Current Knowledge of Scoliosis in PT Students Trained in the US

Choose the best answer for the following questions...

1. What is idiopathic scoliosis? (DEFINING)
   a. A three dimensional torsional deformity of the spine and trunk that affects humans from infancy to after puberty. (SOSORT PG 3)
   b. An abnormal lateral curvature of the vertebral column that affects humans from infancy to after puberty. (Otman pg 1)
   c. The most common two dimensional deformation abnormality of the spine that has direct effects on the thoracic cage. (Tsiligiannis pg 1)
   d. An unknown deformity of the vertebral column and trunk that results in lateral deviations of the spine in the frontal plane.
   e. I’m not sure.

2. What causes idiopathic scoliosis? (CAUSE)
   a. It is caused by congenital, vertebral or rib malformation, and secondary to a variety of systemic or neuromuscular disorders. (Tsiligiannis pg 1)
   b. Idiopathic scoliosis is an unknown disorder that can be attributed to a malformation of the spine during week three to six in utero. (Wiki Causes)
   c. IDIOPATHIC SCOLIOSIS IS A STRUCTURAL SCOLIOSIS FOR WHICH NO SPECIFIC CAUSE CAN BE ESTABLISHED. (TSILIGIANNIS PG 1)
   d. Idiopathic scoliosis has a multifactorial etiology that consists of shortening of a lower limb, increase in paraspinal muscle tone, or a malformation of the thoracic cage. (SOSORT pg 4)
   e. I’m not sure.

3. When does idiopathic scoliosis commonly develop? (DEVELOPMENT)
   a. Idiopathic scoliosis develops in adulthood between the ranges of 35 years of age and older.
   b. Development of idiopathic scoliosis is attributed to a malformation of the spine during week three to six in utero. (Wiki Causes)
   c. IDIOPATHIC SCOLIOSIS MAY DEVELOP AT ANY TIME DURING CHILDHOOD AND ADOLESCENCE. (SOSORT PG 5)
   d. Development of idiopathic scoliosis is a compensatory disorder that is a result from a traumatic injury or disease.
   e. I’m not sure.

4. How prevalent is idiopathic scoliosis among patients with scoliosis? (PREVALENCE)
   a. Approximately 20% of cases are idiopathic scoliosis.
   b. Approximately 60% of cases are idiopathic scoliosis.
   c. APPROXIMATELY 80% OF CASES ARE IDIOPATHIC SCOLIOSIS. (SOSORT PG 4)
   d. Approximately 40% of cases are idiopathic scoliosis.
   e. I’m not sure.

5. How is the diagnosis of idiopathic scoliosis commonly confirmed? (DIAGNOSIS)
   a. A Cobb angle is 20° or greater.
   b. The patient presents with a rib hump and a lateral curvature in the spine.
   c. The patient presents with asymmetrical iliac crest levels, 20° Cobb angle, and lateral curvature in the spine.
d. The Cobb Angle is ≥ 10° and axial rotation can be recognized. (Sosort pg 4)
e. I’m not sure.

6. The treatment of idiopathic scoliosis using therapeutic exercise should include: (TREATMENT)
   a. Focus on stretching the concave side of the primary curve and strengthening the convex side of the primary curve.
   b. The adaption of old techniques and the addition of new forms that focus on auto-correction in three dimensions to prevent / limit progression. (Weiss pg 1, Sosort pg 20)
   c. Postural education, rotational breathing, and stretching have been shown to be the gold standard in research when considering treatment of idiopathic scoliosis.
   d. Conservative care that includes bracing, simple observation, and core stabilization exercises
e. I’m not sure.

7. When is bracing recommended for patients with idiopathic scoliosis? (BRACING)
   a. Patients that present with a primary curve between the ranges of 5°-10° Cobb angle should be recommended for scoliosis bracing.
   b. Bracing is recommended for patients that have been diagnosed with functional scoliosis that is secondary to a leg length discrepancy of 6mm or greater.
   c. Patients that present with a primary curve that is 45° Cobb angle or higher should be recommended for scoliosis bracing. (Otman pg 2)
   d. Bracing is recommended for patients with a 20° (±5) Cobb angle that have an elevated risk of progressing. (Sosort pg 18)
e. I’m not sure.

8. What physical activity do you think would be most beneficial to patients with idiopathic scoliosis? (PHYSICAL ACTIVITY AND ITS INFLUENCE) (Sosort pg 23, Ciazyński pg 2)
   a. Swimming
   b. Yoga
   c. Martial Arts
   d. Jogging
e. I’m not sure.

9. What physical activity do you think would be most harmful to patients with idiopathic scoliosis? (PHYSICAL ACTIVITY AND ITS INFLUENCE) (Sosort pg 23, Ciazyński pg 2)
   a. Gymnastics
   b. Ballet Dancing
   c. Martial Arts
   d. Cycling
e. I’m not sure.

10. What method of conservative treatment of idiopathic scoliosis are you most familiar with? (FAMILIARITY, Ciazyński pg 2)
    a. Lehnert-Schroth-Weiss
    b. Klapp
    c. Majoch
    d. Dobosiewicz
e. None.

*For questions 8-10 there are no right or wrong answers. Questions were generated in order to compare the general thought process of entry level physical therapy students.