

## Reply to: Clinical evaluation of the ability of a proprietary scoliosis trac- tion chair to de-rotate the spine: 6-month results of Cobb angle and rotational measurements

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Dear Editor,

We read with interest the paper entitled *Clinical evaluation of the ability of a proprietary scoliosis traction chair to de-rotate the spine: 6-month results of Cobb angle and rotational measurements* by Stitzel *et al.* (doi: 10.4081/cp.2014.642) published recently as a brief report in the Journal *Clinics and Practice*. This is a useful attempt to increase the evidence available about what is effective and what is harmful in scoliosis treatment. According to the astonishing results, the scoliosis traction chair is not only ineffective, but even harmful for scoliosis patients. The present study indeed, showed that the experimental new treatment is able to worsen significantly, and very quickly (only six months), the disease in 11 patients out of 15 (73% of the population). This is true even in subjects who already reached the end of growth (Risser 4-5), who are supposed to be stable at short time.<sup>1,2</sup>

We really appreciate the courage of the authors in publishing such negative results,

particularly since they come from the same Institute that developed the chair. As we know very well, negative results increase scientific knowledge as positive results do. Nevertheless, we have to underline that, after these results, the conclusions are outrageous, since the authors are planning to continue to apply this method for clinical research. It is not ethical to carry on testing such an equipment with such an incredible failure rate. When an experimental new drug demonstrates that it threatens patients' health, the drug is immediately withdrawn from the market. The same should happen to this equipment.

No ethical Committee and/or neither an Institutional Review Board approval are cited in the paper. We would like to know more about this item, is there more information available? Usually, to patients with such large curves a surgical treatment<sup>3-5</sup> is prescribed or eventually, if they strongly refuse surgery, a rigid brace treatment can be effective in improving the scoliosis angle.<sup>6,7</sup> In regard to this, we would appreciate to have more details about the Informed Consent: was it obtained, and had the patients been well informed about these options before they entered the treatment?

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