

Curing Curves

By Shaleek Wilson



Dr. Afshin Aminian
CHOC Orthopaedic
Specialist

Dr. Aminian is the director of the CHOC Children's Orthopaedic Institute. He completed his general surgery internship and orthopaedic surgery residency at Northwestern Memorial Hospital and is affiliated with the Pediatric Orthopaedic Society of North America, the American Academy of Orthopaedic Surgery and the Scoliosis Research Society.

Dr. Aminian's philosophy of care: "I try to put myself in the parents' shoes and explain to them in the most common terms what we're doing and why we're doing it, reminding them of the hospital's capabilities."

EDUCATION:
Washington University School of
Medicine

BOARD CERTIFICATIONS:
Orthopaedic Surgery

DEFINING THE CURVE

"If you look at the spine from the front and the back, it should be straight. When scoliosis is present, there is always a sideways ["S" or "C"-shaped curvature] shifting of the spine from the right or left," says Dr. Aminian. The cause of scoliosis is unknown, but scientists have recently identified genetic markers that are contributing to individuals with it. The condition is more prevalent in girls during their growth spurt years. "Usually, the majority of cases don't become progressive, but a small subset do and might require surgery in the future," says Dr. Aminian.

SCREEN TEST

"California is one of a number of states that requires screening students for scoliosis in schools. It's important that children get screened with their school nurse or their pediatrician," says Dr. Aminian. The Adam's Forward Bend Test checks for scoliosis by having the child lean forward and looking at rib asymmetry. Other signs can be shoulder height (when one shoulder is higher than the other), uneven hips and waistline asymmetry.



BRACE YOURSELF

"If we catch the scoliosis at younger ages and smaller curves, we're able to control it with a bracing program," says Dr. Aminian. The more often the customized brace is worn, the better. Some kids may feel self-conscious wearing it at first, but CHOC's counseling program helps them cope. "We work with them to increase the number of hours they wear it at school. We stress they wear it at night," says Dr. Aminian. And they can even sleep in it.

STRAIGHTEN WITH SURGERY

"Surgery is reserved for curves that are major that we think will cause problems in the future, including breathing, balance and pain," says Dr. Aminian. "Luckily, it's a standardized surgery. It's very safe and effective."



Keeping Your Athlete in Top Shape

When it comes to sports-related injuries, the experts at the CHOC Children's Orthopaedic Institute know that children aren't just small adults. Special training and experience in pediatric sports medicine allow our specialists to appropriately treat the medical needs unique to children and teens. Our specialists work one-on-one with each patient to develop an individualized diagnosis and treatment plan—with an emphasis on preserving future growth and function, and a safe return to play.

Find out more at
www.choc.org/sports



5th & 6th

GRADES WHEN GIRLS SHOULD BE EVALUATED FOR SCOLIOSIS

7th & 8th

GRADES WHEN BOYS SHOULD BE EVALUATED FOR SCOLIOSIS



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PERCENTAGE OF POPULATION THAT HAVE A SMALL (INSIGNIFICANT) CURVE IN THEIR SPINE

