Diagnosis of Scoliosis

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Scoliosis is often initially noticed during a routine school screening or during an annual physical exam. Once scoliosis has been noted, a baseline study to measure the degree of curvature will be performed. Monitoring will be performed at regular intervals in order to keep track of the progression of scoliosis and to provide treatment if the curvature becomes more severe.

Tests may include:

**Forward Bend Test** — With feet and knees together, the child is asked to bend forward with arms dangling. The screening person will stand first behind the child and then in front to check for any visible curvature, or any uneven appearance in the rib cage, hipbones, or shoulder blades.

**Inclinometer or Scoliometer** — This device is used to measure the actual degree of curvature. The patient will be asked to stand with feet and knees together, and bend forward until the examiner can see a curvature in the upper spine. The inclinometer is then placed on the back, and a measurement is taken. Another measurement is taken when the patient has leaned over further, and the area of curvature is visible in the lower spine.

**Back X-rays** — This is the most accurate way to diagnose and to monitor the progression of scoliosis. The x-ray can identify the presence of scoliosis, and the examiner can use a technique (Cobb method) to calculate the degree of curvature.

**Magnetic Resonance Imaging (MRI)** — MRI tests can be used to diagnose and monitor the progression of scoliosis, but they are very expensive and no more helpful than x-rays. MRI exams are usually reserved for patients who are suspected of having some other spinal condition, beyond simple idiopathic scoliosis.

REFERENCES:


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