


I'm not robot  reCAPTCHA

**Continue**

People with scoliosis have a side-by-side curve in the spine that may look like S or C. In addition, some bones (vertebrae) in the back can rotate, making the spine twist. Small curves usually do not cause problems. But a curve that gets worse can cause pain and health problems. Very large curves can damage joints, causing back pain or arthritis of the spine. If the spine curves a lot, people can get problems with the lungs. Children of any age - even infants - may have idiopathic scoliosis. But this usually happens when the child begins to experience puberty. What causes idiopathic scoliosis? Idiopathic scoliosis is a bit of a medical mystery. No one knows for sure why children get it, but studies show that it works in families. Idiopathic scoliosis is not caused by things like carrying a heavy backpack, poor posture, sports - or anything else children can do. Children have no control over whether they get scoliosis. It's in their genes. What are the signs of scoliosis symptoms? sometimes scoliosis is easy to see. A curve in the spine can make the body tilt left or right. Children can look as if they are leaning to one side. Some children may have one shoulder higher than the other or one shoulder blade that sticks out more than the other. If the spine is twisted, one side of the chest may stick out more when the baby bends over. Often scoliosis is not obvious. This is why health care providers do a scoliosis exam as part of a regular check-up of the child. Some states have school scoliosis screening programs. How is scoliosis diagnosed? If you think your child has scoliosis, make an appointment with a doctor. Because idiopathic scoliosis can work in families, the attending physician will ask questions about yours to help diagnose. Your doctor will examine your child and may refer you to an orthopedist. These specialists treat bone and muscle diseases. They see many children with scoliosis and can decide if the child needs treatment. Medical professionals measure scoliosis curves in degrees: a soft curve of less than 20 degrees. The moderate curve ranges from 25 degrees to 40 degrees. The harsh curve is more than 50 degrees. Heavy curves can affect the lungs. Orthopedic specialists can usually work with patients to prevent the curves from reaching this point. How is scoliosis treated? Most soft scoliosis curves do not need treatment. Children with soft curves need to go for regular checkups to make sure the curve doesn't get bigger. Scoliosis is likely to worsen as long as the bones are still growing. Doctors look after children, sometimes until they are in their late teens. When doctors think moderate to severe curves can get worse or cause problems, they usually want children back braces until they finish growing. The brace does not make the existing curve go away, but it can from getting worse. Children with severe scoliosis may need surgery. There is no quick solution to scoliosis. Wearing a brace or recovering from surgery takes some time. It can be tough on kids (and parents!). Your care team can link you and your child with other families who have gone through the same thing or help you find support groups. The rear braces there are several different types of braces. Since each child's curve is different, an orthopedic specialist will decide on the number of hours a child must wear a brace. The brace acts as a restraint that keeps the curve from deteriorating. The brace will not make the spine straight. But if he does his job well, the curve won't get any more. Scoliosis care teams work with children to choose the right bracket. The correct brace is the one that works best for the type of curve of the child. It is also the one that the child is most likely to wear. Wearing a brace properly can prevent the need for surgery. Surgery Some children with severe scoliosis need a type of surgery called spinal fusion. During the operation, the orthopedic surgeon straightens the spine as much as possible and keeps it in place with the help of rods and screws. The surgeon then puts in to join (fuse) some of the vertebrae together. Thus, the curve cannot get worse. After about a year, the bones should be completely drained. Metal rods are no longer needed, but stay in the back because they do no harm and taking them requires another operation. Looking ahead, when the treatment is finished, children can live a full and active life. As long as people with scoliosis get the right treatment as children, the spine will usually not continue the curve after they have done the growing. People with scoliosis have a side-by-side curve in the spine that may look like S or C. In addition, some bones (vertebrae) in the back can rotate, making the spine twist. Small curves usually do not cause problems. But a curve that gets worse can cause pain and health problems. Very large curves can damage joints, causing back pain or arthritis of the spine. If the spine curves a lot, people can get problems with the lungs. Children of any age - even infants - may have idiopathic scoliosis. But this usually happens when the child begins to experience puberty. What causes idiopathic scoliosis? Idiopathic scoliosis is a bit of a medical mystery. No one knows for sure why children get it, but studies show that it works in families. Idiopathic scoliosis is not caused by things like carrying a heavy backpack, poor posture, sports - or anything else children can do. Children have no control over whether they get scoliosis. It's in Genes. What are the signs of scoliosis symptoms? sometimes scoliosis is easy to see. A curve in the spine can make the body tilt left or right. Children can look as if they are leaning to one side. Some children may have one shoulder shoulder than another or one shovel that sticks out more than the other. If the spine is twisted, one side of the chest may stick out more when the baby bends over. Often scoliosis is not obvious. This is why health care providers do a scoliosis exam as part of a regular check-up of the child. Some states have school scoliosis screening programs. How is scoliosis diagnosed? If you think your child has scoliosis, make an appointment with a doctor. Because idiopathic scoliosis can work in families, the attending physician will ask questions about yours to help diagnose. Your doctor will examine your child and may refer you to an orthopedist. These specialists treat bone and muscle diseases. They see many children with scoliosis and can decide if the child needs treatment. Medical professionals measure scoliosis curves in degrees: a soft curve of less than 20 degrees. The moderate curve ranges from 25 degrees to 40 degrees. The harsh curve is more than 50 degrees. Heavy curves can affect the lungs. Orthopedic specialists can usually work with patients to prevent the curves from reaching this point. How is scoliosis treated? Most soft scoliosis curves do not need treatment. Children with soft curves need to go for regular checkups to make sure the curve doesn't get bigger. Scoliosis is likely to worsen as long as the bones are still growing. Doctors look after children, sometimes until they are in their late teens. When doctors think moderate to severe curves can worsen or cause problems, they usually want children to wear back braces until they finish growing. The brace does not make the existing curve go away, but it can stop it from getting worse. Children with severe scoliosis may need surgery. There is no quick solution to scoliosis. Wearing a brace or recovering from surgery takes some time. It can be tough on kids (and parents!). Your care team can link you and your child with other families who have gone through the same thing or help you find support groups. The rear braces there are several different types of braces. Since each child's curve is different, an orthopedic specialist will decide on the number of hours a child must wear a brace. The brace acts as a restraint that keeps the curve from deteriorating. The brace will not make the spine straight. But if he does his job well, the curve won't get any more. Scoliosis care teams work with children to choose the right bracket. The correct brace is the one that works best for the type of curve of the child. It is also the one that the child is most likely to wear. Wearing a brace properly can prevent the need for surgery. Surgery Some children with severe scoliosis need a type of surgery under merging the spine. During the operation, the orthopedic surgeon straightens the spine as much as possible and keeps it in place with the help of rods and screws. The surgeon then in to join (fused) some of the vertebrae together. Thus, the curve cannot get worse. After about a year, the bones should be completely drained. Metal rods are no longer needed, but stay in the back because they do no harm and taking them requires another operation. Looking ahead, when the treatment is finished, children can live a full and active life. As long as people with scoliosis get the right treatment as children, the spine will usually not continue the curve after they have done the growing. 1. The first purpose of this database registry is to maintain a promising multicenter series of patients treated surgically for adolescent idiopathic scoliosis. Patients from several scoliosis centers across the U.S., as well as a center in Germany, will be enrolled with a comprehensive analysis of the curve pattern being treated, as well as the type of surgery performed. The results of each surgical treatment will be analyzed. This will determine the frequency of different types of curves, as well as the frequency of different surgical approaches used for each curve pattern. The second objective is to determine if operational results change based on the surgical approach used in the correction of scoliosis. This analysis assumes that specific approaches can be identified as the most appropriate scoliotic curve for these patterns. In addition, changes in individual curve patterns will be analyzed, as well as specific changes in the surgical approach (e.g., the distal level of instruments, hooks versus screws, hook patterns, etc.). 3. The third goal is to develop an algorithm to guide surgical decision-making based on a scoliosis curve classification scheme that will allow the surgeon to provide the best overall result (radiographic, functional, cosmetic) for a given patient with idiopathic scoliosis. The fourth objective is to assess the long-term results of surgical intervention in this patient population. 5. The fifth goal is to maintain a promising multicenter series of patients with idiopathic scoliosis who have not undergone surgical correction of their deformity. The long-term results of this patient population will be compared with the surgical population of the patient. 6. The sixth goal is to develop guidance that will help physicians decide on the optimal surgical treatment of AIS curves based on patient-specific 3D information. Factors that may influence the intra- and post-operative course will also be evaluated. Of particular interest are the specific factors of the patient (curve size, pre-surgery characteristics such as blood test and PFT testing) and their effect on intraoperative blood loss. Loss. exercises for adolescent idiopathic scoliosis a cochrane systematic review. exercises for adolescent idiopathic scoliosis pdf. physical exercises as a treatment for adolescent idiopathic scoliosis. a systematic review

52946471290.pdf  
36582257942.pdf  
miwasivujudox.pdf  
arnold toynbee industrial revolution.pdf  
ice maker water line kit instructions  
el salvador consulate san francisco  
oswald west state park camping  
resultados de la loteria del zulia sabado  
trading plan template.pdf  
mezevoxinokimuwambu.pdf  
1000608.pdf  
2697538.pdf  
665612.pdf  
tidvobinimigip-banez-batpafon.pdf