

Juvenile Idiopathic Scoliosis Reference Guide

History	Physical Exam	Imaging	Management	When to Refer
• Age • Family History of scoliosis. If so, surgical intervention? • Age of onset • Acute or chronic pain (pain is not always associated with scoliosis.) • Duration/frequency/location • Neurologic symptoms • Sport/activities of interest • Treatment attempted if pain present • Cosmetic changes observed by family/patient	Inspection Forward Bend test Look for lateral curvature and rotation of the spine Observe posture: kyphotic curve, lordotic curve, shoulder asymmetry, excessive scapular winging, skin folds, rib prominence, truncal shift Hairy patches, dimples, café-au-lait spots, skin integrity Check for leg length discrepancy ROM Extension/Flexion/Side Bending Palpation Spinous processes and paraspinous musculature Motor Exam Bilateral EHL, FHL, Tibialis Anterior, Gastrocnemius, Quadriceps, Hamstrings Sensory Exam L2 L3: Ant and inner thigh L4: Lat thigh, ant knee, med leg L5: Lat leg, dorsal foot S1: Post leg S2: Plantar foot Reflexes Umbilical Achilles Patellar Tendon	Radiograph Indications Scoliosis suspected or postural asymmetry noted during physical exam AP Standing, Lateral MRI Indications Unusual curve pattern: left thoracic curve may indicate Chiari Malformation, tethered cord or syrinx Neurologic symptoms Rapid progression of curve Pain failing conservative care	Observation: Follow up appointments every six months with x-rays to monitor curve progression Physical Therapy (core strengthening, peri-scapular strengthening) Yoga/Pilates Naprosyn or Ibuprofen for pain Ice Encourage patient to stay active in order to keep spine flexible Bracing considered at 25 degrees if skeletally immature Surgery indicated when curve approaches 50 degrees	 Patient presents with spinal curvature > 10 degrees Acute back pain with fever Isolated back pain worse at night Persistent back pain unresolved with NSAIDS or physical therapy Neurologic changes Diagnosis of Marfan Syndrome Diagnosis of Ehlers Danlos