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PATIENT GUIDE · SCOLIOSIS TREATMENT

Schroth-based exercises

Scoliosis-specific physiotherapy — often based on the Schroth method — is a specialised form of exercise designed around the three-dimensional nature of a scoliotic curve. It can be used on its own for mild curves, alongside a brace, or as part of recovery after surgery. This leaflet explains what it is and what it can do.

NOT ORDINARY BACK EXERCISES

Re-training the spine in three dimensions

These are not generic stretches or “core” workouts. Scoliosis-specific exercises are tailored to an individual's exact curve pattern and teach the young person to actively correct and stabilise their own posture — working with the side-to-side curve, the twist and the front-to-back profile all at once.



Scoliosis-specific exercises use posture, elongation and breathing techniques, often with simple equipment such as wall bars, to help correct and stabilise the spine.

1 What “Schroth-based” means

A three-dimensional method

The Schroth method is one of the most established and most studied approaches to scoliosis-specific exercise. It uses postural and “**rotational breathing**” techniques to help de-rotate the spine and expand the flattened areas of the trunk. Related approaches such as SEAS and the Lyon and Side-shift methods share the same philosophy of active self-correction.

IN PLAIN TERMS

The aim is to teach the body a better default posture, so that the correction is happening quietly through the day — not just during a therapy session.

2 What it involves, and what it can do

The four core ingredients

- **Three-dimensional self-correction** — actively reducing the curve in all three planes
- **Carry-over into daily life** — building the corrected posture into everyday movement
- **Stabilisation** — strengthening the muscles that hold the corrected position
- **Education** — understanding the condition and the goals of treatment

What it can do

- Slow or halt the worsening of a curve, and sometimes modestly reduce it
- Improve the endurance of the back muscles
- Improve posture, self-image and confidence
- Reduce back pain
- Improve breathing and chest expansion

3 What the evidence shows

A randomised controlled trial

In a randomised study of young people with adolescent idiopathic scoliosis, **supervised Schroth exercises in the clinic** improved the curve and appearance, while the untreated curves got worse. Crucially, supervised exercise clearly out-performed home-only practice.

THE FINDINGS, IN SHORT

Supervised Schroth vs home-only vs no treatment

- ✓ Supervised Schroth **reduced** the Cobb angle, while it **increased** in the home-only and untreated groups
- ✓ Trunk rotation and the rib hump **improved** only with supervised exercise
- ✓ Waist symmetry and appearance improved most with supervision
- ✓ Without treatment, curves tended to **progress** — doing nothing was not neutral

Working alongside a brace

Exercises and bracing are a strong partnership. Adding scoliosis-specific exercises to bracing can reduce the proportion of young people who go on to need surgery, and therapists also help with sticking to the brace plan.

FOR THE BEST OUTCOMES

What makes exercise work

- ✓ **Individualised** to the specific curve
- ✓ Taught by a **specially trained** therapist
- ✓ **Supervised**, not home-only
- ✓ Practised **regularly**, throughout treatment

The key message

Scoliosis-specific exercise is an active, empowering part of scoliosis care. It puts a young person in the driving seat of their own posture — and works best when done consistently, with proper guidance.

A note before you start

This information is for general education and does not replace the advice of your clinical team. Scoliosis-specific exercises should be designed and taught by a suitably trained therapist as part of a plan tailored to the individual.



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