al; licensee BioMed Central Ltd.

Background

Remodeling of the brace is often necessary during treatment of the spinal deformity. Reasons for brace remodeling include change of the spinal shape during the treatment and rapid growth of the patient.

Summary of techniques

We developed several techniques for brace remodeling. These techniques improve patient's quality of life without the cost of making a new brace. Remodeling may be done using warm or cold techniques.

Warm

After warming-up of the problem area, the brace may be cut. For the three-dimensional correction, the brace surface has to be heated until transparency of the area to modify is apparent. These methods reinforce pressure zones and reorganize the expansion rooms.

Cold

Cold remodeling allows the clinician to change the length of the brace, to adjust the brace volume, and to change the position of the expansion rooms and pressure zones. For the lengthening of the brace, cross-cut and connections of the brace parts using plastic bridges should be done. L-cut must be done from the medial axillary line to anterior surface of the brace for the enlargement of the zones 7–19. This piece of plastic should be turned-up and fixed by a connective plastic plate. If pressure zone 41D is impaired, it may be cut out and riveted-in. The same maneuvers may be applied in other zones of the brace.

References

1. Cheneau J: **Scoliosis treating brace evaluation of our brace since 1970: An evaluation of the normalization of rotation, of rib static and of the wedge shaped vertebrae.** *Locomotor System* 2003, **2**:29-38.
2. Kotwicki T: **Corrective movement in scoliosis according to 3-D principles.** *Advances in Rehabilitation* 2002, **16**(suppl 3):30-31.
3. Cheneau J, Engels G, Bennani H: **Corseto di Cheneau.** *Ortito* 2000, **2004**(6):9-16.