

Scoliosis and Sports

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While primarily an affliction of children, scoliosis may also present problems in adults. There are many theories about the onset of this condition, but the true cause of most scoliosis cases remains unknown. The word scoliosis means “curvature.” The prevalence of significant spinal scoliosis is two to four percent in the adult population. As the severity of the spinal curvature increases, females seem to have a higher incidence.

Scoliosis may be divided into cases of idiopathic (meaning unknown cause) or congenital origin. In the congenital scoliosis, there is a recognizable spinal defect or abnormality to account for the development of the abnormal curve. Congenital abnormalities cause a decrease in the mechanical strength of the spine, adversely affecting and altering the normal joint(s) movement, sometimes causing irritation or pressure to the spinal nerves.

The presence of scoliosis can cause confusion regarding athletic participation. Generally speaking, exercise is of benefit to the scoliosis patient, whether a child or an adult. An exercise program will strengthen the spinal muscles, stretch tight muscles and ligament, and increase general flexibility. A scoliosis curvature may tend to limit freedom of movement, particularly in bending or twisting of the trunk. This affects performance in one-sided sports, like tennis and racquetball or throwing sports, while also making the spine more susceptible to joint strain. These athletes should be encouraged to also partake in symmetrical sports, for example swimming, to help stretch out the scoliosis. Participation in contact sports, in athletes with congenital scoliosis, should be addressed by individual spinal evaluation. In all cases, it is the mobility of the spine which is important and this can be improved by professional manipulation to both the joints and the soft tissues of the spine.

Evaluation for scoliosis should take place at an early age. The Scoliosis Research Society currently recommends annual screening of children age 10 to 14 years, being that the population most at risk for spinal deformity is adolescents from 9 to 15 years of age. The practitioner best qualified to evaluate scoliosis and treat an identified case is the Chiropractor. Chiropractic doctors have the greatest degree of specialty in spinal care and even though exercise and spinal manipulation therapy have yet to be shown effective in correction adolescent scoliosis, they have been shown to improve posture, flexibility and muscular tone - all necessary elements to peak athletic performance.

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