To brace or not to brace that is the question

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OBJECTIVE: The aim of the study is a critical judgment of brace treatment (Cheneau-Type) on adolescent idiopathic scoliosis.

STUDY: design 234 patients with an idiopathic scoliosis (Cobb angle 20°-50°) were evaluated. Measurements were taken on standing radiographs (ap). Groups with good and bad compliance but also good and bad initial correction were formed. Different groups up to 50° Cobb angle were established.

RESULTS: Patient with good compliance (n-188) and also good initial correction (n-136), a continuous correction of about 7° Cobb angle was evident. Patient with good compliance but bad initial correction (n-45) can only expect a stop of progression. Patient with bad compliance (n-47) have shown progression of curvature with high variation (32.°±6.° to 37.°±9.°). The result is highly influenced by primary correction and compliance. The result at the end of therapy depends on the Cobb angle at the begin of therapy.

CONCLUSION: The results depends on the Cobb angle at the begin of therapy, brace correction and compliance. But a higher Cobb angle at begin of therapy cannot be compensated by compliance. Primary correction gets worse in severe cases.
The criteria of bracing have to be questioned. There is no doubt: "In the most cases we are to late". In my recommendation we have to start earlier.