### Juvenile Idiopathic Scoliosis

Reference Guide

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| • Age  
• Family History of scoliosis. If so, surgical intervention?  
• Age of onset  
• Acute or chronic pain (pain is not always associated with scoliosis.)  
• Duration/frequency/location  
• Neurologic symptoms  
• Sport/activities of interest  
• Treatment attempted if pain present  
• Cosmetic changes observed by family/patient | **Inspection**  
• Forward Bend test  
• Look for lateral curvature and rotation of the spine  
• Observe posture: kyphotic curve, lordotic curve, shoulder asymmetry, excessive scapular winging, skin folds, rib prominence, truncal shift  
• Hairy patches, dimples, café-au-lait spots, skin integrity  
• Check for leg length discrepancy  
**ROM**  
• Extension/Flexion/Side Bending  
**Palpation**  
• Spinous processes and paraspinous musculature | **Radiograph Indications**  
• Scoliosis suspected or postural asymmetry noted during physical exam  
• AP Standing, Lateral  
**MRI Indications**  
• Unusual curve pattern: left thoracic curve may indicate Chiari Malformation, tethered cord or syrinx  
• Neurologic symptoms  
• Rapid progression of curve  
• Pain failing conservative care | • Observation: Follow up appointments every six months with x-rays to monitor curve progression  
• Physical Therapy (core strengthening, peri-scapular strengthening)  
• Yoga/Pilates  
• Naprosyn or Ibuprofen for pain  
• Ice  
• Encourage patient to stay active in order to keep spine flexible  
• Bracing considered at 25 degrees if skeletally immature  
• Surgery indicated when curve approaches 50 degrees | • Patient presents with spinal curvature > 10 degrees  
• Acute back pain with fever  
• Isolated back pain worse at night  
• Persistent back pain unresolved with NSAIDS or physical therapy  
• Neurologic changes  
• Diagnosis of Marfan Syndrome  
• Diagnosis of Ehlers Danlos |