

## Minor Issues

# Life lessons from having scoliosis

**Like me, my son has the condition. And it is my hope he learns that while he cannot control the outcome, he can choose his reaction to the situation**



Jane Ng

Four years ago, when my son was 13, he brought home a letter for a follow-up check for scoliosis. My heart sank.

It revived a barrage of memories of when I was diagnosed with scoliosis, or curved backbone, as a teenager.

Scoliosis is a condition where the spine curves to form an “S” or “C” shape.

The most common type of scoliosis is idiopathic adolescent scoliosis, where the cause is unknown, though it has been known to run in families. Girls are more likely to have the condition than boys, and curves in girls are more likely to become worse during the growth spurt.

That was the case for me, and I wore a back brace for two years. Unfortunately, it did not work and I underwent surgery to correct the curve.

Because of my experience, the fact that my son needed follow-up checks for his spine hit us harder than it should have. Before he saw the doctor, he asked me what it was like wearing a brace.

It has been decades, but I remember it to be uncomfortable, especially at the beginning, then bearable as I got used to it. The brace was tight and hot, especially on sunny days, and gave me rashes.

But aside from the discomfort, I felt self-conscious and had to endure good-natured teasing from classmates who said I was a “bionic” girl. This, despite the fact that it could not be seen as it was worn under my clothes – unless friends were to accidentally brush against me.



But in my son’s case, my main concern was how the curvature might affect his involvement in sports like soccer and rugby,

especially if it was serious enough to require a brace or surgery.

When we first went to the Health Promotion Board’s Student

Health Centre for the follow-up appointment, there were posters to remind both parents and kids that the condition is not caused

by a deficiency in diet nor by carrying a heavy school bag on one shoulder. It is not caused by any specific physical activity or poor posture.

While there are no known ways to prevent scoliosis, the curve, once discovered, can be monitored and treated to control the worsening.

It is often picked up as part of a routine health check in schools. For girls, the condition could occur between 10 and 12 years old, and for boys, between 12 and 14.

Some external signs of scoliosis include:

- Body does not look symmetrical
- One shoulder or hip appears to be higher than the other

Dr Kevin Koo, an orthopaedic surgeon from Mount Elizabeth Hospital, says if parents suspect their child has scoliosis, they should take him or her to a general practitioner or orthopaedic doctor for a check.

This is especially if the school health check-up is not due soon, because early detection allows for less invasive treatment.

During my son’s first scoliosis appointment, one of the questions I asked the doctor was whether he was at greater risk of severe scoliosis since I had to undergo surgery.

The doctor said he might be at greater risk for scoliosis, but not necessarily severe scoliosis. She added that while there is no cure for the curve, it does not hurt to do exercises that strengthen the back muscles, including swimming.

A good thing that came out of the condition is that he started doing exercises such as planks and push-ups. Perhaps knowing about my experience motivated him to keep at it.

At the beginning, when check-ups were six-monthly, we would both be a bundle of nerves before each consultation, which sometimes included an X-ray.

As time passed and the curve remained mild, we would celebrate each check-up with a nice meal out.

In a way, we bonded over a common ailment.

Now that he is 17, the visits have stretched to yearly ones. There is less anxiety and we are counting down to one final check-up.

He is glad to be done with the follow-ups, but there are lessons from this experience that I hope he will carry with him for life.

A teenager may not see any upside to having scoliosis, so it was up to me to guide him to look for the silver lining, because there will be other situations in life where he may not be able to control the outcome and can only choose how he reacts to it.

One of the things I reminded him of in the early days, when we were both worried, was to focus on what was within his control.

Even though there was little that could be done to prevent or cure scoliosis, he could keep at the back-strengthening exercises and hope they pay off – by maintaining the status quo or slowing down the curvature.

This same advice to focus his energy on what he can control is applicable now in his studies when he feels overwhelmed by the sheer amount of work needed to be done. There is little point in worrying about what is not within his control.

In dealing with his condition, he learnt patience and not to give up hope because its progression and results took place over many months.

I also shared with him that having gone through the experience of wearing the uncomfortable brace and, later, painful surgery, I was stronger for it – maybe not physically, but mentally.

After the surgery, I learnt to cope with having less flexibility (sit-and-reach is out of the question). And as I age, I am no longer able to do high-impact activities or lift bags of heavy groceries.

But instead of dwelling on what I cannot do, I am thankful for what I still can do – including brisk walking and swimming.

As a parent, I may not be done dealing with scoliosis as I have two younger daughters aged seven and 14. But I am learning to take things in my stride.

All those years ago, when I was feeling frightened before my surgery, I remember being soothed by the optimistic attitude of my late surgeon, Professor N. Balachandran, whose jovial smile, kind words and humour reassured me.

Looking back, he not only corrected my spinal curvature, but also taught me how important having the right attitude was when facing challenges in life.