



## At a Glance

The Schroth Method applies scoliosis-specific exercises to the trunk in an effort to improve global posture. The primary goals of treatment are:

- To stop or reduce curve progression at puberty
- To prevent or treat respiratory dysfunction
- To prevent or treat spinal pain
- To improve aesthetics via curve correction.

Specific exercises are provided based on the curve patterns and severity, as well as the patient's function and mobility. Schroth exercises are active and focused. The goal is to create awareness of the new posture and alignment through position, repetitions and breathing. Patients are guided with tactile stimuli so they have an understanding of where they need to breath and elongate to create muscle activation to assist in curve correction.

In cases where bracing is recommended, physical therapy does not replace the need for bracing, but can be used in conjunction with bracing to help achieve the goals listed above.



*At Kitsap Physical Therapy, we have 3 therapists who are Schroth-Certified (Schroth Cert. C1) and trained in evidence-based protocols for the treatment of scoliosis. For more information, contact one of our specialists below or visit [www.KitsapPT.com](http://www.KitsapPT.com)*

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## Scoliosis Treatment

*The Schroth Method is a physical therapy approach for the treatment and management of Scoliosis in adolescents and adults*

## Treatment

Therapy sessions begin with education in anatomy and function of the spine. Patients learn about the changes that take place in the spine and body when scoliosis is present. These changes include spinal alignment, rib cage shape, muscle pull, organ pressure and function, and trunk shape. Patients will learn about the vicious cycle theory, and how they can impact their scoliosis. Remember that in idiopathic scoliosis there is no known cause, but once the scoliosis curve is initiated, muscle and postural imbalances result. These imbalances play a role in the progression of the scoliosis curvature. These uneven forces in the body can potentially increase the uneven forces in the spine. Temporarily correcting the muscle and postural imbalances with specific scoliosis exercises and posture can be an important factor in preventing curve progression in clinically noticeable structural curves. However, biomechanics may not be the only factor in curve progression or regression. This may be why some curves continue to progress even with the exercises and the use of a good brace during adolescence.

## Did you Know?

AIS (Adolescent Idiopathic Scoliosis) prevalence is estimated to affect 0.5-5% of the population and tends to be more common and more severe in girls than boys. Spinal deformity most rapidly progresses around the time of puberty, and the earlier detection and treatment is started, the better outcomes tend to be. There are researched guidelines used to determine if the child needs observation, scoliosis-specific exercise, bracing, or a combination thereof.

## Education

Education/certification in the Schroth method teaches clinicians to identify the patient's specific curve pattern in order to apply patient-specific exercise/treatment. Research indicates that about 50% of the scoliotic posture is structural (due to the shape of the bones in the spine changing), while another 50% is postural (due to the positional habits of the individual). This means that up to 50% of the scoliotic posture could possibly be improved with scoliosis-specific exercise. Furthermore, there is evidence to suggest that when the postural component of scoliosis is addressed, the structural progression is less likely to occur.

## History

The Schroth Method for scoliosis is a conservative treatment for adolescent and adult scoliosis based on the principles of Katharina and Christa Lehnert Schroth that were developed in Germany in the 1920s. Katharina Schroth (1894-1985) developed the Schroth Method based on her personal experience with scoliosis as a teen. She dedicated much of her life attempting different corrections of her curve and discovered certain positions, movements and breathing techniques which made her own torso deformity less obvious.

Trained as a teacher, Ms. Schroth started sharing her techniques with patients in the 1920s and eventually established her own clinic in Germany. Her daughter, Christa Lehnert-Schroth P.T., helped her further develop the theory and techniques underlying the Schroth Method. The Schroth family has authored books, produced numerous articles, and educated others on these non-surgical techniques. Over one thousand patients are treated annually at the Asklepios Katharina-Schroth Clinic in Germany and there is frequently a several-month-long waiting list.