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PATIENT GUIDE · UNDERSTANDING SCOLIOSIS

Adolescent idiopathic scoliosis

Scoliosis is one of the most common spinal conditions of the teenage years — and, for most young people who have it, a mild and manageable one. This leaflet explains what it is, how it is spotted and assessed, and what it means. Separate leaflets cover bracing, Schroth-based exercises and surgery.

THE BIG PICTURE

More than a simple curve

Scoliosis is not just a lean to one side. It is a sideways curve of the spine combined with a twist — a three-dimensional change in the shape of the back.

In plain terms: picture a young sapling that, growing slightly faster on one side than the other, has no choice but to curve and rotate as it reaches for room to grow.



How scoliosis can show itself — the back may look fairly even on standing, but a prominence on one side appears when bending forward.

1

What scoliosis is

A curve, plus a twist

Scoliosis is confirmed when a standing X-ray shows a side-to-side curve of at least 10 degrees (the “Cobb angle”) together with a rotation of the vertebrae. “Idiopathic” means the cause is unknown, and it appears in otherwise healthy children.

The adolescent form usually appears between about 10 and 18 years, during the growth spurt. Scoliosis affects roughly 2 to 3 in every 100 people, and most curves are mild.

2

The three-dimensional change

Three changes at once

Scoliosis changes the spine in three directions: a **curve to the side**, a **twist** of the vertebrae (which drags the ribs round and creates the “rib hump” on forward bending), and a **flattening** of the upper back.

IN PLAIN TERMS

Imagine wringing a towel as you bend it — it curves and twists together. Scoliosis does something similar to the spine, which is why the rib hump appears alongside the sideways curve.

3 Why it happens — and what does not

An unknown, multifactorial cause

The honest answer is that we do not fully know — that is what “idiopathic” means. It is thought to arise from several biological factors during rapid growth, and it tends to run in families (genetics account for roughly a third of the risk).

REASSURANCE

Idiopathic scoliosis is **not** a lifestyle condition. It is **not** caused by poor posture, heavy school bags, sport or soft mattresses. You did not cause it, and neither did your child.

4 The signs to look for

Usually painless

Scoliosis is usually painless, which is why it is often noticed by appearance. Common signs include:

- One shoulder or shoulder blade higher or more prominent than the other
- An uneven waistline
- A rib hump on one side when bending forward
- Clothes that hang unevenly

How it's assessed

Assessment combines a clinical examination with imaging: the **Adam's forward bend test**, sometimes a **scoliometer** to measure trunk rotation, and a standing **X-ray** to measure the **Cobb angle**. The specialist also judges how much growing is left, as this helps predict how a curve may behave.

5 Will it change, and what happens next

Will it change over time?

Whether a curve grows depends mainly on **how large it is** and **how much growing is left**. The risk is highest during the growth spurt and falls once growth is complete. Many small curves stay stable — monitoring catches the few that change, early.

What happens next

The right approach depends on the size of the curve and the stage of growth: **monitoring** for smaller curves, a **brace** for mid-sized curves, **scoliosis-specific exercises** alongside, and **surgery** only for the largest curves — each covered in its own leaflet.

The key message

Most scoliosis is mild and needs nothing more than keeping an eye on it. Scoliosis does not define a young person's future health, or what they can go on to achieve.

A note before you start

This information is for general education and does not replace the advice of your clinical team. Seek a medical review if you notice a rapid change in the shape of the back, pain that is persistent or disturbs sleep, or any neurological symptoms such as weakness or numbness in the legs.



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