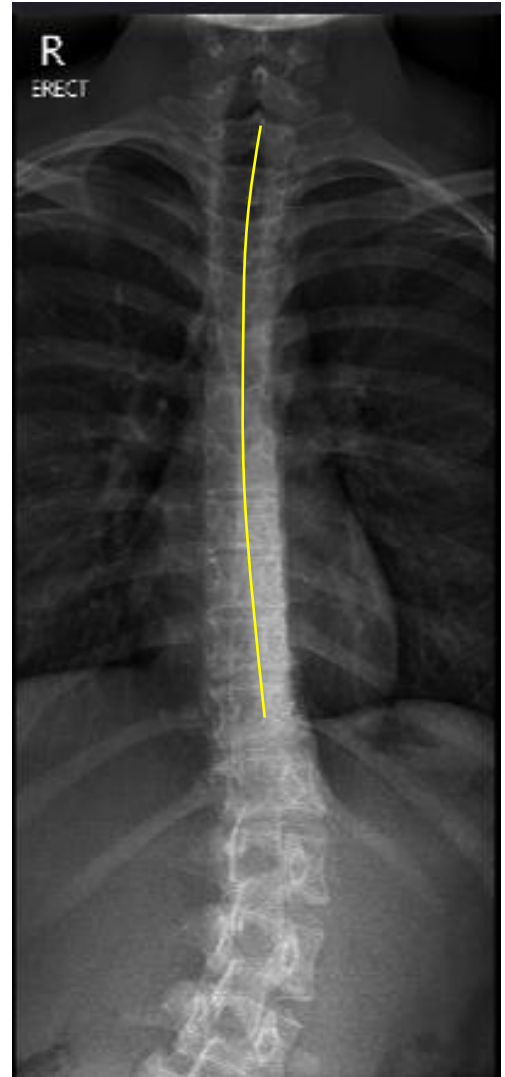
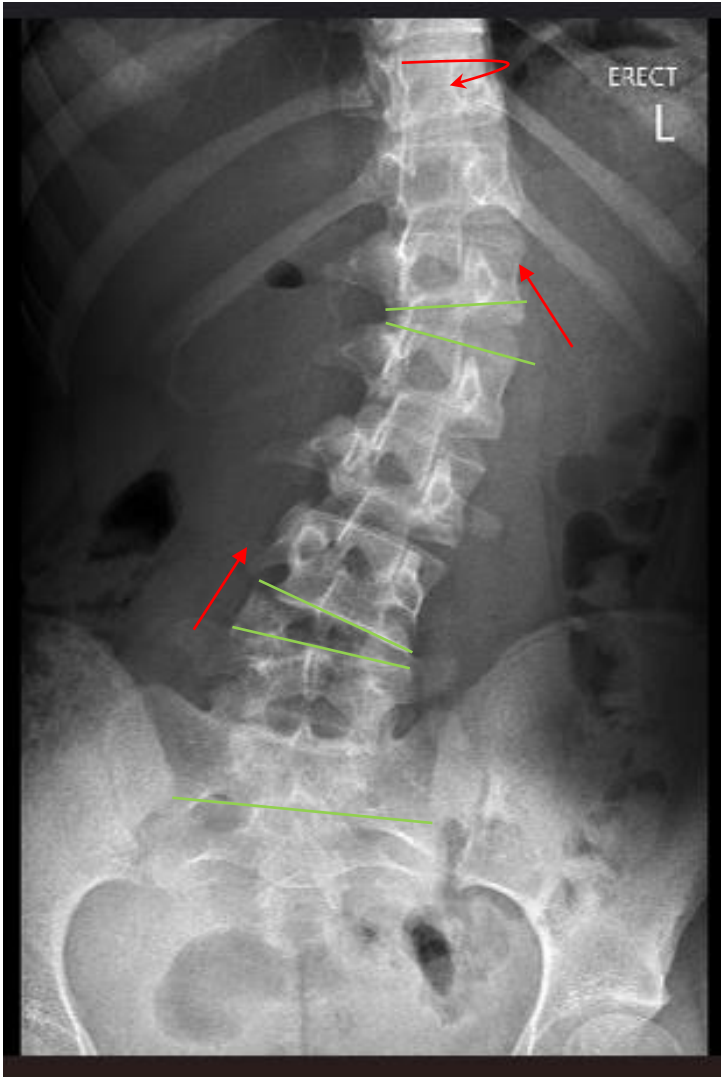


CASE STUDY: FEMALE AGE 14 YEARS – LEFT LUMBAR SCOLIOSIS

Text: Ward, R.C. (2003). *Foundations for Osteopathic Medicine*. Lippincott Williams & Wilkins.

CPU = 2 hrs (included interpretation of x-rays, assessment of patient, reading text & mentoring by Merryn)



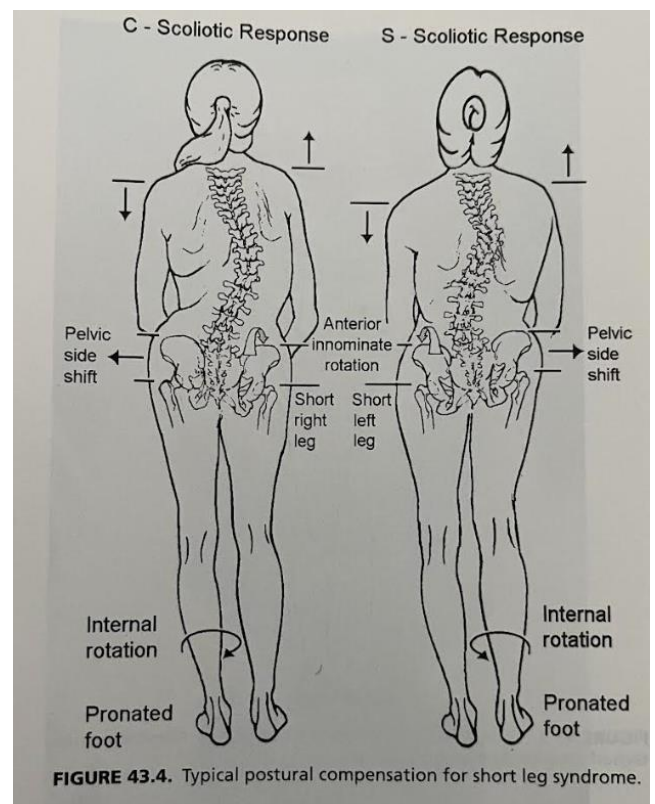
Relevant Findings:

- T11-L3 rotated R
- L1/2 side bent R
- L4/5 side bent L
- R innominate & R PSIS very slightly superior
- GH level and leg lengths appear even
- R hip restricted in ext rotation
- L hip restricted in int rotation
- HT ql/les/psoas L>R

Treatment Options:

- L1/2 sb L
- L4/5 sb R
- T11/12 & L3/4 rot L
- L innominate post rot
- R SIJ tug
- ST/MFR – L ql/les/psoas

28 December 2024



Classification: Reversibility

Scoliosis can be functional or structural. A simple physical examination technique to assess the proportion of functional to structural scoliosis can be accomplished by standing behind a

patient (Fig. 43.21). The patient bends forward until maximal rib hump appears on horizon. With that much of the body forward bending, the patient swings the upper body first left, then right, while the clinician observes the functional ability of rib hump to reduce. The amount of rib hump remaining during this maneuver indicates the associated structural scoliotic component. Functional scoliotic curves go away with side bending, rotation, or forward bending. If they remain in the body too long, they may become structural (55). Structural scoliotic curves are fixed curves that do not reduce with side bending, rotation, or lift therapy.

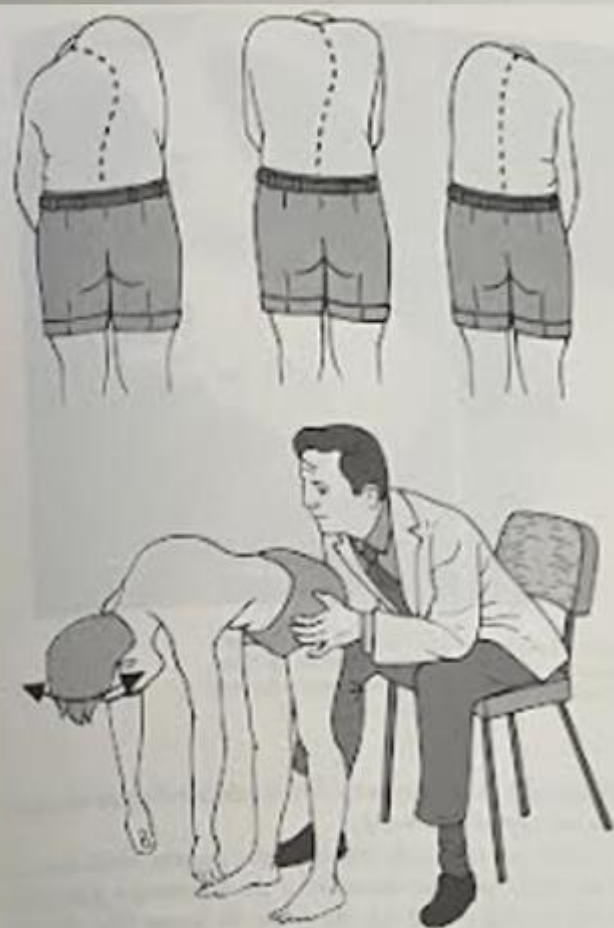
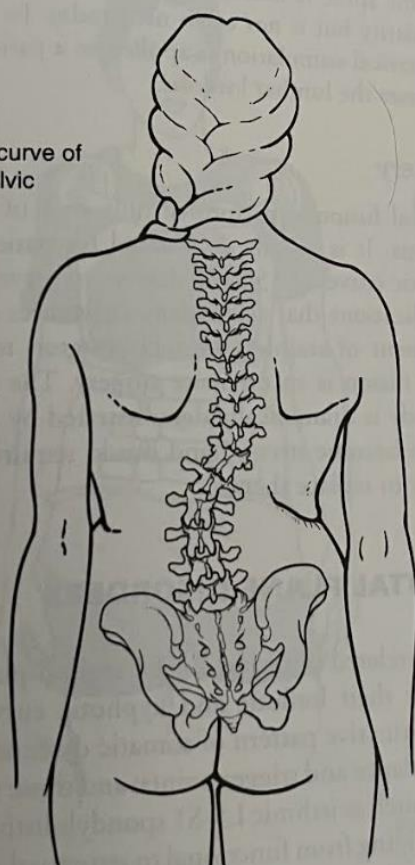


FIGURE 43.21. Assessment of structural or functional scoliosis.

Left lumbar curve of
70° (note pelvic
obliquity)



[Signature]

28 December 2024