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Psychosocial adjustment of children and adolescents with scoliosis

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Adolescent Idiopathic Scoliosis (AIS) is a complex process of a three-dimensional spine and trunk deformity, which appears in otherwise healthy subjects, and can progress in relation to multiple factors, during any period of rapid growth (Rigo and Grivas, 2010). Specifically, the prevalence of postural scoliosis in adolescent population is estimated to be up to 40 %, the majority of which is diagnosed in young girls (Ostojić et al., 2006). The prognosis is dependent on factors such as the location of the curve, the severity of the curve and time of onset. Medical treatment such as bracing is crucial for improvement of physical health, but it affects children and adolescents psychological and social functioning. The objective of this study was to determine stress factors and compliance enhancers. In research we used both qualitative and quantitative methods. Participants were submitted to semi-structured interview that was taped. Seven interviewed participants (two male and five female) in the age from 11 to 17 years old and all of them were diagnosed with scoliosis during primary school. Participants were asked about their body- and self-image, eating attitudes, distress, life satisfaction and about their sources of information on their condition. Results suggest that the majority of children and adolescents have experienced some change in psychological or social functioning after the diagnosis ranging from feeling shame and trying to hide the diagnosis to feeling uneasiness and discomfort. However, participants did not believe that being diagnosed with scoliosis had a serious impact on their life. Similarly, even though all participants believed that their behavior could impact the condition (i.e. they considered that wearing the brace could help them), only one participant reported wearing the brace for the recommended amount of time and adhering to advised training regimens. As for the emotional reactions, they ranged from denial to anger, sadness and acceptance. Even though four participants emphasized the lack of information provided by medical specialists, doctors were still the main source of information about scoliosis followed by parents and the Internet. The majority of participants did not report issues in social relationships because of their diagnosis. Results and implications will be further discussed in the presentation.