

ATTENTION
PARENTS!



SCOLIOSIS

CURVATURE OF THE SPINE CAN CAUSE LIFETIME CRIPPLING

Scoliosis (sco-li-o-sis) is the medical term for sidewise curvature of the spine.

Parents, brothers and sisters, doctors, nurses and teachers need to be watchful for signs of scoliosis, especially in school children from five to fifteen years of age.

Scoliosis occurs in healthy, vigorous, attractive, growing children. There may be no outward signs of scoliosis in the beginning except those that may be detected by frequent and careful examination of the alignment of the spine from a full back view.

Be sure that your healthy-looking school children have healthy-looking backs.

While children are young and growing, there is every likelihood that scoliosis can be controlled or minimized if it is detected early.

For the information of parents: The advice of physicians in such medical specialties as Orthopaedics, Physical Medicine and Rehabilitation, Pediatrics, and Family Practice can be sought to identify early Scoliosis and to advise on its treatment.

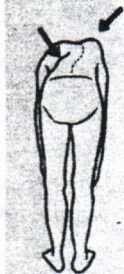
EARLY DETECTION CAN PREVENT A CROOKED SPINE

Please use the five illustrations below to check your own children. Individuals should stand with feet together, knees straight, relaxing as much as possible, without making a special effort to stand straight.



1 TILT OF THE SHOULDERS

The shoulder tilt is sometimes obvious, more frequently slight. One shoulder is noticeably higher (or lower) than the other. The examiner will be able to identify "tilt" easier at a distance of 5 to 10 feet, than close up.



2 RIB-CAGE BULGE AND SHOULDER BLADE PROTRUSION

A bulge of the rib-cage will usually be present in a curve which involves the upper or mid-portion of the back, and it will generally make the lower angle of the shoulder blade protrude or "wing out" so that a difference in prominence of the two shoulder blades will be noted.



3 NON-SYMMETRICAL CONTOUR OF THE BODY

The contour of the two sides of the subject's chest or lower back will often be different. The flank may be flattened or bulging on one side and pulled in on the other, producing a concavity. There may be a fold in the skin on one side of the back and not on the other. When arms hang fully relaxed there may be more distance between the arm and body on one side than the other.



4 LATERAL CURVATURE OF THE SPINE

If subject is relatively slender with surface body landmarks readily visible, the deviation of the spine into a "C" or an "S" curve pattern may be identified. Marking the skin at each vertebra with a ball point pen or a felt tipped marker may show this curve with additional clarity.



5 LATERAL SHOULDER SHIFT

If various portions of the scoliotic curve do not equalize each other, there will be a lateral shift of the upper back and a plumbline when centered on the upper back will not fall through the center of the pelvis.



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