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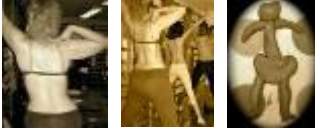
Cindy Marti

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# Objectives

1. Understand history of Schroth method and relationship to BSPTS
2. Understand multidisciplinary approach to conservative management of scoliosis
3. Perform an individualized scoliosis patient clinical evaluation
4. Understand radiological variables in scoliosis assessment and classification
5. Identify scoliosis patients appropriate for conservative management
6. Develop specific treatment plans and goals based on the patient presentation
7. Treat patients with basic 3-D principles of correction according to BSPTS
8. Treat in 5 basic starting positions (supine, prone, side-lying, sitting and standing)
9. Teach joint protection and proper ADL principles for patients with scoliosis



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1. Scoliosis Definitions, etiology, curve classification
2. Clinical Assessment of trunk shape and posture
3. Radiological (Cobb angle, axial rotation, central sacral line, transitional point, Risser)
4. Sagittal configuration
5. Schroth principles of correction: pelvic corrections, correction of the postural collapse (auto-elongation), correction of the frontal component (deflection), correction of the rotation component (de-rotation), rotational breathing, facilitation and stabilization. Identify scoliosis patients appropriate for conservative management
6. BSPTS Principles: Auto-elongation + postural deflection and derotation from a 3D postural corrected and stable pelvis (detorsion); increase of the de-rotational component throughout tensional pair-of-forces – Asymmetrical Sagittal Straightening; Increase of the deflection component throughout frontal postural over-correction and or tensional force-counter-force; reshaping the trunk throughout control of the internal volumes and breathing mechanics.