

SpineCor offers brace alternative

BY MARK ANDERSEN
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Doctors disagree on whether it helps to brace curling adolescent spines, but a brace doesn't have to embarrass the wearer, says Lincoln chiropractor Leif Olson of Active ChiroCare.

Olson recently began fitting his young scoliosis patients with the close-fitting SpineCor brace, an alternative to the bulky braces that encase teens.

Idiopathic (of unknown cause) scoliosis occurs in about one in 1,000 teenage girls and in about one in 10,000 boys.

The \$4,800 that parents pay for SpineCor bracing can lessen the odds a child with scoliosis will need surgery to prevent possible lung, heart and spine damage, Olson said.

A recent review in The Cochrane Library leaves unsettled a dispute as to whether bracing works. Many predict that a definitive study now under way will identify when bracing works and to what extent.

The review's chief author said he believed braces could be effective but concluded the few scientific studies that have attempted to compare outcomes had been of limited quality.

For those opting to brace, Olson said, SpineCor has a big advantage.

"It doesn't have to be scary,"

he said.

Braces for scoliosis work much like braces in the mouth, slowly pressing things into alignment.

Critics say the spine tends to revert to its earlier shape once the brace is removed.

Olson argues SpineCor is superior because it doesn't weaken core muscles. Its tight-fitting elastic bands even permit wearers to participate in gymnastics.

Strong muscles help hold the new shape, he said.

Hidden beneath clothes, SpineCor also gets worn more often, Olson said.

The SpineCor brace looks like a rugged pair of bike shorts, with swaths of velcro, a bolero vest and four rugged straps.

The brace can grow with the child or change configurations as treatment progresses.

Bracing frequently is recommended if spinal curvature exceeds 20 degrees.

Like other braces, SpineCor unwinds spines, often out of alignment in three dimensions.

Factors that influence success, Olson said, include the initial degree of curve and the timing in a child's growth spurt.

Typical patients are between the ages of 11 and 15. The brace is worn until growth stops.

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