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PATIENT GUIDE · SCOLIOSIS TREATMENT

Bracing for scoliosis

For a curve in the middle range in a child who is still growing, a brace is often recommended. Bracing is one of the most effective non-surgical treatments in orthopaedics — but only when it is worn well and kept fitting properly. This leaflet explains what a brace is for, how it works, what the evidence shows, how long it is worn, how to care for it, and why it needs changing as a child grows.

WHAT A BRACE IS FOR

Holding the curve while you grow

A brace is not designed to straighten the spine or permanently reverse a curve. Its job is to **hold the curve and stop it reaching the size where surgery would be considered**, steering the spine's growth safely through the years of greatest risk until growth is complete.



An example of a rigid scoliosis brace, front and back. Braces are custom-made to fit each person's body and curve precisely.

1 How a brace works

Gentle, directed pressure

A rigid brace uses a **three-point pressure system** that pushes on the prominent parts of the curve while leaving space for the body to move toward a straighter position. It also works *with* the biology of a growing bone: easing pressure on the inside of the curve encourages more even growth.

IN PLAIN TERMS

Think of a brace as a mould, or a set of guide rails, that gently steers the spine as it grows — much like a young tree trained against a frame so that it grows straighter.

2 The evidence: the BrAIST trial

Bracing is proven to work

Bracing is backed by one of the most important trials in scoliosis care — the **Bracing in Adolescent Idiopathic Scoliosis Trial (BrAIST)**. It compared growing children with curves of 20 to 40 degrees who were given a brace against those simply observed. The benefit was so clear that the trial was **stopped early**.

THE EVIDENCE, IN SHORT

What BrAIST showed

- ✓ About **72%** of braced children avoided the surgical threshold — versus about **48%** observed
- ✓ Bracing roughly **halved** the chance of needing surgery
- ✓ A clear dose-response: worn over ~13 hours a day, success rose to around **90%**
- ✓ For roughly every **three** children braced, **one** is spared progression to surgery

3 Wear time — and what happens if you don't wear it

A brace only works while it's on

How many hours a day a brace is worn is the single biggest factor in whether it succeeds. Take it off and the spine settles straight back toward its curve, so the corrective forces must be present long enough each day to influence growth.

Worn only a few hours a day (0–6 hours), success falls to around **41%** — barely better than no brace. Skipping it during the growth spurt wastes the very window when it can work, and is the main reason a brace “fails.”

IF WEARING IT IS HARD

Tell the care team rather than quietly wearing it less. They can adjust the brace, bring in a physiotherapist and support you. Quietly cutting wear time is the one thing that reliably stops a brace working.

4 How long you'll wear it

Each day

Most plans call for **full-time or near-full-time wear** at the start — commonly around **16 to 20 hours a day** or more, worn at school, at home and in bed. Some braces are designed for **night-time wear only**, while lying down.

Over the years

A brace is worn through the **remaining growing years**, because that is when a curve is most likely to change — often a couple of years or more. As growth nears completion, the daily hours are **gradually reduced** rather than stopped suddenly.

5 Looking after your brace

Brace care

- Wear a thin, seamless cotton vest underneath to protect the skin and absorb sweat
- Build up wear gradually over the first week or two to let the skin adjust
- Check the skin daily — pinkness that fades within 20–30 minutes is normal; lasting redness means the fit needs review
- Wipe the inside clean daily and dry it fully before wearing
- Keep it away from heat and direct sun — the plastic can warp
- Check straps and pads, and report any damage

When the brace needs changing

A brace is custom-made to fit precisely, and its forces depend on a snug fit. As a child grows — **especially through a growth spurt** — it becomes too small and loses its grip, and usually needs to be **remade**.

Signs it no longer fits: it **rides up**, **gaps appear**, it feels **loose or newly uncomfortable**, or it's **harder to fasten**. Tell the team promptly — an ill-fitting brace cannot do its job and may rub.

The key message

Worn as prescribed — and kept fitting properly as you grow — a brace carries most young people safely through the years of greatest risk without an operation. The hours you put in, and a brace that still fits, are what make it work.

A note before you start

This information is for general education and does not replace the advice of your clinical team. Every brace and plan is tailored to the individual. Please raise any difficulties with wearing or fitting the brace with your specialist rather than reducing wear time on your own.



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