

# Scoliosis Reduction Center<sup>®</sup> Case Study

Name: Lucy C  
Type: Idiopathic  
Age: Adolescent (10 - 18)  
Severity: Severe (40°/45° - 80°)

BY DR. TONY NALDA

19.0°

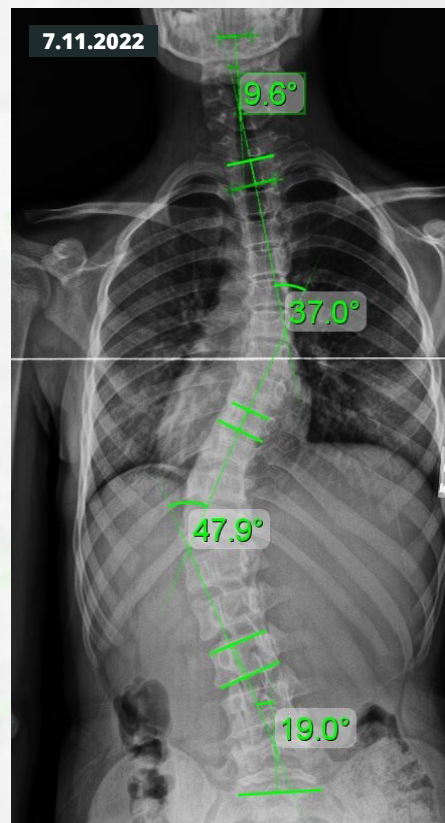
# Before Meeting Dr. Tony:

Lucy was diagnosed with scoliosis in 2019, with a curvature of 34 degrees. At the time, her healthcare provider recommended a bracing and monitoring approach. However, Lucy's family chose not to pursue this recommendation. After one year of stable spinal condition, they opted to start chiropractic care.

Initially, they were hopeful as a follow-up x-ray showed the curve had decreased to 25 degrees. However, six months later, a new x-ray revealed an increase to 42 degrees. While the chiropractor focused on improving Lucy's neck alignment and balancing her hips, with the goal of reducing spinal pressure and encouraging self-correction, they also recommended consulting with Dr. Tony for further evaluation and treatment.

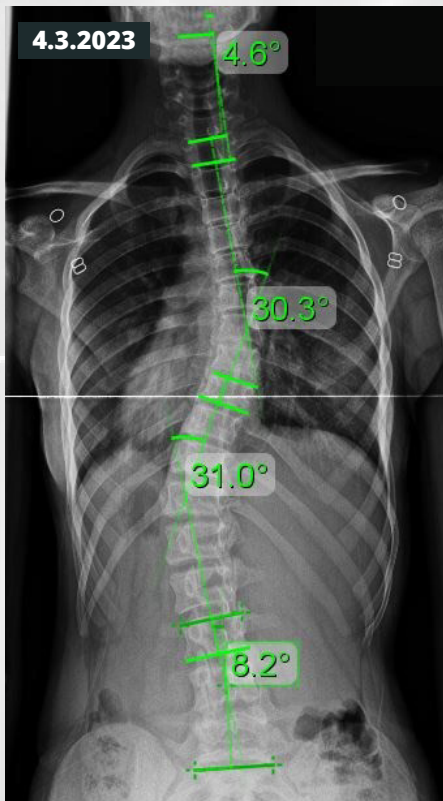
## Initial Evaluation:

During Lucy's initial evaluation at the Scoliosis Reduction Center®, her spinal curvature was measured at 47.9 degrees, classifying her scoliosis as severe. Although Lucy reported no current discomfort or limitations in her daily activities, she did have a history of fainting, as well as shoulder and upper back discomfort. After a thorough discussion of her treatment options with Dr. Tony, Lucy and her family decided to pursue a comprehensive plan. This plan included in-office treatments, a custom ScoliBrace, and prescribed home isometric exercises, all designed to address her scoliosis and improve her overall quality of life.





# Mid-Treatment



## Challenging Aspects of this Particular Case:

Lucy's residence in a different state posed a challenge, limiting her access to in-office treatments and regular reevaluations at the Scoliosis Reduction Center®.

## Treatment Modalities Used:

- ◆ **Standing Vibrating Traction** - Used to elongate the spine while standing on vibration. the vibration helps to amplify anything we do while on the traction. We can customize this traction using weights and exercises to target specific areas of the spine from the cervical to the lumbar.
- ◆ **Vibrating Traction** - Low tone vibration traction used to relax ligaments of the spine.
- ◆ **Flexion Distraction** - Provides traction to the lumbar spine, by added the straps we are able to create counter rotations and unbend the specific areas of the scoliosis.
- ◆ **Mechanical Drop Piece** - Low tone vibration to help mobilize the rib cage and reduce stiffness associated with scoliosis.
- ◆ **Scoliosis Traction Chair** - Targeted traction and derotation focusing on the thoracic and lumbar areas not possible with other types of traction while promoting relaxation and potential curve reduction.

## Re-evaluation Checkpoints:

After completing Lucy's initial corrective therapy, which reduced her scoliosis from 47.9 degrees (severe) to 35.2 degrees (moderate), her family chose to take a proactive approach and schedule another treatment, forgoing a formal reevaluation. Following her second corrective therapy, Lucy's scoliosis was further reduced to 29.2 degrees. Given this significant improvement, Lucy's family decided to proceed with a new corrective ScoliBrace.

After returning home, Lucy continued with her prescribed home isometric exercises and consistent brace wear to maintain the reduction achieved during in-office treatments. Ninety days after her second treatment, she provided a detailed progress report, including updated x-rays and posture photos, to further monitor her care.

Her evaluation showed that, overall, she was doing well, and her curves were maintaining the reduction. However, Lucy reported experiencing abnormal sounds in her stomach and expressed concerns about her shoulder balance and stiffness. The sounds she noticed were simply bowel sounds altered by the pressure of her brace. Additionally, due to the location of Lucy's scoliosis, she needed to lift her shoulder to reshape her torso for optimal postural correction.

Lucy's evaluation also revealed a significant growth of 2.75 inches since her initial assessment. She was advised to return to the Scoliosis Reduction Center® for another treatment, along with a brace modification for further correction. If her growth continued by an additional 0.5 to 1 inch, a new ScoliBrace may be necessary.

Based on Lucy's evaluation results, her family chose to proceed with an in-office treatment and assessment. Although her assessment showed no continued growth, there was a slight regression to 31 degrees. As a result, her family decided to move forward with a new brace to accommodate her current height.

Following Lucy's in-office treatment, her scoliosis continued to reduce to 25.2 degrees.

Three months after her treatment, Lucy provided another remote evaluation, reporting some discomfort when moving her shoulder, left hip weakness, and numbness in her feet when sitting in certain positions. She had also grown an additional inch, gained 8 pounds, and exhibited normal female development.

Overall, Lucy was holding her correction well, and her posture looked good. She remained compliant with her brace wear, though her home isometric exercises had taken a backseat to playing and practicing volleyball, which helped with discomfort and adjustments during bracing.

Lucy was advised to return to the Scoliosis Reduction Center® for a possible brace modification to create more room around the chest area. However, she may need a new brace to improve comfort in other areas and increase compliance with her homecare, which would help address the changes she was experiencing.

Lucy's family decided to return to the Scoliosis Reduction Center® and proceed with a new ScoliBrace. However, before they could make the return, Lucy developed a bump at a pressure point from the brace. With careful monitoring both at home and virtually through the Scoliosis Reduction Center®, Lucy's family managed and treated the bump until it healed.

Upon returning to the Scoliosis Reduction Center®, Lucy began using her new ScoliBrace and continued with in-office therapy, which helped reduce her symptoms and curvature, now classifying it as mild.

After returning home, Lucy became concerned as the area of most pressure from her ScoliBrace was causing more discomfort than usual, and she noticed changes in her skin there. Slightly loosening and then re-tightening the brace seemed to relieve her discomfort. With close monitoring, Lucy was able to adjust to her new ScoliBrace, pushing through the discomfort and gradually breaking it in.

After another 90 days of home care, Lucy's family submitted the necessary information for a remote evaluation, reporting knee pain and weakness. Lucy was also experiencing a poking sensation on her hip and occasional numbness from her underarm to her elbow while wearing her ScoliBrace.



Her evaluation showed that her scoliosis curves remained stable and similar to her previous assessment, although she had grown another 1.5 inches, raising concerns that she may outgrow her ScoliBrace, which could contribute to her new symptoms. Overall, treatment had been very successful, with Lucy's curves remaining well below the surgical threshold.

Lucy was advised to either continue stabilizing until her growth plates were closer to closing or consider another treatment and modification to her ScoliBrace to further reduce the curve. Lucy's family decided to maintain her current home care program and schedule an in-office assessment during a family vacation, as they would be in the area.

Before her in-office assessment, Lucy developed a bump in the area where her ScoliBrace applied pressure. It flared up slightly, but after a long day of sitting at school, the discomfort worsened. Once again, with close monitoring and care, the bump healed, and Lucy was able to resume her prescribed in-brace regimen.

Lucy and her family returned to the Scoliosis Reduction Center® for a follow-up evaluation to further assess and monitor her care. With Lucy's curves continuing to stabilize, her family decided to transition to a finishing brace to improve symmetry once she had fully outgrown her current ScoliBrace.

Three months later, Lucy returned to the Scoliosis Reduction Center®, presenting with sustained curvature and no new concerns. She received her finishing ScoliBrace and was advised to provide a remote evaluation in 90 days for ongoing monitoring.

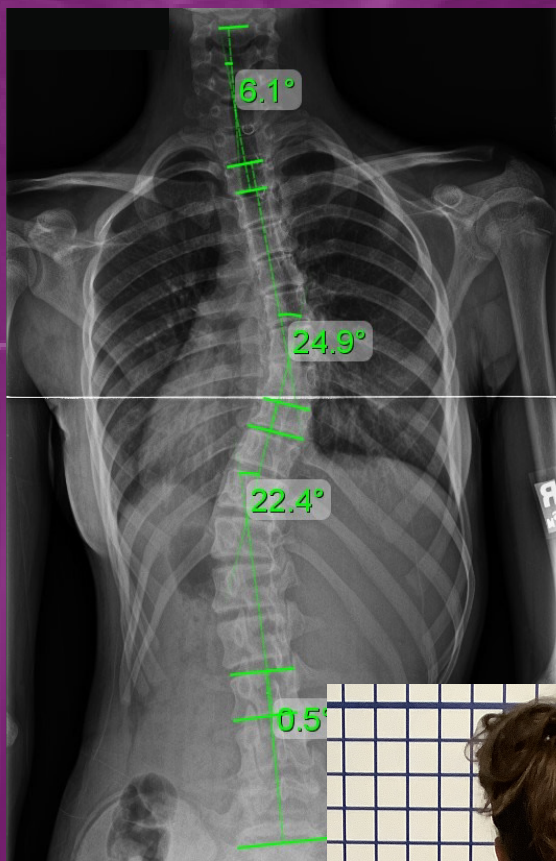
Roughly 90 days later, Lucy's family submitted her remote evaluation, expressing concerns that she had progressed and desire to return to the Scoliosis Reduction Center® for another treatment and new ScoliBrace if necessary. During this time, Lucy began her menstrual cycle and grew 0.75 inches. After a thorough analysis of her evaluation, it was determined that she had experienced slight regression, which is common during growth and natural development. She was advised to come to the office for an in-person assessment and to discuss the possibility of a new ScoliBrace.

Eager to be as proactive as possible Lucy and her family returned to the Scoliosis Reduction Center® for another treatment and new ScoliBrace, resulting in reducing her scoliosis back.

Lucy is now recommended to continue wearing her ScoliBrace and reevaluate in 90 days.



# Long-Term Results:



After a comprehensive and proactive treatment approach at the Scoliosis Reduction Center®, Lucy made significant progress in managing her scoliosis. Starting with a severe curvature of 47.9 degrees, her treatment plan, which included in-office therapy and the use of multiple ScoliBraces, successfully reduced her curvature to 22.4 degrees, classified as mild. While Lucy was consistent with her brace wear, she struggled to stay compliant with her prescribed home exercises, which could have further stabilized her scoliosis and helped prevent regression.

During periods of growth, Lucy faced some challenges, including mild regression and the need for brace adjustments. However, her family remained proactive, closely monitoring her progress and seeking professional guidance when necessary. Over time, Lucy has experienced significant growth, both physically and in her scoliosis management.

With her scoliosis well under control and her curves remaining well below the surgical threshold, Lucy's family has opted to continue stabilizing her condition until her growth plates are closer to closing. Lucy's scoliosis is stable, and her posture shows notable improvement. Her long-term care plan includes continued brace wear, with regular follow-ups to monitor her progress.

Overall, Lucy's treatment has been highly successful, with her scoliosis effectively managed and her quality of life greatly enhanced. By committing to periodic evaluations and adjustments, Lucy is well-positioned to maintain her progress and further improve her scoliosis.

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