

Update 48

What Role For Chiropractic In The Care Of Those With Scoliosis?

Scoliosis has recently been associated with a lower quality of life (1-4). Therefore, reducing scoliotic curvatures, even in the absence of symptoms, seems to be a worthy outcome objective for clinical practice. This opinion is further supported by evidence that the average curvature progression in idiopathic scoliosis is 7.03° per year.

Previous studies suggest that spinal manipulation alone does not appear to significantly alter spinal structure when administered as a sole treatment modality (5, 6). Unpublished clinical observation by the authors has shown that over-manipulating or adjusting the spine seems to create a certain amount of instability, possibly leading to further buckling of the scoliotic curvature.

In a recent study (7), published in the on-line journal BMC Musculoskeletal Disorders, 3 chiropractors investigated the possible benefits of combining spinal manipulation, positional traction, and neuromuscular re-education in the care of patients with idiopathic scoliosis. A total of 22 patient files were selected to participate in this retrospective case series. Of these, 19 met the study criterion required for analysis of treatment benefits. Anteroposterior radiographs were taken of each subject prior to treatment intervention and 4-6 weeks following the intervention. A Cobb angle was drawn and analyzed on each radiograph, so pre and post comparisons could be made.

After 4-6 weeks of treatment, the treatment group averaged a 17° reduction in their Cobb angle measurements. None of the patients' Cobb angles increased. A total of 3 subjects were dismissed from the study for noncompliance relating to home care instructions, leaving 19 subjects to be evaluated post-intervention.

The authors observe that,

“Within the design limitations of the present study, the combined use of manipulative and neuromuscular rehabilitation seemed to reduce scoliotic curvatures in 19 subjects by an average of 17° . This reduction took place within a 4 to 6-week period. Although this treatment was not tested over the long term, the magnitude of the present results warrants further studies into its effectiveness. This treatment should also be tested on specific types of scoliosis in follow-up trials. A long-term investigation of this protocol is desirable.”

References:

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