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## Establishing consensus on the best practice guidelines for the use of bracing in adolescent idiopathic scoliosis.

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### Abstract

**STUDY DESIGN:** Survey.

**OBJECTIVES:** Bracing is the mainstay of conservative treatment in **Adolescent Idiopathic Scoliosis** (AIS). The purpose of this study was to establish **best practice guidelines** (BPG) among a multidisciplinary group of international **bracing** experts including surgeons, physiatrists, physical therapists, and orthotists utilizing formal **consensus** building techniques. Currently, there is significant variability in the **practice** of brace treatment for AIS and, therefore, there is a strong need to develop BPG for **bracing** in AIS.

**METHODS:** We utilized the Delphi process and the nominal group technique to establish **consensus** among a multidisciplinary group of **bracing** experts. Our previous work identified areas of variability in brace treatment that we targeted for **consensus**. Following a review of the literature, three iterative surveys were administered. Topics included **bracing** goals, indications for starting and discontinuing **bracing**, brace types, brace prescription, radiographs, physical activities, and physiotherapeutic **scoliosis**-specific exercises. A face-to-face meeting was then conducted that allowed participants to vote for or against inclusion of each item. Agreement of 80% throughout the surveys and face-to-face meeting was considered **consensus**. Items that did not reach **consensus** were discussed and revised and repeat voting for **consensus** was performed.

**RESULTS:** Of the 38 experts invited to participate, we received responses from 32, 35, and 34 for each survey, respectively. 11 surgeons, 4 physiatrists, 8 physical therapists, 3 orthotists, and 1 research scientist participated in the final face-to-face meeting. Experts reached **consensus** on 67 items across 10 domains of **bracing** which were consolidated into the final **best practice** recommendations.

**CONCLUSIONS:** We believe that adherence to these BPG will lead to fewer sub-optimal outcomes in patients with AIS by reducing the variability in AIS **bracing** practices, and provide a framework future research.

**LEVEL OF EVIDENCE:** Level IV.

**KEYWORDS:** Adolescent idiopathic scoliosis; Best practice guideline; Bracing

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