



Picture 2: Seeing the scoliosis in forward bend test of the patients

85% of all scoliosis cases.

Prevalence of AIS is such that it is seen more frequently in female children (3-9/1000) compared to males (0-3/1000), %1.5-4.1 [6, 7].

Patients with scoliosis usually consult physicians due to complaints regarding deformity such as curvature of the back, shoulder, trunk and lumbar asymmetry in the spine. However, when these disorders have been diagnosed, an advanced curvature has already occurred in patients. Other than this, it can be detected by families, scoliosis screening programs or school examinations. Sometimes it can be detected coincidentally after lung radiography or intravenous pyelography [8].

As with all disorders, the most important component of diagnoses in scoliosis is physical examination. The patient should be examined from front and back while standing. All clothes must be removed for examination of the patient and the

rear section should be clothed with an open examination apron. The patient must be evaluated from the front, back and side while at upright position on a flat surface. In the anterior examination of the patient, shoulder-clavicle balance, breast symmetry, pelvis-iliac wing balance should be looked at. It should be kept in mind that any present pelvic imbalance can be caused by difference in length of lower extremities. In the examination of the patient's side, thoracic hypokyphosis and/

or lumbar lordosis reduction, which is frequently seen in patients with AIS, should be examined. In the examination of the patient from the back, the straight-drawn line (plumb line), which is drawn downwards starting from the head, should be examined to determine whether it passes through the middle line of the tailbone and a spinal deformity diagnosis should be made in cases where there is a shift over 2 cm.

A widely used practice during the examination of the patient's rear is the Adam's forward bend test. This is a non-invasive test used to assess the coronal imbalance. During the Test, the patient will be asked to touch the ground while both arms are positioned in front and on the ground with the spine parallel to the ground, and their back and sides are examined. It is frequently used in spinal scans, and it can determine the hunch according to the degree of spinal alignment problem and curvature of the spine during this

forward bend test.

During the test, the angle measurement of the curvature according to the ground plane can be done with the help of devices such as the Schulthess meter, Perdriolle, Tensiometer and Scoliometer. Curvatures over 20 degrees can be easily diagnosed with a scoliometer.

The basis for the evaluation of the patient during treatment and follow-up consists of the standard standing antero-posterior (AP) and lateral ortho x-ray. The Cobb method is considered to be a standard measurement method for determining the degree of the curvature. According to the data obtained here, information is gathered about the degree of the curvature. The classification of scoliosis can be done according to the location and degree of the curvature. While using King-Moe classification used to be the go-to method for classification, Lenke classification is the method currently being used [9,10].

Knowing the natural course of the disorder before the treatment of AIS is important in terms of planning the treatment [11,12]. The progression of curvature is the most important factor in the natural course of AIS. The continuation of skeletal development and major curves are risk factors for the progression of curvature. Therefore, the patient's remaining growth potential and degree of curvature should be known before planning the treatment. For radiological determination of skeletal maturity, Risser sign is used to assess the ossification of the iliac wing apophysis.

The maturity of the patient and the severity of the curvature are the two most important factors when deciding whether conservative or