

Orthopaedic Connection

Scoliosis In Adults: Part II

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Transforming patient information into patient understanding.

In class last week I tried to compare adult scoliosis with its adolescent counterpart. Both are a lateral curvature of the spine, but that is where the similarity ends.

When I said last week that scoliosis in adults is not always painful, I was referring to me seeing a curve on an adult patient's x-ray study. If the curve is not too large, the person may be unaware that it is even there.

The Problem Is.....

Adult patients with a scoliosis curve usually have more wrong with the back than the curve alone.

- Lack of general fitness
- Weak trunk core muscles
- Excessive weight
- Spine mechanics are bad
- Poor balance
- Diabetic neuropathy

Back's Response

Unfortunately the lower back doesn't just sit there and do nothing. Nature responds in several ways.

- Facet joints become arthritic
- Bony outgrowths (spurs) form
- Nerves leaving the spinal cord can be pinched
- Spine ligaments thicken and cause stiffness
- Spinal stenosis can develop
- Stooped posture strains back muscles

Your Response (What You Can Do)

If I have identified adult scoliosis on x-ray and some of the "Back's Response" factors are present, you need some help. Strategies can include.....

- Exercise
The dreaded E word no one likes. It's at the top of the list, because it is most important. Do nothing = doomed! Walking, exercise supervision for core muscles, water exercise supervision.
- Balance training
- Treat osteoporosis with a medical professional. Not just "take Calcium." That alone won't help.
- Lose weight. Take a load off.
- Stop smoking
- Treat pain with Tylenol, Motrin (or similar)
- Vicodin, Norco, Percocet – NOT
- Pain injection. I do this very infrequently.
- Pain Clinic series of injections – NOT

Surgery

I am sorry to have to say it, but surgery is way overused. I see patients in the office who have had one, sometimes up to five operations and they are no better. Often worse. Who is being helped by all of surgeries and multiple courses of injections? Unfortunately, not the patient in most cases.

However, surgery does have a place. Back pain alone is hardly ever an indication.

Pain radiating to one or both legs caused by nerve root compression is a good indication in many patients. It is called a decompression laminectomy.

Spinal Fusion?

Maybe. It is used if removal of disc material and bone have caused the spine to be more unstable. Besides the use of bone graft material, the surgeon may choose to implant different metal parts to add stability while the bones are fusing together. The subject of spinal fusion surgery, metal devices, BMP(protein) etc. is way too complicated to cover here.

Well, there you have it. And most of you may have thought scoliosis only occurs in teenagers.

Hopefully this helped.

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Office Website and Gratiot County Herald Archive

What if there was a whole world of musculoskeletal information at one place? There is!

www.orthopodsurgeon.com opens up for you the office website, Your Orthopaedic Connection and the Archive of all previous GCH articles I have written for you, your family and friends.

Please check it out. Do yourself a favor.

Be well.

Dr. Haverbush