



Plain language summary

Scoliosis: Conservative Interventions Utilization Management Policy # 95 .

Plain Language Summaries are presented to supplement the associated clinical policy and/or guideline. These summaries are not a substitute for advice from your own healthcare provider.

What are conservative interventions for scoliosis and what is known about them so far?

Conservative interventions for scoliosis commonly include bracing, exercises, and manual therapy – a treatment that uses hands-on pressure to gently move your joints and tissues to correct any restrictions in your range of motion.

There is evidence that rigid braces are helpful for preventing or slowing curve progression for adolescents diagnosed with idiopathic scoliosis.

How were conservative interventions for scoliosis evaluated?

A work group of clinicians was assigned to review the available research. The internet was searched for articles about conservative treatments for idiopathic scoliosis. The work group independently examined the selected research studies. A broadly accepted rating scale was used. Possible ratings were high or low quality.

Before it was approved, the policy was presented to a series of committees that included independent health care practitioners.

What did the workgroup find?

The use of a rigid brace appears to be effective at curbing curve progression. Elastic braces are not as effective as rigid braces. There is some evidence showing exercises, including specialized scoliosis exercises, may help with scoliosis curvature. However, additional research is needed before making recommendations. There is too little evidence to make recommendations about the effectiveness of manual therapy for the treatment of curvature associated with scoliosis.

What were the limitations of the information?

The research supporting conservative interventions for idiopathic scoliosis is based upon low quality studies. For the most part, exercise and manual therapy have not been compared to surgery. Additional research will help in more accurately defining the benefit from these services.

What are the conclusions?

Optum considers rigid brace therapy to be proven and medically necessary for the prevention or stabilization of scoliosis curvature.

Soft braces, manual therapy, exercise, and other forms of conservative interventions (e.g., traction) are viewed as unproven and not medically necessary.

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