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## Therapy and Prophylaxis of the So – Called Idiopathic Scoliosis. Old and New Exercises. Results. Examples

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*Introduction-* Till 1995 the aetiology of idiopathic scoliosis was not found and treatment by extension exercises was the most common method of therapy. The observation about scoliosis are finished in 2007 – T. Karski. On basis of our observations (1985 – 2014) we can underline that all extension exercises, other name - strengthening exercises, were and still are - wrong and harmful. All patients coming to our Department after such previous therapy suffered from huge deformities, bigger humps and stiffness of the spine. To explain these undesirable results of the treatment the term “the natural history of scoliosis” was coined. We studied that all strengthened exercises other name extensions exercises, in prone position exercises, “muscle corset” making exercises, were only bad, making huge iatrogenic deformity of spine and trunk.

*Keywords:* so-called idiopathic scoliosis, treatment, old and new exercises.

*GJMR-H Classification:* NLMC Code: WD 205, WE 735



*Strictly as per the compliance and regulations of:*



# Therapy and Prophylaxis of the So – Called Idiopathic Scoliosis. Old and New Exercises. Results. Examples

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## I. INTRODUCTION

### a) *Exercises in scoliosis in past time*

Until 1995 the aetiology of idiopathic scoliosis was not found and treatment by extension exercises was the most common method of therapy. The observation about scoliosis are finished in 2007 – T. Karski. On basis of our observations (1985 – 2014) we can underline that all extension exercises, other name - strengthening exercises, were and still are - wrong and harmful. All patients coming to our Department after such previous therapy suffered from huge deformities, bigger humps and stiffness of the spine. To explain these undesirable results of the treatment the term “the natural history of scoliosis” was coined. We studied that all strengthened exercises other name extensions exercises, in prone position exercises, “muscle corset” making exercises, were only bad, making huge iatrogenic deformity of spine and trunk.

### b) *New tests for scoliosis as the condition of proper diagnosis*

The test for scoliosis are presented in other article. Here we would like to repeat some importance information. In the diagnosis of scoliosis we should use known old tests (Adams & Meyer test) but also new tests such as side bending test for scoliosis, checking of habit of standing (right versus left leg), Ely-Duncan test (other name - Thom test, other - Staheli test), pelvis rotation test (new test – 2006), adduction of hips test – similar to Ober test” and others, presented in others article in detail. Only such precise examination can detect the beginning stadium of scoliosis.

### c) *Old and new rehabilitations exercises – general information*

Firstly, it must be stated that all extension exercises, all so - called strengthening exercises were

and are wrong and harmful (Fig. 1, 2). All patients after such therapy were only with fix and big deformity (Fig. 3, 4, 5).

The proper solution of the spinal problem, in our opinion, is an early prophylactics based on the biomechanical etiology of scoliosis. The therapy must be based on the new exercises which are beneficial for the treatment but especially for prophylaxis of scoliosis. They include all exercises removing contracture in the region of hips, of pelvis and in the whole spine such as flexion - rotation exercises practiced as early in life as the age of 3 or 4 (Fig. 6, 7, 8, 9, 10). Very important aim of the therapy is to restore the full and symmetrical movement of both hips in very early period of life of children to prevent the start and progress of scoliosis.

### d) *General outline for the new rehabilitation exercises*

The proper solution for the spinal problem is an early prophylactics based on the biomechanical aetiology of scoliosis. New exercises are beneficial both for the treatment and the prophylaxis of spine deformity. They include all exercises removing contractures in the region of the hips, of the pelvis and in the spine such as flexion - rotation exercises practiced as early in life as 3 or 4. All relaxation exercises which remove abduction, external rotation and flexion contracture of the right hip, as well as all exercises removing contracture on the concave side of curves are very useful. Additionally, it is important to stand ‘at ease’ on the left leg instead of the right, next - to relax and sleep in foetal position and to practice sport, especially involving stretching for example karate, taekwondo, aikido, yoga and other.

### e) *The results of the new therapy* (Fig. 11, 12, 13, 14)

The results statistically were presented on the material from years 1985 - 2005 (published in 2005 in “Pan Arab Orthop Journal” – T. Karski and in “Ortopedia. Traumatologia. Rehabilitacja”, Poland – 2005 - Karski T. and team). The article published in 2005 described the material covered 434 randomly chosen case histories and in the other article published in the same year covered the material of 629 randomly chosen case histories (“Ortopedia. Traumatologia. Rehabilitacja” [Polish]). The results presented in next years of our research in the publications in USA, in Spain, in materials of IRSSD Congresses (2012) were in percentage similarly like in this presented articles.

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f) *The results in I epg group of scoliosis*

The following results were in I epg "S" primary double scoliosis. Character of this scoliosis: stiff spine and with rib gibbous on the right side, are following:

- In 18% of children after 2 – 3 years of treatment we see normal axis of spine. In this group were children with incipient scoliosis and first stage of curvature according Cobb. These children were not primary treated by incorrect, wrong exercises outside of our Department.
- In 60% of children after 2 – 3 years of treatment we see decreasing of curves. In this group were children with 1st and 2nd stage of curvature according Cobb. These children were not primary treated by incorrect, wrong exercises outside of our Department.
- In 9% of children we noticed stop of progression. In this group were children with 1st and 2nd stage of curvature according Cobb. These children were primary treated by incorrect, wrong exercises outside our Department, some month till one year.
- In 13% of children we see progression. These children were primary treated by incorrect, wrong exercises outside our Department, some years.

g) *The results in II epg group of scoliosis*

We present the results in II/A epg "C" scoliosis – one curve deformity and in II/B epg "S" scoliosis, with thoracic curve secondary. In this group of scoliosis the spine is flexible.

- In 39% of children, there were normal axis. In this group were children with 1st and 2nd stage of curvature according Cobb. These children primary were not treated by incorrect, wrong exercises outside of our Department.
- In 32% of children we see decreasing of curves. In this group were children with 1st and with 2nd stage of curvature according Cobb. These children primary were not treated by incorrect, wrong exercises outside of our Department.
- In 26% of children we noticed stop with progression. In this group were children with 1st and with 2nd stage of curvature according Cobb. These children primary were treated by incorrect, wrong exercises outside our Department, some month.
- In 3% of children there were progression. These children primary were treated by incorrect, wrong exercises outside our Department, some years.

## II. CONCLUSIONS

- The old, previous extensions or strengthened exercise in treatment of scoliosis were not proper, they lead to bigger deformity, to bigger the rib gibbous, to more rigid spine.
- The term "the natural history of scoliosis" to explain the bad results of therapy of scoliosis, really were the result of improper treatment and they present the iatrogenic deformity.

- The stretching exercises leading to full and symmetrical movement of hips and of spine are only one proper method of therapy of the so-called idiopathic scoliosis.
- Children endangered with scoliosis should stand more or only on left leg.
- The standing 'at ease' on the left leg and all sport arts from far Asia (from Japan, Korea, China, India) are very useful for therapy and for prophylaxis of spine deformity.
- All children should sit in relax position – never in strait up position.
- They should sleep in embryo position.
- The causal prophylaxis should be introduced to all children in their very early period of life – it's mean in 3rd – 5th years, in all countries of the world.

## II. LITERATURE

See article about etiology of scoliosis and in [www.ortopedia.karski.lublin.pl](http://www.ortopedia.karski.lublin.pl)

## Figures



Figure 1 : Wrong, improper exercises



Figure 2 : Wrong, improper exercises



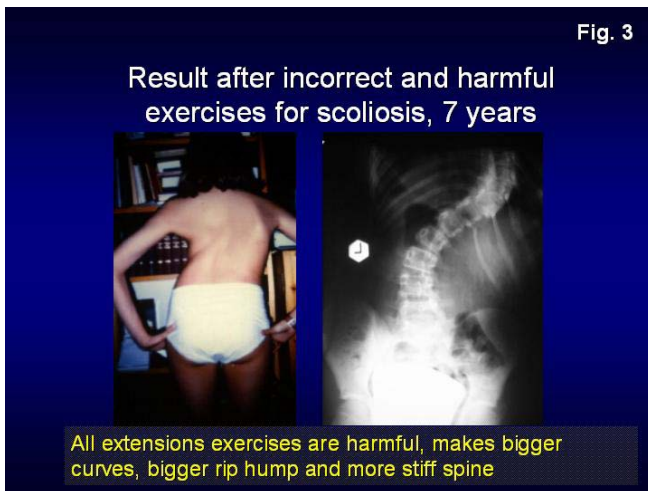


Figure 3: Results of wrong, improper exercises



Figure 4: Results of wrong, improper exercises



Figure 5: Results of wrong, improper exercises

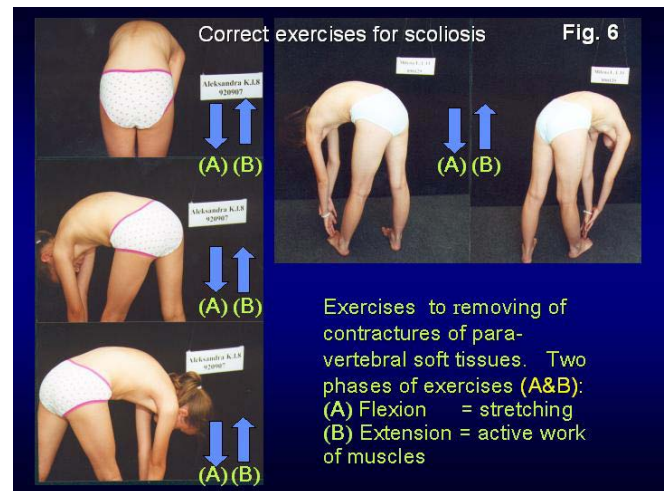


Figure 6: New exercises for scoliosis

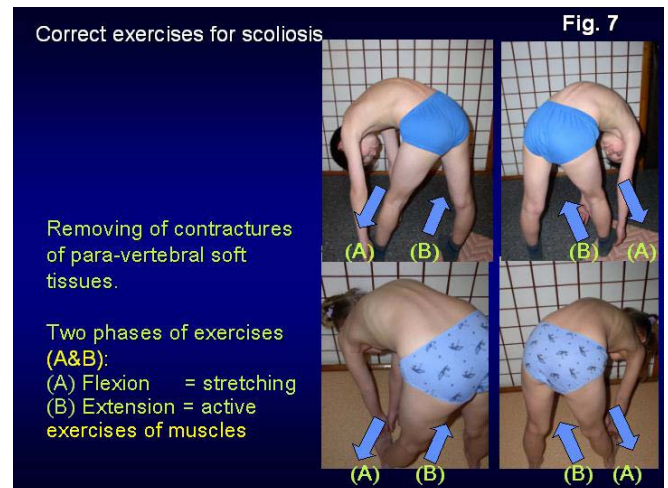


Figure 7: New exercises for scoliosis

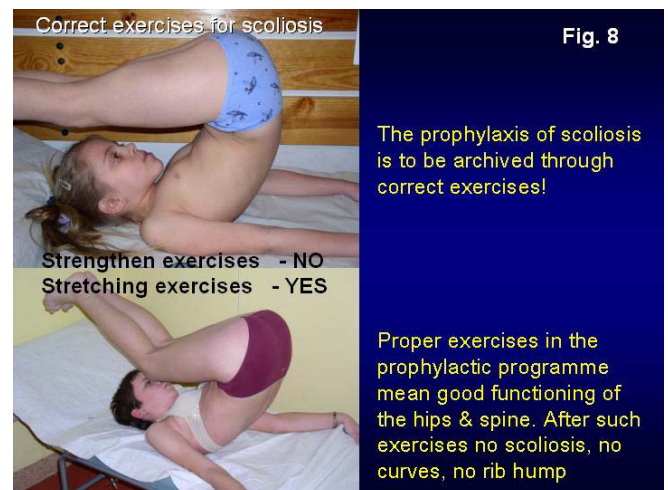


Figure 8: New exercises for scoliosis

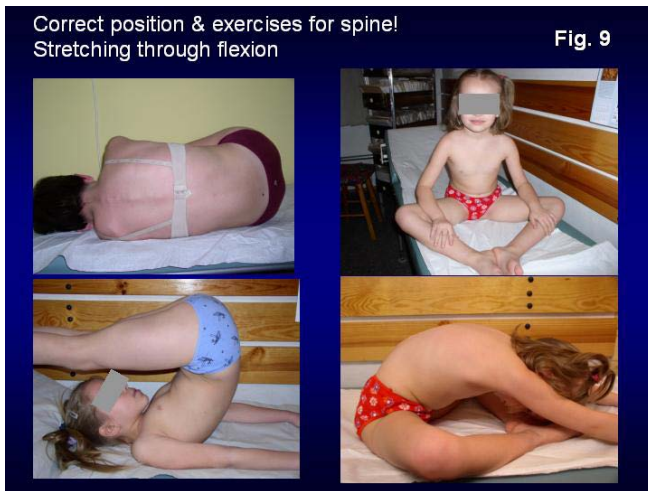


Figure 9 : New exercises for scoliosis

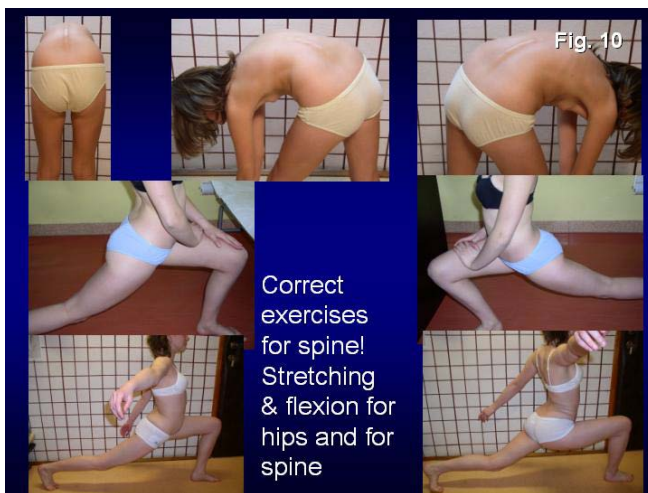


Figure 10 : New exercises for scoliosis

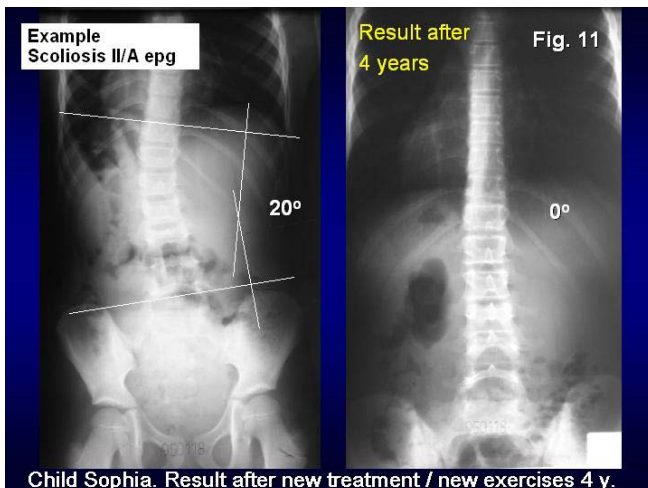


Figure 11 : Results after new exercises for scoliosis

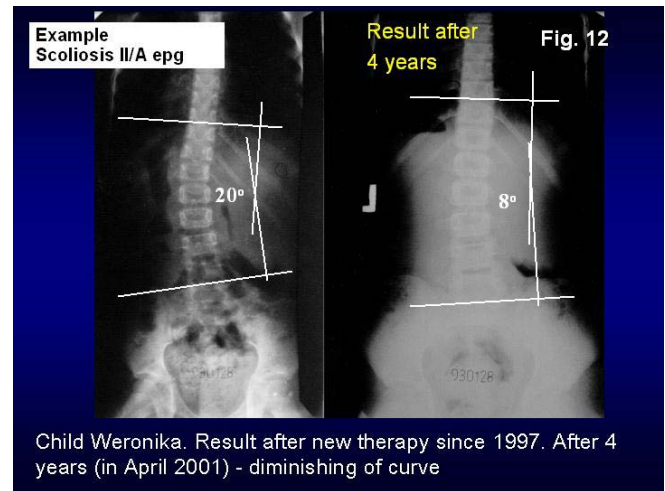


Figure 12 : Results after new exercises for scoliosis



Figure 13 : Results after new exercises for scoliosis



Figure 14 : Results after new exercises for scoliosis

### III. ACKNOWLEDGEMENT

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