

PubMed

**Format:** Abstract**Full text links**

Spine (Phila Pa 1976). 2016 Aug 31. [Epub ahead of print]

## Braces for Idiopathic Scoliosis in Adolescents.

Negrini S<sup>1</sup>, Minozzi S, Bettany-Saltikov J, Chockalingam N, Grivas TB, Kotwicki T, Maruyama T, Romano M, Zaina F.

### Author information

### Abstract

**STUDY DESIGN:** A Cochrane Systematic Review **OBJECTIVE.:** To evaluate the efficacy of bracing for **adolescents** with AIS versus no treatment or other treatments, on quality of life, disability, pulmonary disorders, progression of the curve, psychological and cosmetic issues.

**SUMMARY OF BACKGROUND DATA:** **Idiopathic scoliosis** is a three-dimensional deformity of the spine. The most common form is diagnosed in adolescence. While **adolescent idiopathic scoliosis** (AIS) can progress during growth and cause a surface deformity, it is usually not symptomatic.

**METHODS:** Search methods We searched CENTRAL, MEDLINE, EMBASE, five other databases, and two trials registers up to February 2015. We also checked reference lists and hand searched grey literature. Selection criteria RCTs and prospective controlled cohort studies comparing **braces** with no treatment, other treatment, surgery, and different types of **braces** for **adolescent** with AIS. Data collection and analysis We used standard methodological procedures expected by The Cochrane Collaboration.

**RESULTS:** We included seven studies. Five were planned as RCTs, two as prospective CCT's. One RCT failed completely, another was continued as an observational study. There was very low quality evidence from one small RCT that quality of life (QoL) during treatment did not differ significantly between rigid bracing and observation.

**CONCLUSIONS:** Two studies showed that bracing did not change QoL during treatment, and QoL, back pain psychological and cosmetic issues in the long term (16 years.) All papers showed that bracing prevented curve progression. The high rate of failure of RCTs demonstrates the huge difficulties in performing RCTs in a field where parents reject randomization of their children.

**LEVEL OF EVIDENCE:** 1.

PMID: [27584672](#) DOI: [10.1097/BRS.0000000000001887](#)

[PubMed - as supplied by publisher]

**LinkOut - more resources**



---

## PubMed Commons

[PubMed Commons home](#)

0 comments

[How to join PubMed Commons](#)