

LATEST RESEARCH

Outlined below is the latest research on Scoliosis Bracing and ScoliBrace

Bracing

Recent research shows that Scoliosis Bracing when prescribed for high-risk patients, can prevent the need for surgery in most cases. There is also a significant positive association between hours of brace wear and rate of treatment success.



The NEW ENGLAND
JOURNAL of MEDICINE

ORIGINAL ARTICLE

Effects of Bracing in Adolescents with Idiopathic Scoliosis

Stuart L. Weinstein, M.D., Lori A. Dolan, Ph. D., James G. Wright, M.D., M.P.H.,
and Matthew B. Dobbs, M.D

RESULTS: The trial was stopped early owing to the efficacy of bracing. In an analysis that included both the randomized and preference cohorts, the rate of treatment success was 72% after bracing, as compared with 48% after observation (propensity-score-adjusted odds ratio for treatment success, 1.93; 95% confidence interval [CI], 1.08 to 3.46). In the intention-to-treat analysis, the rate of treatment success was 75% among patients randomly assigned to bracing, as compared with 42% among those randomly assigned to observation (odds ratio, 4.11; 95% CI, 1.85 to 9.16). There was a significant positive association between hours of brace wear and rate of treatment success ($P < 0.001$).

<http://www.nejm.org/doi/full/10.1056/nejmoa1307337>

Research has also demonstrated bracing can be successfully used in patients who do not want to undergo operations for IS with curves ranging between 45° and 60° Cobb, given sufficient clinical expertise to apply good braces and achieve great compliance.

THE SPINE JOURNAL

Idiopathic scoliosis patients with curves more than 45 Cobb degrees refusing surgery can be effectively treated through bracing with curve improvements

Negrini S, Negrini F, Fusco C, and Zaina F.

RESULTS: Reported compliance in the 4.10±1.2 treatment years was 94%, with satisfaction regarding treatment and excellent results at the SRS-22. Two patients (7%) remained above 50° Cobb but six patients (21%) finished between 30° and 35° Cobb and 12 patients (43%) finished between 36° and 40° Cobb. Improvements have been found in 71% of patients and a 5° Cobb progression in one patient. Statistically, we found highly significant reductions of the main (-9.25°), average (-6.6°), thoracic (-7.8°), and lumbar (-15.9°) curves. Statistically significant improvements have been found for the AI and ATR, with a general decrease in plumb line distances.

<http://www.ncbi.nlm.nih.gov/pubmed/21292562>

LATEST RESEARCH

ScoliBrace Research

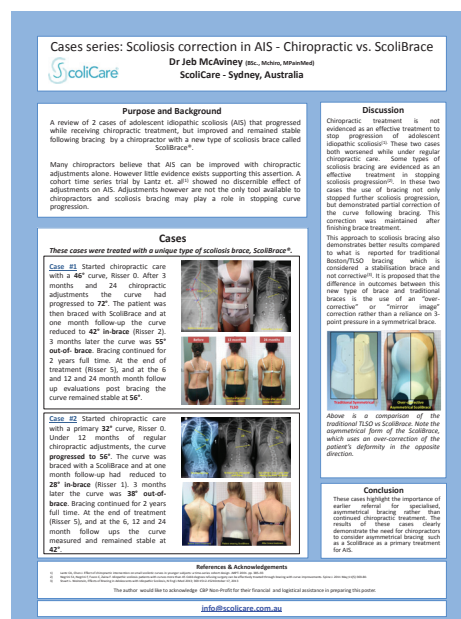
Initial case and case series results have been overwhelmingly positive. High level randomised control trials on ScoliBrace will be undertaken and will follow treatment outcomes over the course of 2 years.

WFC Poster Presentation Scoliosis Correction in AIS - Chiropractic vs ScoliBrace

Poster presentation accepted and presented at the World Federation of Chiropractic: Athens 2015.

These cases highlight the importance of earlier referral for specialised, asymmetrical bracing.

The results of these cases clearly demonstrate the need to consider asymmetrical bracing such as a ScoliBrace as a primary treatment for AIS.



Cases series: Scoliosis correction in AIS - Chiropractic vs. ScoliBrace
Dr. Jeb McAviney (BSc., MChiro, MPA(Health))
ScoliCare - Sydney, Australia

Purpose and Background
A review of 2 cases of adolescent idiopathic scoliosis (AIS) that progressed while receiving chiropractic treatment, but improved and remained stable following bracing by a chiropractor with a new type of scoliosis brace called ScoliBrace®.

Discussion
Chiropractic treatment is not endorsed as an effective treatment to stop progression of adolescent idiopathic scoliosis. These two cases both worsened while under regular chiropractic care. Some types of chiropractic treatment in stopping scoliosis progression. In these two cases the use of bracing not only stopped further scoliosis progression, but demonstrated partial correction of the curve following bracing. This correction was maintained after bracing brace treatment.

Cases
These cases were treated with a unique type of scoliosis brace, ScoliBrace®.

Case #1 Started chiropractic care with a 48° curve, Risser 0. After 3 months and 24 chiropractic adjustments the curve had progressed to 72°. The patient was then braced with ScoliBrace and at one month follow-up the curve reduced to 42° in-brace (Risser 2). 3 months later the curve was 55° out-of-brace. Bracing continued for 2 years full time. At the end of treatment (Risser 5), and at the 6 and 12 and 24 month follow up evaluations post bracing the curve remained stable at 56°.

Case #2 Started chiropractic care with a primary 32° curve, Risser 0. Under 12 months of regular chiropractic adjustments, the curve progressed to 56°. The curve was braced with a ScoliBrace and at one month follow-up had reduced to 28° in-brace (Risser 1). 3 months later the curve was 38° out-of-brace. Bracing continued for 2 years full time. At the end of treatment (Risser 5), and at the 6, 12 and 24 month follow ups, the curve measured and remained stable at 42°.

Conclusion
These cases highlight the importance of earlier referral for specialist, asymmetrical bracing rather than the results of these cases clearly demonstrate the need for chiropractors to consider asymmetrical bracing such as a ScoliBrace as a primary treatment for AIS.

References & Acknowledgments
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info@scolicare.com.au

Clinical Case Studies

We are constantly adding additional case studies to our library. These cases cover a variety of patients with a range of age groups, curve types and degrees.



Bracing and Exercise Rehab

Case - Bracing & Exercise Rehab

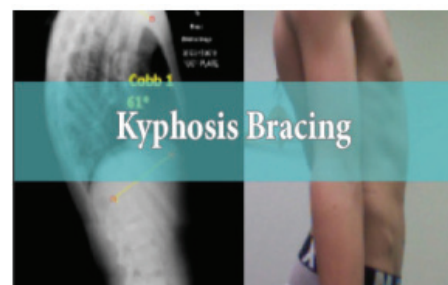
Patient aged 13 with 44° scoliosis curve in thoracic spine and 43° in lumbar spine.
[read more](#)



Bracing and Exercise Rehab

Case - Bracing & Exercise Rehab

Male patient aged 14 years with a right thoracic curve measured at 49 degrees.
[read more](#)



Kyphosis Bracing

Case - Kyphosis Bracing

Patient aged 16 years with Kyphosis measured at 61 degrees.
[read more](#)