

INTRODUCTION

Scoliosis is an apparent lateral curvature of the spine. Apparent because, although the torso has a sinuous appearance from behind and true lateral curvature of spine is a real entity, the commonest form is scoliosis. Scoliosis is a triplaner deformity with lateral anteroposterior and rotational components, [Dickson RA, et al, 1984].

The presence of rotational element is taken as a presumptive evidence of scoliosis. Occasionally, lower extremity deformity and scoliosis co-exist, [Bradford D, et al, 1985].

There are many types of scoliosis seen in children, the most common is idiopathic scoliosis for which the cause is unknown. Other common types of scoliosis include congenital, neuromuscular, metabolic and traumatic scoliosis. In adults scoliosis can occur due to a childhood scoliosis which has progressed in adult life, or a new scoliosis which has developed due to aging, [Wenstien, 1994].

The management of scoliosis is always preceded by clinical and radiological assessment of the case and differs for the different types of scoliosis, it usually varies from doing nothing, doing some sort of exercises, wearing a special brace or surgical procedures, [Bradford D, et al, 1985].