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THE TREATMENT

OF

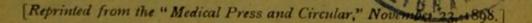
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LATERAL CURVATURE OF THE SPINE,

BY

PHYSICAL EXERCISES AND POSITION.

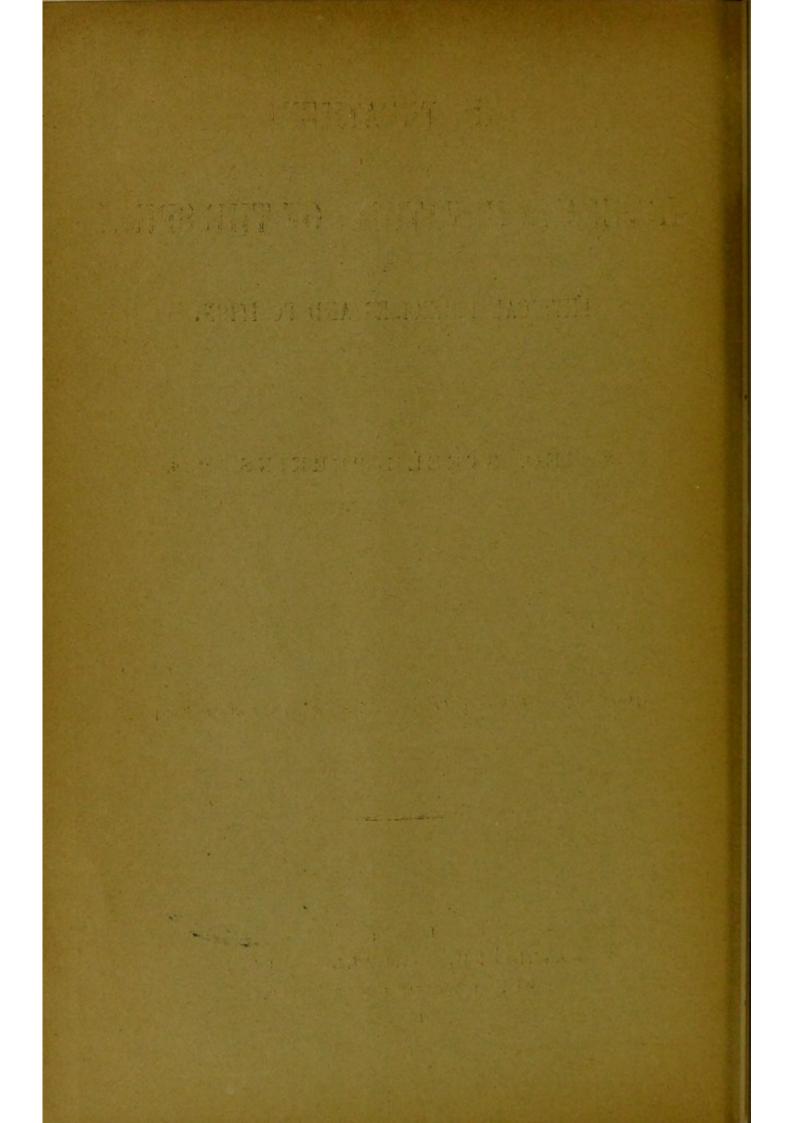
BY GEO. STEELE PERKINS, M.D.



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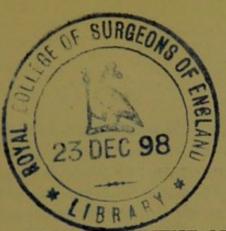
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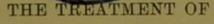
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Causes.—The causes of lateral curvature are very numerous and on a future occasion I purpose deal. ing with this part of the subject separately, as to enter into the question now would unduly lengthen the present paper.

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LATERAL CURVATURE OF

THE SPINE

BY

PHYSICAL EXERCISES AND POSITION.

THE fact that lateral curvature of the spine is treated by some with spinal jackets and other means of support is the reason of my venturing to write advocating the value of the treatment of this condition by physical exercises and position, knowing the invariably good results from this latter method, and feeling that such treatment is both theoretically and practically correct, whereas spinal supports have to my mind, no raison d'etre, nor have I seen those good results following that method which I have always found when the treatment I advocate has been properly carried out.

Pathology.- It is not my intention in this paper to deal at length with the pathology of lateral curvature; I would, however, draw your attention to the fact that we are dealing simply with weakened muscles, with a not properly developed condition of those muscles which maintain the spine in an erect position. We are not dealing with any disease of bones, there is no caries, as is found in angular curvature (Pott's disease), nor is there any condition of diseased bone present. These facts should be borne in mind when considering the treatment suitable and advisable for these cases.

Prognosis .- It may be laid down as a general rule that whatever is the "best position" a patient can put herself into for even a second or two, you may be sure of being able to make her attain to normally and at all times. If there be an osseous deformity of vertebræ and ribs, from the case being of old standing, then to that extent it is naturally impossible to overcome the defect, because the mechanical difficulties are insurmountable, and neither exercises nor supports can possibly overcome these; but short of osseous deformities you can by exercises completely cure your patients, except, of course, in those cases due to paralysis of muscles where naturally a spinal support, combined with electricity and massage, if there be any chance of improving the muscular condition, is the only treatment. If there be indications of osseous deformity of the ribs posteriorly you know that osseous deformity of the vertebræ must of necessity be also present. How can you tell if osseous deformity be present in a case or not? Make your patient well flex trunk by stooping forwards with knees stiff and allow arms to hang down; then if, in this position, the ribs posteriorly and the erector spinæ are perfectiv symmetrical there is no osseous deformity present.

Treatment.—Knowing that lateral curvature of the spine is due to weakened muscles, and not to disease of bones, it is surprising that medical men can still be found advocating and practising the treatment of these cases by spinal supports, and arguing against treatment by exercises and posture, which on the one hand develop those muscles that require strengthening, and on the other educate the muscular sense, so that the muscles know when the spine is in an erect position.

We all know the effect on the muscles of the arm or leg in cases of fracture where it is necessary to place the limb in splints for some weeks; the muscles become smaller, weaker, and less able to perform their functions, and have to be used and exercised again before they regain their normal condition and become able to fulfil their duties properly. If you encase the spine in some form of support exactly the same result must follow : the muscles of the back become weaker, not stronger ; their work is done for them, with the natural result that they become less able, not better able, to perform their functions.

I can see no logical grounds for the spinal support treatment; common sense and arguments all point against it, and we have all seen cases where spinal supports have been worn for years with no benefit whatever, and the patient in the same, or in a worse condition than at the commencement of the treatment; whereas by exercises and posture you are carrying out the methods which the pathology of the trouble points out to be the correct manner of overcoming the condition you know to be present.

The exercises to be employed are those which will develop the muscles which are necessary for the due support of the spine in an erect position.

The position in which the patient should be whilst these exercises are being done is what is termed the "best possible"; this may be with the arms at the sides, or the arms extended outwards from the shoulder, or straight over the head, or one arm by the side and the other out from the shoulder, or one arm by the side and the other over the head, or one arm from the shoulder and the other over the head, and so forth; in this way the muscular sense is educated.

In mild cases these exercises can be carried out by a mother, sister, or any intelligent person, and a few lessons will suffice to give the necessary instructions; in more severe cases it is necessary that the exercises should be done under the supervision of a medical man for a few weeks, and then they can be undertaken at home, always bearing in mind that a stranger is more likely to get the exercises carried out thoroughly than a relative; in very bad cases it is necessary for the medical man to daily supervise the exercises for two or three months, but it is rarely necessary for longer than this period.

After the daily exercises are finished, massage of the back muscles should always be carried out, and then the patient be allowed to rest on the back for fifteen or twenty minutes.

A midday rest on the back on a flat surface is always advisable, and in severe cases it is advantageous to make the patient lie in the supine position two or three times a day for a short period, say twenty or thirty minutes when she feels tired or for the relief of pain; these short rests several times in the day are of greater value than a prolonged rest, say of one and a half or two hours, once a day.

The patient should be trained to be always in the "best position" possible when sitting, walking, standing, &c.

The general health should receive attention, the diet regulated and tonics given when necessary,

especially iron if anæmia be present; examination should be made to ascertain that no enlarged tonsils or adenoids exist, if present they should be removed so that there may be a free access of air to the lungs enabling those organs to become properly devoloped.

The clothing should receive attention, so that there is no garment or anything obstructing due expansion of the chest, no tight lacing, and no clothes hanging from the waist except those that are absolutely necessary.

A horse-hair mattress should be slept upon, feather beds being disallowed, and a low pillow is desirable. An examination should always be made for flat-foot, as this condition is present in a large number of cases and aggravates, and sometimes even causes, lateral curvature; when present, proper treatment should be adopted to rectify this condition, such as exercises to strengthen the leg muscles, a suitable pad placed inside the boot, &c.

Sometimes an inequality in the length of the lower extremities is found, and when present it tends to keep up, and even increase, the spinal curvature; this should be corrected by having a thicker sole to the shoe of the shorter leg.

The temperament of the patient should always be carefully noticed and duly acted upon, so as to make her take an interest in the exercises, as the improvement will be much more rapid if that sympathy and confidence exists between patient and doctor which is so beneficial, and indeed necessary, in the treatment of nearly all kinds of disease.

Inquiry should be made into the surroundings of the patient, and if these are not in harmony with the individual, efforts should be made to alter them so as to bring the patient into a happy and contented frame of mind, a matter of no small consequence, in many cases.

Whilst the treatment is being carried out due regard should be given to the development of the thorax by suitable exercises, including breathing exercises, as this means increased chest capacity with corresponding development of lungs, and in conse: quence, the better purification of the blood, and thereby an improvement in the nutrition of the whole body, the muscles of the back included. Other details should not be overlooked, such as, a proper school desk and seat, a suitable chair for music, the feet always supported on a stool when sitting, the legs never crossed, correct glasses if the eyesight be defective, &c.

As a rule more or less excess of normal anteroposterior curve is present; this should be corrected first, as before this is done you cannot expect to improve dorsal and lumbar lateral curves.

Finally, I wish to point out that these cases do not derive anything like the same amount of benefit if taken in a class with others as when taken separately, because a patient requires constant attention to keep her in the "best possible" position whilst doing the exercises, besides which to obtain the greatest amount of good in the shortest time you must inspire energy into your patients, and with some individuals this requires all your tact and determination, as many of these cases occur in girls of lethargic habits, or indifferent dispositions, or in those who have been more or less spoilt by home surroundings.