

INCIPIT

La SCOLIOSI

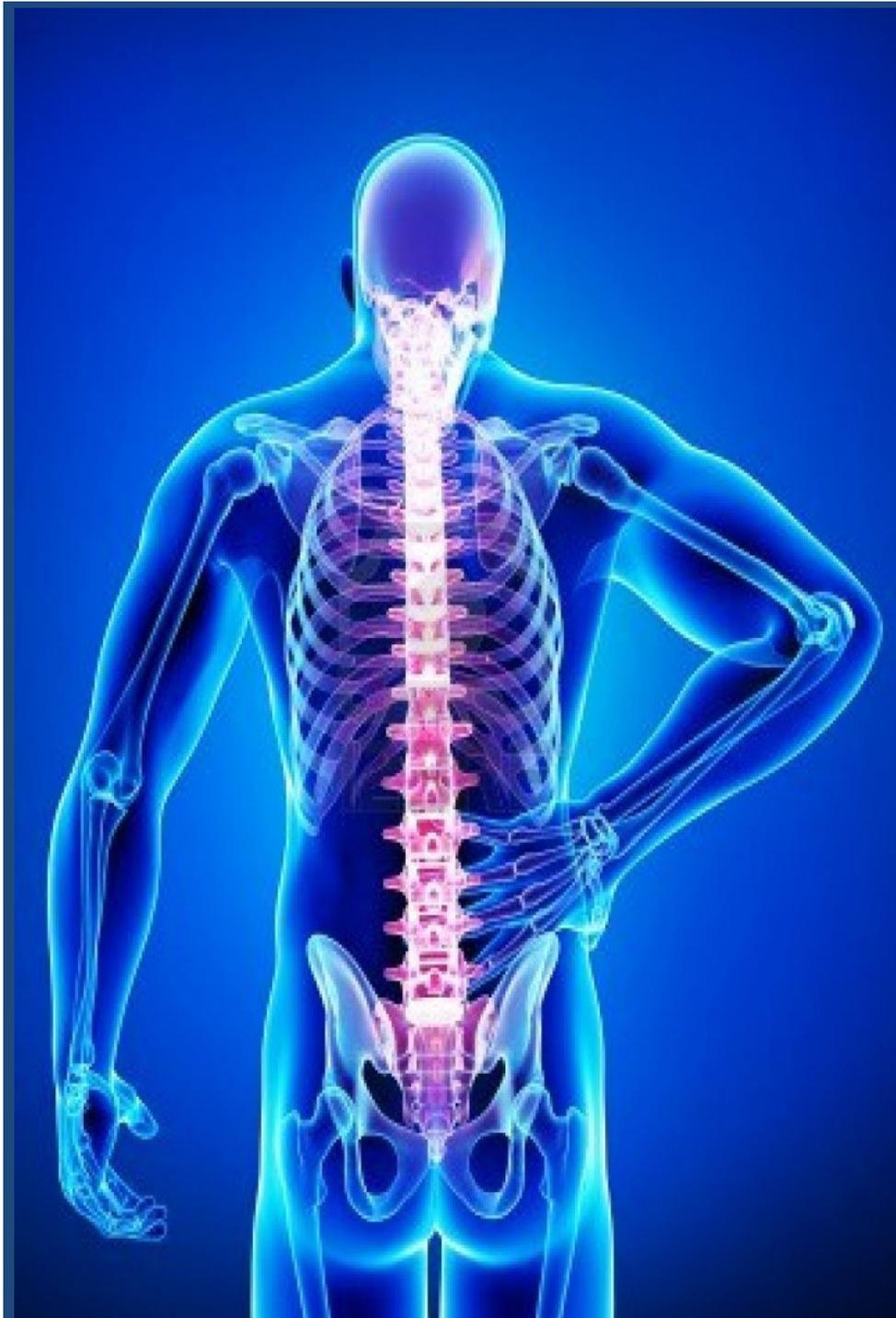
Skoliòs = Curvo

Colonna vertebrale

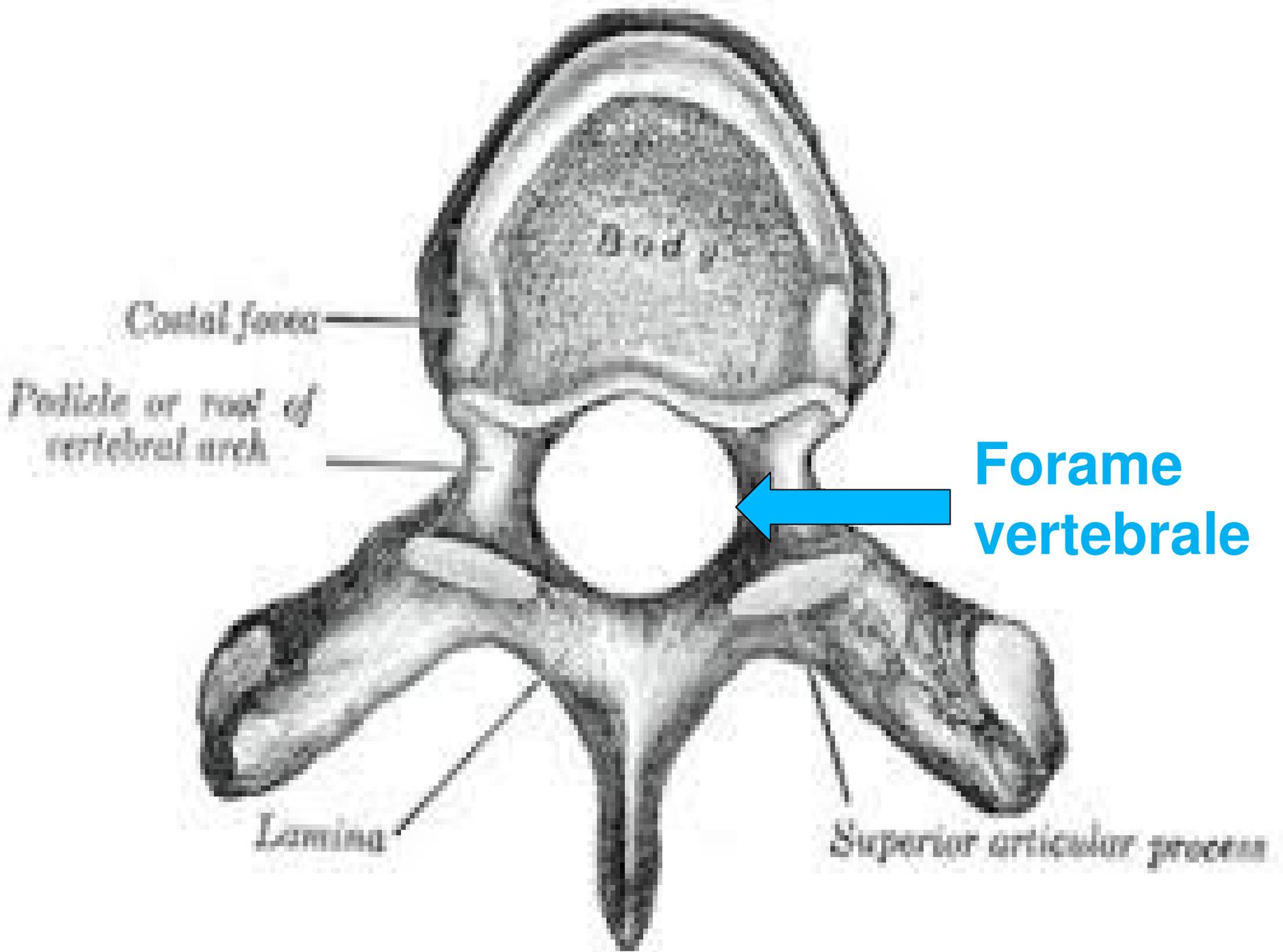
0

Rachide

Rakòs = bastone nodoso





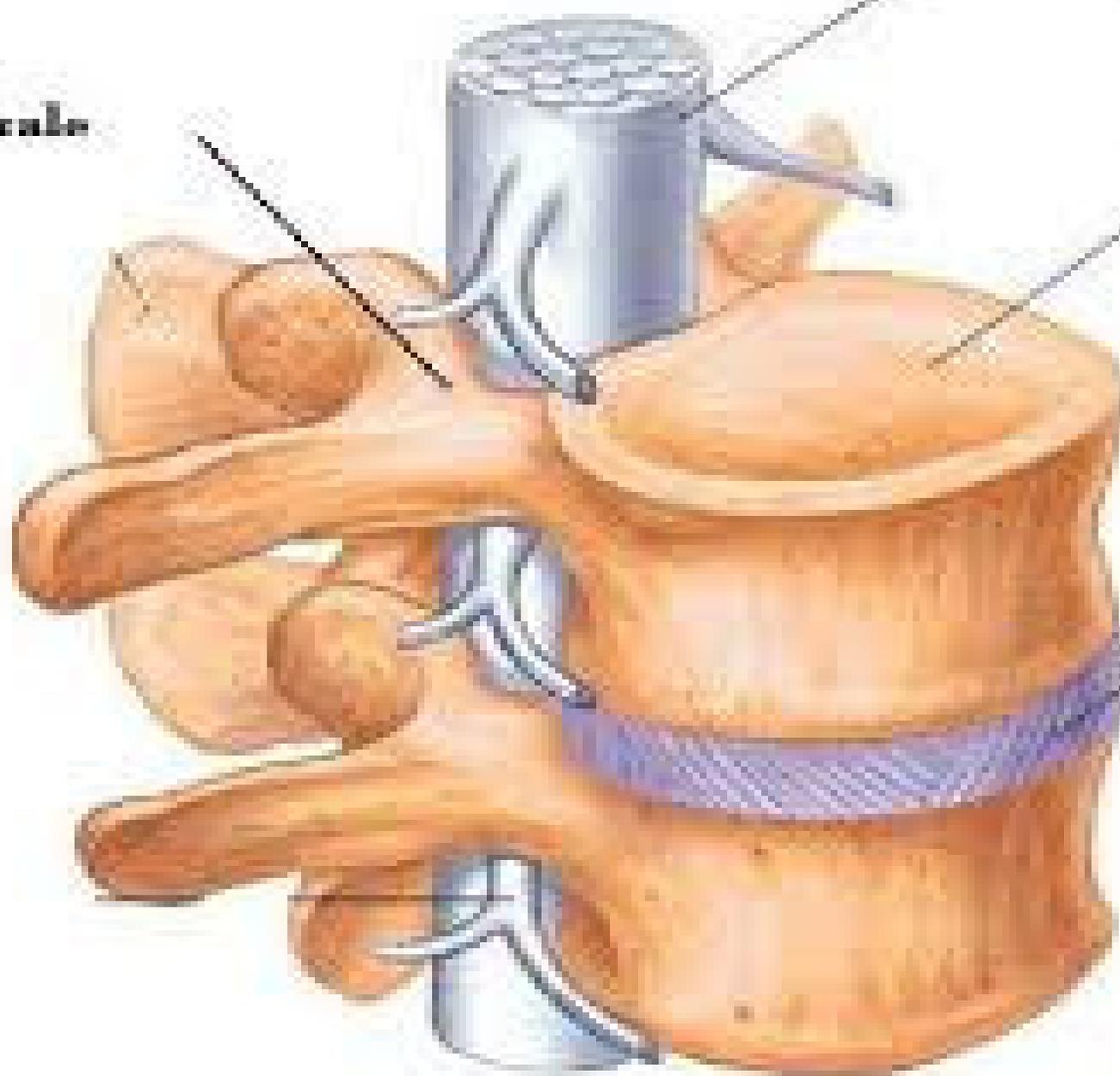


Midollo spinale

**Arco
vertebrale**

**Corpo
vertebrale**

Disco



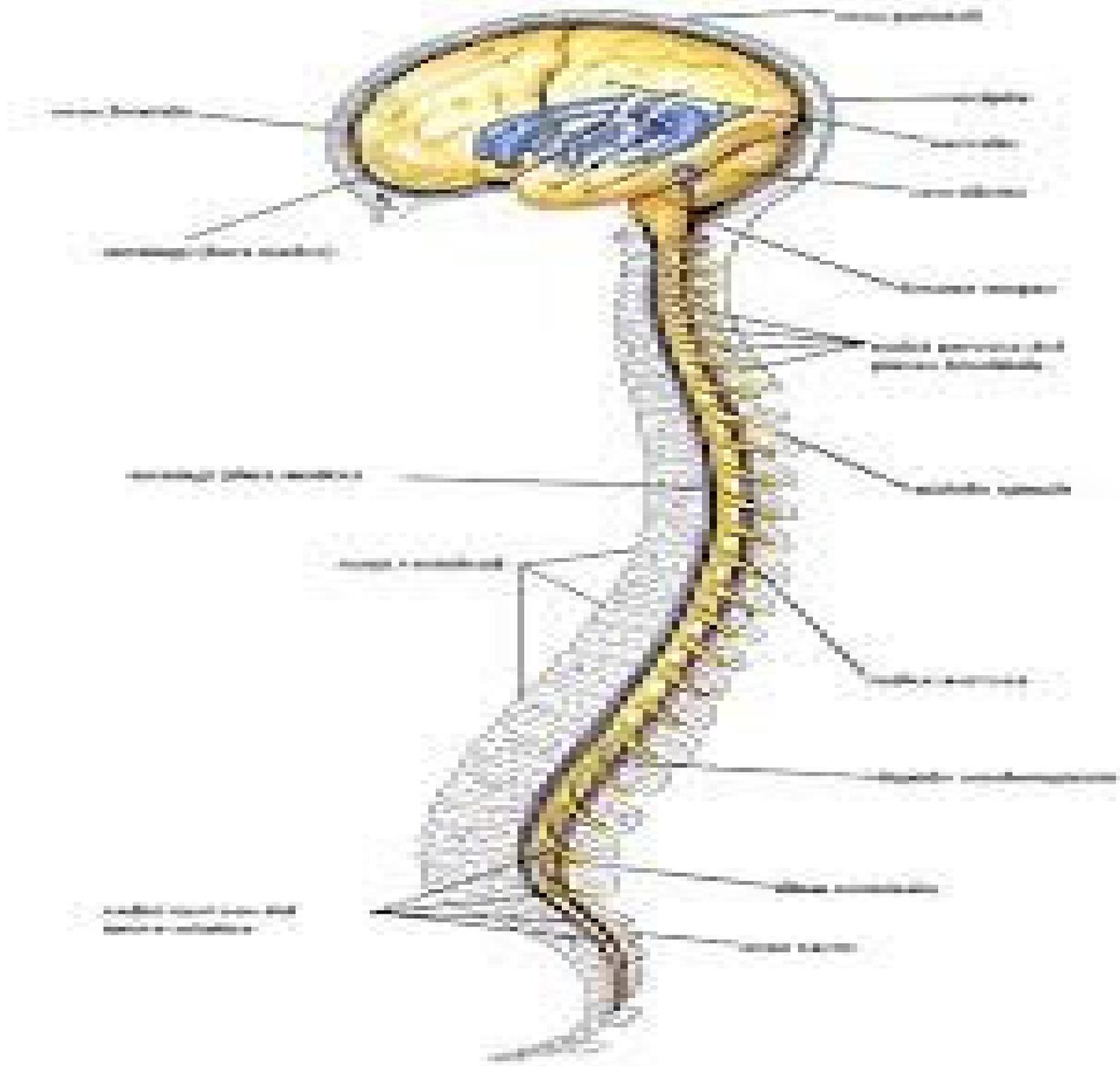
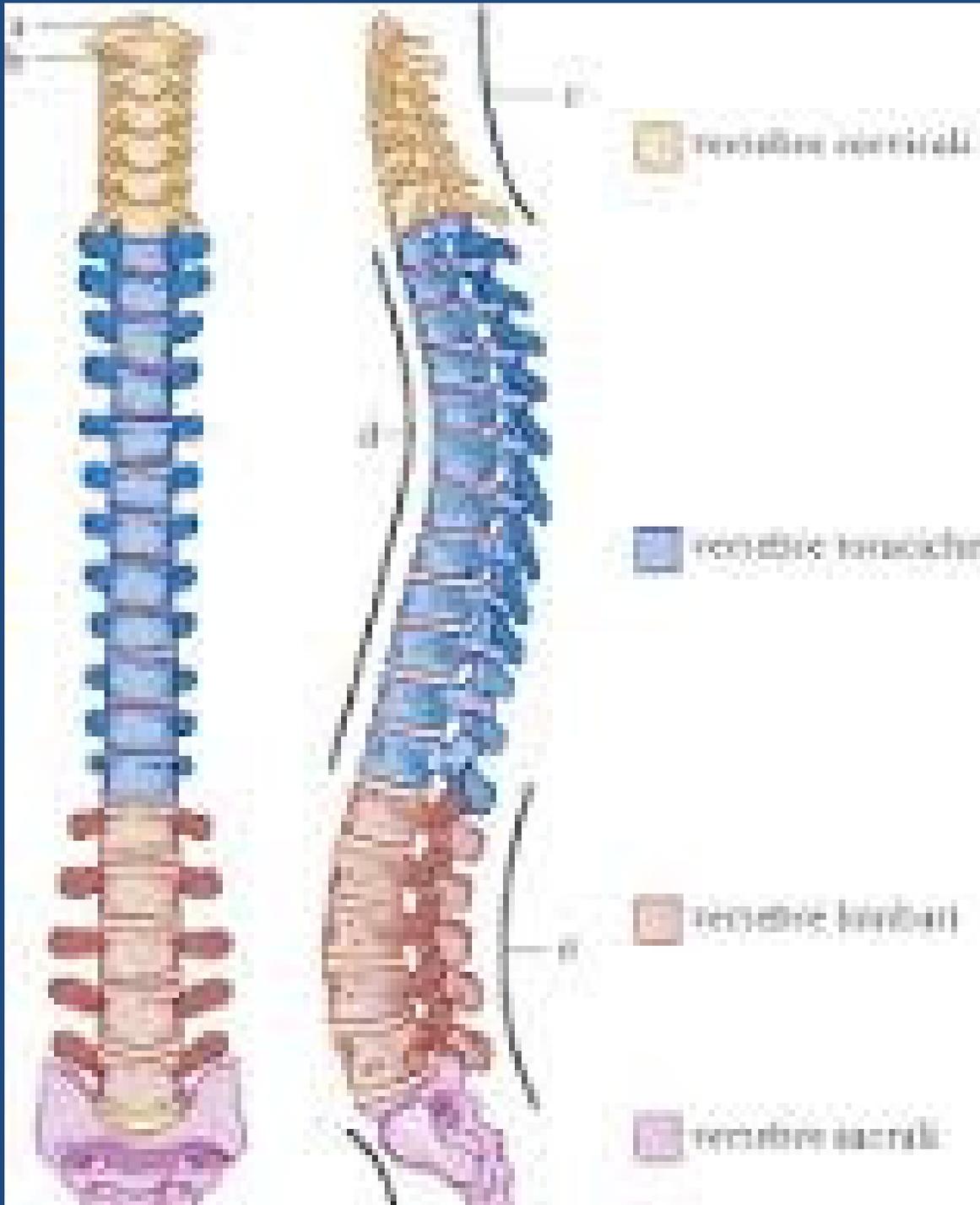
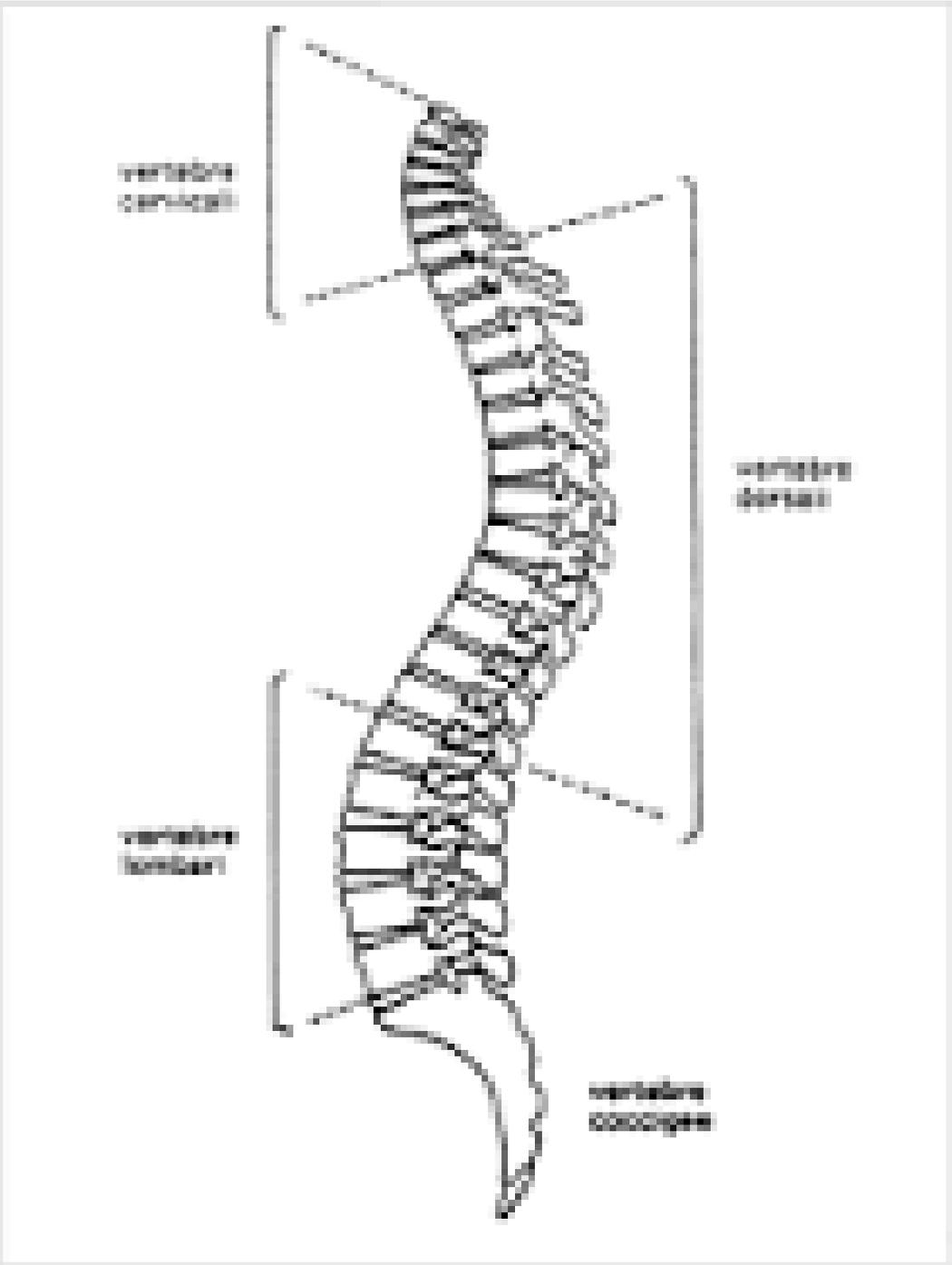


Diagram illustrating the structure of the human brain and spinal cord, showing the brainstem, cerebral cortex, white matter, grey matter, spinal cord, vertebral column, intervertebral discs, and spinal nerves.



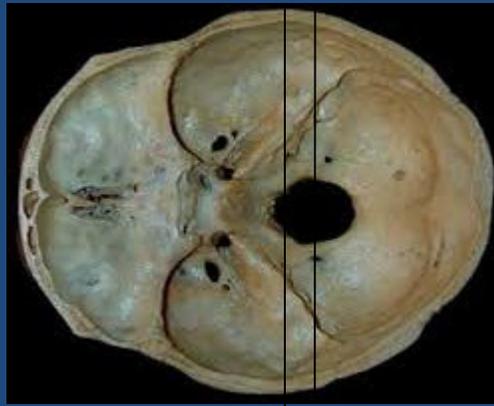
d



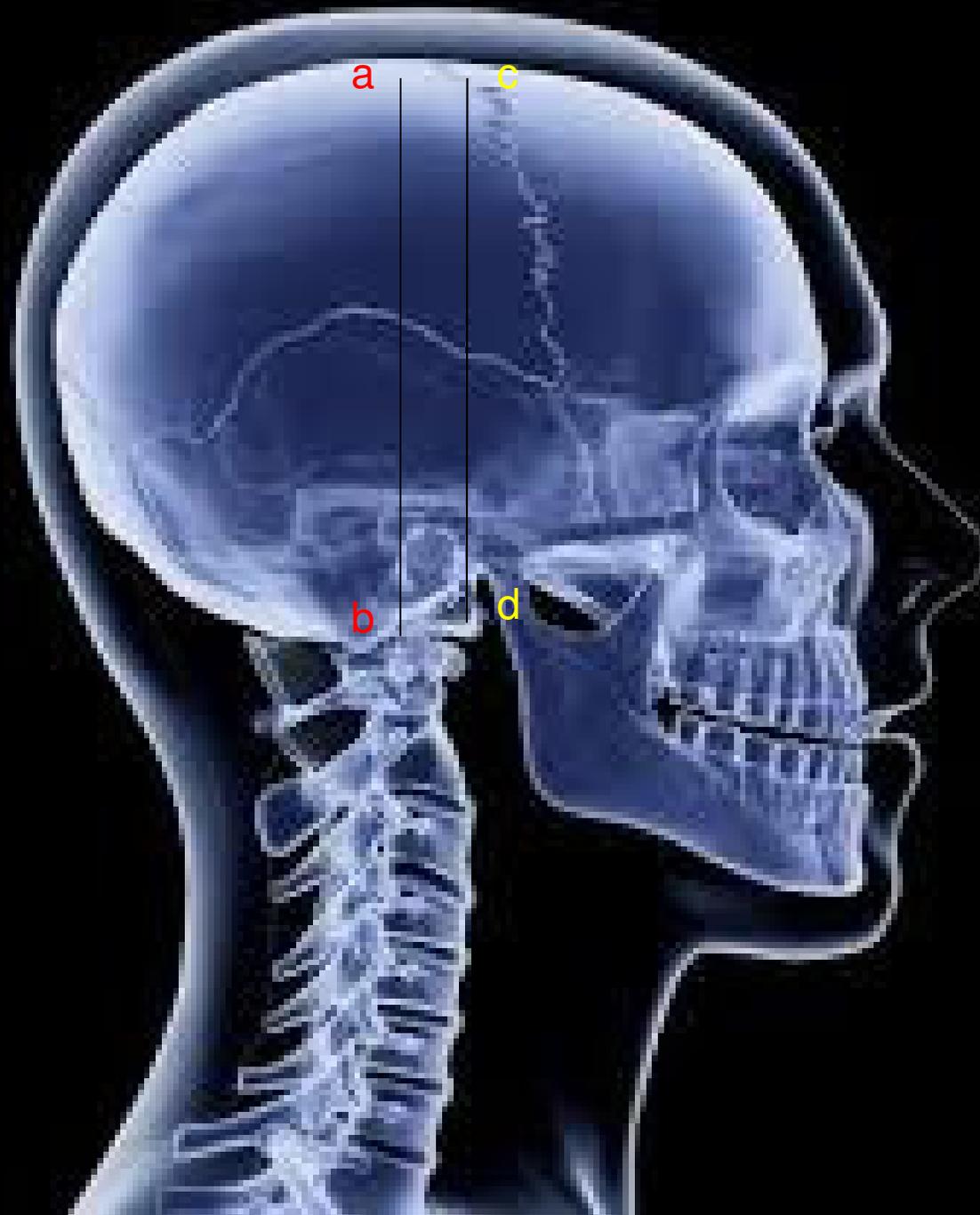
Perché queste
3 curve ?

Tratto Cervicale

A

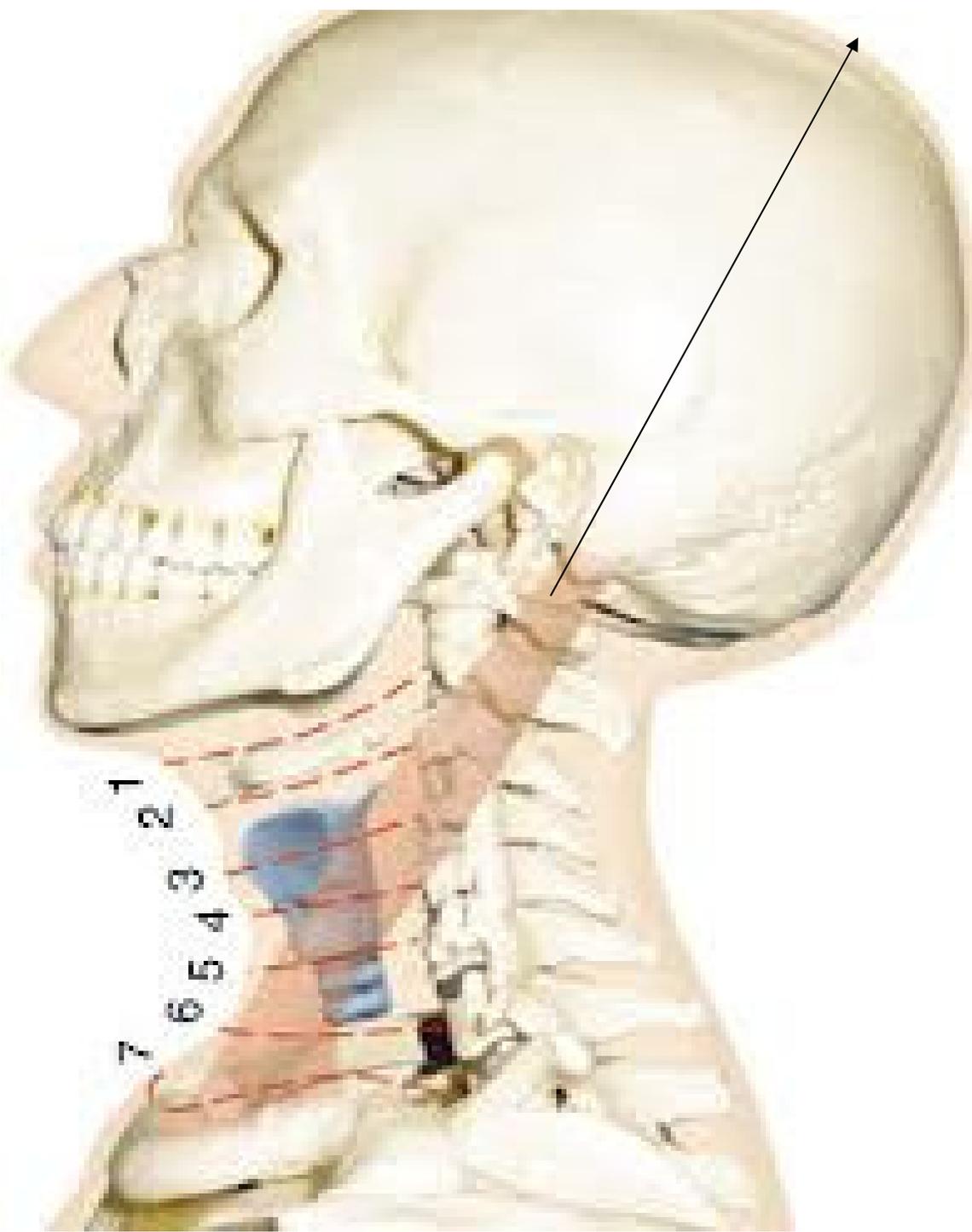


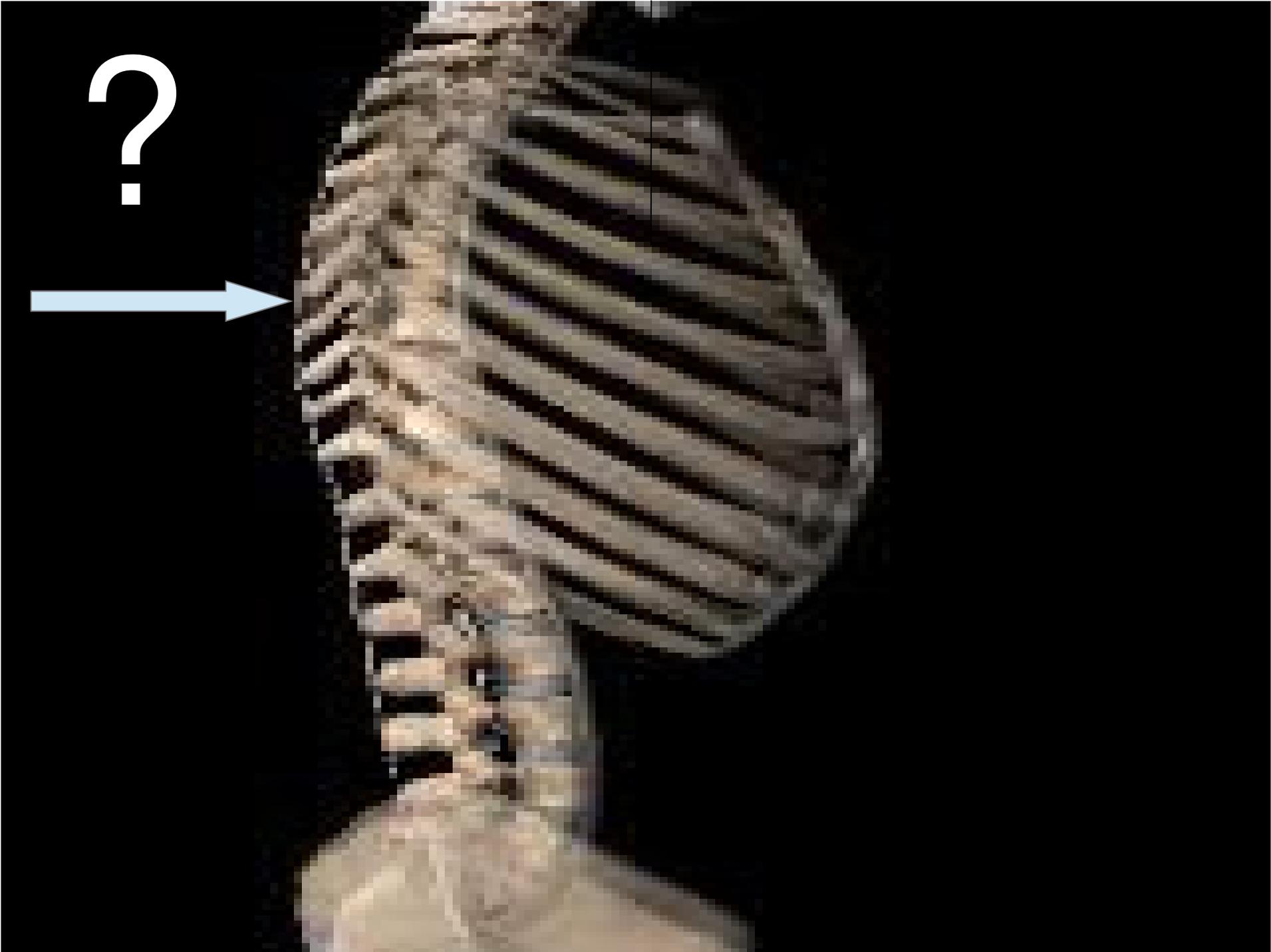
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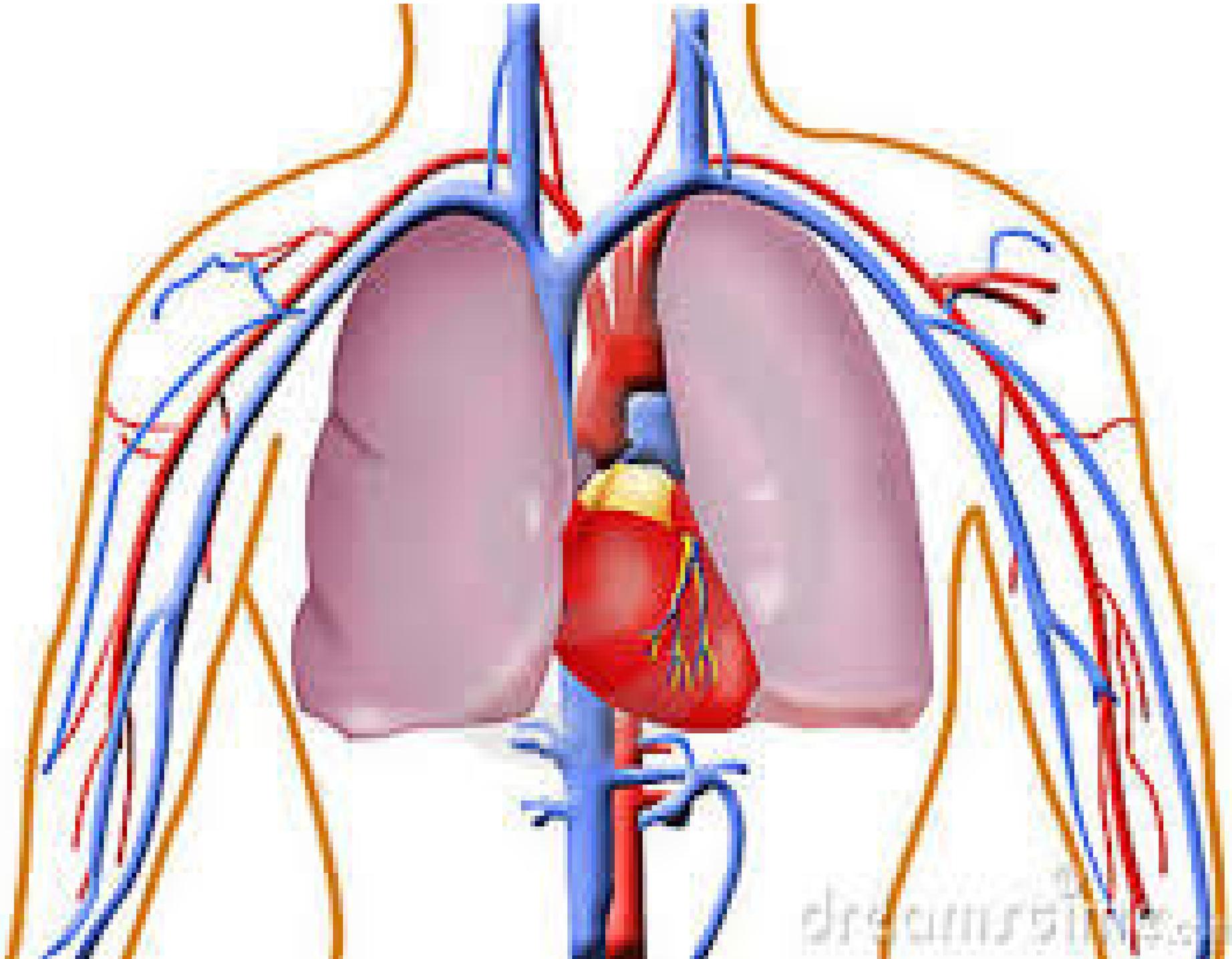


ti.



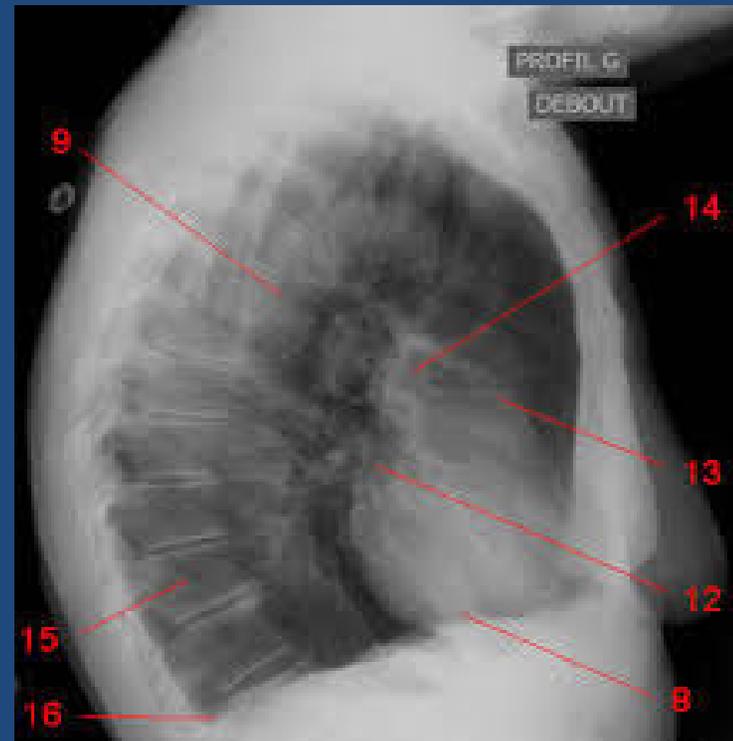






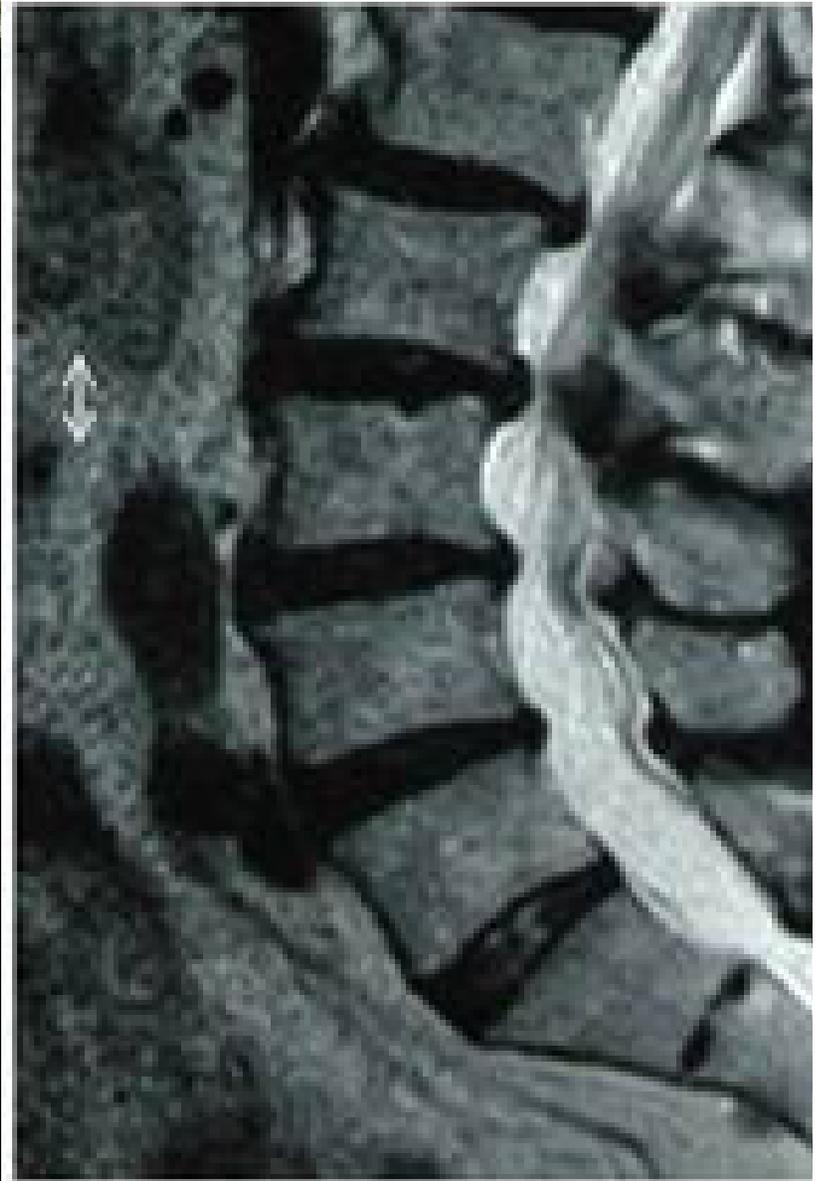
dreamstime.com

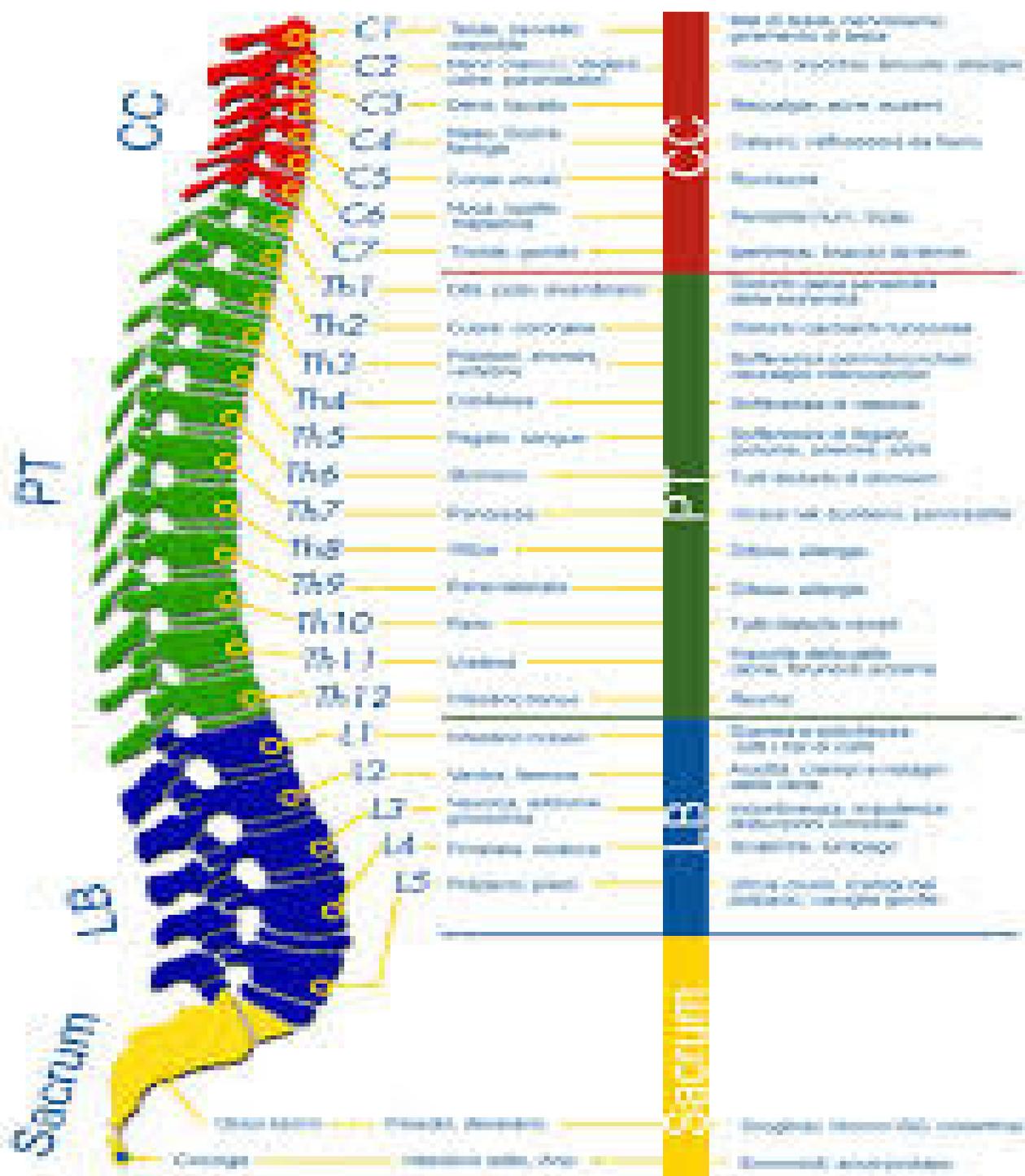
a





?





$$R = n^2 + 1$$

(n = numero delle curve
sopra il Sacro)

$$R = 0 \times 0 + 1 = 1$$

$$R = 1 \times 1 + 1 = 2$$

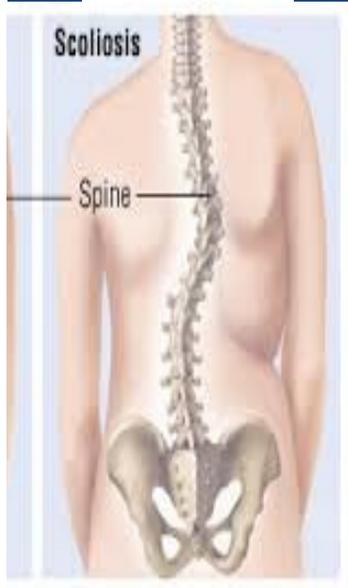
$$R = 2 \times 2 + 1 = 5$$

$$R = 3 \times 3 + 1 = 10$$





SCOLIOSI



Scoliòs = tortuoso

Deviazione laterale della
colonna vertebrale
sul piano frontale



Deviazione:

a) Funzionale

b) Organica

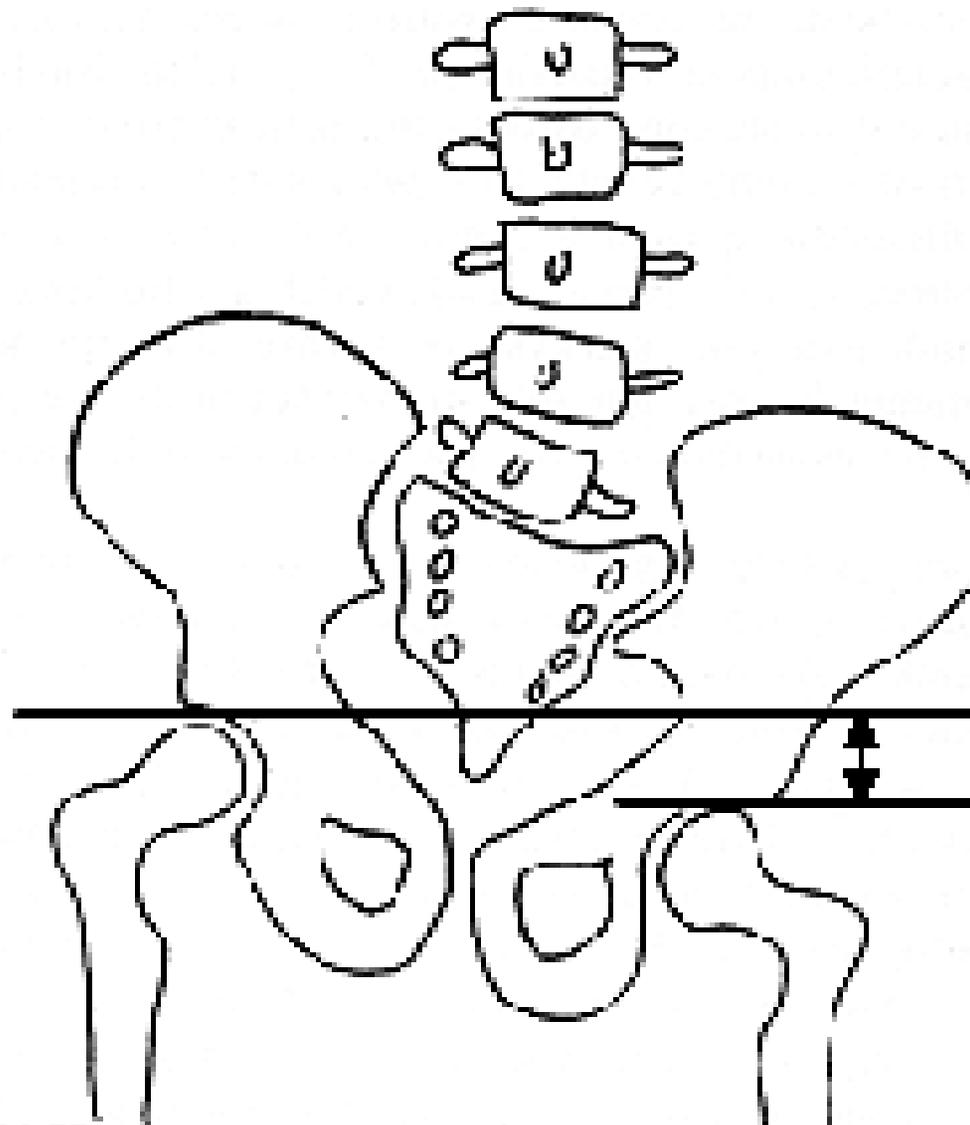
Deviazione funzionale :

PARAMORFISMO: autocorreggibile
(atteggiamento scoliotico) e/o correggibile

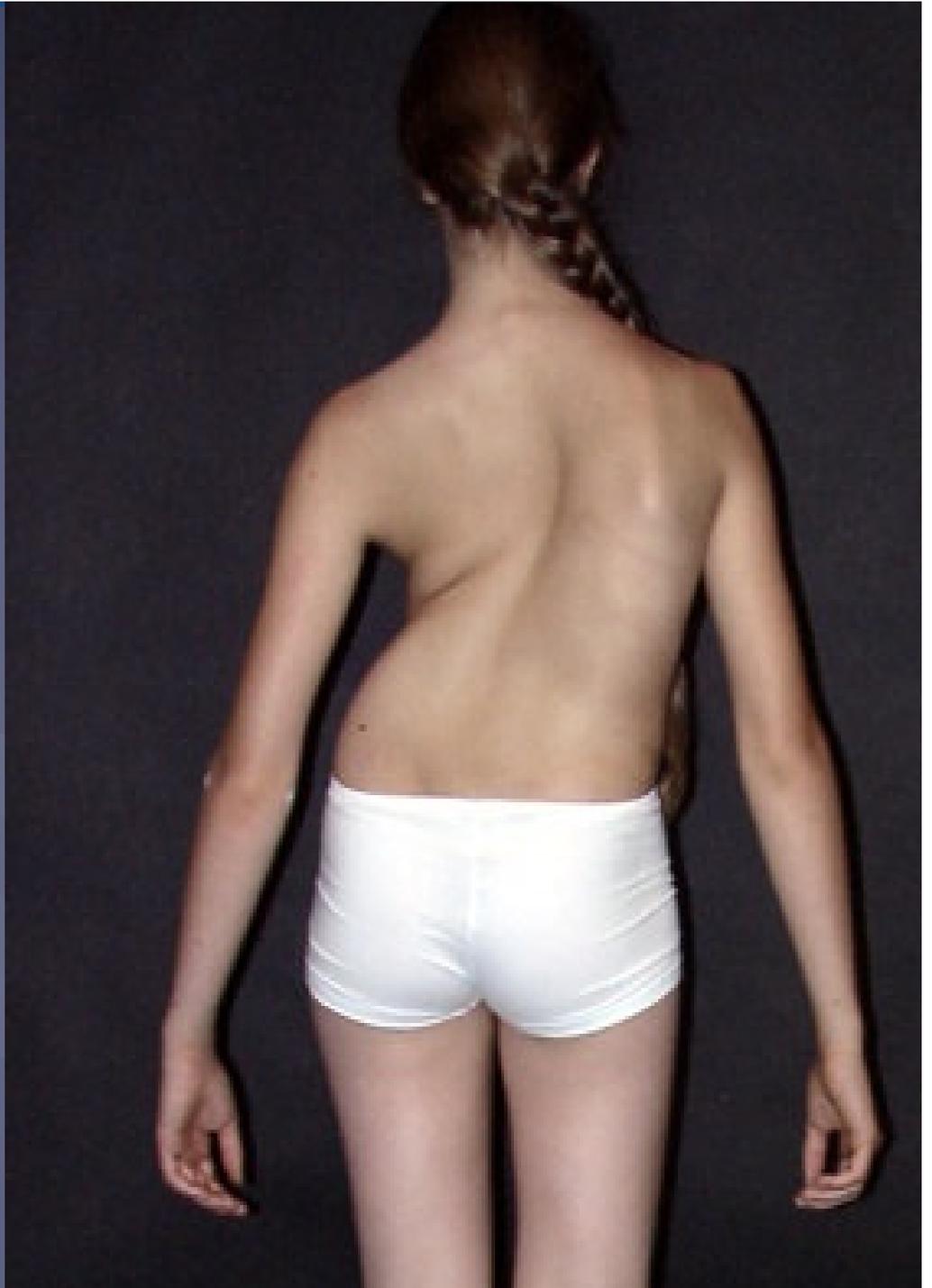
Deviazione organica :

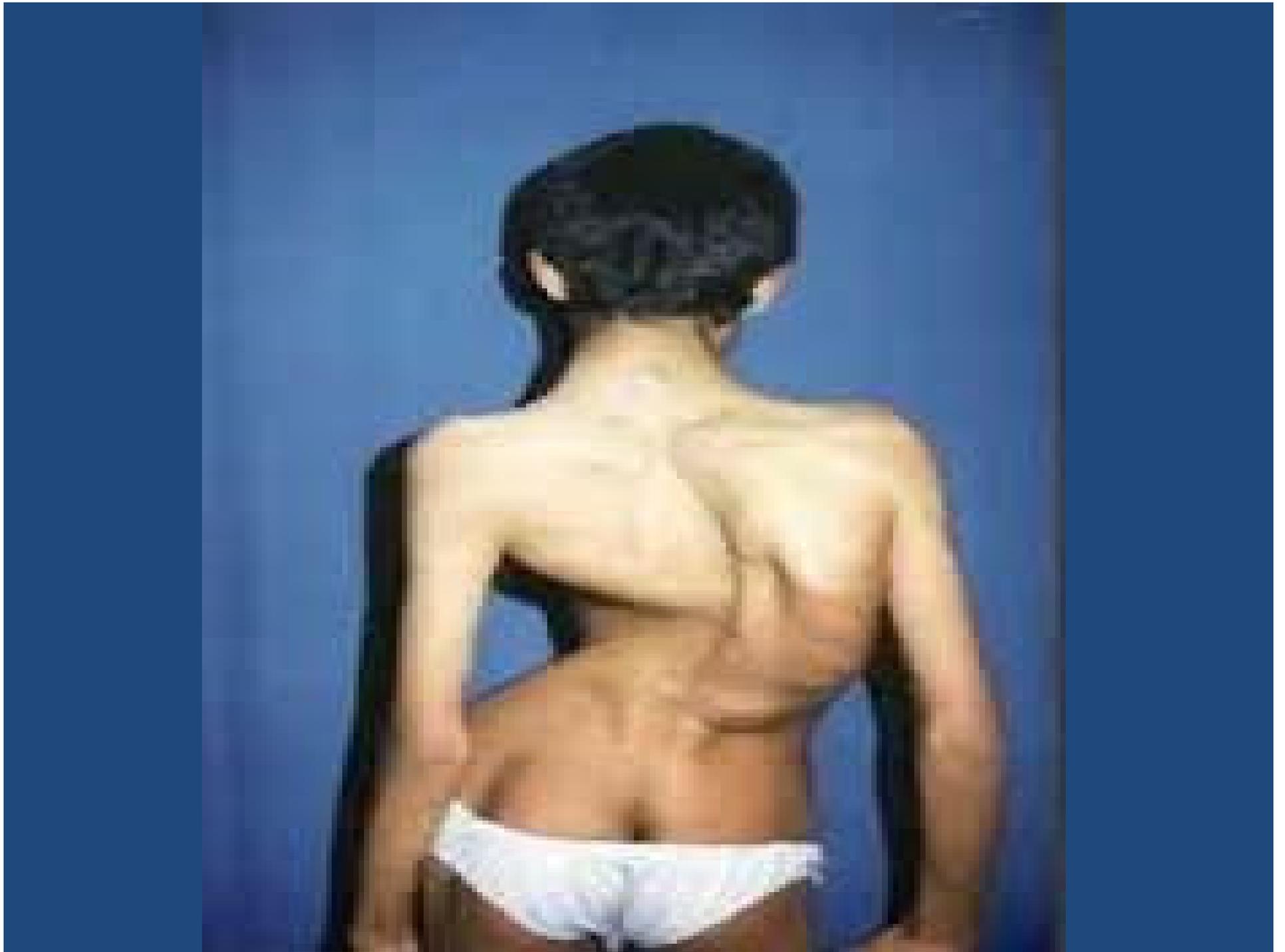
DISMORFISMO: non autocorreggibile
(scoliosi vera e propria)

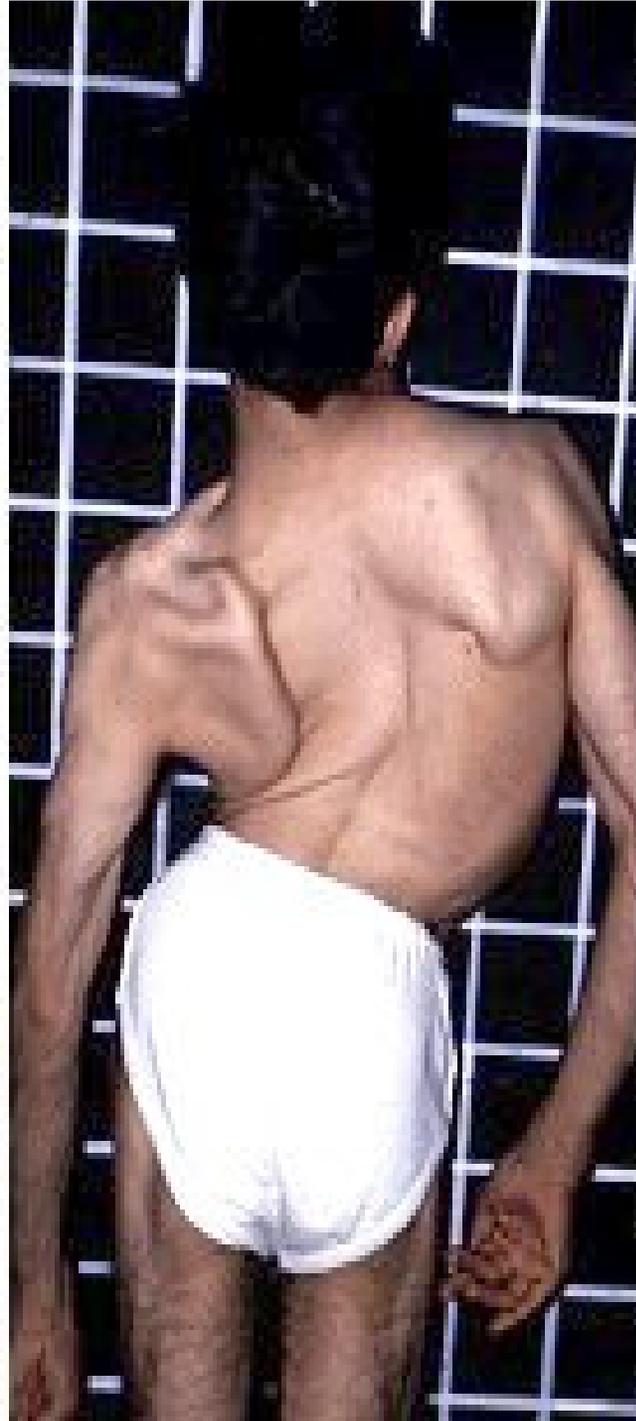
Scoliosi staticogenica

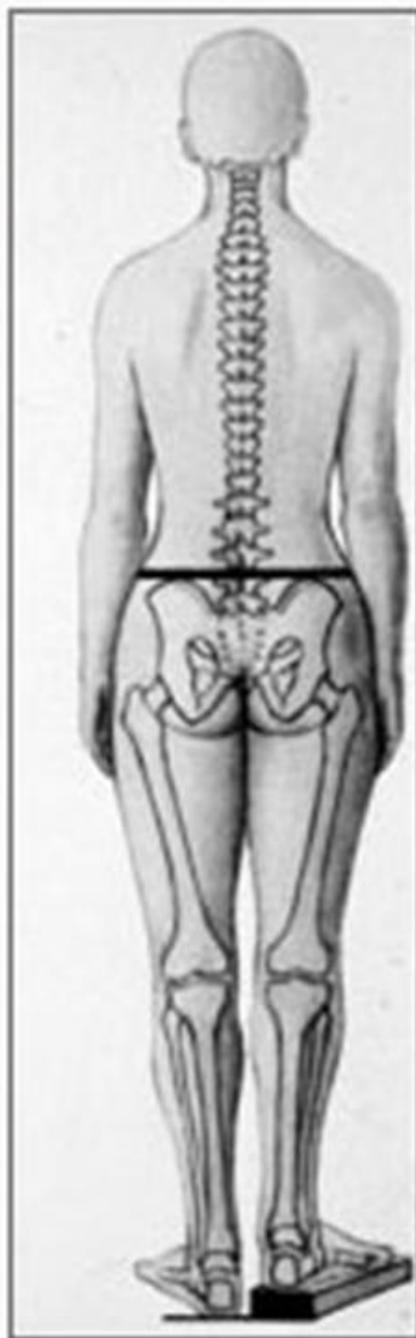
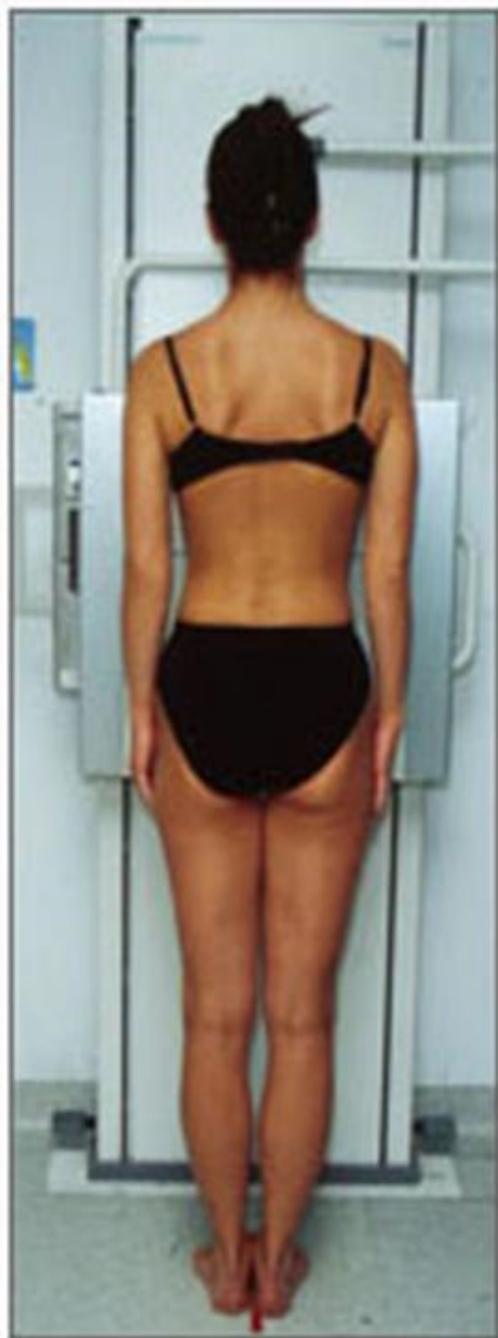


differenza congenita o post-traumatica della lunghezza delle gambe



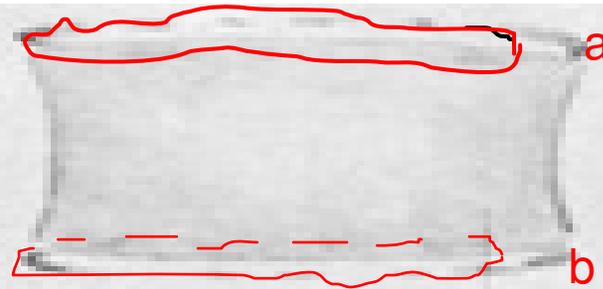




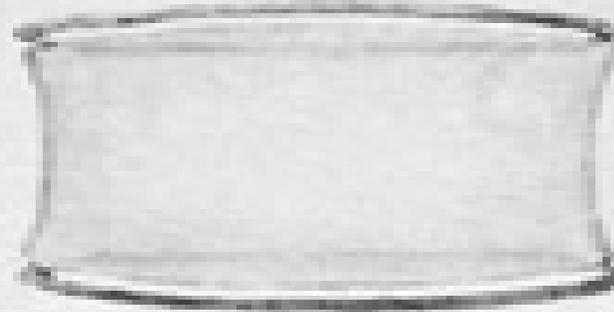


Una colonna vertebrale normale appare senza curve nel piano frontale.

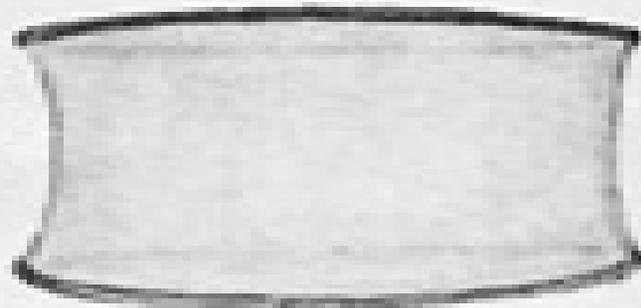
La Scoliosi
è
patologia
dell'accrescimento
osseo vertebrale



ANELLO EPIFISARIO
DEL CORPO VERTEBRALE
IN VIA DI FORMAZIONE



ANELLO EPIFISARIO
COMPLETO MA NON FUSO



ANELLO EPIFISARIO FUSO
COL CORPO VERTEBRALE
MATURAZIONE COMPLETA

17 a

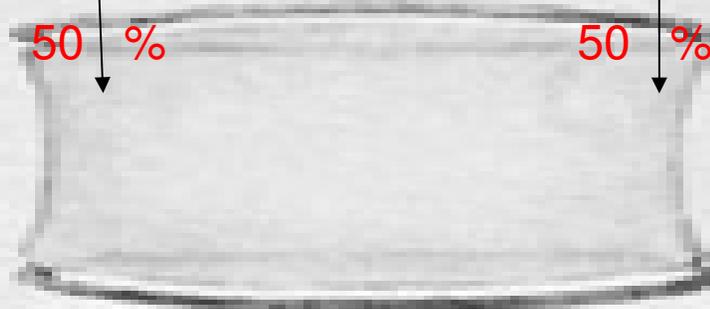
21 a

Legge di Delpech

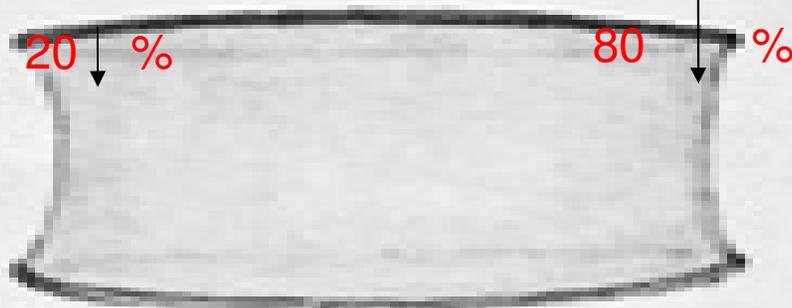
Pressioni costanti e sproporzionate rallentano fino all'inibizione la crescita ossea, una diminuzione di pressione invece stimola la crescita ossea.



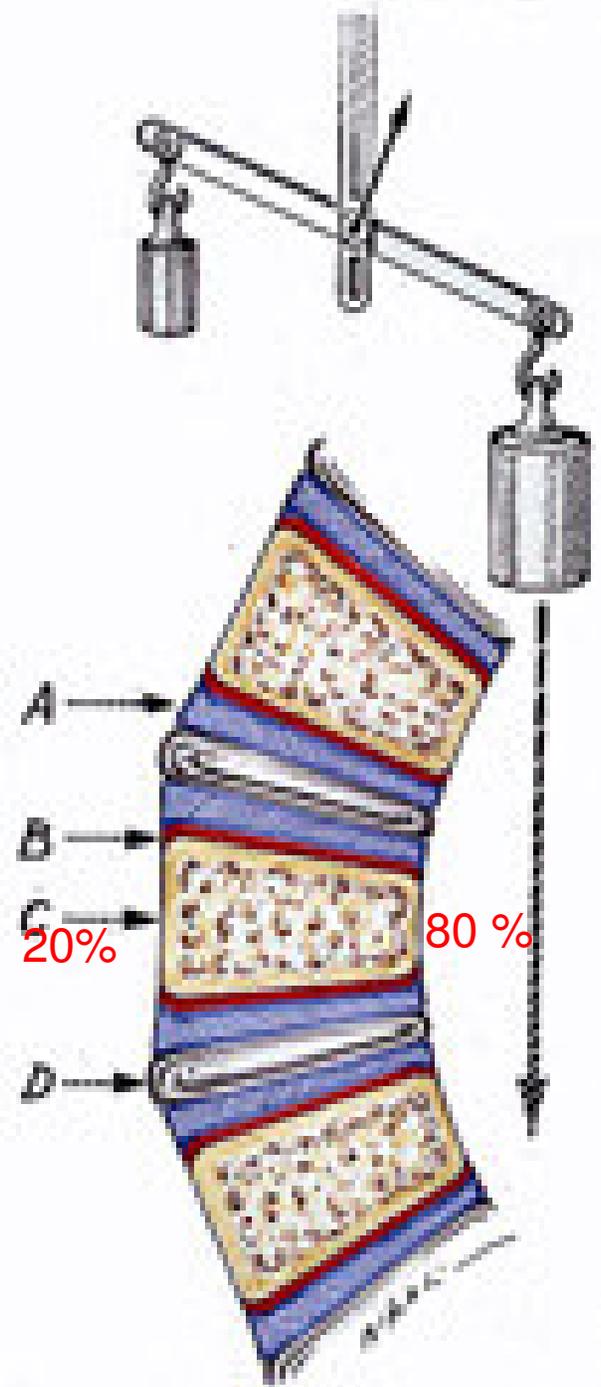
ANELLO EPIFISARIO
DEL CORPO VERTEBRALE
IN VIA DI FORMAZIONE



ANELLO EPIFISARIO
COMPLETO MA NON FUSO



ANELLO EPIFISARIO FUSO
COL CORPO VERTEBRALE
MATURAZIONE COMPLETA



Inizio?

- Congenite

- Acquisite

1) CONGENITE: Malformazioni ossee

2) PATOLOGICHE: Neuromuscolari

- Neurofibromatosi
- Sindrome di Marfan

3) IDIOPATICHE

4) ACQUISITE

- TRAUMATICHE
- OSTEOPOROTICHE
- TUMORALI

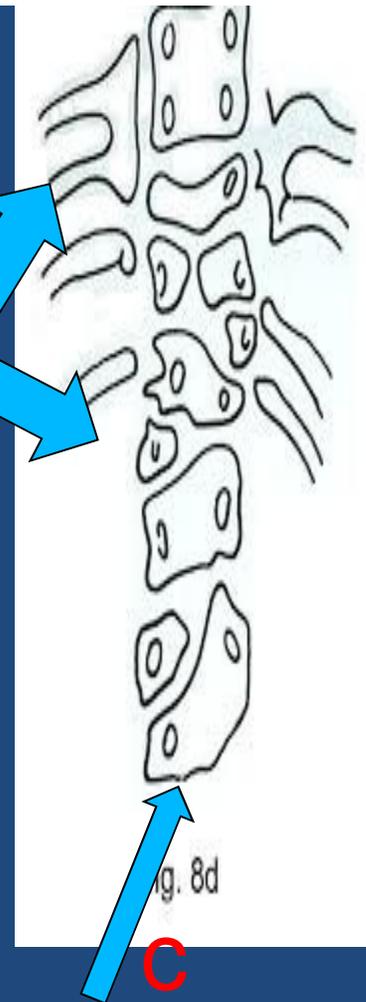
Emispondilo

a

Fusione costale

b

Fusione vertebrale
unilaterale





PERIODI

Prepuberali:

Allargamento e
allungamento

Legge di PENDE - STRATZ

Fasi di accrescimento

Turgor 1°

2 – 4 a



Proceritas 1°

5 – 7 a

Turgor 2°

8 – 11



Proceritas 2°

Pre-pubertà

Turgor 3°

Post-pubertà



Prima insorge una
scoliosi e più grave
potrà diventare

VISITA

NO

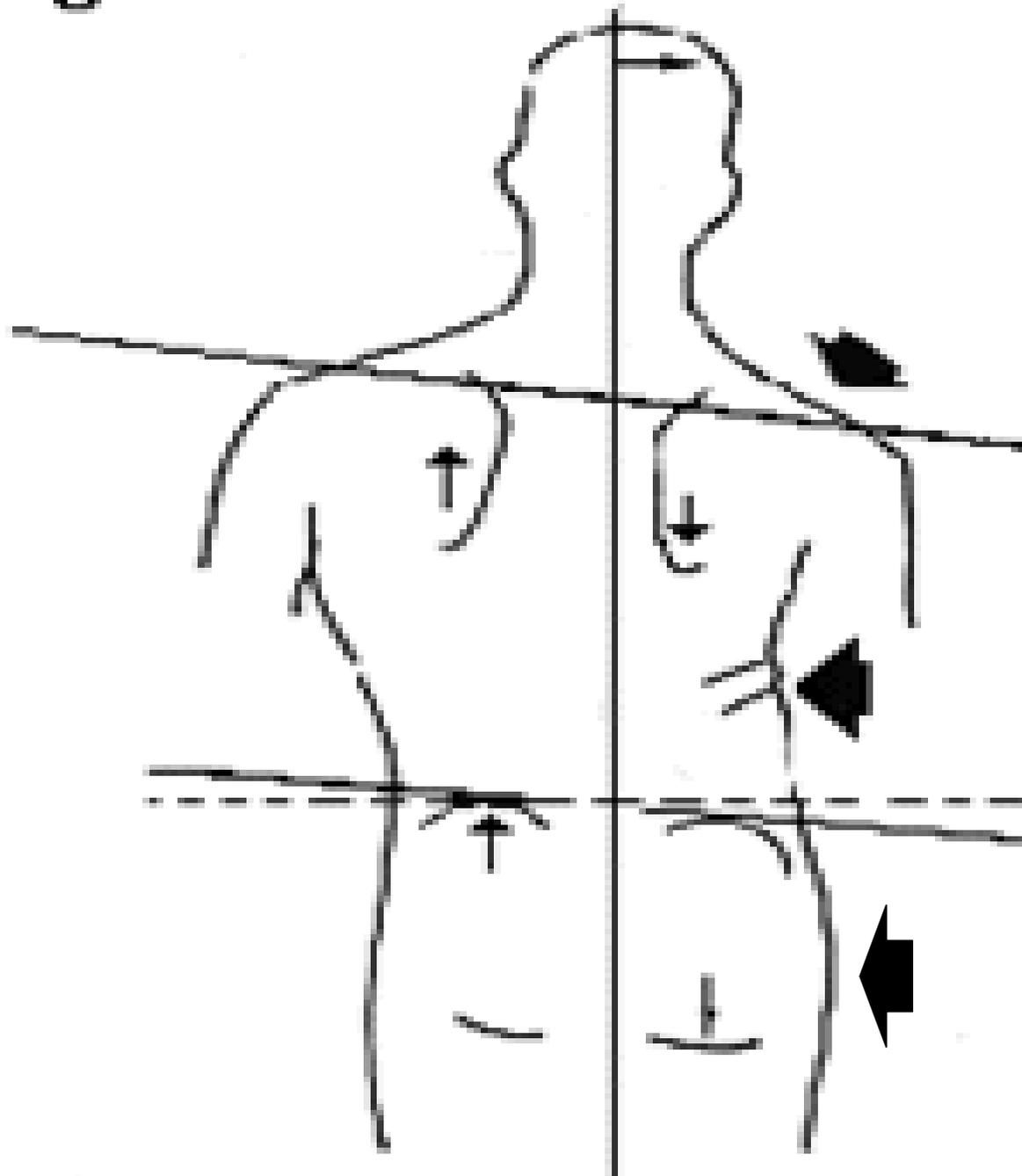
RADIOLOGIA



SÌ



Segni esterni di una scoliosi





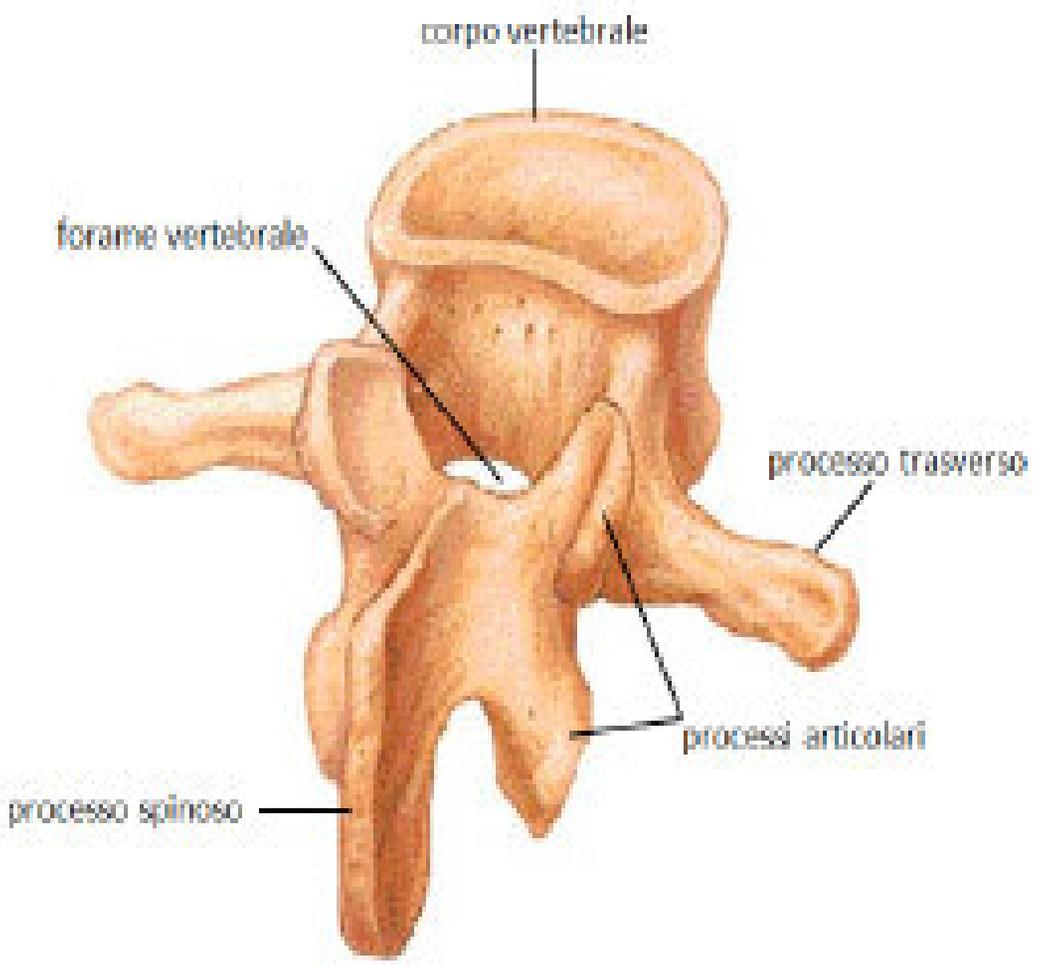
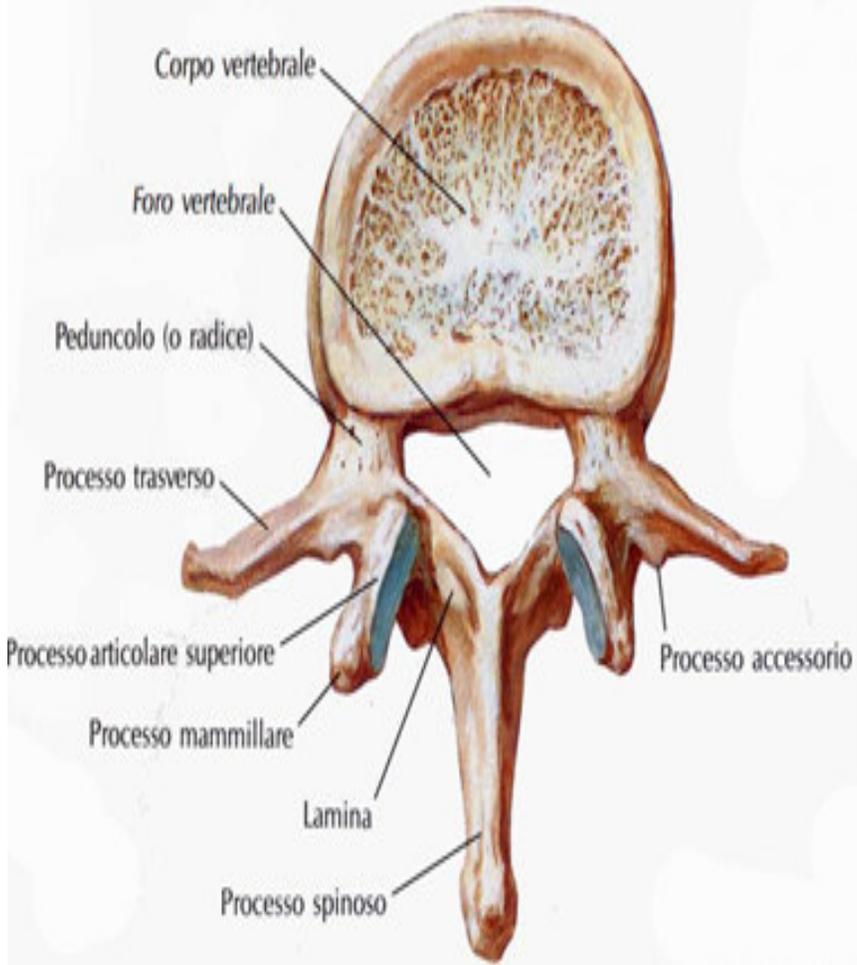


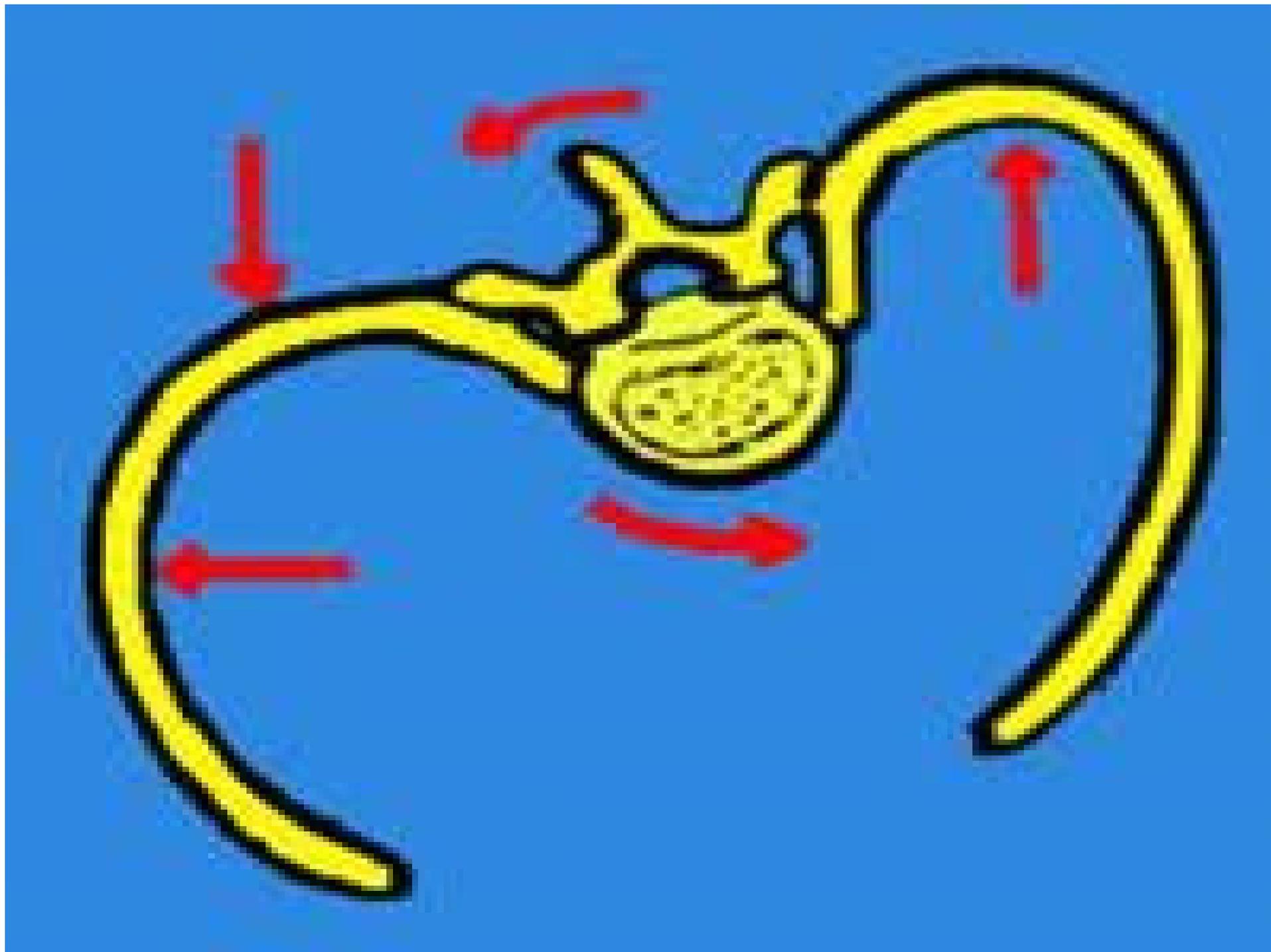


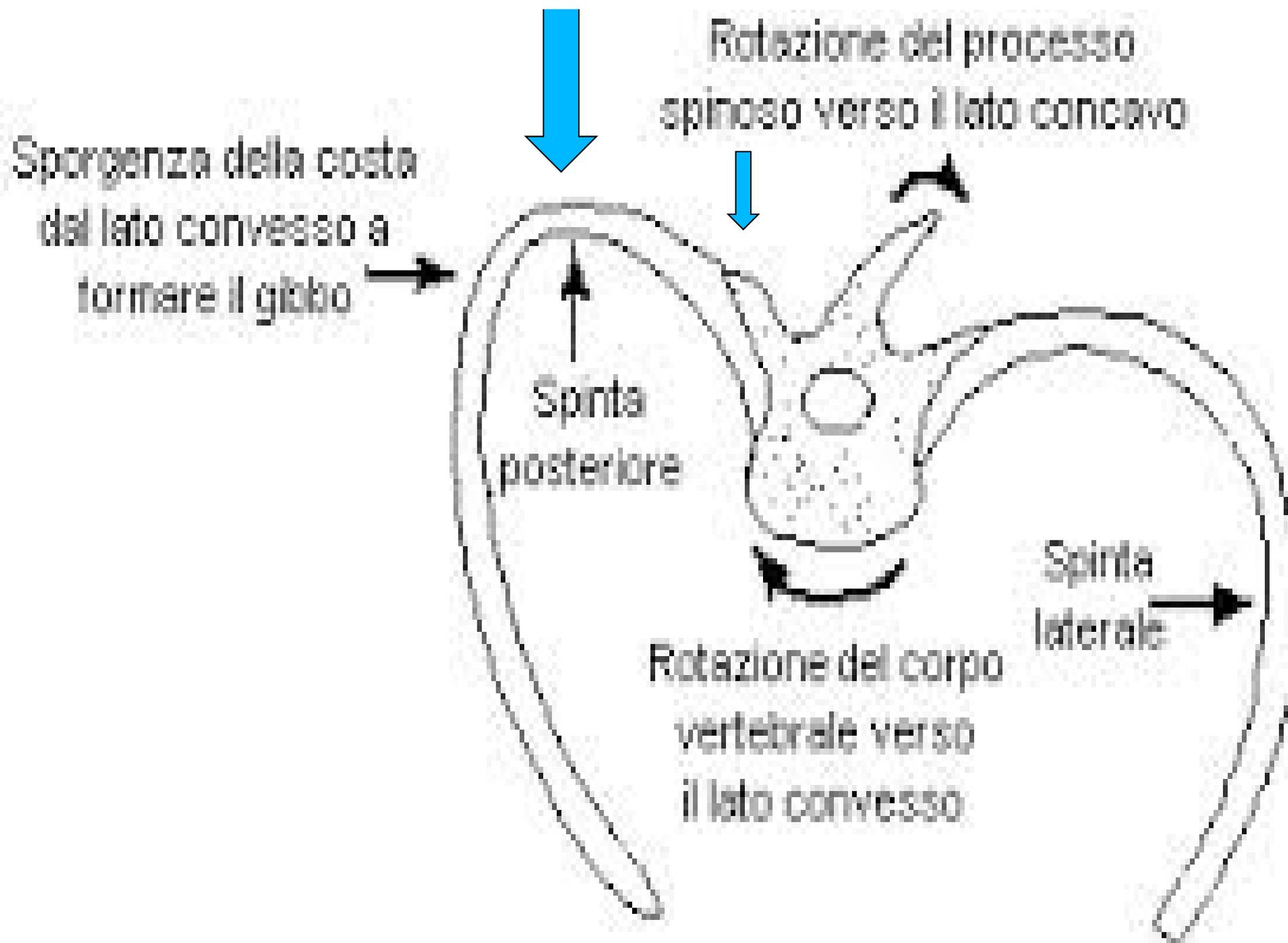
Flessione anteriore

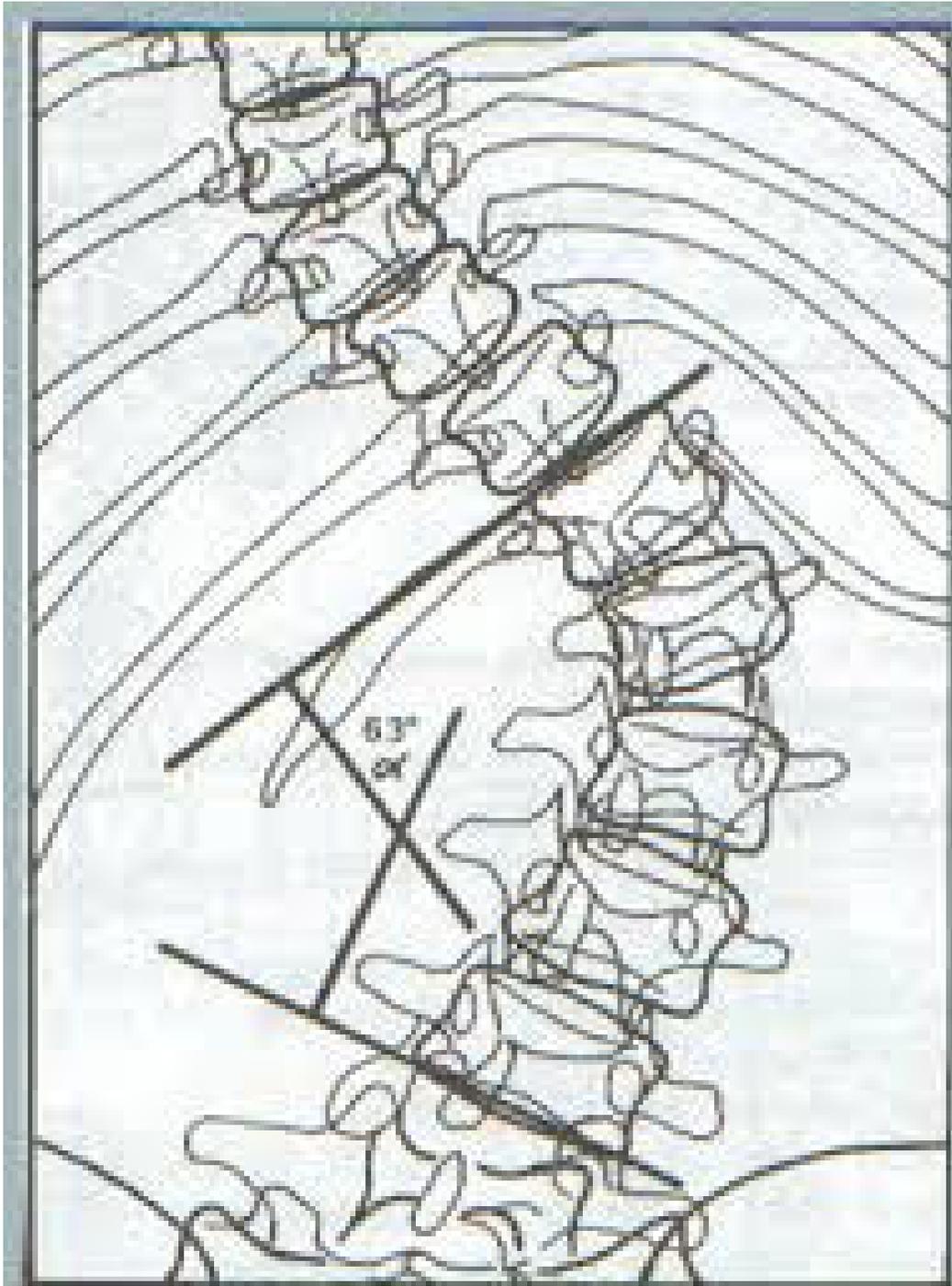


La Scoliosi implica una flessione laterale della colonna che, per azione della muscolatura, determina una rotazione dei corpi vertebrali.



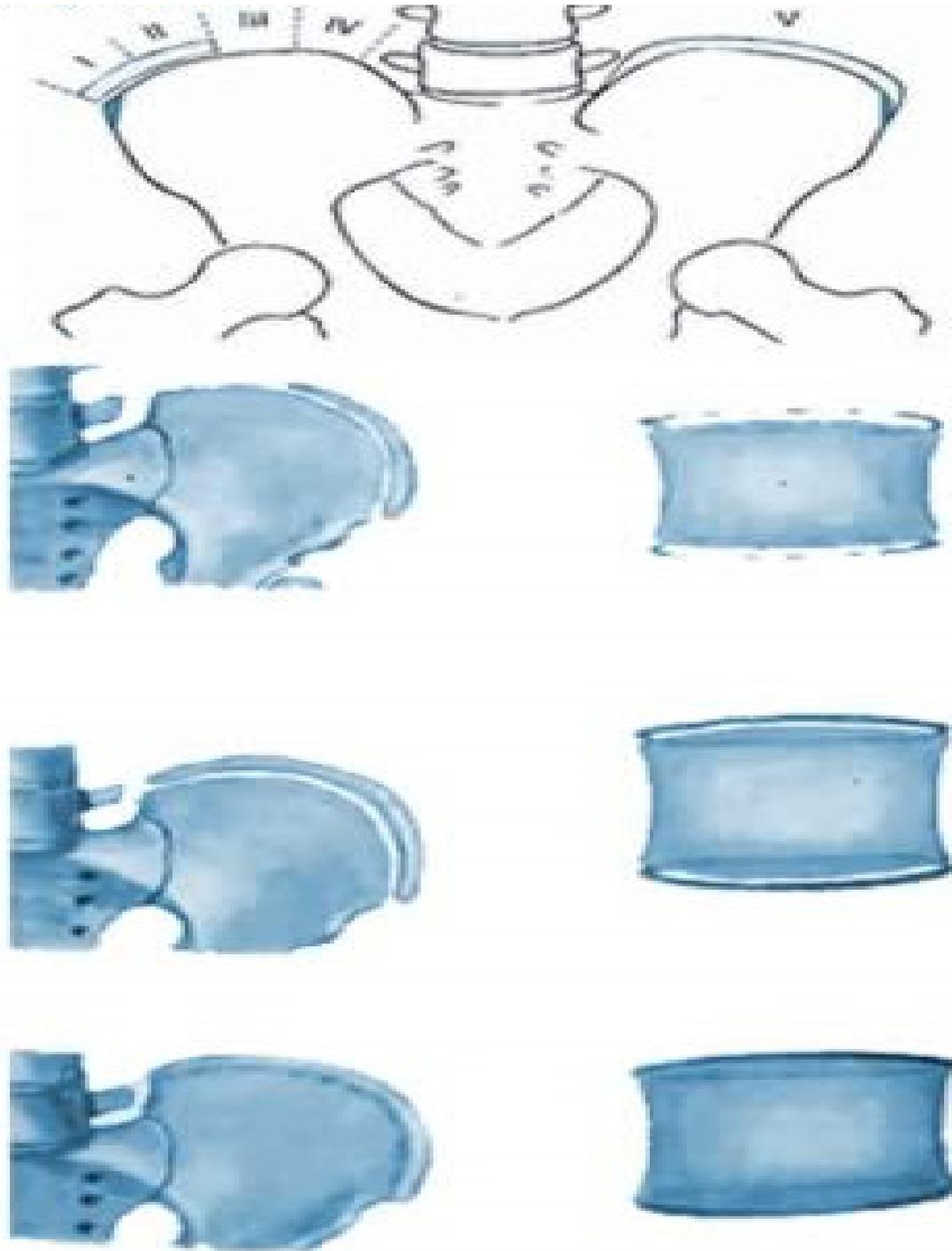




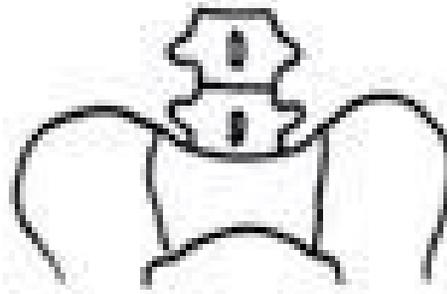


**John
Robert
Cobb**

Test di Risser



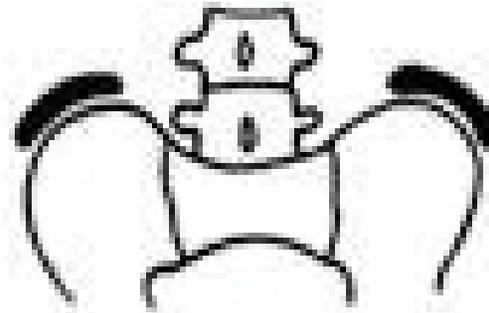
Test di Risser



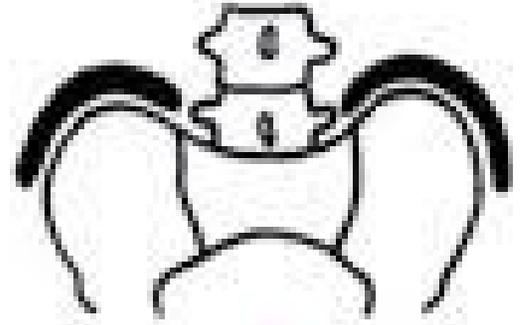
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1



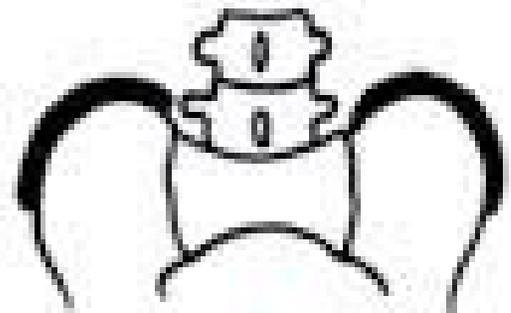
2



3



4



5

Pubertà:

Accrescimento
senza regole

Periodo post
Pubertà:
Rallentamento

Fondamentale:

In che periodo
ci troviamo ?

Età cronologica
non garante:

Pollo agli estrogeni

Caratteri sessuali

1° e 2°

1° :

Gonadi---> emanazione ormonale--->

2° :

- Distribuzione masse muscolari e adipe--->
---> proporzioni del corpo
- Laringe---> voce
- Peluria: barba
- Mammelle
- Pene
- Allargamento del bacino
- Menarca

Maschi 1

Femmine 4



Rx

CA CENTRO AKTIS

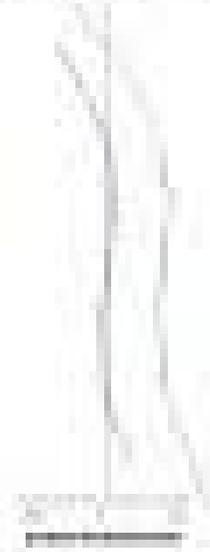
Spinometria morfometric



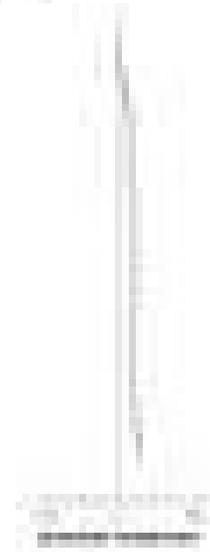
PRODOTTO IN ITALIA MADE IN ITALY

- Lunghezza totale di 100 cm
- Spessore totale prodotto 100 cm
- Spessore schienale 100 cm

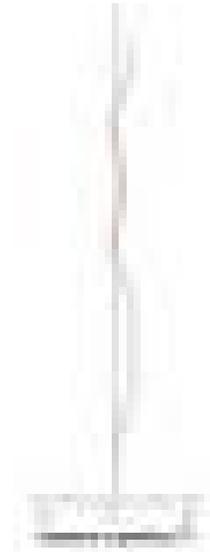
PRODOTTO IN ITALIA MADE IN ITALY



PRODOTTO IN ITALIA MADE IN ITALY



PRODOTTO IN ITALIA MADE IN ITALY



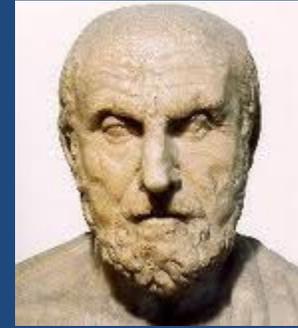
Referti generici:

Lieve, discreta, grave,
talora la misurazione

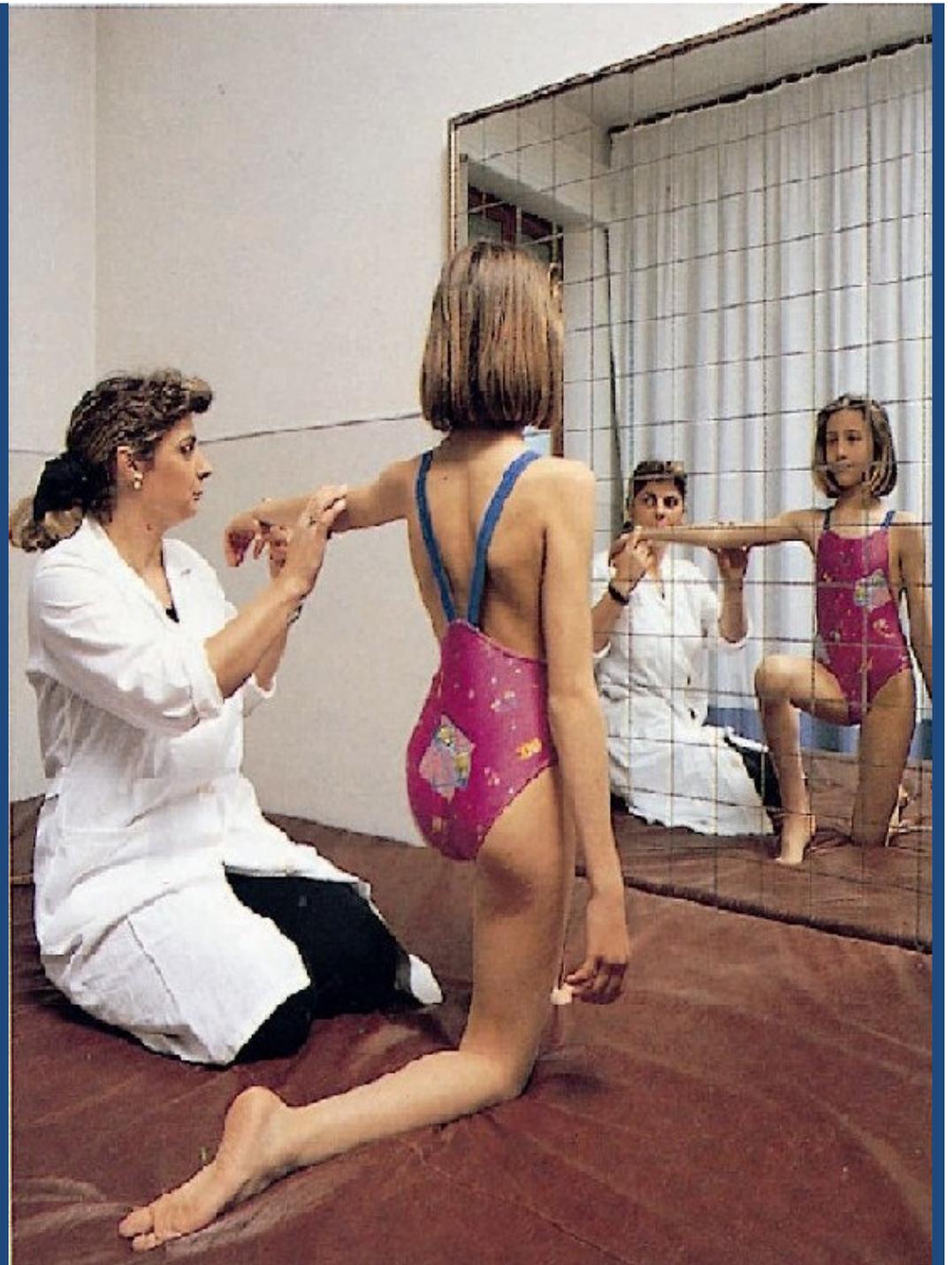
Referto dettagliato,
riproducibile

TERAPIA

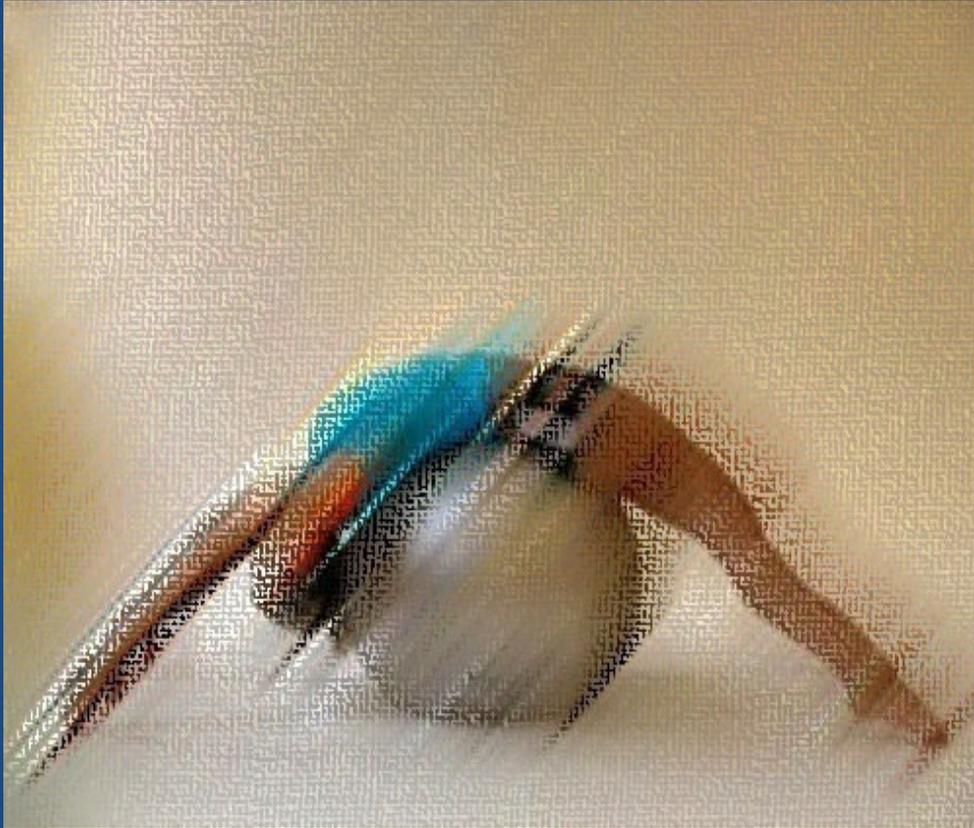




Pres di coscienza

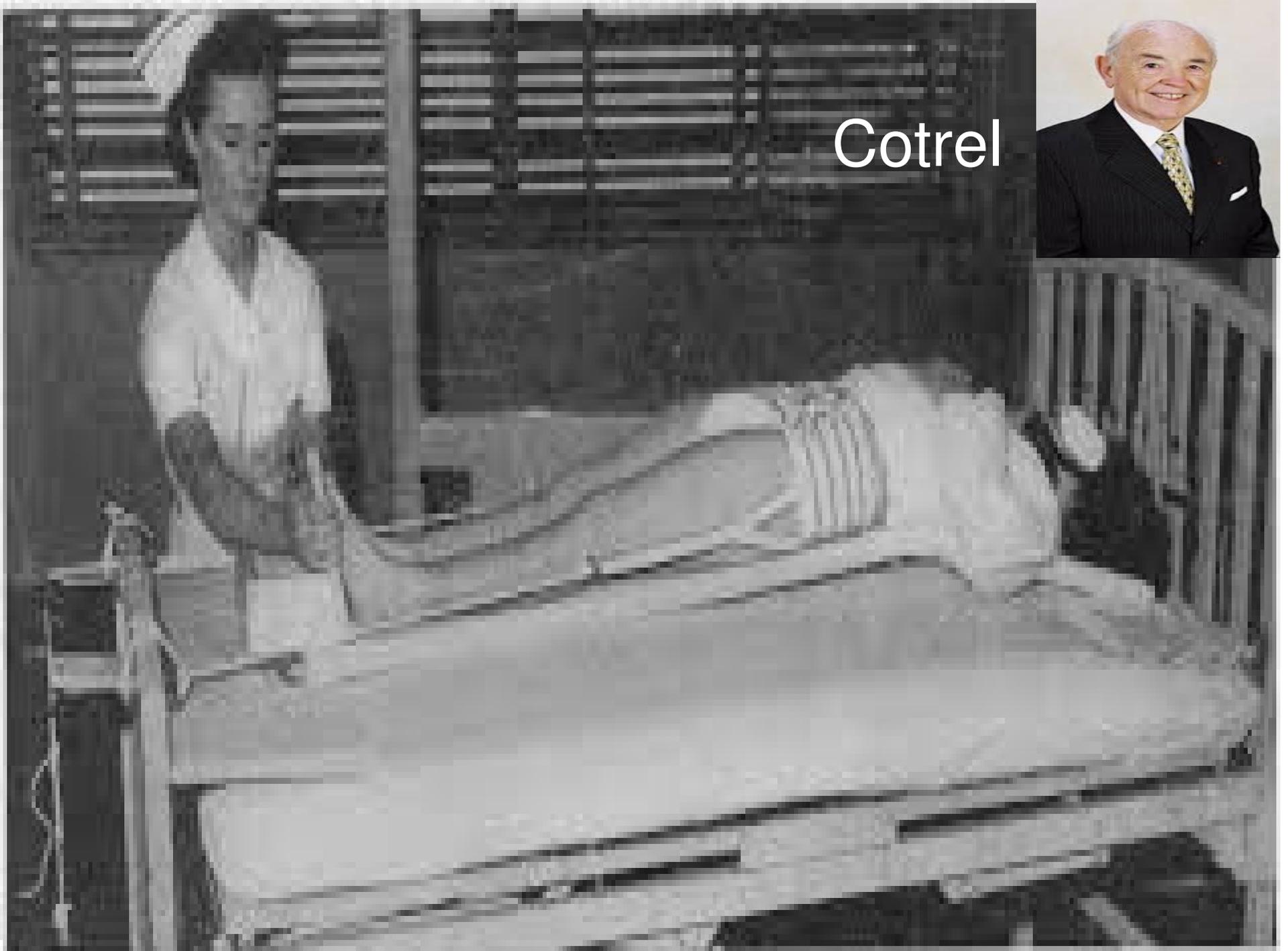




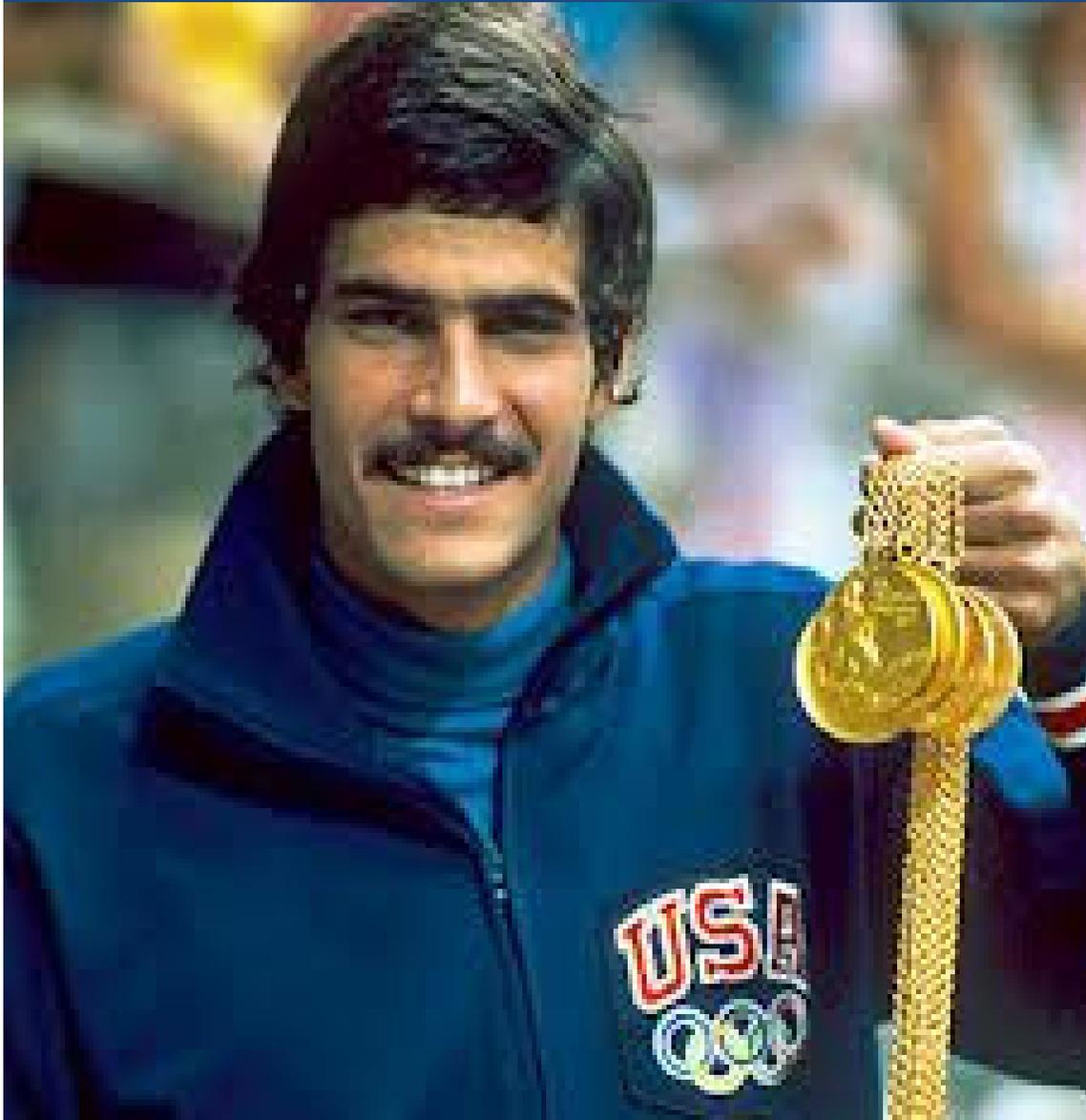




Cotrel



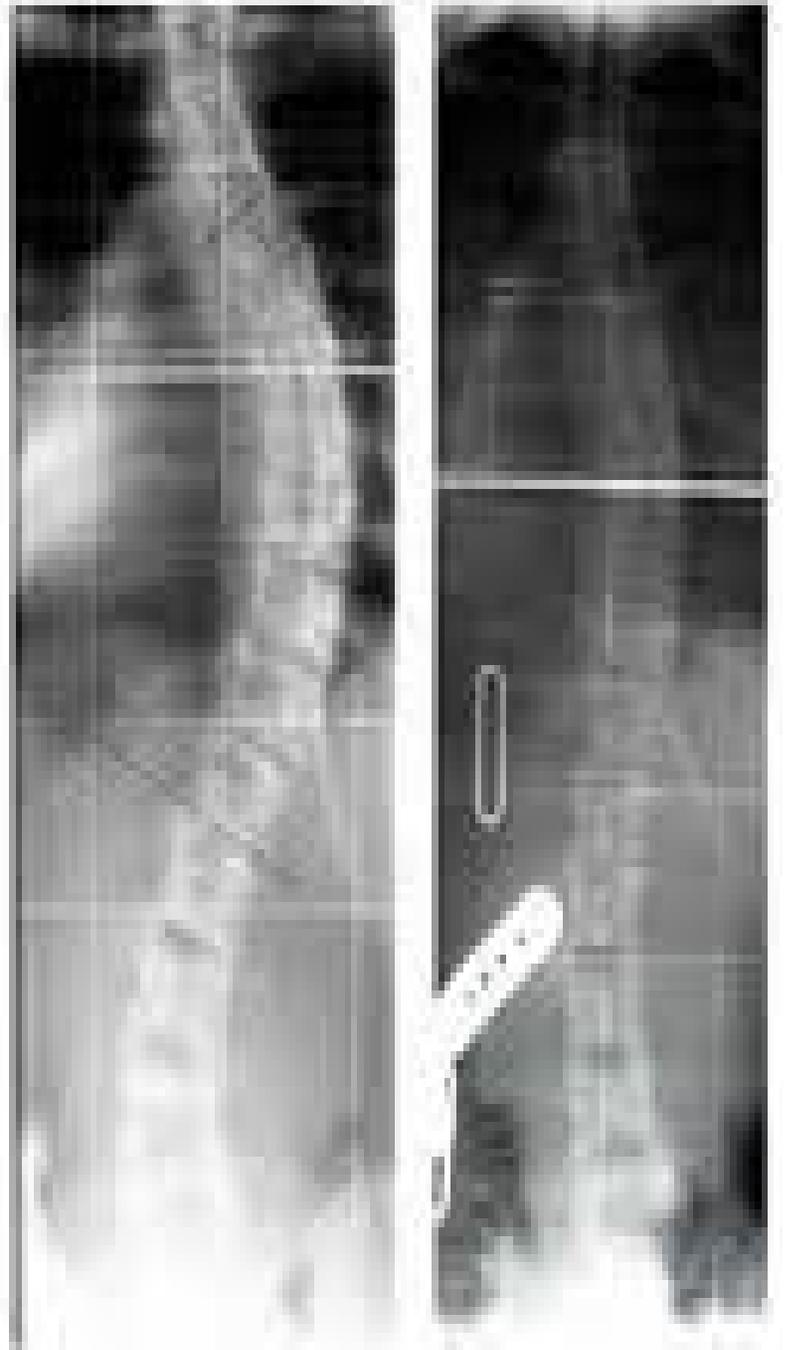
MARK SPITZ



7 ORI

MONACO

1972

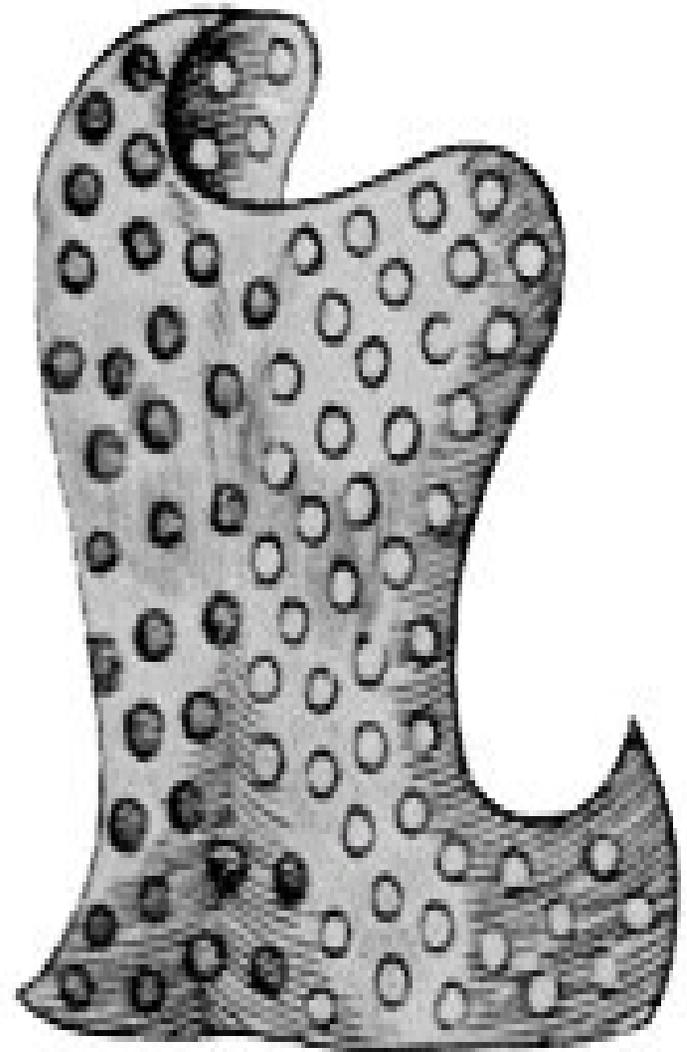


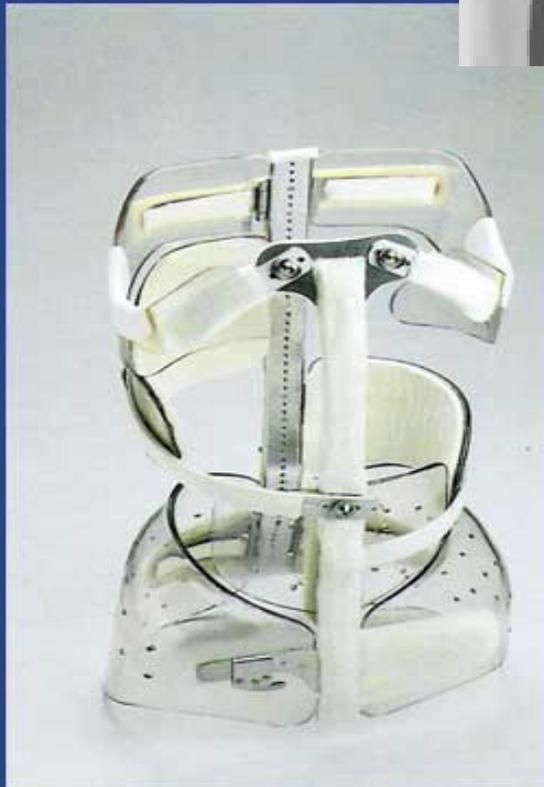


controllo dopo 45 gg



AMBROISE PARE' 1510 - 1590











Pierre
Stagnara

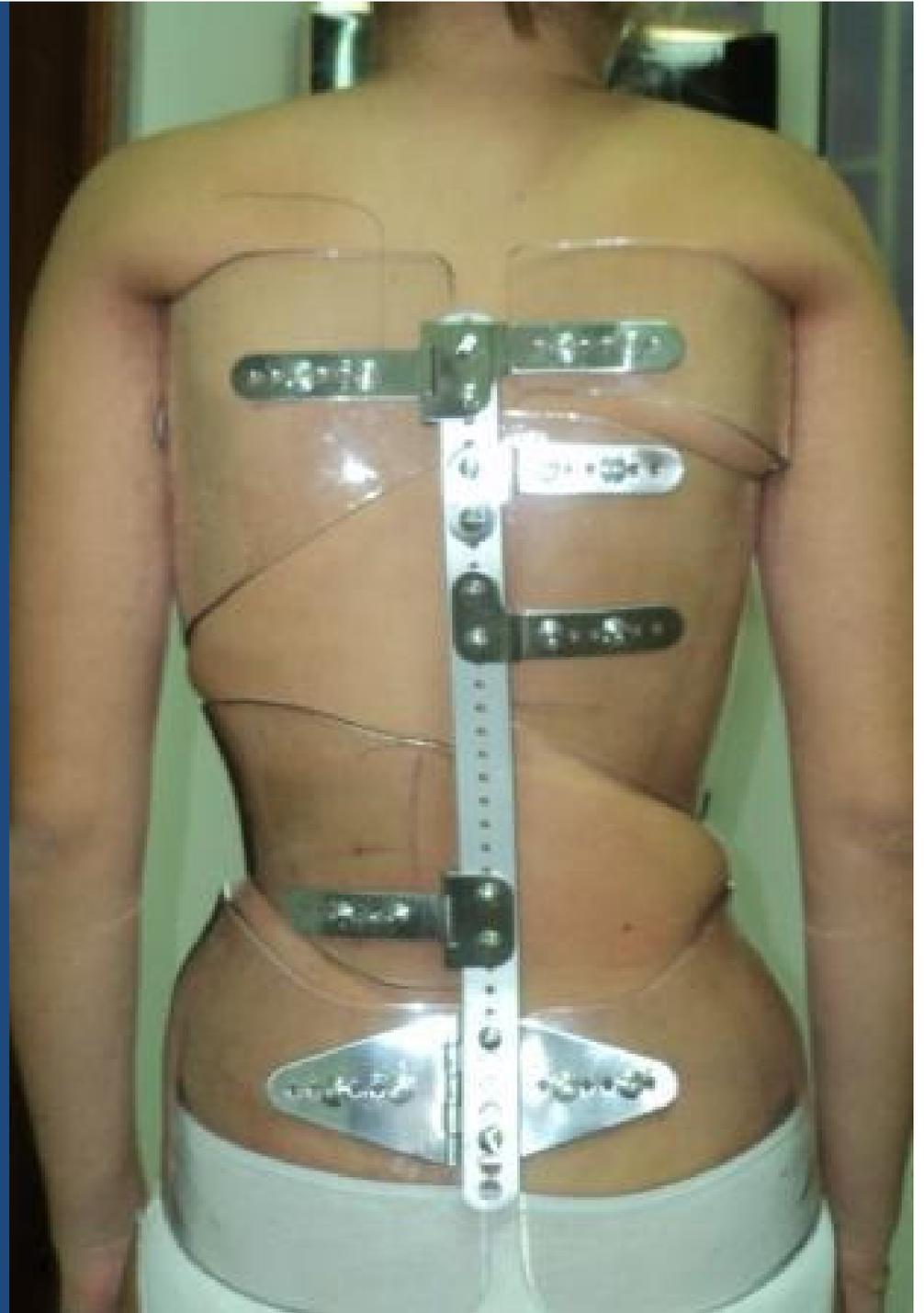


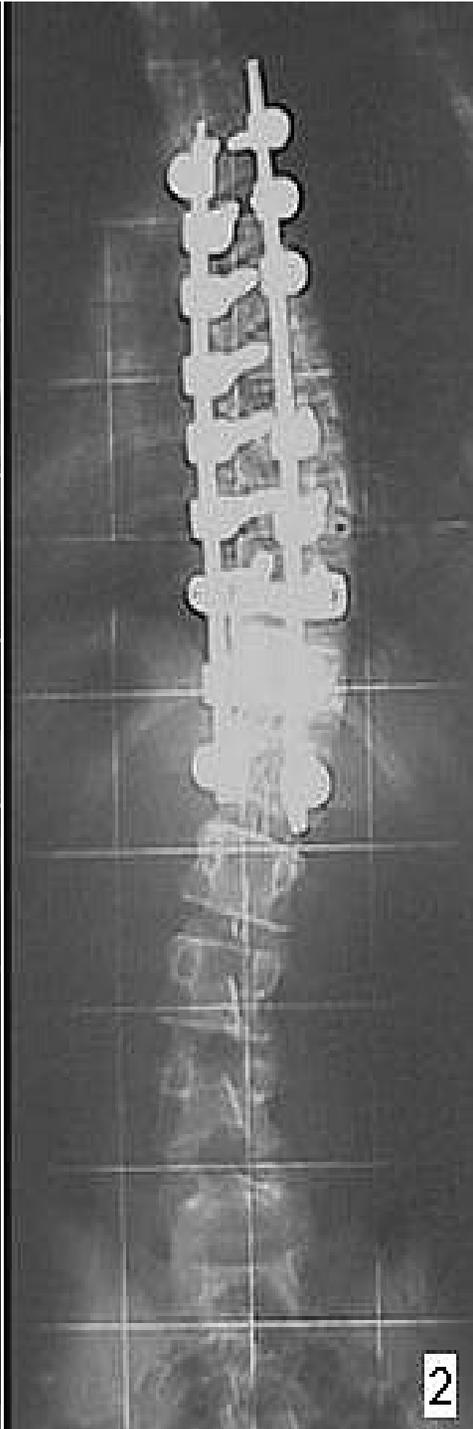
Corsetto

Lionese

Corsetto

Lionese





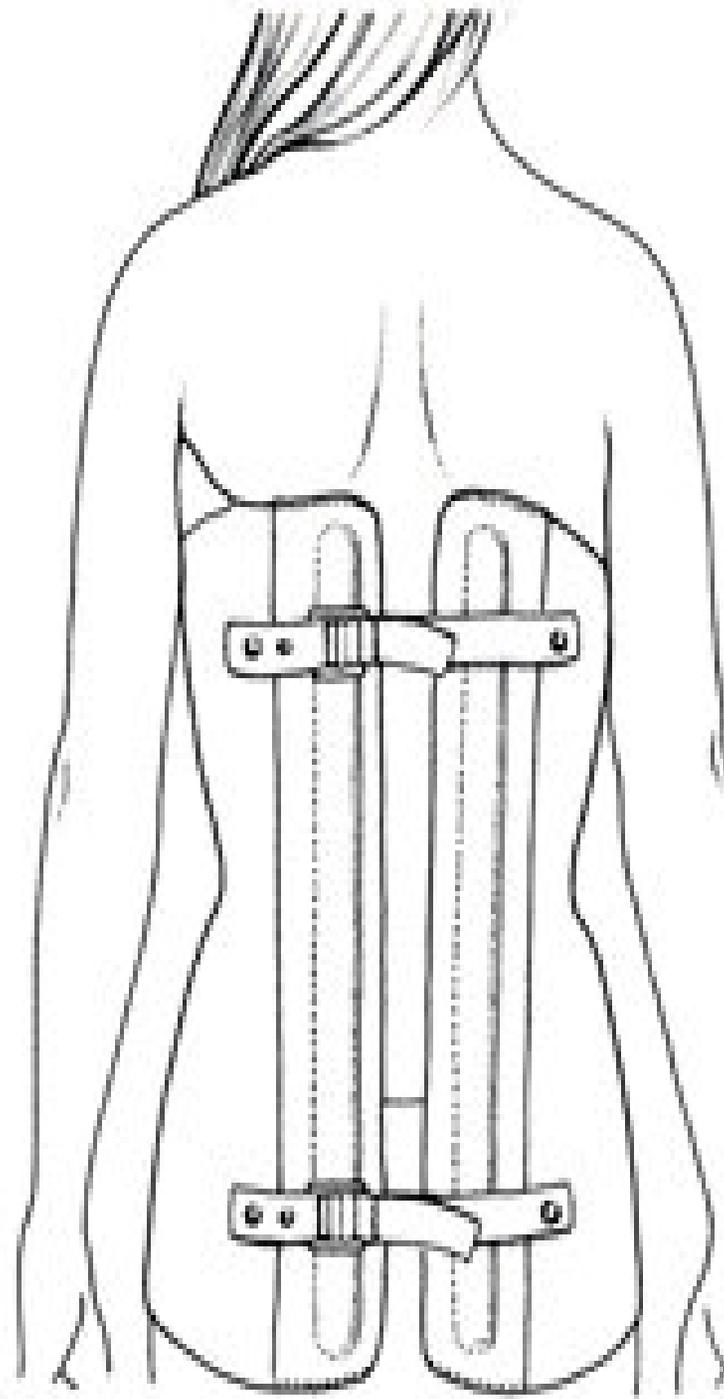
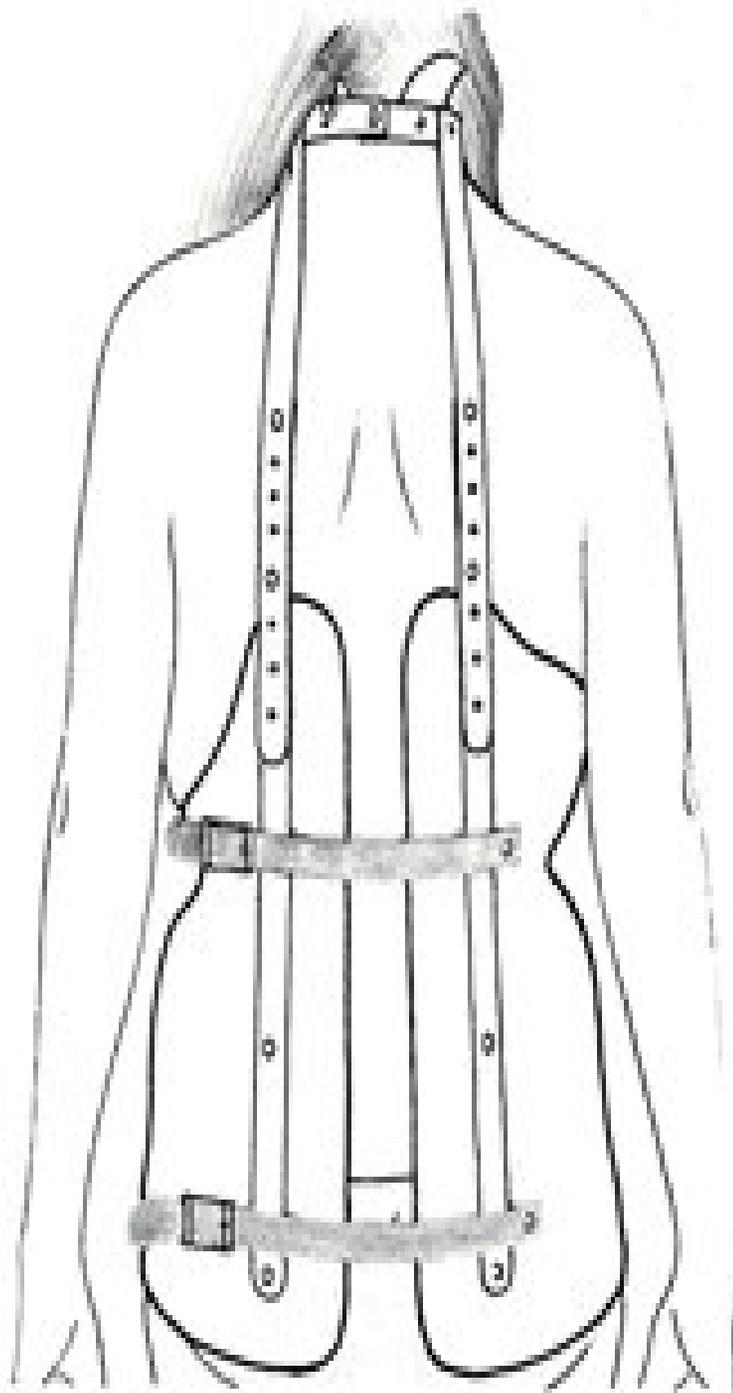




Corsetto Milwaukee







INTERVENTO

Artrodesi

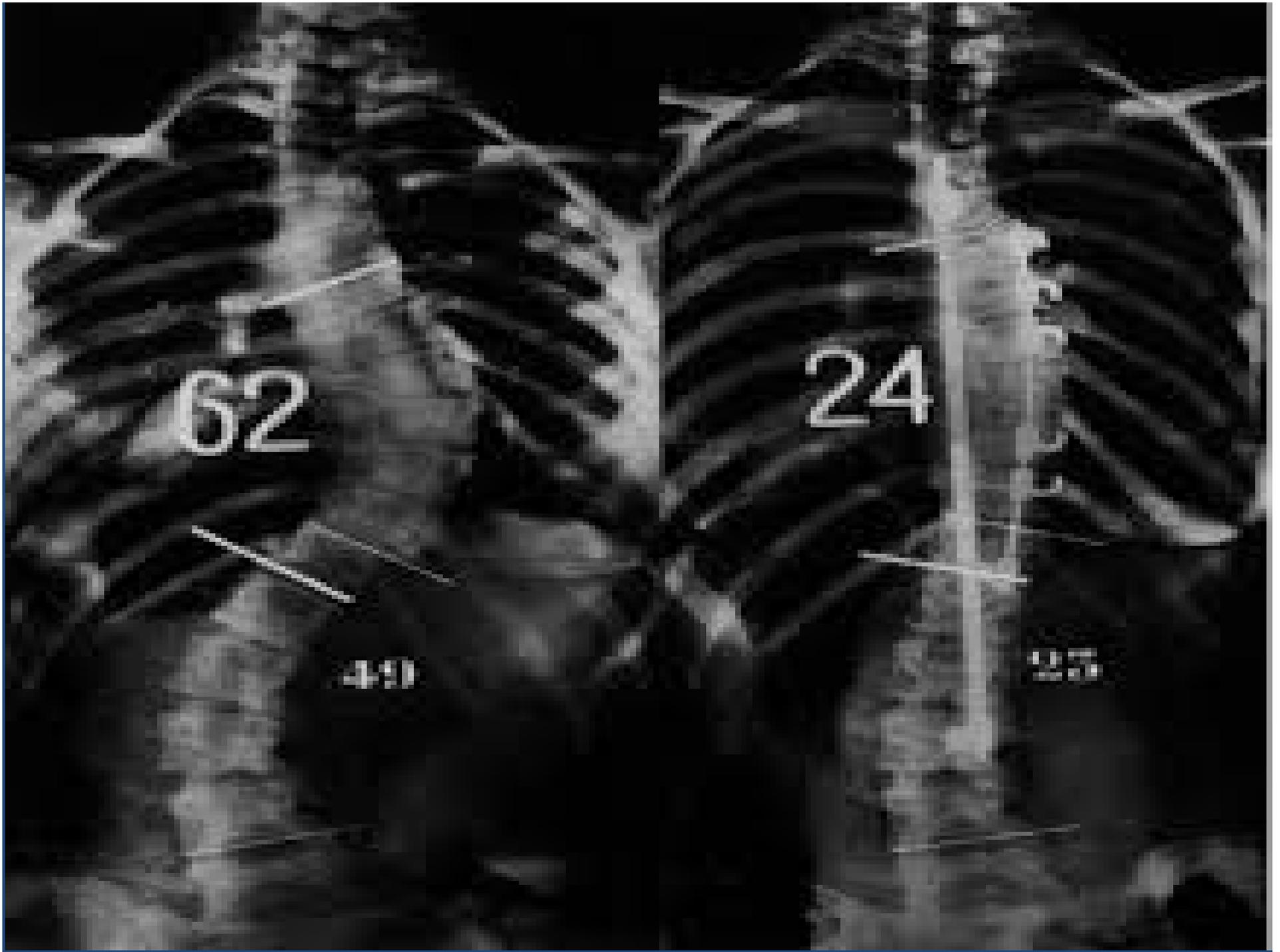


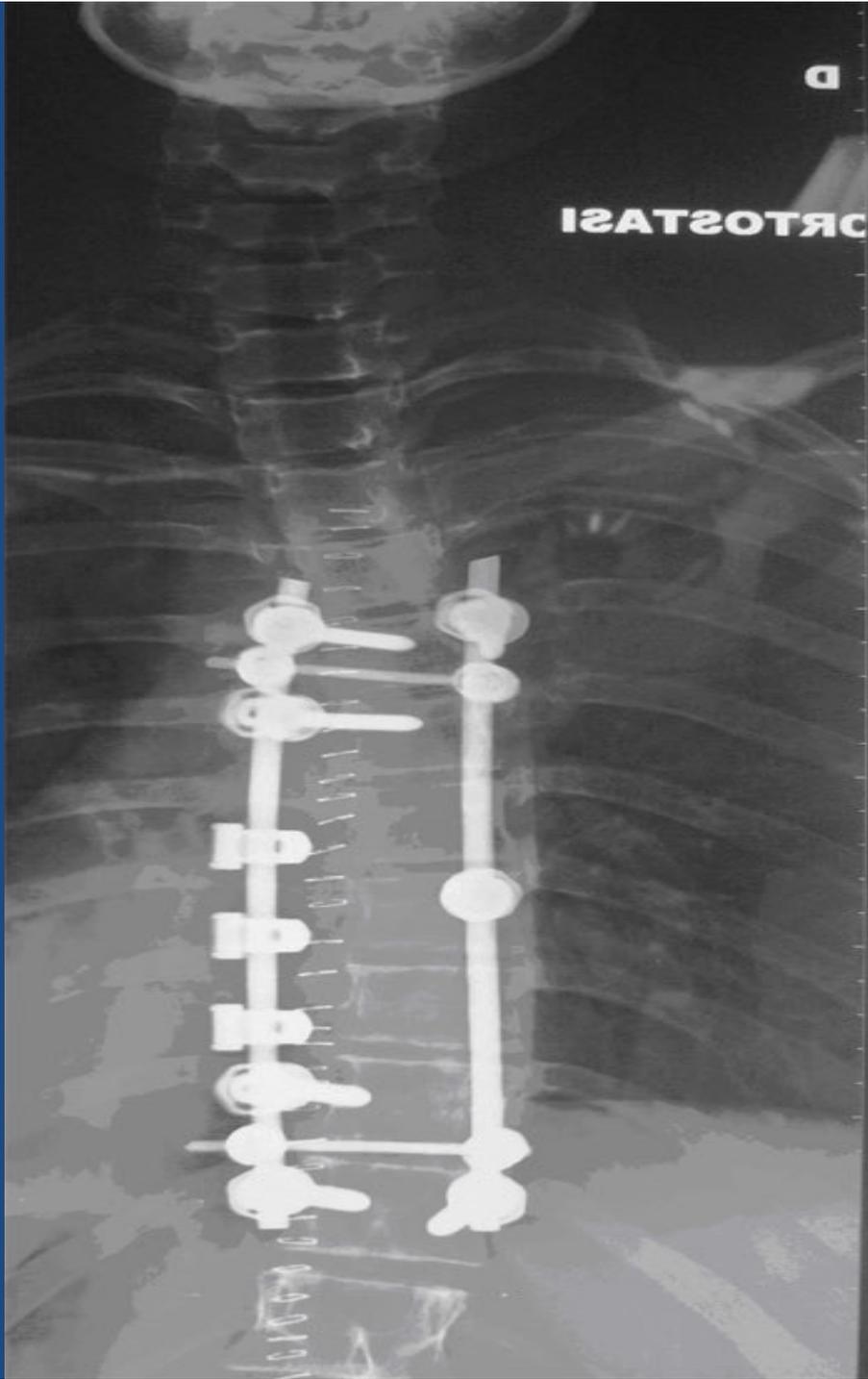
RUSSEL
HIBBS

PAUL RANDALL HARRINGTON

1911 - 1980

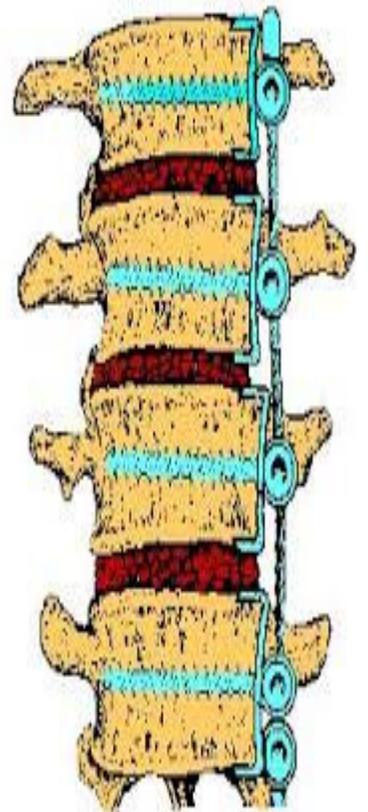
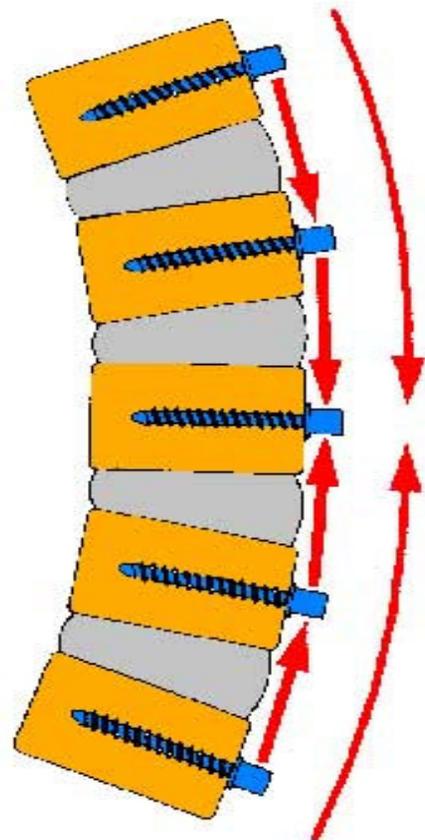






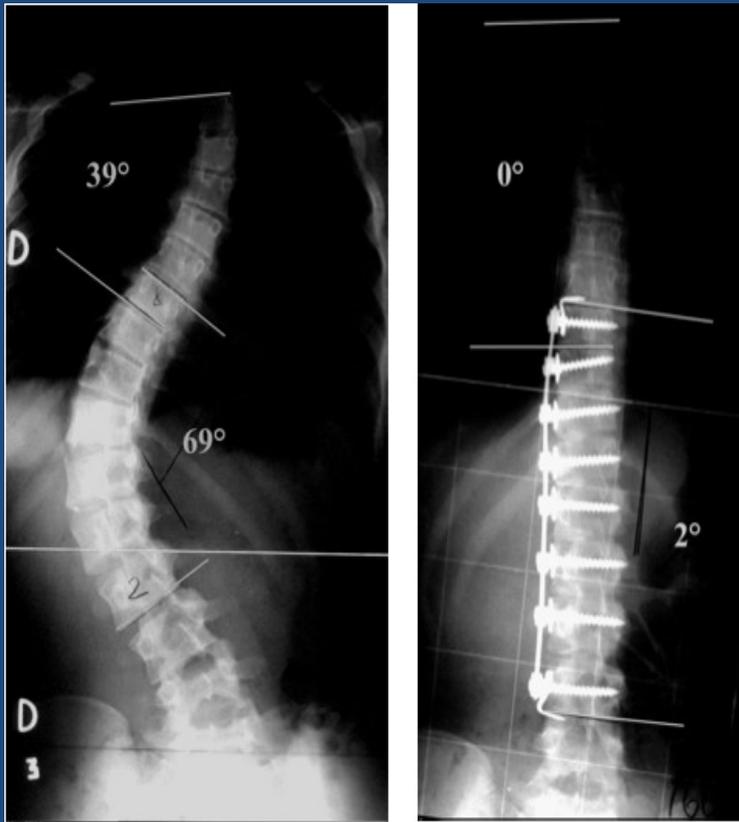
BUDD DWYER

1939 – 1987
via anteriore





KLAUS ZIELKE



Modifica strumenti
→ > derotazione

Tecnica ZIELKE



scoliosi



GIULIO
ANDREOTTI

ISABELLA
ROSSELLINI



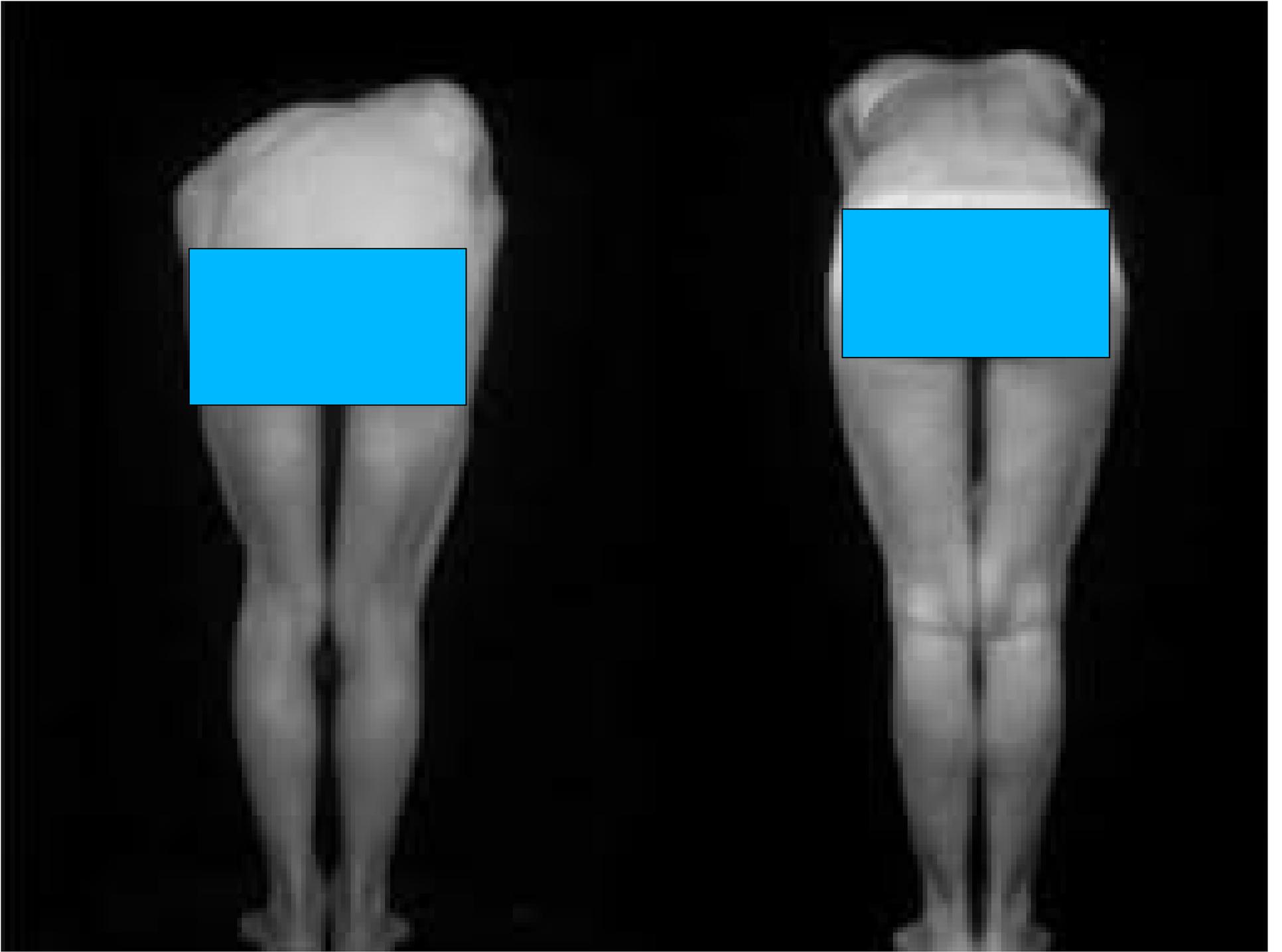


DWYER

43°









Cartella







Sport ?





DD

tra

Atteggiamiento scoliotico

e

Scoliosi

Atteggiamiento: vertebre
normali in assenza di gibbo.

Scoliosi: vertebre cuneizzate
e gibbo

Chirurgia nell'Adulto scoliotico ?

In caso che avvenga un ulteriore aggravamento della scoliosi per osteoporosi, traumi o patologie decalcificanti che si rifletta negativamente sulla funzionalità degli organi interni endotoracici e/o endoaddominali (reni)