SCHROTH Scoliosis Intervention Ideas:
(Good RCT evidence with significant improvements showing effectiveness of Schroth Method with physiotherapist instruction 6,9,11,8,1)
remember you must be certified to treat with the Schroth Method
(in order of general progression)
- Elongation + Basic Tension (before each set of exercises)
- Five pelvic corrections
- Pelvic Counter Tilt
- Sidelying Muscle Cylinder: hip over bolster, heel stretching out, chair over head
- Shoulder Counter Traction (SCT) + rotational breathing [multiple reps]: Supine, Prone, Chest twister, Sitting between poles, Sitting on ball, Standing, Kneeling
- St. Andrew's Cross
- Sail
- Jelly Fish
- Big Bow
- Circles with Dowel
- Side Hang
- Kneeling Theraband Stretch
- Conscious Gait (heel in front, heel behind 2x, step)
- Schroth Walking (up on toes, front heel down, back knee bends, step)

FIVE PELVIC CORRECTIONS:
1. Weight on your heels / in the middle of your feet [neutral center of gravity]
2. Arched back (stick butt out) / rounded back (tuck butt in) [neutral in sagittal plane]
3. Weight on the left / right ; shift hips to the right / left [straight spine]
4. Hips not rotated forward or back [neutral in frontal plane]
5. Hips level to the ground [neutral in transverse plane]

Outcome Measure Ideas: 2, 6, 8, 9, 11
- Oswestry Disability Index (ODI) 2
- Numeric Pain Rating Scale (NPRS)
- Scoliometer Measurements
- Radiologic Measurements (Cobb Angles and Apical Vertebral Rotation) 11
- SRS-22r Scoliosis Research Society
- Scoliosis Quality of Life Questionnaire 9
- Biering-Sorensen Back Endurance Test (BME) 9
- Spinal Appearance Questionnaire (SAQ) 9
- Adam’s Forward Bend Test 8
- Roland-Morris Low Back Pain and Disability Questionnaire (RDQ) 2
- Low Back Pain Rating Scale (LBPRS) 2
- Progressive Isoinertial Lifting Evaluation (PILE) 2
- Quebec Back Pain Disability Scale (QBPDS) 2
**Scoliosis:** 4, 13, 10, 3, 7, 6  
Three-dimensional deformation of the spine  
Multi-factorial  
Affects 3% of the population  
Prevalence higher among girls than boys  
Females have 10x greater risk of curve progression  
Functional (Postural) vs. Structural  
Recommended use of exercise + bracing

**Adolescent Idiopathic Scoliosis** 4, 13, 10, 3, 7, 6  
- Must have:  
  - Cobb angle >10 degrees  
  - age of onset >10 yo  
  - no underlying etiology  
  - Observation, bracing, or surgery (based on Cobb angle and Risser score)  
  - >40 degree curve at the end of maturity is more likely to continue to progress

**Adult Degenerative Scoliosis** 4, 13, 10, 3, 7, 6  
- Cobb angle >10 degrees  
- skeletally mature adult  
- asymmetric degeneration and loading  
- LBP or symptomatic lumbar stenosis is presenting symptom for most  
- 90% chief complaint of pain  
- Surgery or conservative treatment (drugs and PT)

**Scoliosis Screening Tools:**  
- Adam’s Forward Bend Test  
- Cobb Angles  
- Risser Scores  
- Scoliometer Measurements  
- Observation

**Physiotherapy Scoliosis Specific Exercises (PSSE):** 12, 13, 7  
(Strong proof of effectiveness using RCT)  
- Alone or in coordination with bracing/surgery  
- Standard features:  
  - Auto Correction in 3D  
  - Training in ADL’s  
  - Stabilizing in Corrected Posture  
  - Patient Education/Safety  
- Follow principles of conservative, evidence-based scoliosis management  
(SOSORT Goals) 12  
- Stop or reduce curve progression  
- Prevent and treat respiratory dysfunction  
- Prevent and treat spinal pain  
- Improve aesthetics via postural correction

**Patient Case:** 68 yo female, Lle HTri Scoliosis  
**Diagnosis:**  
- Degenerative scoliosis in adult patient  
- Low back pain, non-specific  
**Onset of Symptoms:** 1/1/1976 (26 yo)  
**Outcome Measures:**  
- Scoliometer: Thoracic 2, Lumbar 4  
- ODI: 10 percent  
**Long-term Goals (12 weeks):**  
1. Patient able to tolerate driving two hours for excursions  
2. Patient able to display home program that has been effective in preventing episodes  
**Treatment/Interventions:**  
Mechanical Diagnosis and Therapy repeated extensions for posterior derangement followed by Schroth Method Program  
Progression from Pelvic Tilt in Sidelying to Shoulder Counter Traction series to Schroth Walking and Conscious Gait  
**Week 10 Plan for next session:**  
Review and finalize HEP, exercise schedule

https://www.mdas.org.sg/resources-educators-researchers/neuromuscular-scoliosis-curved-spine

https://www.stanleywellnesscentre.com/practitioner-blogs/scoliosis-
References:


