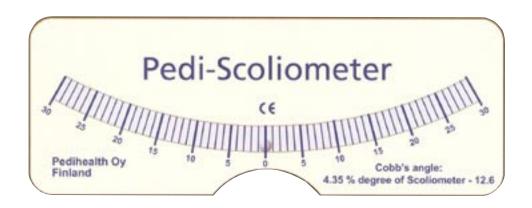


Pedi - Scoliometer



Beskrivning

- Hjälpmedel för att upptäcka scoliosis på barn.
- Rotationen mäts vid 3 punkter.

Teknisk specifikation

0	Mätområde:	0-30 grader
•	Noggranhet:	+- I grad
0	Storlek:	ca 165 x 64 x 10mm
•	Vikt:	ca 102 gram
0	Tillbehör:	Förvaringspåse i tyg

Storlekar och förpackningar

Artikelnr	Benämning	Spec	St/förp.	Transport förp.
220378	Scoliometer PediScoliometer	för mätning av scolios	l st	l st



	Adress	Postnr / ort	Telefon	Telefax	E-post	www
Simonsen Material AB	Kaptensgatan I	SE-211 41 MALMÖ	0771-41 41 00	0771-41 41 10	imfo@simoonoonoo	simonsen.se
Simonsen Norge AS.	Haslevangen 28a	NO-0579 OSLO	22 63 90 10 el. 90 12	22 63 90 11	inio@simonsen.se	

Pedi-Scoliometer

Method of choice by which children with scoliosis are referred to brace care



Pedi-Scoliometer

The Pedi-Scoliometer is an inclinometer designed to measure trunk asymmetry or Angle of Truncal Rotation (ATR) used in scoliosis screening programs with school children ten years old and over.

Scoliosis screening involves the Adams forward bend test, in which the child bends forward, dangling the arms, with the feet together and knees straight. The Pedi-Scoliometer is used across the back to measure the angle of trunk inclination at three levels - thoracic, thoracolumbar and lumbar. The largest of these measurements is recorded as the Angle of Truncal Rotation.

There is a significant correlation between spinal curvature (Cobb scoliosis angle on x-ray) and the degree of ATR. For children ten years old and over, seven degrees of ATR at any level of the spine is the level at which children are referred to doctors (W.P. Bunnell: Spine 18:1572-1580,1993).

Most cases of scoliosis do not require treatment. For those cases that do require treatment, braces tend to be used by children with curvatures between 25 and 40 degrees who are still growing significantly, while a surgical spinal fusion is suggested for children with curvatures over 50 degrees and in cases where brace treatment has failed.

Pedi-Scoliometer spinal screening programs in schools lead to a 3 percent referral rate. Of those children screened, approximately 0.3 percent need brace treatment. Approximately 0.1 percent of screened children will need a surgical spinal fusion (W.P. Bunnell: Spine 18:1572-1580,1993).

A Pedi-Scoliometer spinal screening program is an effective way to reduce the need for surgical treatment of scoliosis in adolescents.

What is scoliosis?

Scoliosis is the term used to describe an abnormal curvature of the spine. While a normal spine has gentle curves that round the shoulders and make the lower back curve inward, scoliosis typically involves a three-dimensional deformity of the spinal column and rib cage. To varying degrees, a spine with scoliosis curves from side to side, and some of the spinal bones may rotate slightly, making the hips or shoulders appear uneven. Idiopathic scoliosis occurs most often during a child's growth spurt before and during adolescence. In most cases, the exact cause of scoliosis is not known, however scoliosis seems to run in some families. Scoliosis is more common in girls than in boys.

How is scoliosis diagnosed?

Many public schools check for scoliosis in the fifth or sixth grade. Some doctors may examine children for scoliosis at a regular check-up. The screening test used most often in schools is called the Adams forward bend test. In this test, the child bends forward, dangling the arms, with the feet together and knees straight. The curve of structural scoliosis is more apparent when bending over. In a child with scoliosis, the examiner may observe an imbalanced rib cage with one side higher than the other or other deformities.

The Adams forward bend test, however, is not sensitive to abnormalities in the lower back, which is a very common site for scoliosis. Therefore, this test is not recommended as the sole method for scoliosis screening since it does not detect some scoliosis cases.

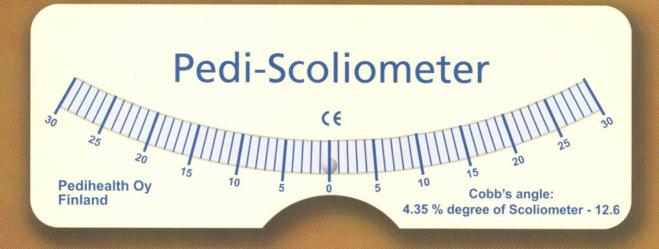
Children with scoliosis are checked regularly to make sure that the curve is not getting worse.

Does scoliosis cause any problems?

In most people with scoliosis, the curve in the spine is so small that no problems exist. Generally, scoliosis does not cause back pain. In severe cases, however, the curve may restrict the amount of space available for the lungs and heart to work.

How is scoliosis treated?

In most cases of scoliosis, treatment is not required. In those cases that do require treatment, braces tend to be used in children with curvatures between 25 and 40 degrees who are still growing significantly. Surgery is suggested for children with curvatures over 50 degrees and in cases where brace treatment has failed. During the surgery, the bones in the spine may be moved and joined together to strengthen the spine or a rod may be placed in the spine to straighten it.



Technical data:		Delivery includes:
Measuring range: Accuracy: Dimensions: Weight:	0-30 degree +/- 1 degree ca. 165 mm x 64 mm x 10 mm ca. 102 g	Pedi-Scoliometer Cover bag

Your distributor



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