Case-Base Discussion – 5th June 2023 (Ref 305)

Case - Scoliosis

Today's discussion focused on a 15-year-old girl who was diagnosed with scoliosis at 18 months. She wore a body brace from the age of 2 and underwent surgery aged 11 – an experimental operation at the time, involving Vertebral Body Tethering (VBT), designed to allow flexibility of the spine. She was advised post-operatively not to lift anything heavy – not even her school bag; now, however (5 years on!), her consultant has advised her that she should start sporting activities, and now most of her growth has taken place. Interestingly, the patient has never experienced any pain directly relating to her scoliosis, but she suffers widespread pain on a daily basis associated with hypermobility resulting from a connective tissue disorder (unspecified at this stage).

Thoughts from Claire Minshull on rehabilitation:

The consequence of a long period of not lifting is that the body becomes de-conditioned, ie. muscles, ligaments, tendons and bones have not had the opportunity to respond to load, and therefore do not strengthen. According to the research, this adaptation response is shown to be beneficial for patients suffering with hypermobility. This patient needs to find a way to engage in activities that promote this conditioning.

Claire suggests that she follows a graded exposure to resistance training, challenging the body to adapt in progressions. A useful starting point could be a vibrating plate; the input of vibrations into the body cause the muscles to contract and help patients cope with more physically demanding exercises. Water-based exercises could be a good first step into loaded activity. The medium of water gives resistance to body weight, and additional resistance can then be added with equipment such as aqua gloves or foam dumbbells. An exercise strategy can also be built around the patient's interests; for example, gradually increasing the load activities when mucking out the horses, lifting the saddle etc. Exercises could also be incorporated into everyday activities, such as standing on one leg while making breakfast or brushing teeth, to improve balance. Although the research states that the adaptation response to load is best stimulated by the 5-rep max rule, this would be impossible in this case, when a graded exposure to resistance training is required.

This is a really uplifting case and life-changing for the patient, now that she has been given licence to engage in sporting activities. It also reminds us of the importance of load-bearing exercises in the maintenance of our own health.

Linking this case with Osteopathic Practice Standards Themes

A – Communication and patient partnership

A1 You must listen to patients and respect their individuality, concerns and preferences. You must be polite and considerate with patients and treat them with dignity and courtesy.

A2 You must work in partnership with patients, adapting your communication approach to take into account their particular needs and supporting patients in expressing to you what is important to them.

A5 You must support patients in caring for themselves to improve and maintain their own health and well-being.

B - Knowledge, skills and performance

B1 You must have and be able to apply sufficient and appropriate knowledge and skills to support your work as an osteopath.

B2 – You must recognise and work within the limits of your training and competence

B3 You must keep your professional knowledge and skills up to date.

B4 – You must be able to analyse and reflect upon information related to your practice in order to enhance patient care.

C - Safety and quality in practice

C1 – You must be able to conduct an osteopathic patient evaluation and deliver safe, competent and appropriate osteopathic care to your patients.

D – Professionalism

D10 You must consider the contributions of other health and care professionals, to optimise patient care.

Linking this case with the Chiropractic Code

Principle A – Put the health interests of the patient first

A1 Show respect, compassion, care by listening/acknowledging views and decisions.

Principle C – Provide a good standard of clinical care and practice

C5 Develop, apply and document a plan of care in full agreement with the patient.

Principle E – Obtain informed consent for all aspects of patient care

E1 Share with the patient accurate, relevant and clear information to enable the patient to make informed decisions about their health needs and relevant care options. You must also take into consideration a patient's capacity to understand.

Principle F – Communicate properly and effectively with patients, colleagues and other healthcare professionals

F1 Explore care options, risks and benefits with patients, encouraging them to ask questions.

F3 Involve other healthcare professionals in discussions on patient's care, with the patient's consent, if this means the patient's health needs will be met more effectively.

Principle G – Maintain, develop and work within your professional knowledge and skills

G1 Keep your knowledge and skills up to date, taking part in relevant and regular learning and professional development activities that aim to maintain and develop your competence and improve your performance and the quality of your work.

G3 Recognise and work within the limits of your own knowledge, skills and competence.

G5 Refer to, or seek expertise from, other chiropractors or healthcare professionals, when needed.