

Elist Discussion on Advice for Scoliosis

10-24 from Tom:

I am slated to work with a lady with moderately severe scoliosis. She has had surgeries in the past but has had none recently. Epidurals have been useless or limited at best. In my research so far, I have not found much that outlines any specific treatment options in the pool. Bad Ragaz is my “go to” for the initial planned sessions. Anyone with experience in this area who would be willing to share ideas is highly encouraged to respond.

From Mary:

I have had very good success treating scoliosis patients by stretching their short side and strengthening their elongated side. Being in the pool was much more comfortable and tolerable for them than being on land. Basically any activity that will lengthen the short side and strengthen the elongated side helps these clients. For example I have clients walk with the short side arm on a kick board to elongate that side. One particular patient was so much better with the increased flexibility (granted she had no change in spinal curves), she was able to progress to independence and classes and became a regular group class attendee. I also gave her a home stretching program which she did, but she was much more comfortable with aquatic exercise.

From Jessica:

Gentle AquaStretch™ has significantly helped pain control with my patients with scoliosis. Of course, they will need “maintenance” wellness sessions (every four to six weeks) following discharge, but it definitely helps get them moving, feeling better and tolerating their therapeutic exercises (land or water) with greater success. I combine my AquaStretch™ sessions with trunk stabilization and strengthening exercises such as the one mentioned above by Mary.

From Nancy:

Here are a couple of points I have experienced with similar diagnoses. First, you need to know and understand the specific areas of deformation. Is it functional or structural? Then you need to know the history. If it is functional questions to pursue are: “how do you sit?” “How do you prefer to sleep?” Observe how the patient stands when being questioned. All the above determine reasons for the shortening of muscle tissue and when you have these answers you can design a program to stretch those groups. If the deformity is structural, there are different issues to consider. You can still stretch, but with the aim of relieving discomfort and perhaps slowing the progression.

Water exercises such as Bad Ragaz are excellent. Personally I only work asymmetrically stretching only the shortened areas. I also use the following stretches:

- Begin by standing at the pool wall with the feet in tandem stance. Shortened UE (Upper Extremity) in full shoulder elevation as tolerated, opposite hand holding on for stability: semi-squat while simultaneously reaching for the ceiling.
- Progress to unilateral stance doing the same.
- Progress to same without wall support.

- You can also use a buoy reaching forward on the water surface on the shortened side while standing and doing semi squats. The other hand should be on the hip. Do not allow twisting.

Cueing with your hands is critical to do the exercises well. As always I hope this helps.