

by applying lordosis-oriented force in the thoracolumbar region.

TriaC Orthotics (Comfort/Control/Cosmosis)

This orthosis type is only effective in the T-zone.

Boston orthosis

It was developed for a patient with lumbar curvature who rejected to use the Milwaukee orthosis (1972). It is applied in certain measurements and symmetrically. Anti-lordotic effect and intraabdominal pressure are its main features.

Charleston bending orthosis

It works according to the Heuter-Volkman principle works: Asymmetric vertical loads affect bone development. It is reported to be more effective in single L, T or TL.

SpineCor orthosis

The positive aspect of this orthosis is that it is flexible and can be easily tolerated. It can be effective in moderate scoliosis. However, difficulty of its application and its lack of rigidity are its disadvantages.

Orthotics and physiotherapy

Physiotherapy training is required for an effective orthotic application in adolescent idiopathic scoliosis. Pre-orthotics stage: Should stretch soft tissues to increase the effectiveness of the orthosis and ensure flexibility. Orthosis Stage: Special physiotherapy (including respiratory training) for scoliosis. End stage of orthosis use: Physiotherapy should be performed to increase Spinal stability.

Examining and monitoring of the Orthosis

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It is important to assess the following problems during the examination of the orthosis: Pressure sensitivity and

allergies, excessive intraabdominal pressure, excessive pressure on the kidney, excessive total thoracic pressure, whether there is an increase in primary and compensated curvature.

Assessment and follow-up for orthosis's: The first orthosis checkup should be performed after 10-15 days. In this examination, pressures should be controlled and a precaution should be taken to prevent minimal/excessive pressure. If necessary, additional pressure should be applied to make up for inadequate pressure.

In the medical literature, 3-6 months is the recommended period for regular orthosis examination, it is recommended to perform an examination every 2-3 months considering the patient's social and cultural needs. In patients with idiopathic scoliosis, the patient has a premenarchal period and rapid growth phases are important factors in performing more frequent checkups.

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