

What You Need To Know About The Schroth Method

BSPTS SCHROTH METHOD DEFINITION

The BSPTS Schroth Based Method is a form of Physiotherapy Scoliosis Specific Exercises (PSSE). The formal definition of PSSE was developed Scientific Society of Scoliosis Orthopedic Rehabilitation and Treatment (SOSORT). PSSE is a name to cover all the different types of scoliosis specific exercises that are known around the world that have scientific proof of their effectiveness. Schroth is just one of several types of PSSE. The difference between the schools of thought is related to what and how the postural correction is defined and performed by the patient under the Physical Therapist's direction.

An exercise type must meet the following requirements in order to be an accepted PSSE by SOSORT:

- Autocorrection in 3D. The patient learns how to perform the corrected posture themselves.
- Activities of daily living. The patient knows how to correctly posture during normal movement patterns in their life activities.
- Stabilization in corrected position. The patient performs exercises to stabilize the corrected posture both in the clinic and at home.
- Education. The patient and family are educated about scoliosis and what PSSE aims to support.

INITIAL TESTING AND EVALUATION

A therapist will perform a thorough initial evaluation. If possible, the parent should sit in on the evaluation and ask questions as needed to better understand the process. The following is a list of tests that the Schroth trained PT may use to develop a treatment plan for your child.

Typical Tests and Measures:

- Adams forward bending test
- Scoliometer (to measure ATR asymmetrical trunk rotation)
- Postural assessment-patient will stand in front of a postural grid; photos are taken at this time.
- Joint hypermobility (double jointed)
- Respiratory function
- Quality of Life assessment tools will be completed (TAPS and SRS-22)
- Radiological Studies: Skull to pelvis and sagittal plane views; most updated images are necessary to determine the patients curve type.
- Other standard PT tests as required based on individual needs

TREATMENT PLAN DEVELOPMENT:

Once the evaluation is complete the treatment plan and goals are developed based on the medical needs of the patient. The PT will recommend length, duration and number of visits the child's course of treatment will take. After discussing the plan, the patient, family and PT should all agree on the appropriate goals of treatment. The goals should be patient specific, measurable and achievable. After the evaluation is completed and goals are agreed upon, treatment should begin.

Treatment:

Education of the patient and family will be in a style that is understandable and relevant. The program involves self-awareness of the scoliosis posture and strategies to improve the alignment of the patient. It is imperative that the patient is actively involved in the exercises.

Exercise will include BSPTS principles of correction. It is highly recommended that these exercises are video taped for future reference. The patient will be provided with a 3- ring binder that will be used to keep the PSSE sheets in. Most of these beginning exercises are positions to help lengthen and stabilize the trunk. The positions used early in treatment control for the effects of gravity by exercising

in anti-gravity positions. Early on in the treatment the patient and family are educated on neutral spinal body mechanics (for example, how people sit to study, stand for band practice and perform other general daily activities). The body mechanics should be supported with education on why this is important, specifically looking at factors which may increase the risk of progression of the scoliosis.

Once the patient can control postures without gravity, he or she will try to work into upright exercise positions with corrected alignment. Eventually, positions become more dynamic and more resistive, and some special exercises may be used. These advanced exercises are only for the patient who has been training for a significant period of time and/or manages a high capability of postural strength.

Be sure to discuss with your PT any pain, making necessary modifications and/or looking for other sources of pain. Pain and other orthopedic conditions should be considered when developing the overall treatment plan.

The ultimate goal is for the patient to be strong enough to be able to control postures during daily life activities with minimal mental or physical effort.

EXPECTATIONS:

Your BSPTS Schroth therapist should:

- Follow SOSORT treatment guidelines.
- Be specifically certified in the method.
- Work with a team including the patient, family, orthotist, doctor and, if necessary, a counselor/psychologist.
- Regularly and individually re-assess the patient doing the exercises, to ensure that the exercises are performed correctly.
- Direct the progression of the exercises as needed to challenge the patient and address any adaptations or changes in the body.

- Help with brace compliance by assisting the patient and family in understanding how to wear and practice moving in the brace.
- Use hands on treatment as needed to assist with the mobility exercise ability.
- Provide spinal stabilization exercises during weaning patient from a brace.
- Provide pre-op preparation, if indicated, with exercises to build flexibility and overall strength.
- Provide PSSE after surgery if pain or functional deficits arise.

Like any other medical training, the quality of the application of the method is not in the control of the school but is in the hands of the PT providing the treatment.

ADDITIONAL QUESTIONS:

1. How long is each visit?

We recommend 75 minutes minimum per session

2. Do patients learn the basic program in a group or 1:1 (physical therapist to patient)?

Currently ,we only provide Schroth sessions in a 1:1 setting.

(As a Schroth C2 therapist group sessions are possible. BSPTS guidelines recommend C2 educated PT for group led training.)

3. Can you give an example of what a typical visit might look like to us?

You will be 1:1 C2 level therapist for 75+ minutes learning Schroth exercise, posture and functional movement patterns to reduce the risk of curve progression. The first part of the session will consist of manual therapy techniques such as soft tissue mobilization, Myofascial release, stretching, and correction of any pelvic imbalance. Once the body is relaxed and tight muscles are lengthened we will begin the Schroth exercises that is to be learned during that session. The position is discussed prior to the patient performing the position. The patient will then perform the position with guidance and then will be asked to rest for a few minutes before performing it for a second time. Videoing the position will take place during

the second performance of the position. We then de-brief the position and go over any questions that the patient may have.

4. Will my child have no more than 1-2 different physical therapists guiding the learning of the Schroth method treatment?

No, currently Advanced Care Physical Therapy has one trained Schroth C2 / SEAS C2 therapist (Julie Reinstein) . Research proves that outcomes are best when there is a consistent provider in the care of a patient.

What your therapist might expect of you:

- Regular performance of exercises assigned by PT (frequency, duration and intensity of the exercises based on the person's risk of progression and other factors.)
- Compliance with bracing as directed by the medical team. Brace compliance consists of brace wear time plus the proper wearing of the brace as instructed by the medical team.
- Follow up as recommended by the doctor and orthotist.
- When updated radiological images are taken it is requested that the patient/family obtains a CD copy of these images for the therapist to review.