

ONLINE APPENDIX 2:

Reviewed and Validated Questionnaire Used in Study



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The knowledge on Idiopathic Scoliosis in South Africa Questionnaire

Are you a member of the Orthopaedic Manipulative Physiotherapy Group?

Yes No

Are you interested in either Orthopaedic, Muscular, Manual or Manipulative therapy?

Yes No

In what Province of South Africa do you practice Physiotherapy?

In what year did you obtain your primary Physiotherapy qualification?

Have you obtained any Post Graduate qualifications?

How many years have you been practicing as a Physiotherapist?

Choose the best answer for the following questions...

1. What is idiopathic scoliosis?

- A. A three-dimensional torsional deformity of the spine and trunk that affects humans from infancy to after puberty.
- B. An abnormal lateral curvature of the vertebral column that affects humans from infancy to after puberty.
- C. The most common two-dimensional deformation abnormality of the spine that has direct effects on the thoracic cage.
- 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?

- A. It is caused by congenital, vertebral or rib malformation, and secondary to a variety of systemic or neuromuscular disorders.
- B. Idiopathic scoliosis is an unknown disorder that can be attributed to a malformation of the spine during week three to six in utero.

- C. Idiopathic scoliosis is a structural scoliosis of the spine for which no specific cause can be established.
- 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.
- E. I'm not sure.

3. When does idiopathic scoliosis commonly develop?

- 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.
- D. Development of idiopathic scoliosis is a compensatory disorder that is a result of a traumatic injury or disease.
- E. I'm not sure.

4. How prevalent is idiopathic scoliosis among patients with scoliosis?

- A. Approximately 20% of cases are idiopathic scoliosis.
- B. Approximately 60% of cases are idiopathic scoliosis.
- C. Approximately 80% of cases are idiopathic scoliosis.
- D. Approximately 40% of cases are idiopathic scoliosis.
- E. I'm not sure.

5. How is the diagnosis of idiopathic scoliosis commonly confirmed?

- A. A Cobb angle is 20° or greater confirmed by X-rays.
- B. The patient presents with a rib hump and a lateral curvature in the spine confirmed by X-rays.
- C. The patient presents with asymmetrical iliac crest levels, 20° Cobb angle, and lateral curvature in the spine confirmed by X-rays.
- D. The Cobb angle is $\geq 10^\circ$ and axial rotation can be recognised and confirmed by X-rays.
- E. I'm not sure.

6. The treatment of idiopathic scoliosis using therapeutic exercise should include:

- A. focus on stretching the concave side of the primary curve and strengthening the convex side of the primary curve in the spine.
- B. the adaptation of old techniques and the addition of new forms that focus on auto-correction of the spine in three dimensions to prevent/limit progression.
- 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?

- 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.

- D. Bracing is recommended for patients with a 20° (±5) Cobb angle that have an elevated risk of progressing.
- E. I'm not sure.

8. **What physical activity do you think would be most beneficial to patients with idiopathic scoliosis?**

- A. Swimming
- B. Yoga
- C. Martial Arts
- D. Jogging
- E. Pilates
- F. Gyrotonic
- G. I'm not sure

9. **What physical activity do you think would be most harmful to patients with idiopathic scoliosis?**

- 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?**

- A. Lehnert-Schroth-Weiss
- B. Klapp
- C. Side-Shift
- D. Dobosiewicz-Dobomed
- E. Other-FITS
- F. None

Comments: _____

11. According to evidence-based research, what has been proven to be the most effective form of conservative management in idiopathic scoliosis?

- A. Nothing.
- B. Observation.
- C. Physiotherapeutic Scoliosis specific exercises.
- D. Bracing.
- E. Special inpatient rehabilitation.
- F. I'm not sure.
- G. Participating in sport

Comments: _____

12. Would you feel confident evaluating idiopathic scoliosis using the Adam's forward bending test and the Scoliometer?

- A. Yes
- B. No
- C. Unsure

13. Would you feel confident in providing educational support to a client presenting with idiopathic scoliosis?

- A. Yes
- B. No
- C. Unsure

14. Would you feel confident in the management of a client with idiopathic scoliosis?

- A. Yes
- B. No
- C. Unsure

15. Do you feel that physiotherapy exercise intervention can be beneficial in the management of idiopathic scoliosis?

- A. Yes
- B. No
- C. Unsure