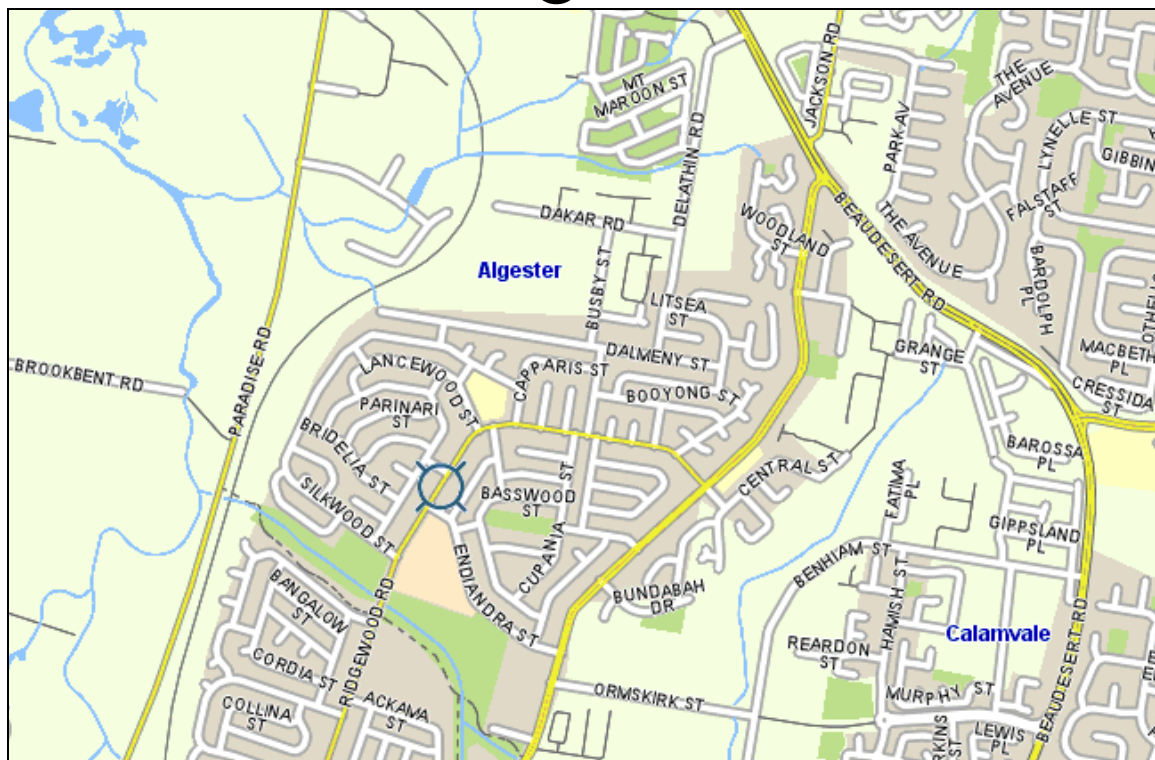


Spine Tingles

Newsletter of the Scoliosis Support Group of Qld Inc.

June, 2006

BBQ Lunch



**84 Ridgewood Rd
ALGESTER
Saturday 24 June 2006
11.30am**

Our Vice-President, Trevor Rogers has offered his home as the venue for our next social gathering, a barbeque lunch. Please bring whatever meat you would like to barbeque. Softdrink, salad and bread rolls will be provided.

If you would like to attend and don't have transport, please contact us (see page 2) and we will see what we can work out. Trevor may be able to collect folk who live on his side of town. The McIntyre family are happy to bring any northsiders over with them.

The insert in this issue of *Spine Tingles* is a letter from Mrs Shirley Rae Clarkson, who lives in Inverell, NSW. Mrs Clarkson enjoys writing and receiving letters, so if anyone would like to correspond with her, please feel free.

Mrs Clarkson dislikes the term "scoliotic" so she has invented her own term "scoliosian" to describe people like herself who have scoliosis.



Scoliosis Support Group of Queensland Inc

Inc Number IA17199

Mail : 37 Oleron Terrace
PETRIE QLD 4502

Phone: 3285 7100
1800 722 257

Email:
info@scoliosissupport.org.au
Submissions for this newsletter or
for the web site may be made to this
email address.

Patron: Dr Robert Labrom
MBBS (Qld) MSc(Surg) FRACS (Orth)

President: Bill McIntyre
(07) 3285 6180
0438 594 203 (mobile)

Vice President: Trevor Rogers
(07) 3711 3907

Secretary: Jim McDonald
(07) 3208 3167

Treasurer: Jane McIntyre
(07) 3285 6180
0403 369 467 (mobile)

Internet:
<http://www.scoliosissupport.org.au>

This newsletter is published
quarterly, normally before a social
gathering or meeting.

Warning:

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

Our Brochure is Now in 6 Languages other than English

An additional grant of \$6,000 from Queensland Health has enabled us to have our brochures translated into 5 more languages other than English.

As reported in the previous issue of *Spine Tingles*, we used funds from our annual allocation to have the brochure translated into the Samoan language, and to have 3,000 copies printed.

The five new languages are: Traditional Chinese (Cantonese), Simplified Chinese (Mandarin), Spanish, Vietnamese, and Tagalog (Filipino). Translation and typesetting was again performed by SBS Language Services at the cost of \$660.00 per language.

At the time of writing, we are awaiting supply of 4,000 copies of each new version of the brochure. Once supplied, we will begin a comprehensive awareness campaign with school health nurses in the State and Private sector.



**“Hello, Bob? It’s your father again.
I have another question about my new computer.
Can I tape a movie from cable TV then fax it from
my VCR to my CD-ROM then E-mail it to my
brother’s cellular phone so he can make a
copy on his neighbor’s camcorder?”**

Causes of Scoliosis

From: American Family Physician Vol.64, No.1, 2001, p.112

Idiopathic scoliosis is a structural curve with no clear underlying cause. Other causes of scoliosis can be:

Inherited disorders of connective tissue	Neurologic disorders	Musculoskeletal disorders
<ul style="list-style-type: none"> Ehlers-Danlos syndrome Marfan syndrome Homocystinuria 	<ul style="list-style-type: none"> Tethered cord syndrome Syringomyelia Spinal tumor Neurofibromatosis Muscular dystrophy Cerebral palsy Poliomyelitis Friedreich's ataxia Familial dysautonomia Werdnig Hoffmann disease 	<ul style="list-style-type: none"> Leg length discrepancy Developmental dysplasia of the hip Osteogenesis imperfecta Klippel-Feil syndrome

MedlinePlus is a reliable source of information for these disorders: <http://medlineplus.gov/>



Q & A

- Q.** What did the boy octopus sing to the girl octopus?
A. I wanna hold your hand, hand, hand ...
- Q.** What do you call a pair of spiders who have recently married?
A. Newly-webbed!
- Q.** Why should school teachers always be searched carefully at airports?
A. They may be carrying weapons of maths instruction.
- Q.** What is the best way of getting chocolate home from the supermarket on a hot day?
A. Eat it in the parking lot.
- Q.** What constitutes a balanced diet?
A. Equal quantities of dark chocolate and white chocolate
- Q.** How many seconds are there in a year?
A. 12 ... (2nd January, 2nd February etc)
- Q.** Did you know that somebody actually complimented me on my driving today?
A. They did! They left a little note on the windscreen. It said, 'Parking Fine'. Wasn't that nice!

A New Prognostic Factor of Curve Progression

One of the challenges for managing patients with scoliosis is to predict which curves will progress, so that appropriate treatment can be provided in a timely manner. An association between osteopenia* and adolescent idiopathic scoliosis (AIS) has been widely reported. The aim of the study described in this article was to investigate whether osteopenia serves as an important prognostic factor in the prediction of curve progression in girls with AIS.

The article describes the methods of the study, including subject recruitment, measurement of curves, and measurement of bone density of the spine and hips (by x-ray absorptiometry). The study results caused the authors to conclude that measurement of bone mineral density at the time of diagnosis may serve as an additional objective measurement in predicting curve progression in AIS.

*Osteopenia: reduction in bone volume to below normal levels; a decrease in the amount of calcium (Ca) and phosphorus (P) in the bone.

Reference: Osteopenia: a new prognostic factor of curve progression in adolescent idiopathic scoliosis / V.W.Y. Hung and others. *The Journal of Bone and Joint Surgery* (2005) Vol.87, no.12, pp.2709-2716. (A copy of this article will be supplied on request)

Some Ideas on Pain Control

I'm a 42 year old adult with very mild scoliosis by comparison to others. My spine appears fairly straight except for a bend towards the left and an obviously higher right shoulder (by 2 cm) and prominent bulging at right shoulder blade. A back surgeon diagnosed mild Scheuerman's disease where osteophytes are evident as part of wedged vertebrae. These no doubt irritate nerves and set off pain. I still believe that an extra thing that gives me grief is the rotational twist of scoliosis towards the left, which takes interesting exercises to 'unwind'. It also made me prone to dislocating my ribs when doing simple sweeping moves towards the left, as in tennis forehand with the right arm or shutting a sliding door in this direction. I've learnt to avoid these activities altogether. Being diagnosed with osteoarthritis recently makes sense now because it is apparent that my joints are a bit too mobile.

For over a decade I've had chronic back pain that is strong enough to wake me from deep sleep every other morning. Some days and weeks it is continuous and the gnawing nature of it is profound. It took years to find solutions and I empathise with anyone who is still searching. So, I include my ideas in case they help someone else.

I have now found that I can release the spasms in the left side of my thoracic back muscles by a combination of things (the worst culprits being the 'erector spinae' muscles which spasm into tight cords on the side of my back that is already compressed down and twisted towards the left).

- Firstly, a golf ball, covered in material to soften it is great for rubbing with the back against a wall. The vertical spinal muscles are rubbed horizontally and this seems to release the spasm. This rubs the muscles harder than most people can dig their knuckles in and gets to the spot that needs unwinding.
- 'Lateral pull-downs/ cross-over' is a gym exercise that seems to strengthen muscles and release tension at the same time. Weights are pulled down and in from a higher point wide out from either arm. We rigged up two heavy-duty eyelet hooks on the ceiling at home about two metres apart and threaded through heavy duty cord to which handles were attached to one end and some weights to the other.
- Then a general collection of exercises help tone up the whole body symmetrically to keep everything straighter and less chance of twisting anything worse out of shape. These were 'collected' and added to the list from various physio visits and include 'core-strengthening' exercises, gentle curling sit-ups (sometimes with emphasis towards the opposite right side a bit), quadriceps, bicep curls, etc.
- Swimming is invaluable and relieves pain everyday without drugs. Because it tends to arch out the lower back too much, it helps to do modified swimming exercises to brace the 'core' muscles, e.g., jogging in water with a floating vest. Hand paddles and flippers also add resistance to exercises that more strongly build up different back muscles. We think it is worth to pay a mortgage to have a small lap pool at home just for this.
- I even have learnt to avoid foot-paths that are cambered down towards the right as it this accentuates the pressure on the left side of my back and triggers more back-pain.
- In the long-term it would be great if it was possible to prevent the curve from worsening over time with gravity as it seems to be doing. That is why more swimming and a general all-over weight lifting program is on the agenda. Also, have invested in an underarm back brace that was made by a local prosthetic technician familiar with scoliosis braces. It was very expensive but does seem to help when worn at night to reverse the curve. You would have to be aware of your own body's curves to try this idea because - as the cast was being made - I had to bend toward the opposite curve at the exact points in my back where it curves wrongly the other way - without introducing new curves.
- Lastly, I saw a neurologist who diagnosed 'paraesthetic notalgia' in the area of back muscle pain. There was actually a difference in sensitivity to the point of a needle on either side of the back. It's feasible that pinched or genetically prone nerves are sending the left-side muscles into a spasm and certainly not helping the situation. So far, his skilled injections into the muscles in question with Botox have had a very good result.

I hope this helps someone else in the same situation.

The author has asked that her name not be included. Please direct any questions via the Support Group