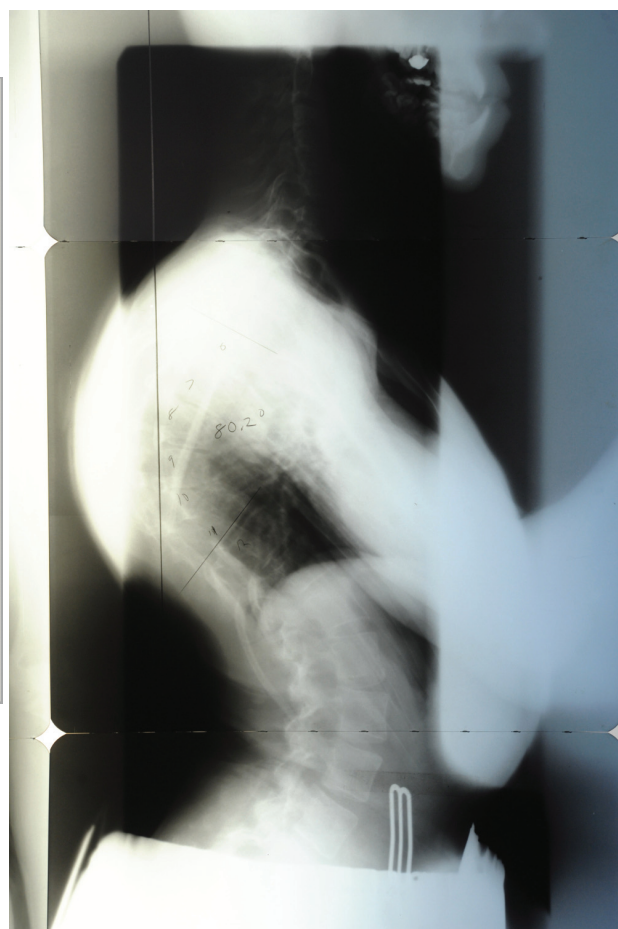
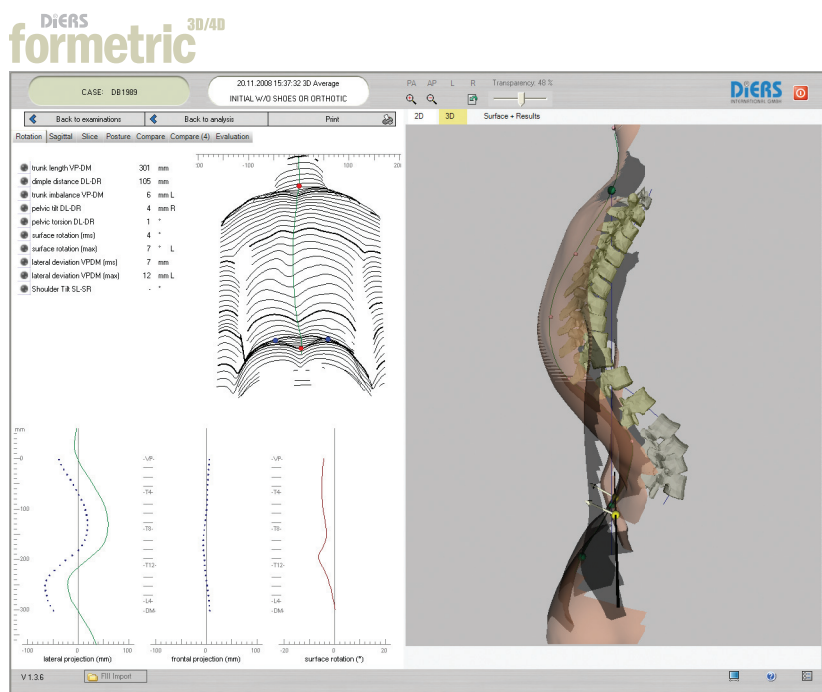


Radiation-free 3D/4D scanner ideal for scoliosis screening



Case: DB1989 / Male / Age 19

The patient has a condition called Langer-Giedion Syndrome, a very rare genetic disorder caused by a deletion of chromosomal material. The hallmark signs of the disorder include short stature, small head and skeletal abnormalities including bony outgrowths.

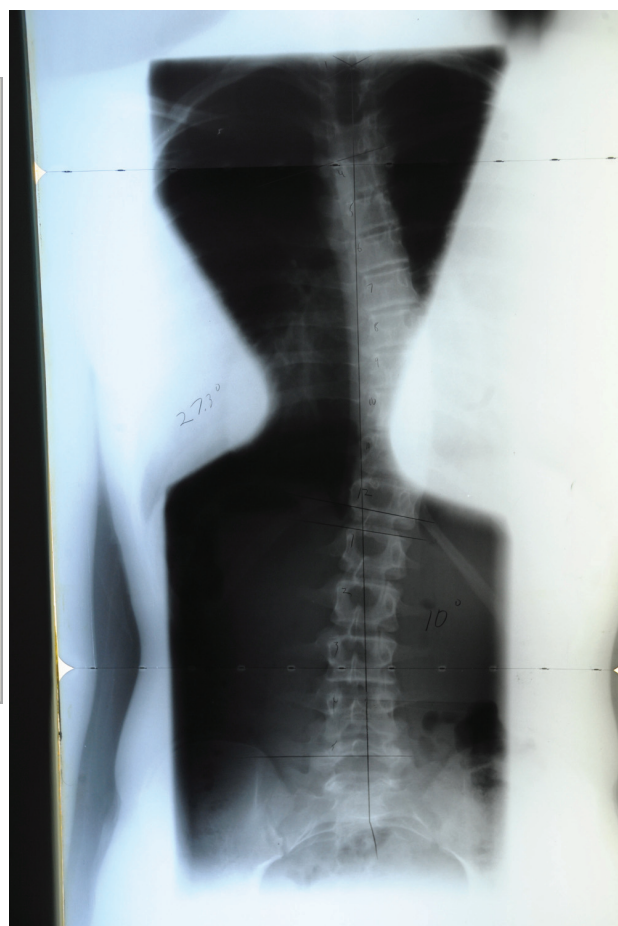
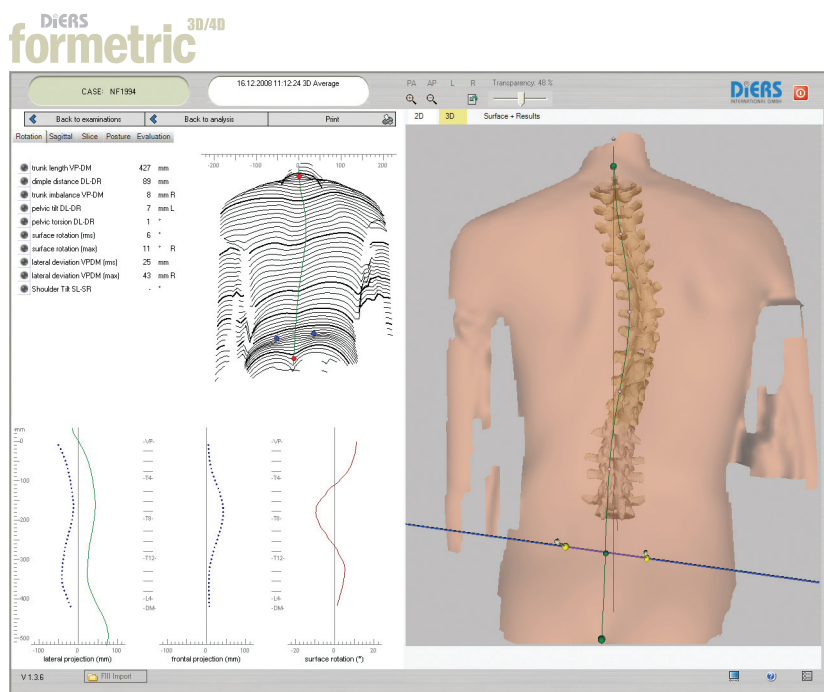
A sagittal radiograph revealed an 88 degree kyphosis which reduced to 80 degrees in the spinecor brace.



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Case: NF1994 / Female / Age 14

The patient presented with a dextroconvex scoliosis from T4-T12 with the apex at T9 measuring 27 degrees Cobb. A scoliometric evaluation revealed a rib hump to the right of 11 degrees at T9 and a lumbar hump to the left of 8 degrees. A 10mm left translation was also measured from T1 in relation to the S2.

Her chief complaints include difficulty breathing during running, and low back pain with prolonged sitting. She also has a prior diagnosis of ADHD and a history of headaches. Her menstrual period began 6 months prior and is reported to be irregular.

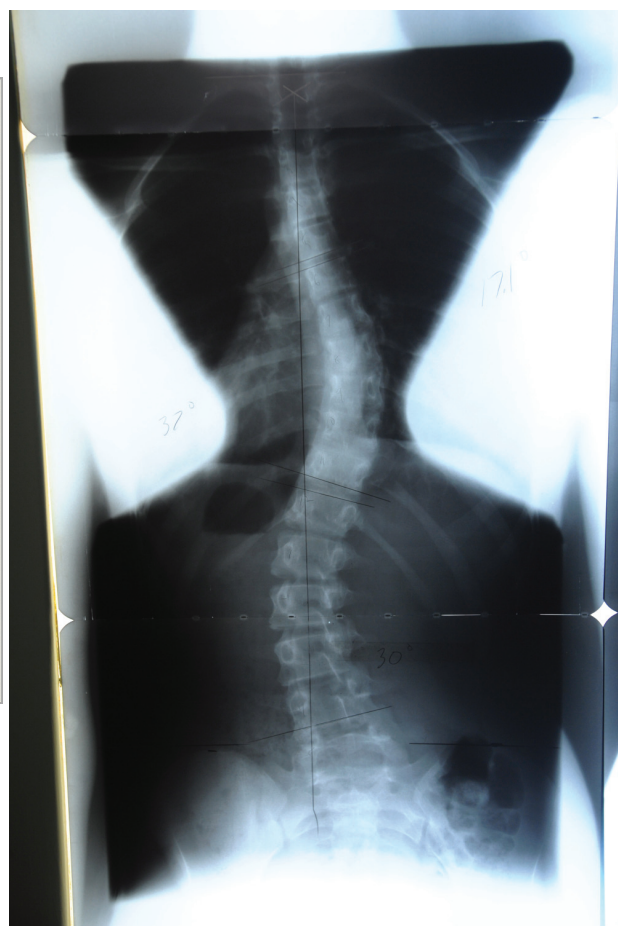
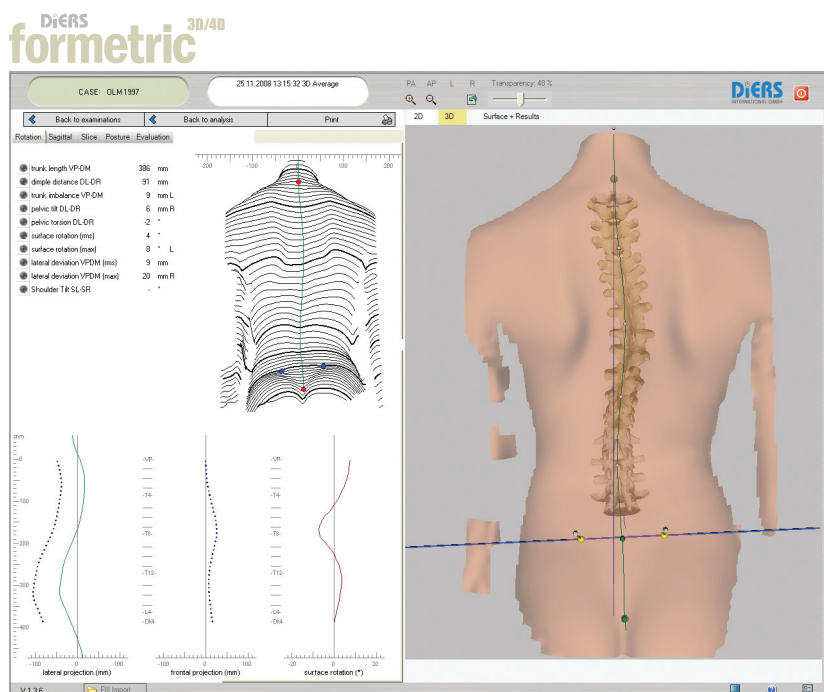
A neurological evaluation revealed asymmetrical abdominal reflexes and a diminished physiological nystagmus after natural vestibular stimulation.

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Case: OLM1997 / Female / Age 11

The patient wore a Boston brace for 3 months prior to her initial visit, which caused considerable bruising, welts and cuts. The patient was unable to continue with this treatment and was braced with Spinecor.

A scoliometric evaluation revealed a rib hump in the thoracic region of 14 degrees and an 8 degree contour in the lumbar region.

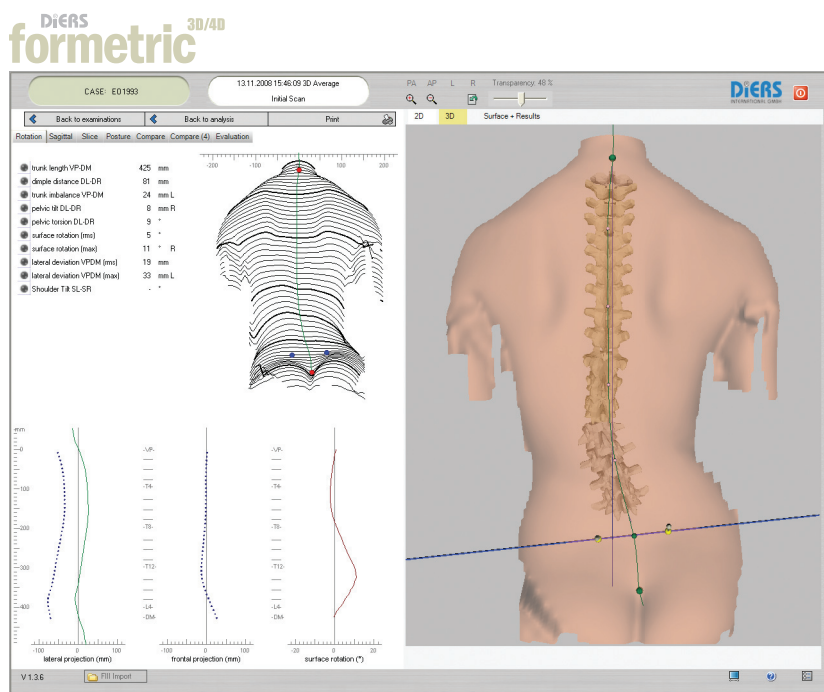
Radiographs were exposed and revealed an initial Cobb measurement from T6-T11 to be 37 degrees, and a 30 degree curvature from L1-L5. In brace her curvatures reduce from 37 to 31 degrees, and from 30 to 24 degrees.



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Case: EO1993 / Female / Age 15

The patient presented with complaints of dizziness and lower extremity pain. Her medical history included orthodontic treatment and visual problems. There were no known family members with scoliosis. Her menstrual cycle was reported to be normal and active for the past 9 months.

Clinical postural exam revealed a counterclockwise tilt of the shoulders in relation to the thorax, a counterclockwise rotation of the thorax in relation to the pelvis and a counterclockwise rotation of the pelvis to the feet. A 19mm Left translation was measured from the vertebral prominence to the S2 tubercle. A rib prominence was measured at 10 degrees on the left at T12.

Radiographic exam revealed a 24 degree left thoracolumbar scoliosis measure from T9-L3 with an apex at T12.

Her sagittal curvatures measured 20 degrees in the thorax and 45 degrees in the lumbar with a junctional kyphosis at T12. The riser sign was graded at 3.

Neurological exam revealed weakness in a global distribution of the left upper extremity. There were no signs of cerebellar dysmetria or rigidity of movement. A right palatal paresis was also noted.

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