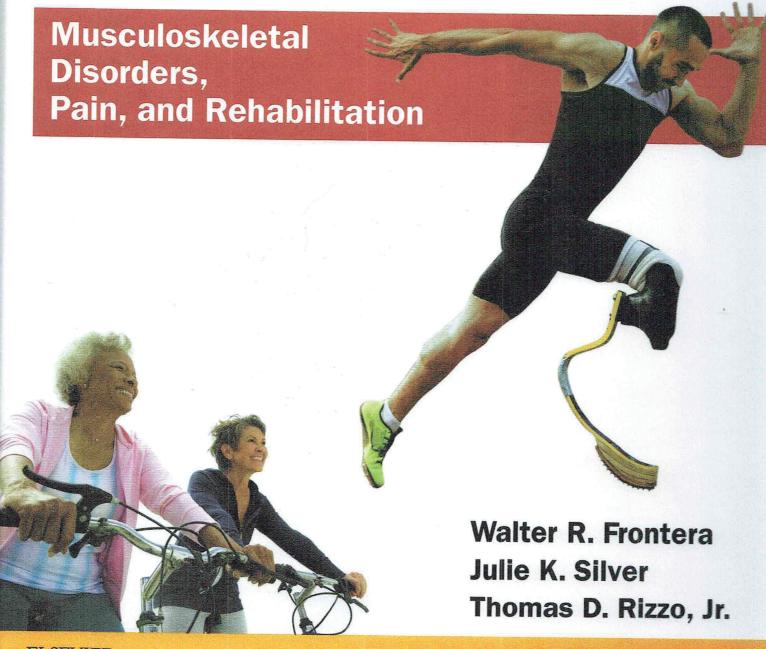
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## **Essentials of**

# Physical Medicine and Rehabilitation



### CHAPTER 153

## Scoliosis and **Kyphosis**

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#### Synonyms

#### Scoliosis

Curvature of the spine/back

Curved spine/back

**Kyphosis** 

Hunchback

Humpback

Roundback

Dorsum rotundum

Dowager's hump

Postural kyphosis

Gibbus deformity

#### ICD-10 Codes

Scoliosis	
41.1	Juvenile and adolescent idiopathic scoliosis
41.12	Adolescent scoliosis
41.2	Other idiopathic scoliosis
41.3	Thoracogenic scoliosis
41.4	Neuromuscular scoliosis
41.5	Other secondary scoliosis
41.8	Other forms of scoliosis
41.9	Scoliosis unspecified
Kyphosi	s
40.0	Postural kyphosis
40.1	Other secondary kyphosis
40.2	Other and unspecified kyphosis
40.29	Other kyphosis

#### **Definitions**

#### Scoliosis

Scoliosis is a three-dimensional deformity of the spine and the trunk1; it associates a spinal pathologic curve on the frontal plane (curves of 10 degrees or more must be present to diagnose the disease), a rotation in the horizontal plane, and a disturbance of the normal curves on the sagittal plane (often in terms of flat back and hollow back). 2,3 Idiopathic scoliosis (IS) is the most common form (85% to 90%) and is diagnosed when a specific etiology is not identified4,5; the accepted classifications for idiopathic scoliosis during growth are listed in Table 153.1. Secondary scoliosis is a feature of different pathologic processes including neurologic diseases, systemic syndromes, connective tissue disorders, tumors, or trauma.

Adult spinal deformity (ASD) is defined when scoliosis is diagnosed after skeletal maturity. Scoliotic curves identified during adulthood can be developed prior to skeletal maturity, after skeletal maturity, or after surgery or trauma. Currently three classification systems based on the etiology, on the clinical impact of the deformity, and on curve types and additional modifiers have been developed for ASD: Aebi,6 Schwab,7 and SRS.8 The last two were combined recently into a single classification.9

#### **Kyphosis**

Kyphosis is a physiologic thoracic anterior concave spinal curvature in the sagittal plane, associated with cervical and lumbar lordosis in a physiologic conformation of the spine. Physiologic values for kyphosis during growth are between 20 to 25 degrees and 40 to 45 degrees. Sagittal plane alterations affect sagittal spinal curves in terms of both quantity and distribution. Thus, hyperkyphosis (HK), which is defined as an increase of the kyphosis, can be distinguished between high thoracic, thoracic, thoracolumbar, and lumbar HK according to the level where the apex of the curve can be identified. 10 Concerning the sagittal spinal profile, it is also important to distinguish alterations such as long kyphosis, normal kyphosis with a caudal vertebra below T12, and junctional kyphosis, flat back with distal kyphosis with caudal vertebrae below T12. An association between scoliosis and one of these sagittal deformities is possible (Fig. 153.1).

These conditions can be idiopathic or secondary to Scheuermann disease (a disease disturbing vertebral growth) or secondary to reduced trunk extensor muscle weakness or neurologic problems, congenital vertebral dysmorphic syndromes, trauma, tumors, or advanced degenerative

disease of the spine.