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Letter to the Editor
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Response to: Evidence-Based of Nonoperative Treatment in Adolescent Idiopathic Scoliosis

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1. The Risser sign is used as a standard criterion in the treatment of scoliosis because it represents the velocity of height growth. Gender plays a role in the Risser stages. For example, female adolescents in Risser stage 1 have already passed the peak high velocity (PHV); therefore for female adolescents at Risser stage 1 or 2 with 20 degrees Cobb's angle, I recommend only regular follow-ups without the brace treatment. Male adolescent at Risser stage 1 have a lot of potential for growth and for male adolescents at Risser stage 1 or 2 with 20 degrees Cobb's angle, I recommend the brace treatment.

2. There are lots of debates about the results of Charleston and Providence braces treatment with Janicki et al. [1], insisting that the brace treatment is effective, while Wiemann et al. [2], insist that it is not effective. Although I do not have academic evidence yet, I personally think that applying the Providence brace treatment at night and the Charlstone brace treatment during the day might be a way of increasing patient compliance.

3. The Lenke classification [3] is well sorted and effective in fusion level decision, but is too complex. The King classification [4] is simple to use, but the inter-observer variance is large. The Peking Union Medical College (PUMC) classification [5] is simple and useful, but it is not commonly used worldwide. As each of the classifications has its strengths and weaknesses, I personally prefer the King classification. Most of the studies cited in this paper used the King classification or some classification similar to the King classification.

Conflict of Interest

No potential conflict of interest relevant to this article was reported.

References

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