



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 $\geq 10^\circ$ 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 ADAPATION 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, CIAZYNSKI 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, CIAZYNSKI 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, CIAZYNSKI 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.**