

Spine Tingles

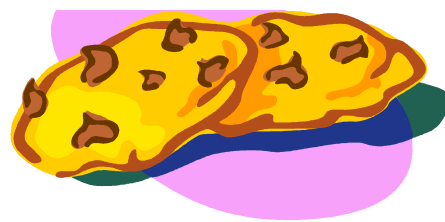
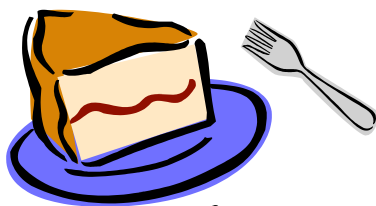
Newsletter of the Scoliosis Support Group of Qld Inc.

June, 2004

Afternoon tea at McIntyre Residence

37 Oleron Tce
PETRIE

Saturday 3 July 2004
Commencing at 2.30pm



SCOLIOSIS PROJECT BY QUT STUDENT

A student at QUT is conducting a scoliosis project for her honours thesis. The project has received approval from the university ethics committee. The project aims to explore the impact scoliosis has on physical or psychological/emotional functioning on a daily basis for patients and their families.

We have agreed to help the student find participants for her study. She specifies that participants must be **over 18 years of age**. Please see the documentation enclosed in this newsletter explaining what is required of participants.

The student asks that candidates for the study express their interest via email. If you are willing to participate and do not have access to email, please phone the support group number,

leave a short message on our answering machine, and we will send an email on your behalf.

Brochures and Bookmarks

Our supply of bookmarks has been used up completely after a mail-out to community health centres around the state, and we have about 300 brochures left from our print run of 10,000 in August last year.

We are working on having a new illustration prepared for the next reprint. The illustration will include a drawing of a child with scoliosis standing erect, as well as in the forward-bending position. The new illustration will hopefully provide parents with more clues to detecting scoliosis in their growing child.

All going well, the new brochure will be ready in time to be included in the next newsletter.

Scoliosis Support Group of Queensland Inc

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Submissions for either the newsletter or the web site may be made to the above address or by e-mail to:
info@scoliosissupport.org.au

This newsletter is published quarterly, normally before a picnic and meeting.

Warning:

Information published in this newsletter represents views of the authors and is not to be seen as a recommendation or views of the Society. We aim to inform our members of as many options as possible - It is the decision of individual patients to decide on their treatment in consultation with their doctor.

Combining Complementary Therapies: Homoeopathy and Bowen Technique

When used in combination with each other, Homoeopathy and Bowen Technique can relieve the most stubborn of acute and chronic complaints. Bowen Technique works on the physical, external level of the problem; Homoeopathy works internally, to stimulate the body's natural defense systems.

Bowen Technique is an effective therapy for the treatment of chronic and acute back, neck and joint problems. It works on the ligaments, tendons and muscles to release tension and to nourish the structures of the body via blood and nerve supply. A treatment comprises sequences of small gentle moves, each at a specific site on the body. There is no forceful manipulation, just a light cross-fibre maneuvering of a muscle, tendon or ligament.

Homoeopathy is a medical therapy that originated over 200 years ago in Western Europe where it presently receives widespread acceptance. In the U.K. there are five homoeopathic hospitals run by the British National Health Service, and in France "40% of doctors use homoeopathy" (Archives of Family Medicine, 1998, 7, pp.537-540). Because we are all unique individuals who express themselves differently, the prescription of a homoeopathic medicine is not based on the name of a disease. Homoeopaths will look at the totality of signs and symptoms, physical, emotional and mental that is affecting the individual and will prescribe the medicine that best fits the complete picture of that individual. Homoeopathic medicines are intended to stimulate the body's own natural defense mechanisms to fight the disease process.

If you are interested in trying Homoeopathy, seek a Homoeopath who is registered with the Australian Register of Homoeopaths (AROH), which is the national governing body for Homoeopathy in Australia.

Scott Mackay,
Ladhope Natural Therapies
131 Wickham Tce
Spring Hill QLD
Ph. (07) 3831 0712

Homoeopathy Book Available for Loan

Mr Mackay has kindly donated a book on homoeopathy to the Support Group, which members may borrow. Its title is: *Homeopathy for a healthy lifestyle* / Robin Hayfield Royston, Hertfordshire, U.K. : Eagle Editions, 2002. Contents: Introduction-a sympathetic way of healing; the common ailments; treating common ailments; prescribing for children; material medica; the homeopathic remedy kit.

Support Group Social Gatherings

The support group is obliged by our contract with Queensland Health to provide opportunities for social interaction for our members. In the February newsletter I asked for suggestions from our members about when and where to hold our picnics.

Unfortunately there was a zero response to my request. Bill, Trevor and I have been involved in organising picnics for ten years, and we have held them in various parts of Brisbane, as well as the Gold and Sunshine Coasts. The number of people attending the picnics has been very low of recent years, which is discouraging for us.

Bill and I are no longer willing to organise picnics unless we have greater input from the membership. If you would like the Support Group to hold a picnic closer to your home please contact us and offer the following:

- A suggested date and time for the picnic
- A suggested location, eg a park with covered tables
- OR your backyard or verandah!
- A willingness to be at the park early and “bag” a covered table

We should hold 2 more functions before the end of the year, so PLEASE GET INVOLVED!

Until we hear from someone with suggestions, we will hold afternoon teas at our home, which involves a lot less stress, effort and disappointment for us.

Familial Idiopathic Scoliosis: evidence of an X-linked susceptibility locus

Familial: tending to occur in more members of a family than expected by chance alone

Locus: the position in a chromosome of a particular gene

Familial idiopathic scoliosis is believed to be a complex genetic disorder where the expression of the disease state may depend upon multiple distinct factors within a family or a group of families.

The current study investigates the existence of loci on the X chromosome for idiopathic scoliosis within a large population of families - 202 families (1208 individuals) - diagnosed through consistent radiographic criteria, and analysis of genotyping data.

These results suggest a locus on the X-chromosome, which may predispose an individual to idiopathic scoliosis.

The authors conclude that the identification of a susceptibility locus on the X chromosome for familial idiopathic scoliosis is an essential step in the understanding of genomic influences related to this disorder. The ultimate impact of this knowledge will have a direct effect on the ability to diagnose and manage scoliosis through better therapeutic strategies, and may provide greater insight into the association of spinal stability and the immature skeleton.

Reference: **Familial idiopathic scoliosis: evidence of an X-linked susceptibility locus** / Cristina M. Justice and others. *Spine* Vol.28, no.6 (2003), pp.589-594. (A copy of this article will be mailed on request)

An explanation of some basic human genetics appears in the article overleaf.

McIntyre residence
37 Oleron Tce
PETRIE

Saturday 3 July 2004
2.30pm

Map Reference:
UBD 88 E19

Look for the Support Group
Banner!

Refreshments will be provided

Please support the Group and
attend our function!

Genetic Matters

“Just that much more chocolate” / Kim Summers PhD

Reprinted with permission from Self Help Queensland Newsletter, March 2004.

My mother used to tell us a joke about the little girl who was offered a chocolate baby to eat. She said “yes please”, and could she please have a boy baby. “Why?” asked her mother. “Well,” said the little girl, “I’d like a boy baby because there’s just that much more chocolate!” We now know there’s more to determining sex than the mould you’re poured into.

Humans have 46 chromosomes, arranged into 23 pairs. In females both members of each pair look identical under the microscope. Males have 22 pairs where both members look identical but the 23rd pair consists of one middle sized chromosome, similar to those in one of the pairs in females, and one tiny chromosome only the size of the smallest of the other chromosomes. Because this was the only visible difference between male and female chromosome sets, the two chromosomes making up this 23rd pair were called the sex chromosomes. All the other pairs were numbered in order of size, from 1 to 22, but the members of this odd pair were called X and Y to distinguish the sex chromosomes from all the others, called autosomes. So the chromosome constitution of a female is usually 46 XX and for a male it’s 46 XY. It’s the tiny Y chromosome which is responsible for that little extra chocolate and all the other characteristics which go with maleness.

When eggs in women and sperm in men are formed, the chromosome number gets reduced by half. Eggs and sperm have just 23 chromosomes, one member of each pair. In females, all the eggs have 22 autosomes and an X chromosome. In males, about half the sperm have 22 autosomes and an X chromosome, while the other half have 22 autosomes and a Y chromosome. If an egg (23 X) is fertilized by an X-bearing sperm (also 23 X) a baby girl will result (46 XX). If an egg is fertilized by a Y-bearing sperm (23 Y), a baby boy will result (46 XY).

This simple system ensures that about half of new born babies are boys and half are girls, and every time a baby is conceived there is a 50:50 chance of boy or girl. A similar system of sex determination is found in most vertebrates, though in birds and reptiles it is the female who may have the Y chromosome.

Since most chromosomes are present in pairs, most genes (which are found in the DNA which is part of the chromosomes) are also in pairs. If something goes wrong with one copy of the gene, its partner on the other chromosome can often compensate, so that we are unaware that there is a problem. This is difficult for males who have only one X chromosome. If something goes wrong with a gene on the X, males have no paired gene to compensate and they are likely to have problems related to the abnormal functioning of the altered gene. Females may only have these problems if both copies of the gene (one on each X chromosome) are altered. Some X-linked conditions are colour blindness, haemophilia, Duchenne muscular dystrophy and fragile X syndrome.

So whether you have “that much more chocolate” depends on whether you have a functional Y chromosome or not, and each conception has a 50:50 chance. The rest of how you develop depends on the genes on many chromosomes, as well as factors in your environment as you are growing up.

Chromosome



DNA



Definitions (from the adam Health Illustrated Encyclopedia and the Merriam-Webster medical dictionary):

Chromosomes are long pieces of DNA within the nucleus of cells that contain most or all of the genes of an organism

Genes are short segments of DNA, and are the smallest units of heredity.

DNA (also called *deoxyribonucleic acid*): usually the molecular basis of heredity, is localized especially in the nuclei of cells, and constructed of a double helix

Appendix B – Advertisement for Patients

QUT letterhead

The Impact of the Degree of Scoliosis on Health Functioning.

Researcher: Megan Leadbeater

Supervisor: Nathan Moss

Time Required: Twenty Minutes

My name is Megan Leadbeater and I am an honours student in psychology from Queensland University of Technology studying the effects of scoliosis on health functioning. As I am sure many of you would know, there is no absolute cure for scoliosis and so patients continue to live with scoliosis into adulthood. Presently most of the research on scoliosis concerns medical information, which is undoubtedly very important to provide correct medical advice and treatment to patients. However very few studies explore the impact scoliosis has on physical or psychological/ emotional functioning on a daily basis for patients and their families. The aim of this study is to increase knowledge on the physical and psychological consequences of scoliosis in order to better educate patients, their families and friends, and clinicians.

For this study you will be required to provide demographic data (age and gender only) and complete two short questionnaires about your general health and the appearance of your spine. These questionnaires have been developed for persons over 18 years of age only, so please do not request to participate if you do not satisfy the criteria. Confidentiality will be assured as you will not be asked to provide your name, nor will your individual results appear anywhere in the final project. I encourage you to request a copy of the final project if you are interested regardless of whether you have participated or not. Please feel free to email me with “request paper” in the subject heading at m.leadbeater@student.qut.edu.au

How do I sign up?

Please sign up only if you are interested and eligible to complete the questionnaires. Send your address to us via email to myself at m.leadbeater@student.qut.edu.au or my supervisor at nd.moss@qut.edu.au with “Scoliosis project” in the subject line (do not provide a name, just your address). We will mail the questionnaires to your address with a stamped, self addressed envelope so that you may return them free of charge. Please complete the questionnaires and return them as soon as possible. If you have any further questions or would like to receive a copy of the project when it is complete, please email me. If you have any doubts regarding the ethical conduct of this project, you may contact the ethics committee on 3864 2340 or ethicscontact@qut.edu.au.

Thank you for your participation.

Regards,
Megan Leadbeater.

Appendix C

The Impact of Scoliosis on Health Functioning

Dr Nathan Moss/ Ms Megan Leadbeater
School of Psychology and Counselling
Faculty of Health
Ph. (07) 3864 4762
Email. nd.moss@qut.edu.au, m.leadbeater@student.qut.edu.au
Ref Number:

Description

The current study is being conducted by Ms Megan Leadbeater as part of her honours (psychology) research at Queensland University of Technology. Scoliosis is a disease which causes lateral curvature of the spine. Scoliosis affects up to 10% of the population and is normally diagnosed in childhood or adolescence. However, only 1 case in 10 requires treatment. Scoliosis is widely researched in the medical literature, however very little research concerns the physical and psychological impact of scoliosis. The current study asks you to complete two short scales.

Expected benefits

Participation in this project will not benefit you specifically. Yet by increasing academic understanding on the physical and psychological impact of scoliosis, it is hoped that a better appreciation of scoliosis can be attained. Increased understanding of the impact of scoliosis has important implications for clinicians treating the disease, the patients, and their family and friends.

Risks

You will be asked to provide your age and gender, and no further personal information. The questionnaire will be conducted via mail and stamped, self-addressed envelopes have been included in the package for ease of return. You will not incur any monetary costs or risk of identification by returning the questionnaires. If you experience any concerns or distress as a result of participating in the study, you can contact QUT counselling service on (07) 3864 4578 or email ethicscontact@qut.edu.au.

Confidentiality

The questionnaires have been provided to you via mail. You will not be identified as you are required to write your name or address on the envelope when you return this questionnaire; nor are you required to provide specific personal details. Data you provide will be aggregated for reporting purposes; at no point in the research will individual results be reported. All data collected will be destroyed within 5 years of the study's completion. Please do not write your name anywhere on the questionnaires or envelope.

Voluntary participation

Your participation in this study is voluntary, and you are under no obligation to complete and return the questionnaires if you do not wish to. Your decision will not impact on your relationship with QUT in any circumstance.

Questions/ further information

If you have any questions or request more information regarding this study, please contact one of the researchers (preferably via email).

Concerns/ complaints

If you have any concerns or complaints about ethical conduct of the project you should contact the Secretary of the University Human Research Ethics Committee on (07) 3864 2340 or ethicscontact@qut.edu.au.

Feedback

If you would like to be informed on the results of the current study, please email a request to the researcher, and this information will be sent to you upon the completion of the study.

Thank you for your participation.

Dr Nathan Moss and Ms Megan Leadbeater