

Spine Tingles

Newsletter of the Scoliosis Support Group of Qld Inc.

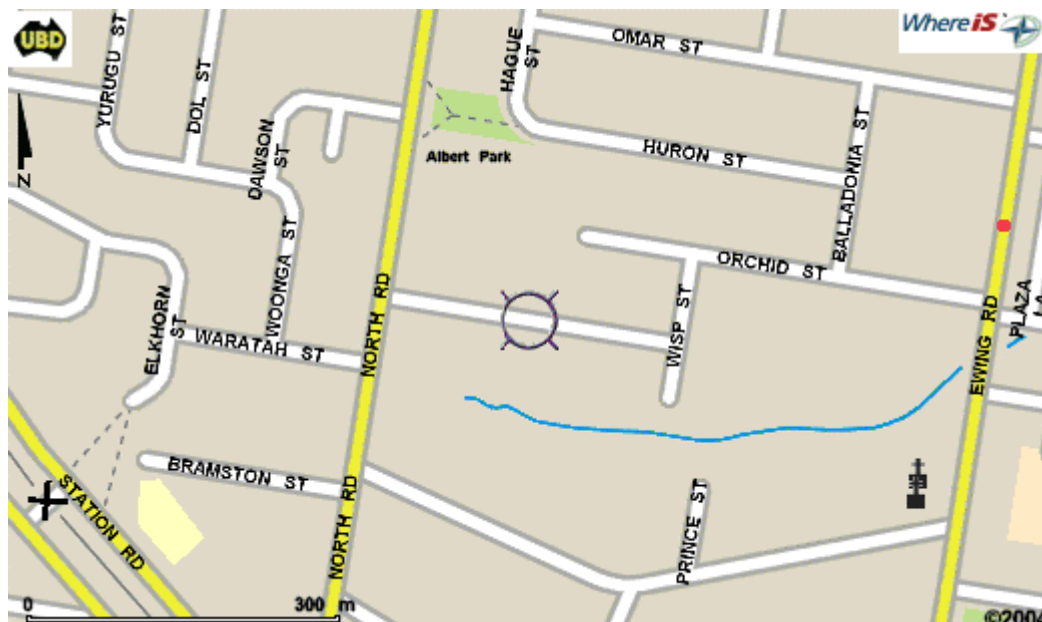
September, 2005

**AGM and
afternoon
tea**

**8 Whitey St
WOODRIDGE**

**Saturday
24 September
2005**

2.30pm



Annual General Meeting

Our forthcoming AGM will be held at the home of the McDonald family. Thanks Jim, Dawn and Lester for your kind offer of hospitality, and we look forward to seeing you.

As you may know, our Support Group operates with funding from Queensland Health. Because of this funding, there is no necessity for us to fundraise. However we do have obligations to Queensland Health in the areas of budgeting, spending and reporting.

Another obligation is that we operate as an incorporated body. This means, among other things, conducting an Annual General Meeting, at which an audited financial statement is presented, and an executive committee is elected. A well-attended AGM and the successful election of office bearers will ensure that the work of the Support Group continues.

A proxy form is included in this newsletter. If you are unable to attend the AGM, please mail your proxy form to 37 Oleron Terrace, Petrie, to arrive on or before Friday 23 September. A completed proxy form counts as an attendance.

Daily Exercises for the Non-Athletic

<u>Activity</u>	<u>Calories expended</u>
Beating around the bush	60
Jumping to conclusions	75
Swallowing your pride	20
Climbing the walls	150
Passing the buck	50
Throwing your weight around	100-400
Pushing your luck	100
Making mountains out of molehills	600
Wading through paperwork	100
Juggling deadlines	120
Balancing the books	60
Running around in circles	250
Bending over backwards	50
Opening a can of worms	60
Blowing your own horn	100
Reinventing the wheel	150

We offer a big thankyou to our Cairns member, Janelle Perkins, for her interesting and encouraging story on pages 3 and 4 of this newsletter. If you have any questions to ask Janelle, her email address is:
narny4@hotmail.com

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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.

Brochure and bookmark reprinted

Accompanying this newsletter you will find samples of our newly reprinted brochure and bookmark. The major change to this edition is that the single bend-test illustration has been replaced by illustrations of the child with scoliosis standing and of the child bending forward.

We have commenced offering and distributing these resources to schools and community health centres.

A project we are considering this financial year is to have the brochure produced in languages other than English. This will involve making a special submission for funds to Queensland Health, as our budget will not provide for such a large project.

Congenital scoliosis.

Congenital scoliosis is rarer than idiopathic scoliosis, and presents special challenges. The patient with congenital scoliosis requires a long term commitment to care with frequent orthopaedic follow-up throughout the growing years, and routine lung function assessment.

Congenital malformations of the vertebrae can produce unbalanced growth of the spine, with the development of early childhood scoliosis, which can range in severity from mild curves to life-threatening severe curves.

Diagnosis of vertebral malformations in infancy may not reveal any significant scoliosis at the time, and frequent clinical and radiographic follow-ups are needed to detect progression. Curve progression requires immediate treatment to prevent deformity. The presence of associated anomalies of the spinal cord, the kidneys and the heart should also be evaluated.

This article provides a background to congenital scoliosis, its natural history, treatment options including various surgical procedures, and new developments.

‘Congenital’: existing at, or dating from birth.

Reference: *Medical Science Monitor*, 2004; 10(5): 104-110

This article is available free on the Internet at:

http://www.medscimonit.com/pub/vol_10/no_5/3731.pdf
or contact us and we will mail you a copy.

How smart is your right foot?

1. While sitting, lift your right foot off the floor and make clockwise circles.
2. Now, while doing this, draw the number "6" in the air with your right hand.

Your foot will change direction!

Janelle's Scoliosis Story

My experience with scoliosis began in 1992 when I was 7 and in year 2. My scoliosis was accidentally discovered while my GP was treating me for an injury to my tailbone, from a fall off a slippery slide. My GP referred me to Professor Bruce McPhee (a scoliosis specialist who visits Cairns regularly).

In September 1992 my parents and I visited Dr McPhee for the first time. He explained to us that I had a curvature of the spine called scoliosis. He couldn't tell us if my curve was hereditary, or if I had had it from birth, or if it was simply one of those things that just occur. I had a double 'S' shaped curve. Initially my thoracic curve measured 18° and the lumbar curve measured 23°. In this story, I will describe the curves in this order: thoracic 1st and lumbar 2nd.

In early 1993 I visited Dr McPhee again and we discovered that my lumbar curve had increased to 28°. Dr McPhee thought it was necessary for me to wear a brace. I was fitted with a plastic underarm brace. Living in Cairns, the brace was very hot. I gave up most of my gymnastics, dancing and athletics because it was just too hot and awkward. Before this I was very athletic. I continued to swim at my local swim meet. I wore a series of 6 braces continually for 7 years.

I consider myself lucky that my uncle is a chiropractor. In the early years of my scoliosis he treated me (he became ill in later years). There seems to be no concrete evidence about the usefulness of chiropractic treatment in correcting or helping scoliosis however it seemed to work for me in reducing pain.

My curves fluctuated throughout 1994 and 1995. In 1994 the curves went from 25° and 30°, down to 17° and 20°, and then increased to 30° and 30°. At the end of 1995 the top curve was 26° and the bottom was 23°. In this year I recommenced ballet, and started tap and jazz dancing.

In August 1996, the curves again began to change. My top curve became the larger of the two. They measured 33° and 23°. From that point my top curve began to increase rapidly. In December 1997, when I finished primary school, my top curve was 44° and the bottom was 30°. Dr McPhee explained to us that a surgical procedure is used to correct curves that reach this degree. He urged us to seriously consider surgery. My parents were, and still are, quite strongly opposed to spine surgery, so we decided to hold off for a while.

My parents and I had many lengthy discussions over the next few years about the possibility of spine surgery. In a way they gave a lot of input into the decisions regarding my treatment, which some may consider irresponsible but for which I am very grateful. My curves continued to increase despite my continuing to wear the brace as much of the time as possible. It was off when I was at dance class or swimming.

In December 1998, my curves reached 58° and 48°. Dr McPhee and I had very intense discussions. He expressed concern that my surgery was overdue, but I refused it. By August 1999, I was 170cm tall and didn't appear to be growing anymore. I had pretty much stopped wearing my brace. My curves measured 60° and 45°. The rotation of my ribcage was about 16°. Dr McPhee officially reduced my time in the brace to just sleeping in it. Dr McPhee and I again had lengthy discussions about the necessity for surgery. I explained to him that I was aware of the long term implications and consequences of delaying surgery, however I wasn't bothered by the appearance of the scoliosis and it hadn't yet interfered with the quality of my life or my physical health.

In 2000, I stopped ballet and started competing as a ballroom dancer. I travelled to competitions all over Queensland. I saw Dr McPhee and we again discussed surgery. My top curve measured 65° and bottom 53°. I told him that I hadn't ruled out surgery completely. I said I would have the surgery as soon as the scoliosis started interfering with the quality of my life. I asked Dr McPhee if there were any of his patients who had had the surgery with whom I might make contact and chat. I wish I'd known then about the support group. I received a letter shortly after from Dr McPhee with the name and phone number of another of his patients.

In that letter Dr McPhee highlighted something he had not previously discussed with me. He thought, after studying

Afternoon tea and AGM

McDonald Residence
8 Whitey St
WOODRIDGE

Saturday
24 September 2005
2.30pm

Look for the Support Group
Banner!



Refreshments will be provided.

Please make a special effort to
support the Group by attending
the Annual General Meeting

the nature and degree of my curves, that a two-stage surgery would be needed. I felt so sick after reading that letter!

I started yoga, and continued doing my ballet exercises to keep my strength and flexibility, as well as doing competitive ballroom dancing. In 2001, I saw Dr McPhee again and my curves measured 70° and 45° with a 22° rotation of my ribcage. Dr McPhee explained the risks when curves of this size which are left untreated. We discussed long term implications, life expectancy and outcomes of surgery. At this point I seriously considered surgery, however I was half way through senior high school, and very committed to my dancing. Dr McPhee scheduled a review for a year's time.

In September 2002, I was dancing at a competition in Townsville when I came off the floor during an event with severe shortness of breath. My lungs and my back were aching. I decided there and then that it was time to have surgery. I hadn't achieved my goal of dancing at the National Titles but my scoliosis was starting to have physical effects and interfere with my quality of life. As soon as I got home I called Dr McPhee in Brisbane and asked him when he could schedule my surgery. He said December 17, which was just over 2 ½ months away.

In early December 2002 I saw Dr McPhee in Cairns and had many pre-operation x-rays. To my delight and I think Dr's surprise, the x-rays showed that my spine was flexible and limber enough to almost straighten completely when I bent sideways. This meant that I would only have to have surgery on the top curve, the theory being that my bottom curve would balance against the corrected top curve.

Mum and I flew to Brisbane on Friday 13 December 2002. I had all of my pre-op checks on that day and was admitted for surgery at 8am Tuesday 17 December. My surgery took 6 hours. My top curve was straightened to 30° with the help of two Harrington rods and I had the 5 ribs that had formed the hump on my upper back shortened and reattached to each other. My lung was accidentally punctured in the process but other than that surgery was very successful.

I don't remember much of the first few days after the surgery. I was on that much morphine I was practically talking to the curtains! Mum says I was my usual stubborn self and I kept the nurses on their toes. I vaguely remember a supportive voice from the bed across from me. The lady occupying it was another of Dr McPhee's patients who was operated on before me. She provided incredible help and support for me through the nights when I awoke with pain and not able to move. We are still friends and keep in regular contact.

I walked two days after surgery. I had become taller by 3cm! It was painful but I was determined to dance again so I had to walk! The doctors said I made a good recovery and let me leave hospital 6 days after my surgery, on Christmas Eve. I couldn't wait to get out. Because it is recommended that you don't fly with a punctured lung we couldn't fly home for Christmas. We spent Christmas with relatives in Brisbane and travelled home by train on New Years day.

The next few months were rough because I couldn't do all of the active things I was used to doing. My family was a great help lifting and carrying things for me. I decided to start University, despite only being able to sit for short periods of time. I was doing ok until I got Glandular Fever and became ill for 3 months. I was ordered by my GP to stay in bed so I deferred University. I saw Dr McPhee in March 2003. He was very happy with my recovery. My top curve measured 35° and bottom measured 30°. Rotation of my ribcage was reduced to 9°.

In November 2003 I saw Dr McPhee again and structurally everything was fine, but I was experiencing a lot of muscle pain and tension in my back. I asked Dr McPhee if I could start physiotherapy and a personal training program. He made some restrictions but wrote a letter to my physiotherapist detailing what should and shouldn't be done. My physiotherapist assessed me and explained that the small core stabilizing muscles that run down my spine between each vertebrae weren't fully functional, and because of this the larger muscles that are normally used for short spontaneous actions were acting as stabilizers. She worked with me to get all the muscles doing what they were supposed to be doing and designed a program for my personal trainer to implement and guide me through. I did personal training sessions for about 4 months and in that time the pain was reduced dramatically and I regained flexibility and strength.

With Dr McPhee's consent I started dancing again. My dancing partner and I started training a few hours a night, 6 days a week. I got fit really quickly and lost 10kgs in 2 ½ weeks. In August 2004 I danced at a state level competition on the Gold Coast in preparation for the 'Australian Dancesport Championship' in December.

I saw Dr McPhee in December 2004, a week before I flew to Melbourne to compete in the 'Australian Dancesport Championship'. He was very happy for me because he had doubts that I would dance again. This competition meant a lot to me because I proved to myself that, with hard work, anything is possible. Now I have built myself up stronger than ever, determined to do what I really love. I am back at University this year studying psychology. Dr McPhee is confident about my recovery and will see me again in 5 years time.
