

OTHER STRETCHING EXERCISES

• Try gentle spinal twists and side bends

Simple movements like spinal rotation and side bends can also be very helpful in addressing the imbalance. However, that due to the asymmetry, these movements will be noticeably more challenging on one side than the other.

The goal is to train a better range of motion and function on the weaker side. For example, if twisting to the right is more challenging, that's the side we would focus on. You can do twists and side bends in a simple seated posture, either on the floor or in a chair.

• Strengthen your core

Some of the work should be active, meaning you're using the core and back muscles to execute the movement, as opposed to using your hands or arms to leverage yourself into the position. Long-term results require more active strengthening to shift the spine into a more neutral position.

• Work towards a balance, not symmetry

And while perfect symmetry may not be attainable or even necessary, working toward it can help mitigate discomfort and improve overall function.

YOGA FOR SCOLIOSIS

Yoga can be very helpful for those with scoliosis, particularly given the combination of flexibility and core stabilisation needed to perform yoga poses properly. Potential benefits:

- Stretch areas tightened by spinal curvature.
- Strengthen weakened areas affected by the spine's position.
- Strengthen the core overall.
- Pain management.
- Improve mobility and flexibility.
- Maintain or improve spinal position.

YOGA POSES FOR SCOLIOSIS

Yoga poses that are recommended for scoliosis include:

- Half Forward Bend (Ardha Uttanasana).
- Downward-Facing Dog (Adho Mukha Svanasana) with a belt around a door for traction to lengthen the spine.
- Locust Pose (Salabhasana).
- Bridge Pose (Setu Bandha).
- Side Plank (Vasisthasana).
- Side-Reclining Leg Lift (Anantashana).
- Mountain Pose (Tadasana).

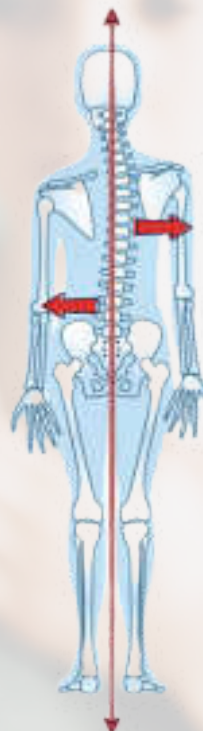
If you are unsure of positions, speak to a qualified yoga specialist.

SUMMARY

The long-term outlook for scoliosis depends on how severe the curvature is. For mild to moderate cases, the condition won't interfere with everyday activities and functions. Individuals with severe forms of scoliosis may have physical limitations. Living with scoliosis can be difficult. If you're looking for help managing your scoliosis, you may want to seek out a support group.

Support groups allow you to meet others who are experiencing the same things, and you can find encouragement and advice about dealing with the condition daily.

The National Scoliosis Foundation (NSF) is a good starting point for finding resources.



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PREHABILITATION
POSTURE CONDITIONS
SCOLIOSIS

WHAT IS SCOLIOSIS

Scoliosis is an abnormal curvature of the spine. The normal shape of a person's spine includes a curve at the top of the shoulder and a curve at the lower back. If your spine is curved from side to side or in an "S" or "C" shape, you might have scoliosis.

According to the research, about 80 percent of scoliosis cases have no identifiable cause. The condition is often diagnosed during the first 7 years of a child's life. Common causes, when they can be pinpointed, are:

- Birth defects.
- Neurological abnormalities.
- Genetic conditions.

CAUSES OF SCOLIOSIS

The cause of scoliosis often can't be determined. Common causes that doctors may identify include:

- Cerebral palsy, a group of nervous system disorders that affect movement, learning, hearing, seeing, and thinking.
- Muscular dystrophy, a group of genetic disorders that result in muscle weakness.
- Birth defects that affect an infant's spinal bones, such as spina bifida.
- Spinal injuries or infections.

People with a family history of scoliosis are more likely to develop the condition. People with a vagina are more likely to have a more severe form of scoliosis than those with a penis.

SYMPTOMS / TYPES OF SCOLIOSIS

The largest category of scoliosis is idiopathic scoliosis, a term used to refer to cases that have no definite cause. Idiopathic scoliosis is broken down by age group:

- Infant: 0 to 3 years
- Juvenile: 4 to 10 years
- Adolescent: 11 to 18 years
- Adult: 18+ years

Of these, adolescent idiopathic scoliosis is the most common.

When researchers know the cause of different types of scoliosis, they include:

- **Congenital**, in which spinal deformities are apparent at birth.
- **Neurological**, when nerve abnormalities affect muscles in the spine.

Scoliosis can also be categorised as either structural or non-structural. In structural scoliosis, the spine's curve is caused by a disease, injury, or birth defect, and is permanent. Non-structural scoliosis describes temporary curves that can be fixed.

Symptoms vary depending on the degree of scoliosis. Common symptoms associated with scoliosis include:

- One shoulder blade that's higher or sticks out more.
- Uneven hips.
- A rotating spine.
- Back pain.

TREATING SCOLIOSIS

Treatment depends on numerous factors – the degree of spine curvature being a major one. Your doctor will also take into consideration:

- Your age.
- Whether you're likely to continue growing.
- The amount and type of curvature.
- The type of the scoliosis.

The primary treatment options are bracing and surgery.

Certain therapies / methods can aid in managing scoliosis pain, though they won't help to correct the curvature itself. Some techniques need more research but may be recommended by your doctor, such as:

- Hydrotherapy
- Massage
- Electrical stimulation
- Back braces.

Exercise and stretching for scoliosis pain symptoms can't fix the underlying issue, but it's important for general wellness and can help keep you flexible.

EXERCISES: STEP DOWN ONE ARM REACH

- With whichever leg appears longer when you lie on your back, step onto a small box or step.
- Lower the opposite leg down to the floor as you bend into the knee.
- As you descend, raise the arm on the same side as the lowered leg up as high as possible. For example, if the left foot is lowering to the floor, raise the left arm.
- Perform 2 to 3 sets of 5 to 10 reps on this side only. **Do not perform the exercise on the other side.**

EXERCISES: UPWARD & DOWNWARD DOG

- In a prone plank position with your arms stretched out straight, push your hips back and up as far as possible.
- Hold this for 2 seconds, and then lower your hips back down toward the floor.
- Try to get as low as possible without giving yourself back discomfort or pain.
- Perform 2 to 3 sets of 5 to 10 reps.

EXERCISES: SPLIT STANCE ARM REACH

- Step forward with the longer leg in front in a slightly exaggerated stride length.
- Always keep your torso as upright as possible.
- Begin shifting your weight back and forth, allowing the knee in front to bend as you feel the weight shift onto it.
- As you shift your weight forward, raise the arm that is opposite of your front leg as high as possible.
- While that arm is reaching upward, reach the other arm back with the palm up as much as possible. This causes the torso and spine to turn toward the side of the front leg.
- Perform this exercise only on that side. Perform 2 to 3 sets of 5 to 10 reps.

OTHER STRETCHING EXERCISES

- Supported back opening, such as lying over a bolster, and corrective breathing, such as lying on your side where the apex of the scoliosis curve is, can be beneficial. It opens the breathing and corrects the curve.

