

Ask The Doctor *Your questions answered by the professionals.*

The Association submits questions from readers of a non-personal nature regarding scoliosis and related spinal problems to one or more doctors. Such non-personal questions can be sent to: Ask The Doctor, c/o The Scoliosis Association, Inc. P.O. Box 811705, Boca Raton, FL 33481-1705.

Additional answers to the following question presented in the September/October 1999 issue of BACKTALK.

Q: I am a 50 year old female. When I was a teenager I was treated for scoliosis with a Milwaukee brace. At the end of my treatment my thoracic curve measured 40 degrees. My curve has increased slowly and now measures 60 degrees. I have begun to have shortness of breath when walking up a hill or other kinds of moderate exercise. Is the shortness of breath due to my scoliosis, and will surgery for the scoliosis improve my breathing?

A: Shortness of breath caused by pulmonary dysfunction can occur in individuals with idiopathic scoliosis whose curves measure greater than 60 degrees and is usually caused by physical deconditioning and decreased chest wall compliance (increased

stiffness). Parenchymal dysfunction, or actual compression of the lung tissue, is generally accepted as not occurring until the curve reaches 100 degrees. A pulmonary function test (PFT) and cardiac examination would help determine the exact causes of shortness of breath in any patient with scoliosis.

Surgery is indicated for a progressive 60 degree adult idiopathic thoracic scoliosis with or without pulmonary dysfunction. Although moderate improvement (10-15%) in PFT's have been seen in adolescents after surgery, improvement in adults is less predictable. It is more likely that aggressive pulmonary rehabilitation and cardiovascular conditioning postoperatively will improve your shortness of breath more than the surgery itself.

*Robert S. Pashman, M.D.
Director, Scoliosis and Spinal
Reconstruction Services
Cedars-Sinai Institute for Spinal Disorders
Los Angeles, CA*