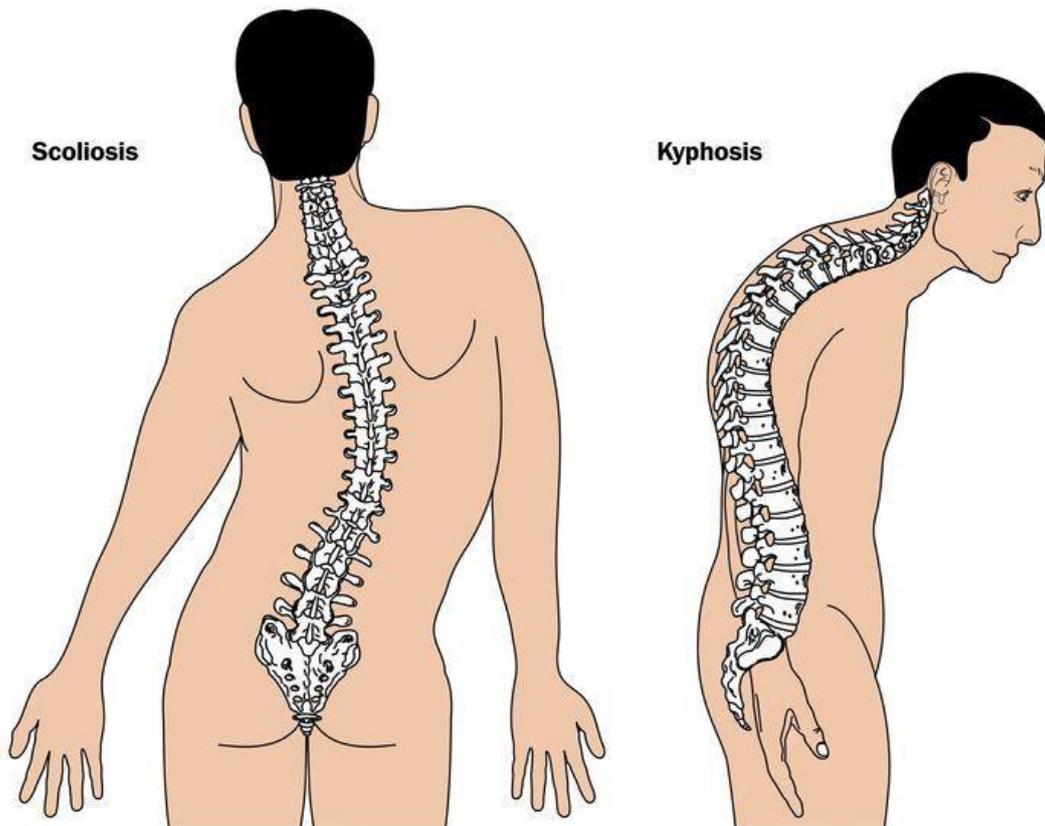


## Kyphosis in Children



### What is Kyphosis?

Kyphosis is a forward rounding of the upper back.

All children have a **normal** slight curve in the thoracic spine, but when the curve becomes **more pronounced**, it may be called **hyperkyphosis**.

Kyphosis can occur in children and teenagers for several reasons. Most cases are **mild and not serious**.

### Types of Kyphosis 1. Postural Kyphosis (Most Common)

- Caused by **poor posture** and muscle weakness.
- Often seen in teenagers who slouch or spend long periods on screens.

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- Curve improves when the child stands up straight.
  - Not associated with pain in most cases.

### 2. Scheuermann's Kyphosis

- A structural condition where the vertebrae become wedge-shaped during growth.
- The curve is **rigid** and does not fully straighten with posture correction.
- More common in boys aged 12–17.
- May cause back pain during activity.

### 3. Congenital Kyphosis (Rare)

- Caused by abnormal spinal development before birth.
- Usually detected early in infancy or childhood.

### What Causes Kyphosis?

Depending on the type, causes can include:

- Poor posture
- Weak back and core muscles
- Rapid growth during puberty
- Structural vertebral changes (Scheuermann's)

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- Birth abnormalities
  - Neuromuscular conditions (rare)

### Symptoms

Children with kyphosis may experience:

- Rounded or hunched upper back
- Fatigue after sitting or standing

- Back stiffness
- Mild pain, especially after activity
- Tight hamstrings

In severe cases: noticeable deformity or self-consciousness Postural kyphosis rarely causes significant pain.

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## Diagnosis

Diagnosis is based on:

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- Physical examination
  - Checking flexibility of the spine
  - Assessing posture and muscle strength
  - X-rays (if needed) to measure the degree of curvature and differentiate types

Scans are more important when structural causes are suspected (e.g., Scheuermann's or congenital kyphosis).

## Treatment

Treatment depends on the type and severity of kyphosis.

### 1. Postural Kyphosis

Most children improve with simple measures:

- **Posture correction**
    - Strengthening the back and core
    - Stretching tight muscles
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- Avoiding long periods of slouching
  - Physiotherapy exercises **Exercises may include:**
  - Shoulder blade squeezes
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- Thoracic extension exercises over a rolled towel
- Core strengthening
- Hamstring stretches

## 2. Scheuermann's Kyphosis

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Treatment depends on curve size, symptoms, and age.

- **Physiotherapy** for flexibility and strengthening
  - **Bracing** (usually for curves  $> 60\text{--}70^\circ$  in growing children)
  - **Pain management** during flare-ups
  - **Surgery** only for very severe curves ( $>75\text{--}80^\circ$ ), worsening deformity, or neurological symptoms (rare)
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## 3. Congenital Kyphosis

- Managed by a specialist team
- May require early surgery depending on severity
- Regular monitoring of spinal growth

### Home Care Advice

- Encourage regular breaks from screens every 30–45 minutes
  - Use a supportive chair with feet flat on the floor
  - Promote active play and regular exercise
  - Avoid heavy backpacks; use both shoulder straps
  - Focus on confidence and reassurance — many children feel self-conscious about posture
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**When to Seek Medical Advice** Please seek review if:

- The curve is visibly increasing
  - Your child has persistent pain
  - There is numbness, tingling, or weakness
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- Difficulty walking or change in coordination
  - Breathing problems (rare and only in severe cases)

- Curve appears rigid or does not improve with posture changes

### **Prognosis**

- **Postural kyphosis:** excellent prognosis; improves with exercises and better posture
- **Scheuermann's kyphosis:** may require monitoring, but most children lead normal lives
- **Congenital kyphosis:** outcome depends on severity and early treatment

Most children with kyphosis **grow and function normally** with minimal long-term issues.