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1: [Disabil Rehabil Assist Technol.](#) 2008 May; 3(3): 107-11.

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**Bracing adolescent idiopathic scoliosis today.**

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**PURPOSE:** The purpose of this report is to give an overview of the existing literature on bracing for scoliosis, and to introduce a special issue of the journal on this topic. We look critically at this treatment, considering not only the possible efficacy but also other key points such as compliance, acceptability and the patient's quality of life, as well as the variability of existing braces. **METHOD:** Review of the literature. **RESULTS:** Bracing is questioned in terms of efficacy, but in most cases no alternative exists other than to wait for eventual surgery, or perhaps to do nothing and facing the likelihood of problems with increasing age. Compliance is a critical point, but it isn't a reason to quit. On the contrary, it should be a stimulus for professionals to find the better ways to help their patients in this respect. When faced with the possible alternatives, patients do prefer bracing to the so-called 'wait and see' strategy, but we must continue to work to reduce the impairment to quality of life due to the orthosis. The actual variability of braces should be faced, and the BRACE MAP classification is proposed as a unifying tool for the future. **CONCLUSIONS:** Bracing is not the best possible treatment, but in the case of scoliosis the alternatives are even more challenging. Thanks to the International Society on Scoliosis Orthopaedic and Rehabilitation Treatment (SOSORT) serious research is ongoing, and in the next few years we will have more data, not only on efficacy but also on compliance, acceptability and quality of life, biomechanics, evaluation tools, informatics in bracing, etc. Hopefully this will lead to better results and choices for our patients.

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