

ORAL PRESENTATION**Open Access**

Sports, in association with specific exercises, can help to achieve better results in controlling the evolution of scoliosis

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Background

SOSORT Guidelines recommend that patients, who follow a conservative treatment program for scoliosis, practice sport activities in association with Specific Physiotherapy Exercises (PSE). From a theoretical point of view, the sport activity combines well with the goals of treatment of a disease characterized by a postural dysfunction.

Aim

The purpose of this study is to compare the results at the end of rapid growth spurt (Risser 3), between a group of patients treated with a conservative protocol (exercise and/or brace), and a group of patients who have added some sport activity to the same protocol.

Methods

We evaluated 543 patients (497 females/45 males) treated for idiopathic scoliosis with either PSE only (144 patients, $15.5^\circ \pm 9.3^\circ$ Cobb), or brace and PSE (399 patients, $33.3^\circ \pm 12.1^\circ$). Patients started treatment at Risser 0-1, with a minimum age of 10 years, and were followed up to Risser 3. A comparison was then made between the following subgroups:

PSE + Sport (PSESP: 88 patients, $14.8^\circ \pm 5.7^\circ$) vs PSE only (PSE: 56 patients, $16.6^\circ \pm 13.1^\circ$)

Brace + PSE + sport (BPSESP: 182 patients, $32.2^\circ \pm 10.7^\circ$) vs Brace + PSE (BPSE: 217 patients, $34.2^\circ \pm 13.2^\circ$) Outcome: Variation of Cobb at Risser 3 Statistical analysis: ANOVA, T-Test.

Results

At the onset we did not find statistically significant differences between the groups. The comparison of Cobb at Risser 1, and 3, shows better results in PSESP (improvement of 0.53°) compared to PSE (progression of 1.75°), but the difference is not statistically significant. Analysis of the results of braced patients at Risser 3 showed improvement of both groups (BPSESP 3.87° , BPSE 3.01°). The difference for the final result was statistically significant ($P=0.04$).

Conclusions

In the context of conservative treatment, sport activity, in association with a specific exercise program, seems to be useful to contrast the evolution of scoliosis, especially for braced patients.

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References

1. Kenanidis E, Potoupnis ME, Papavasiliou KA, Sayegh FE, Kapetanos GA: Adolescent idiopathic scoliosis and exercising: is there truly a liaison? *Spine* 2008, **33**(20):2160-2165.
2. Meyer C, Haumont T, Gauchard GC, Leheup B, Lascombes P, Perrin PP: The practice of physical and sporting activity in teenagers with idiopathic scoliosis is related to the curve type. *Scand J Med Sci Sports* 2008, **18**(6):751-755.

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