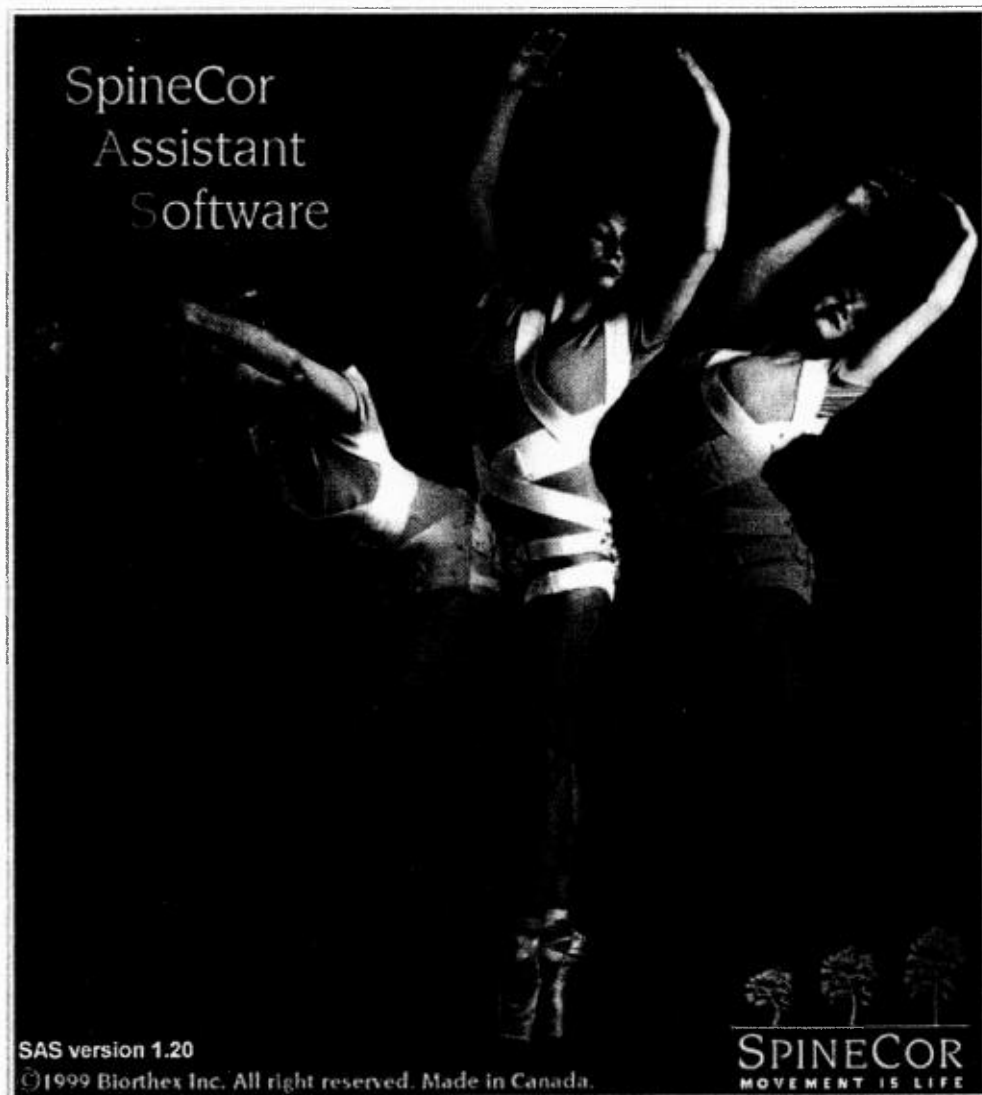


FITTING INSTRUCTIONS



BIORTHEX INC.
9001, BOUL. DE L'ACADIE, SUITE 802
MONTRÉAL, QUÉBEC, CANADA H4N 3H5
☎ (514) 382-4800 📠 (514) 382-4048

AUTHORIZED REPRESENTATIVE:
BIORTHEX
APDO. DE CORREOS 321
E-49080 ZAMORA ESPAÑA
☎ + 34 980 537 213 📠 + 34 980 537 213



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RIGHT THORACIC TYPE I (RT1)

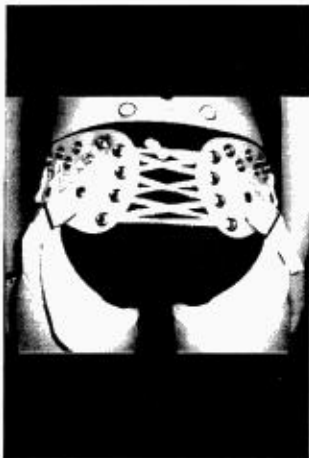
CORRECTIVE MOVEMENT: Right Thoracic Type I

The first step before the brace fitting is to understand the corrective movement, which permits a reduction of the curve (curves).

For this type of scoliosis, the corrective movement is essentially a detorsion between shoulder girdle and thorax which involves bringing the thorax to a neutral or counterclockwise rotation and the shoulder girdle to a neutral or clockwise rotation. It is also desirable either to reduce the right lateral shift or to obtain a slight left lateral shift.

STEP 1: Right Thoracic Type I

Photo 1: Fitting of the pelvic base, back view



- The pelvic base comes in the form of a girdle adjusted under the posterior superior iliac spines. It includes two posterior parts and an anterior part that must be centred right above the pubis.
- Both posterior plastic parts must be fitted with regard to the external iliac fossae. It is preferable to place them more laterally (adjustment permitted by the lacing which brings them together), because if these two plastic parts are too centred, they won't be stable during the brace fitting and will have a tendency to rise.
- The crotch bands are placed laterally in relation to the thigh bands without an excessive tension.
- The thigh bands are attached to the pelvic base with the medial buckles, directing the buckles outwards.
- The thigh bands must be adjusted with a greater tension than the crotch bands, but never excessive.

Photo 2: Fitting of the pelvic base, front view



- The pelvic base must be placed under the anterior superior iliac spines, well adjusted, without being uncomfortable.
- The lateral velcro fasteners must be closed symmetrically and must be horizontal.
- The thigh bands are placed diagonally under the groin folds.
- The velcro closes towards the exterior.
- In the same manner, the crotch bands must be adjusted without being really tight.

Photo 3: Fitting of the pelvic base, lateral view



- The lateral part of the thigh band, which is more rounded, must follow the thigh contour.
- The thigh bands are attached to the pelvic base with the medial buckles, which are angulated anteriorly.

STEP 2: Right Thoracic Type I

Photo 1: Fitting of the bolero



- Placed on the patient's shoulders, the mid section of the bolero barely conceals T4 and T12.
- The bolero size is determined by measuring the T4-T12 distance on the patient.
- The upper flaps placed on the shoulders are shorter and have only one velcro patch.
- The lower flaps are the longer ones; they have three velcro patches.

Photo 2: Fitting of the bolero



If the left shoulder band is unstable and has a tendency to rise towards the neck base, it is possible to add a stabilisation band. This band comes in two different lengths (25 and 30 cm) and has a velcro patch on each end. It must always be placed between the end of the shoulder flap (under the left shoulder band) and the additional velcro patch at the base of the ipsilateral thoracic flap. A fastening to an inappropriate velcro patch would cause a verticalizing effect on this band, which would be negative on the correction. A very moderate tension is sufficient for achieving a perfect stabilisation.

STEP 3: Right Thoracic Type I

Photo 1: Corrective movement



For this type of scoliosis, the corrective movement is essentially a detorsion between the shoulder girdle and thorax which involves bringing the thorax to a neutral or counterclockwise rotation and the shoulder girdle to a neutral or clockwise rotation. It is also desirable to either reduce the right lateral shift or to obtain a slight left lateral shift.

For the best result, the position induced by the corrective movement can be maintained by the patient during the fitting of the brace, thus enabling an easy judgement of the desired efficiency and avoiding an excessive traction on the bands.

STEP 4: Right Thoracic Type I

Photo 1: Fitting of the band #1: right thoracic band



- It is designed to engage the counterclockwise rotation of the thorax in the horizontal plane.
- Therefore, it will be fitted on the left posterolateral part of the pelvic base.
- The tension depends on the reducibility of the curve; it must however remain moderate and not cause any discomfort.

STEP 5: Right Thoracic Type I

Photo 1: Fitting of the band #2: left thoracic band



- This band is essentially designed to balance the brace.
- It must never be fitted with too much tension; the tension must always remain lower than the tension of the band #1. It is even possible to fit it without tension.
- This band is fitted on the right posterolateral part of the pelvic base.

STEP 6: Right Thoracic Type I

Photo 1: Fitting of the band #3: right shoulder band

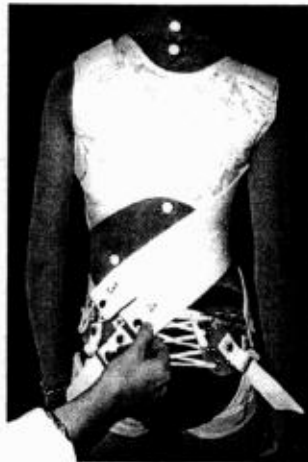
The right shoulder band is the principal corrective band. The impacts of the two shoulder bands must complement each other.



- The right shoulder band is passed under the right armpit towards the back and is fitted at the most lateral spot on the left posterolateral part of the pelvic base. This is to engage the clockwise detorsion movement of the shoulder girdle.
- If the fitting of this band raises the posterolateral part of the pelvic base too high (level with or over the posterior superior iliac spines), there may be too much tension in this band or the installation of the pelvic base is incorrect.

STEP 7: Right Thoracic Type I

Photo 1: Fitting of the band #4: left shoulder band

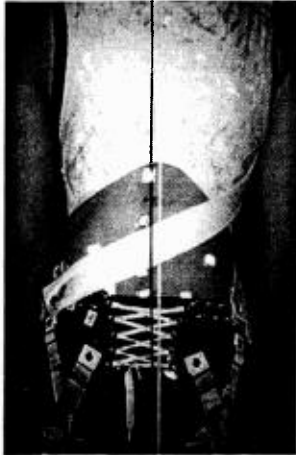


- Firstly, this band is aimed essentially to counteract the advanced trunk extension frequently present in immature children.
- Therefore, it will be fitted directly in front, either on the middle snap button or the left lateral snap button of the anterior part of the pelvic base (first type of fitting, step 8). The tension of this band must always remain moderate and lower than the tension of the right shoulder band (principal corrective band).
- When the desired effect is considered satisfactory, it is possible to cross this left shoulder band in front in order to fix it in the back on the left posterolateral part of the pelvic base.

The effect remains positive in the sagittal plane and complements the effect of the right shoulder band (second type of fitting, step 9). The tension of this band must always remain moderate and lower than the tension of the right shoulder band (principal corrective band).

STEP 8: Right Thoracic Type I

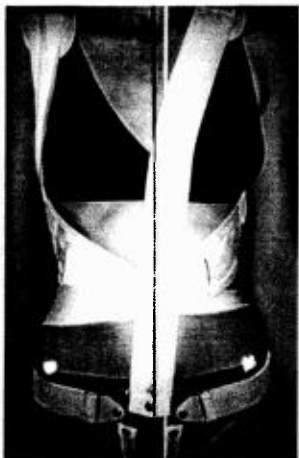
Photo 1: The brace fitted, back view (first type of fitting)



- Once the brace is in place, the postural disturbances of the thorax and of the shoulder girdle revealed during the pre-brace evaluation must be alleviated or even hypercorrected. However, the desired postural hypercorrection can be achieved only progressively after several weeks or months of a compliant brace wearing.
- The right thoracic prominence when bending forward can remain identical to the one without the brace or can be reduced, but must be never increased.
- The patient must not feel pain or major discomfort, at the most, she can be uncomfortable in the first few days with a new posture, which is unusual for her.

Please note that there are two different fittings.

Photo 2: The brace fitted, front view (first type of fitting)



- The thoracic bands must be crossed sufficiently low so as not to cause gastric discomfort. In the same manner the tension of these bands must not be harmful, its efficiency depends more on the direction given by a very moderate-tension fitting, than by a forced movement.
- The band that crosses between the breasts must not be uncomfortable: the small accessory called velcro-velcro enables to position and stabilise this band, for example, by fitting it in front of the left thoracic band.
- The more significant the correction is, the more the left thoracic flare will become prominent, and the right will tend to be depressed, an effect, which should be sought progressively.

Please note that there are two different fittings.

N.B. The plumbline shown on the photo is suspended from the ceiling and falls exactly to the middle of the foot template, midway between the patient's heels.

STEP 9: Right Thoracic Type I

Photo 1: The brace fitted, back view (second type of fitting)



- Once the brace is in place, the postural disturbances of the thorax and of the shoulder girdle revealed during the pre-brace evaluation must be alleviated or even hypercorrected. However, the desired postural hypercorrection can be achieved only progressively after several weeks or months of a compliant brace wearing.
- The right thoracic prominence when bending forward can remain identical to the one without the brace or can be reduced, but must be never increased.
- The patient must not feel pain or major discomfort, at the most, she can be uncomfortable in the first few days with a new posture, which is unusual for her.

Please note that there are two different fittings.

Photo 2: The brace fitted, front view (second type of fitting)



- The thoracic bands must be crossed sufficiently low so as not to cause gastric discomfort. In the same manner, the tension of these bands must not be harmful, its efficiency depends more on the direction given by a very moderate tension, than by a forced movement.
- The band that crosses between the breasts must not be uncomfortable, the small accessory called velcro-velcro enables to position and stabilise this band by fixing it, for example, in front of the left thoracic band.
- The more significant the correction is, the more the left thoracic flare will become prominent, and the right one will tend to be depressed, an effect which should be sought progressively.

Please note that there are two different fittings.

RIGHT THORACIC TYPE II (RT2)

CORRECTIVE MOVEMENT: Right Thoracic Type II

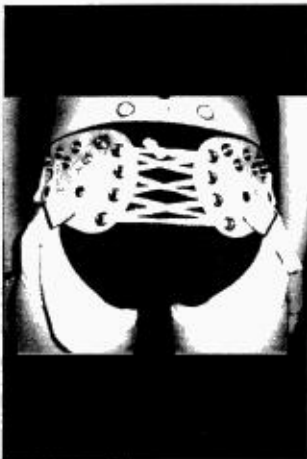
The first step before fitting the brace is to understand the corrective movement which permits a reduction of the curve (curves).

For this type of scoliosis, it is a detorsion movement of the shoulders in relation to the thorax which is the main corrective movement. It is necessary therefore to fit the brace in order to obtain a neutral or even counterclockwise rotation of the thorax in the horizontal plane, and in the same plane, a detorsion of the shoulder girdle which has a counterclockwise rotation in order to bring it to clockwise if necessary. This change will always be accompanied by a left lateral shift, which must be sought, and by pelvic positional changes, which are less important and not necessarily required.

The obtained postural modifications are always progressive in time and depend on the reducibility of the curve.

STEP 1: Right Thoracic Type II

Photo 1: Fitting of the pelvic base, back view



- The pelvic base comes in the form of a girdle adjusted under the posterior superior iliac spines. It includes two posterior parts and an anterior part that must be centred right above the pubis.
- Both posterior plastic parts must be fitted with regard to the external iliac fossae. It is preferable to place them more laterally (adjustment permitted by the lacing which brings them together), because if these two plastic parts are too centred, they won't be stable during the brace fitting and will have a tendency to rise.
- The crotch bands are placed laterally in relation to the thigh bands without an excessive tension.
- The thigh bands are attached to the pelvic base with the medial buckles, directing the buckles outwards.
- The thigh bands must be adjusted with a greater tension than the crotch bands, but never excessive.

Photo 2: Fitting of the pelvic base, front view



- The pelvic base must be placed under the anterior superior iliac spines, well adjusted, without being uncomfortable.
- The lateral velcro fasteners must be closed symmetrically and must be horizontal.
- The thigh bands are placed diagonally under the groin folds.
- The velcro closes towards the exterior.
- In the same manner, the crotch bands must be adjusted without being really tight.

Photo 3: Fitting of the pelvic base, lateral view



- The lateral part of the thigh band, which is more rounded, must follow the thigh contour.
- The thigh bands are attached to the pelvic base with the medial buckles, which are angulated anteriorly.

STEP 2: Right Thoracic Type II

Photo 1: Fitting of the bolero



- Placed on the patient's shoulders, the mid section of the bolero barely conceals T4 and T12.
- The bolero size is determined by measuring the T4-T12 distance on the patient.
- The upper flaps placed on the shoulders are shorter and have only one velcro patch.
- The lower flaps are the longer ones; they have three velcro patches.

Photo 2: Fitting of the bolero



If the left shoulder band is unstable and has a tendency to rise towards the neck base, it is possible to add a stabilisation band.

This band comes in two different lengths (25 and 30 cm) and has a velcro patch on each end. It must always be placed between the end of the shoulder flap (under the left shoulder band) and the additional velcro patch at the base of the ipsilateral thoracic flap. A fastening to an inappropriate velcro patch would cause a verticalizing effect on this band, which would be negative on the correction.

A very moderate tension is sufficient for achieving a perfect stabilisation.

STEP 3: Right Thoracic Type II

Photo 1: Corrective movement



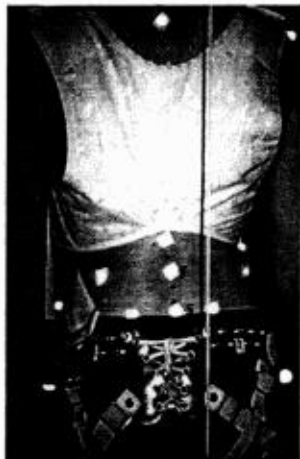
For this type of scoliosis, it is a detorsion movement of the shoulders in relation to the thorax which is the main corrective movement.

- It is necessary therefore to fit the brace in order to obtain a neutral or even clockwise rotation of the thorax in the horizontal plane.
- In the same plane, perform a detorsion of the shoulder girdle, which has a counterclockwise rotation in order to bring it to clockwise if necessary.
- This change will always be accompanied by a left lateral shift, which is sought for, and by a pelvic positional change, which is less important and not necessarily required.

The obtained postural modifications are always progressive in time and depend on the reducibility of the curve.

STEP 4: Right Thoracic Type II

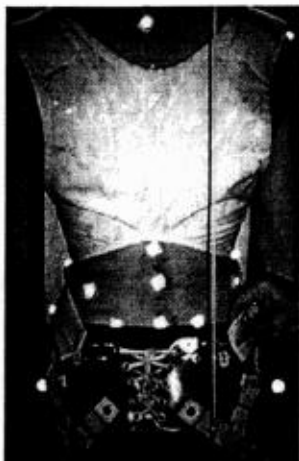
Photo 1: Fitting of the band # 1: right thoracic band



- It is designed to engage the derotation of the thorax in the horizontal plane and therefore must be tighter than the contralateral band.
- It must be fitted on the left posterior part of the pelvic base as laterally as possible.
- Is also promotes the desired left lateral shift of the trunk.

STEP 5: Right Thoracic Type II

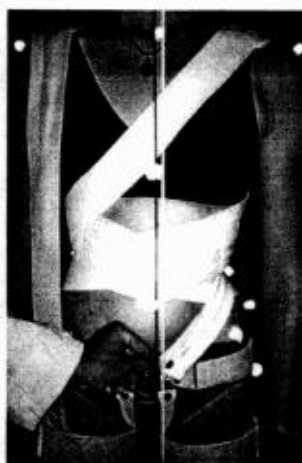
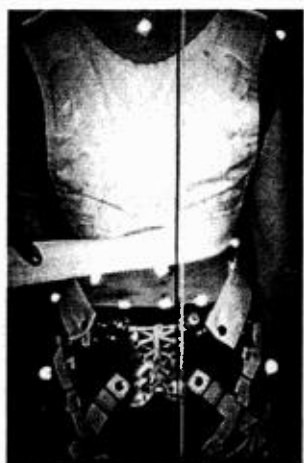
Photo 1: Fitting of the band # 2: left thoracic band



- It is essentially designed to balance the brace.
- It must not be too tight and must be fitted on the right posterolateral portion of the pelvic base.

STEP 6: Right Thoracic Type II

Photo 1 and 2: Fitting of the band # 3: left shoulder band



In this type of scoliosis, it is the main corrective band designed to derotate the shoulder girdle and to avoid any negative effect at the lumbar level by adding a discreet inclination of the trunk to the left.

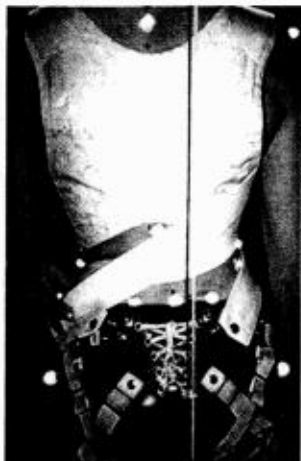
- It must be crossed in front to be crossed again in the back and attached in front, generally on the left snap button of the anterior part of the pelvic base.
- The tension must never be excessive, the purpose is to initiate the corrective movement, not to correct the static deformity.
- It is sometimes necessary to go through 2 or 3 stages when the extension or the hypokyphosis is significant, by fixing first the band # 3 directly in

front. Then after a few weeks, still crossed in front, it will be brought to the back, either to the right posterolateral part or the left posterolateral part. Finally, after a certain period of time (variable duration), it will be possible to bring this band to the front.

N.B.: Always control the effect of the brought modifications at least with a postural evaluation, if not by a frontal x-ray.

STEP 7: Right Thoracic Type II

Photo 1: Fitting of the band # 4: right shoulder band



- This band is designed to reinforce the action of the preceding one, that is the scapular detorsion, by adding a discreet clockwise tilt of this girdle and a counterclockwise derotation of the thorax.
- It must pass under the right armpit to be crossed in the back and be installed as laterally as possible on the left posterior part of the pelvic base.

STEP 8: Right Thoracic Type II

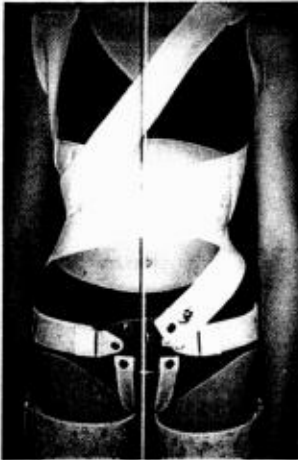
Photo 1: The brace fitted, back view



- It is normal to observe either a reduction of the right lateral shift, or a slight left lateral shift.
- The prominence must never increase in the brace. It must be even reduced.
- The pelvic base must remain in place when moving about in the brace. Otherwise, either the pelvic base is not fitted low enough or is not adjusted adequately, or there is too much traction on the bands.

N.B. The plumbline shown on the photo is suspended from the ceiling and falls exactly to the middle of the foot template, midway between the patient's heels.

Photo 2: The brace fitted, front view



- In order to avoid any anterior slipping of the left shoulder band, a small accessory called velcro-velcro can be placed between this band and the right thoracic band to stabilise the former.
- The anterior part of the pelvic base must not shift to the left. If this occurs, it is either because the pelvic base is not fitted low enough or is not adjusted adequately, or there may be too much traction on the left shoulder band.

N.B. The plumbline shown on the photo is suspended from the ceiling and falls exactly to the middle of the foot template, midway between the patient's heels.

RIGHT THORACIC TYPE III (RT3)

CORRECTIVE MOVEMENT: Right Thoracic Type III

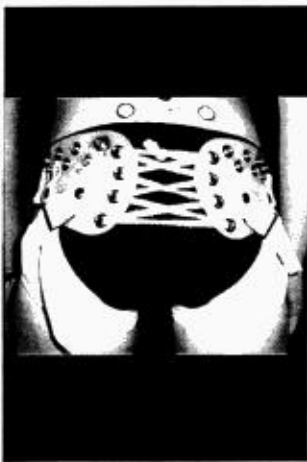
The first step before fitting the brace is to understand the corrective movement which permits a reduction of the curve (curves).

For this type of scoliosis, it is a detorsion movement of the shoulders in relation to the thorax which is the main corrective movement. It is necessary therefore to fit the brace in order to obtain a neutral or even counterclockwise rotation of the thorax in the horizontal plane, and in the same plane, a detorsion of the shoulder girdle which has a counterclockwise rotation in order to bring it to clockwise if necessary. In order to favor an opening of the secondary lumbar curve, it is necessary to add a left inclination of the trunk in the frontal plane to the detorsion movement between the shoulders and the thorax. This change will always be accompanied by a left lateral shift, which must be sought, and by pelvic positional changes, which are less important and not necessarily required.

The obtained postural modifications are always progressive in time and depend on the reducibility of the curve.

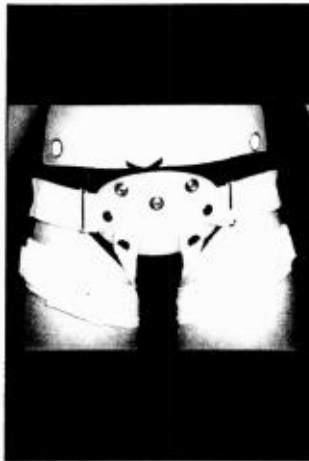
STEP 1: Right Thoracic Type III

Photo 1: Fitting of the pelvic base, back view



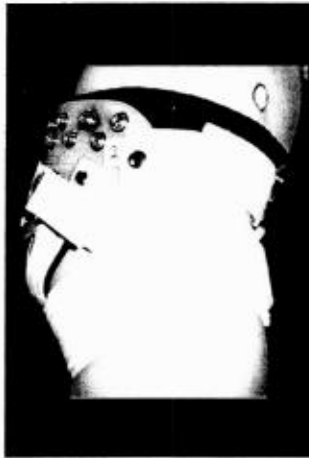
- The pelvic base comes in the form of a girdle adjusted under the posterior superior iliac spines. It includes two posterior parts and an anterior part that must be centred right above the pubis.
- Both posterior plastic parts must be fitted with regard to the external iliac fossae. It is preferable to place them more laterally (adjustment permitted by the lacing which brings them together), because if these two plastic parts are too centred, they won't be stable during the brace fitting and will have a tendency to rise.
- The crotch bands are placed laterally in relation to the thigh bands without an excessive tension.
- The thigh bands are attached to the pelvic base with the medial buckles, directing the buckles outwards.
- The thigh bands must be adjusted with a greater tension than the crotch bands, but never excessive.

Photo 2: Fitting of the pelvic base, front view



- The pelvic base must be placed under the anterior superior iliac spines, well adjusted, without being uncomfortable.
- The lateral velcro fasteners must be closed symmetrically and must be horizontal.
- The thigh bands are placed diagonally under the groin folds.
- The velcro closes towards the exterior.
- In the same manner, the crotch bands must be adjusted without being really tight.

Photo 3: Fitting of the pelvic base, lateral view



- The lateral part of the thigh band, which is more rounded, must follow the thigh contour.
- The thigh bands are attached to the pelvic base with the medial buckles, which are angulated anteriorly.

STEP 2: Right Thoracic Type III

Photo 1: Fitting of the bolero



- Placed on the patient's shoulders, the mid section of the bolero barely conceals T4 and T12.
- The bolero size is determined by measuring the T4-T12 distance on the patient.
- The upper flaps placed on the shoulders are shorter and have only one velcro patch.
- The lower flaps are the longer ones; they have three velcro patches.

Photo 2: Fitting of the bolero



If the left shoulder band is unstable and has a tendency to rise towards the neck base, it is possible to add a stabilisation band. This band comes in two different lengths (25 and 30 cm) and has a velcro patch on each end. It must always be placed between the end of the shoulder flap (under the left shoulder band) and the additional velcro patch at the base of the ipsilateral thoracic flap. A fastening to an inappropriate velcro patch would cause a verticalizing effect on this band, which would be negative on the correction. A very moderate tension is sufficient for achieving a perfect stabilisation.

STEP 3: Right Thoracic Type III

Photo 1: Corrective movement



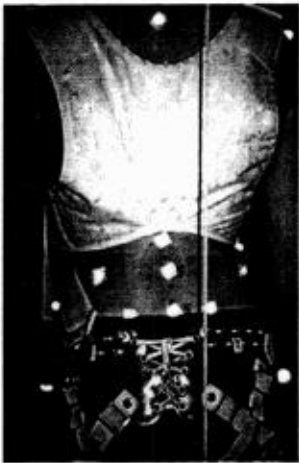
For this type of scoliosis, it is a detorsion movement of the shoulders in relation to the thorax which is the main corrective movement.

- It is necessary therefore to fit the brace in order to obtain a neutral or even clockwise rotation of the thorax in the horizontal plane.
- In the same plane, perform a detorsion of the shoulder girdle, which has a counterclockwise rotation in order to bring it to clockwise if necessary.
- In order to favor an opening of the secondary lumbar curve, it is necessary to add a left inclination of the trunk in the frontal plane to the detorsion movement between the shoulders and the thorax.
- This change will always be accompanied by a left lateral shift, which is sought for, and by a pelvic positional change, which is less important and not necessarily required.

The obtained postural modifications are always progressive in time and depend on the reducibility of the curve.

STEP 4: Right Thoracic Type III

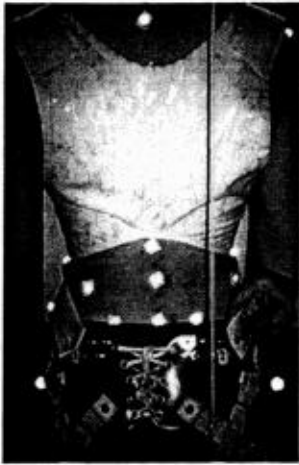
Photo 1: Fitting of the band # 1: right thoracic band



- It is designed to engage the derotation of the thorax in the horizontal plane and therefore must be tighter than the controlateral band.
- It must be fitted on the left posterior part of the pelvic base as laterally as possible.
- Is also promotes the desired left lateral shift of the trunk.

STEP 5: Right Thoracic Type III

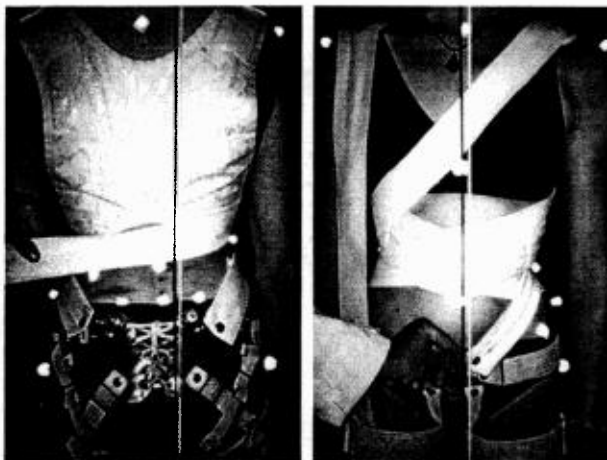
Photo 1: Fitting of the band # 2: left thoracic band



- It is essentially designed to balance the brace.
- It must not be too tight and must be fitted on the right posterolateral portion of the pelvic base.

STEP 6: Right Thoracic Type III

Photo 1 and 2: Fitting of the band # 3: left shoulder band



In this type of scoliosis, it is the main corrective band designed to derotate the shoulder girdle and to avoid any negative effect at the lumbar level by adding a discreet inclination of the trunk to the left.

- It must be crossed in front to be crossed again in the back and attached in front, generally on the left snap button of the anterior part of the pelvic base.
- The tension must never be excessive, the purpose is to initiate the corrective movement, not to correct the static deformity.
- It is sometimes necessary to go through 2 or 3 stages when the extension or the hypokyphosis is significant, by fixing first the band # 3 directly in

front. Then after a few weeks, still crossed in front, it will be brought to the back, either to the right posterolateral part or the left posterolateral part. Finally, after a certain period of time (variable duration), it will be possible to bring this band to the front.

N.B.: Always control the effect of the brought modifications at least with a postural evaluation, if not by a frontal x-ray.

STEP 7: Right Thoracic Type III

Photo 1: Fitting of the band # 4: right shoulder band



- This band is designed to reinforce the action of the preceding one, that is the scapular detorsion, by adding a discreet clockwise tilt of this girdle and a counterclockwise derotation of the thorax.
- It must pass under the right armpit to be crossed in the back and be installed as laterally as possible on the left posterior part of the pelvic base.

STEP 8: Right Thoracic Type III

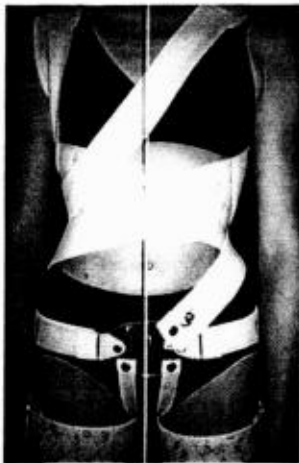
Photo 1: The brace fitted, back view



- It is normal to observe either a reduction of the right lateral shift, or a slight left lateral shift.
- The prominence must never increase in the brace. It must be even reduced.
- The pelvic base must remain in place when moving about in the brace. Otherwise, either the pelvic base is not fitted low enough or is not adjusted adequately, or there is too much traction on the bands.

N.B. The plumbline shown on the photo is suspended from the ceiling and falls exactly to the middle of the foot template, midway between the patient's heels.

Photo 2: The brace fitted, front view



- In order to avoid any anterior slipping of the left shoulder band, a small accessory called velcro-velcro can be placed between this band and the right thoracic band to stabilise the former.
- The anterior part of the pelvic base must not shift to the left. If this occurs, it is either because the pelvic base is not fitted low enough or is not adjusted adequately, or there may be too much traction on the left shoulder band.

N.B. The plumbline shown on the photo is suspended from the ceiling and falls exactly to the middle of the foot template, midway between the patient's heels.

RIGHT THORACIC LEFT LUMBAR TYPE I (RTLL1)

CORRECTIVE MOVEMENT: Right Thoracic Left Lumbar Type I

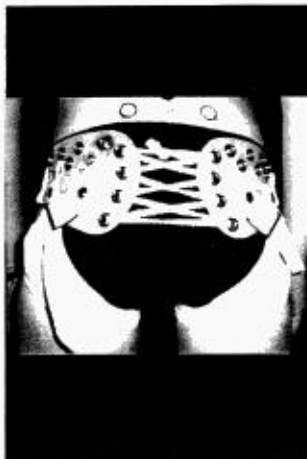
The first step before fitting the brace is to understand the corrective movement, which permits a reduction of the curves.

Generally, in this type of scoliosis, the corrective movement associates a clockwise detorsion of the shoulder girdle, a counterclockwise detorsion of the pelvis and a frontal counterclockwise inclination of the thorax, without any real modification of the shift. Please note that a right translation of the trunk in relation to the pelvis would increase the thoracic curve and a left translation associated to a clockwise tilt of the thorax would increase the lumbar curve.

Therefore, the corrective movement uses essentially a movement of detorsion between the shoulders and the pelvis and thoracolumbar lateral inclination in the deformity plane.

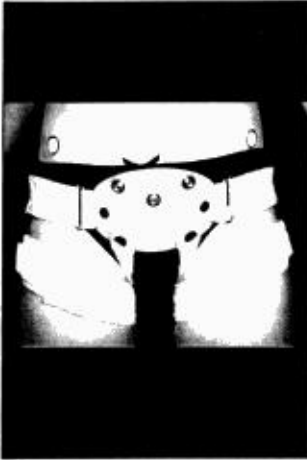
STEP 1: Right Thoracic Left Lumbar Type I

Photo 1: Fitting of the pelvic base, back view



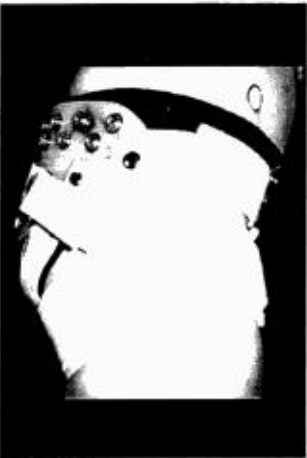
- The pelvic base comes in the form of a girdle adjusted under the posterior superior iliac spines. It includes two posterior parts and an anterior part that must be centred right above the pubis.
- Both posterior plastic parts must be fitted with regard to the external iliac fossae. It is preferable to place them more laterally (adjustment permitted by the lacing which brings them together), because if these two plastic parts are too centred, they won't be stable during the brace fitting and will have a tendency to rise.
- The crotch bands are placed laterally in relation to the thigh bands without an excessive tension.
- The thigh bands are attached to the pelvic base with the medial buckles, directing the buckles outwards.
- The thigh bands must be adjusted with a greater tension than the crotch bands, but never excessive.

Photo 2: Fitting of the pelvic base, front view



- The pelvic base must be placed under the anterior superior iliac spines, well adjusted, without being uncomfortable.
- The lateral velcro fasteners must be closed symmetrically and must be horizontal.
- The thigh bands are placed diagonally under the groin folds.
- The velcro closes towards the exterior.
- In the same manner, the crotch bands must be adjusted without being really tight.

Photo 3: Fitting of the pelvic base, lateral view



- The lateral part of the thigh band, which is more rounded, must follow the thigh contour.
- The thigh bands are attached to the pelvic base with the medial buckles, which are angulated anteriorly.

STEP 2: Right Thoracic Left Lumbar Type I

Photo 1: Fitting of the bolero



- Placed on the patient's shoulders, the mid section of the bolero barely conceals T4 and T12.
- The bolero size is determined by measuring the T4-T12 distance on the patient.
- The upper flaps placed on the shoulders are shorter and have only one velcro patch.
- The lower flaps are the longer ones; they have three velcro patches.

Photo 2: Fitting of the bolero



If the left shoulder band is unstable and has a tendency to rise towards the neck base, it is possible to add a stabilisation band.

This band comes in two different lengths (25 and 30 cm) and has a velcro patch on each end. It must always be placed between the end of the shoulder flap (under the left shoulder band) and the additional velcro patch at the base of the ipsilateral thoracic flap. A fastening to an inappropriate velcro patch would cause a verticalizing effect on this band, which would be negative on the correction.

A very moderate tension is sufficient for achieving a perfect stabilisation.

STEP 3: Right Thoracic Left Lumbar Type I

Photo 1: Corrective movement



Generally, in this type of scoliosis, the corrective movement associates a clockwise detorsion of the shoulder girdle, a counterclockwise detorsion of the pelvis and a frontal counterclockwise inclination of the thorax, without any real modification of the shift. Please note that a right translation of the trunk in relation to the pelvis would increase the thoracic curve and a left translation associated to a clockwise tilt of the thorax would increase the lumbar curve.

Therefore, the corrective movement uses essentially a movement of detorsion between the shoulders and the pelvis and thoracolumbar lateral inclination in the deformity plane.

STEP 4: Right Thoracic Left Lumbar Type I

Photo 1: Fitting of the band #1: left thoracic band



- It is designed to initiate the frontal counterclockwise tilt movement of the thorax.
- It is fitted on the right posterolateral portion of the pelvic base.
- The traction of this band must always remain very moderate.

STEP 5: Right Thoracic Left Lumbar Type I

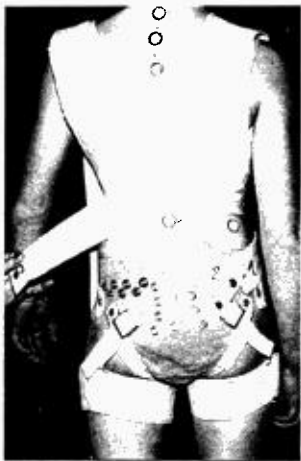
Photo 1: Fitting of the band #2: right thoracic band



- This band is designed to insist on the frontal counterclockwise tilt of the thorax.
- This band must be fixed on the right posteromedial part of the pelvic base.
- The traction must remain very moderate.

STEP 6: Right Thoracic Left Lumbar Type I

Photos 1 and 2: Fitting of the band #3: right shoulder band



- In this type of curve, the right shoulder band is the main corrective band: it initiates the thoracic detorsion and maintains the frontal tilt of the thorax.
- It is passed under the right armpit towards the back and brought back in front to be fixed on the anterior portion of the pelvic base.
- This band is fixed preferably on the right snap button of the anterior part of the pelvic base unless there is a negative effect on the thoracic curve.
- Initially, this band could be fixed on the left snap button of the anterior part of the pelvic base and modified subsequently if the x-ray control

confirms the contribution to the correction.

- The tension of this band must never be excessive; if the corrective movement tested at the moment of the brace fitting can be maintained by the patient, this band is actually fitted with a light traction in order to keep the position obtained due to the corrective movement.

STEP 7: Right Thoracic Left Lumbar Type I

Photo 1: Fitting of the band #4: left shoulder band



- It is designed to complete the clockwise detorsion of the shoulder girdle.
- It crosses in front and in back and then brought back to the front and fixed on left snap button of the anterior part. This band could be fixed initially on the right snap of the anterior part of the pelvic base.
- As a rule, this band must be less tight than the right shoulder band.
- In order to stabilise this band between the breasts, a small accessory called velcro-velcro can be installed between this band and the anterior portion of the bolero.

STEP 8: Right Thoracic Left Lumbar Type I

Photo 1: The brace fitted, back view



- Once the brace is fitted, the posture corresponds to the one induced by the corrective movement, i.e.:
 - Horizontal clockwise detorsion of the shoulder girdle.
 - Moderate frontal counterclockwise tilt of the thorax.
 - Generally, horizontal counterclockwise rotation of the pelvis.
- The corrective movement must never be forced, i.e. the tension of the bands must remain acceptable and permit a gradual reducibility, which increases when the compliance for wearing the brace is adequate.

Photo 2: The brace fitted, front view



- The postural aspect may seem to be modified excessively but is not really problematic.
- If the pelvic base has a tendency to rise or turn or if the bolero does not remain in place, there may be too much tension on the bands. Before coming to this conclusion, verify the fitting of the pelvic base.

RIGHT THORACIC LEFT LUMBAR TYPE III (RTLL3)

CORRECTIVE MOVEMENT: Right Thoracic Left Lumbar Type III

The first step before the brace fitting is to understand the corrective movement, which permits a reduction of the curves.

Likewise for the major double curve, the principal corrective movement is a detorsion between the shoulders and the pelvis in the horizontal plane. In the right thoracic left lumbar scoliosis is it necessary therefore to engage the shoulders and the pelvis into the opposite rotation that is counterclockwise for the pelvis and clockwise for the shoulders. In certain cases, this seems to aggravate temporarily the postural disorganisation, but it is positive in terms of the desired reduction of the Cobb angles. It is always positive to add a slight lateral inclination of the trunk to the left. Meanwhile, it is important to avoid any translation of the trunk to the right, which is consistently negative for the thoracic curve.

STEP 1: Right Thoracic Left Lumbar Type III

Photo 1: Fitting of the pelvic base, back view



- The pelvic base comes in the form of a girdle adjusted under the posterior superior iliac spines. It includes two posterior parts and an anterior part that must be centred right above the pubis.
- Both posterior plastic parts must be fitted with regard to the external iliac fossae. It is preferable to place them more laterally (adjustment permitted by the lacing which brings them together), because if these two plastic parts are too centred, they won't be stable during the brace fitting and will have a tendency to rise.
- The crotch bands are placed laterally in relation to the thigh bands without an excessive tension.
- The thigh bands are attached to the pelvic base with the medial buckles, directing the buckles outwards.
- The thigh bands must be adjusted with a greater tension than the crotch bands, but never excessive.

Photo 2: Fitting of the pelvic base, front view



- The pelvic base must be placed under the anterior superior iliac spines, well adjusted, without being uncomfortable.
- The lateral velcro fasteners must be closed symmetrically and must be horizontal.
- The thigh bands are placed diagonally under the groin folds.
- The velcro closes towards the exterior.
- In the same manner, the crotch bands must be adjusted without being really tight.

Photo 3: Fitting of the pelvic base, lateral view



- The lateral part of the thigh band, which is more rounded, must follow the thigh contour.
- The thigh bands are attached to the pelvic base with the medial buckles, which are angulated anteriorly.

STEP 2: Right Thoracic Left Lumbar Type III

Photo 1: Fitting of the bolero



- Placed on the patient's shoulders, the mid section of the bolero barely conceals T4 and T12.
- The bolero size is determined by measuring the T4-T12 distance on the patient.
- The upper flaps placed on the shoulders are shorter and have only one velcro patch.
- The lower flaps are the longer ones; they have three velcro patches.

STEP 3: Right Thoracic Left Lumbar Type III

Photo 1: Corrective movement



Likewise for the major double curve, the principal corrective movement is a detorsion between the shoulders and the pelvis in the horizontal plane. In the right thoracic left lumbar scoliosis it is necessary therefore to engage the shoulders and the pelvis into the opposite rotation that is counterclockwise for the pelvis and clockwise for the shoulders. In certain cases, this seems to aggravate temporarily the postural disorganisation, but it is positive in terms of the desired reduction of the Cobb angles. It is always positive to add a slight lateral inclination of the trunk to the left. Meanwhile, it is important to avoid any translation of the trunk to the right, which is consistently negative for the thoracic curve.

STEP 4: Right Thoracic Left Lumbar Type III

Photo 1: Fitting of the band #1: left thoracic band



- Along with the right thoracic band (#2), it is designed to initiate the movement of the left lateral inclination of the trunk in relation to the pelvis.
- It is fitted with the same tension as the right thoracic band (#2).
- It crosses in front towards the right and it is fixed as laterally as possible on the right posterior part of the pelvic base.

STEP 5: Right Thoracic Left Lumbar Type III

Photo 1: Fitting of the band #2: right thoracic band



- Along with the left thoracic band (#1), it is designed to initiate the movement of the left lateral inclination of the trunk in relation to the pelvis.
- It is fitted with the same tension as the left thoracic band (#1).
- It crosses in front towards the left and it is fixed more or less medially on the right posterior part of the pelvic base.

STEP 6: Right Thoracic Left Lumbar Type III

Photo 1: Fitting of the band #3: left shoulder band



- It is designed to maintain the lateral trunk inclination to the left in relation to the pelvis; it serves particularly as an axis for the detorsion between the shoulders and the pelvis.
- It is fixed directly in front on the left snap button of the anterior part of the pelvic base.
- This band must always be less tight than the right shoulder band (#4) in order to avoid any right translation of the thorax, which would be dangerously harmful for the thoracic curve.

STEP 7: Right Thoracic Left Lumbar Type III

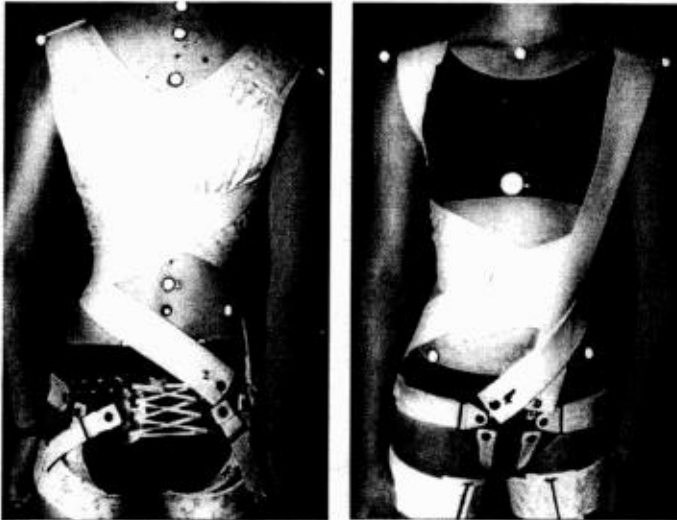
Photo 1 and 2: Fitting of the band #4: right shoulder band



- It is the principal corrective band, which completes the detorsion between the shoulders and the pelvis.
- It passes under the right armpit, crosses in the back in order to be fixed on the anterior part of the pelvic base. It is fixed to the right snap button unless it provokes an undesirable right translation of the thorax. If that is the case, it is judicious to inverse its fixation with the left shoulder band (#3).

STEP 8: Right Thoracic Left Lumbar Type III

Photo 1 et 2: The brace fitted (first type of fitting)



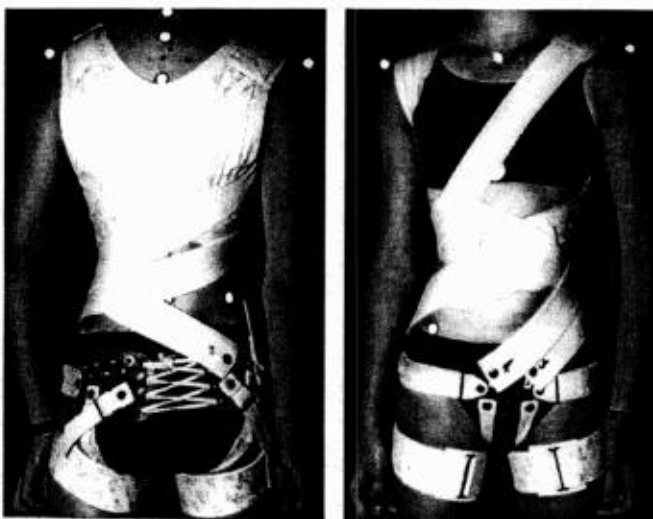
The efficiency of the brace fitting is controlled immediately by means of:

- Measuring the prominences in brace, which in comparison with the values obtained the same day must show a reduction (more or less significant), but never an aggravation, which would signalise an incorrect brace fitting.
- A slight inclination of the trunk in relation to the pelvis.
- An inversion of the asymmetry of the waist angles, which is frequently marked.

Please note that there are two different fittings.

STEP 9: Right Thoracic Left Lumbar Type III

Photo 1 and 2: The brace fitted (second type of fitting)



Possible modifications:

In order to continue the reduction of the curves after several weeks of wearing the brace, it can be often worthwhile to insist on the detorsion between the shoulders and the pelvis.

For this purpose, only the left shoulder band (#3) fitting will be modified to reinforce the right shoulder band (#4) action. Instead of being fixed directly in front, the band #3 will cross in front to the right, then cross in the back to the left and return to be fixed in front on the left snap button of the anterior part of the pelvic base. It will be necessary then to fix the right shoulder band (#4) on the right button of the same anterior part.

Please note that there are two different fittings.

Photo 3: Fitting of the bolero (second type of fitting)



If the left shoulder band is unstable and has a tendency to rise towards the neck base, it is possible to add a stabilisation band.

This band comes in two different lengths (25 and 30 cm) and has a velcro patch on each end. It must always be placed between the end of the shoulder flap (under the left shoulder band) and the additional velcro patch at the base of the ipsilateral thoracic flap. A fastening to an inappropriate velcro patch would cause a verticalizing effect on this band, which would be negative on the correction.

A very moderate tension is sufficient for achieving a perfect stabilisation.

LEFT THORACOLUMBAR TYPE I (LTL1)

CORRECTIVE MOVEMENT: Left Thoracolumbar Type I

The first step before fitting the brace is to understand the corrective movement, which permits a reduction of the curve (curves).

In this type of scoliosis, the corrective movement must result mainly in the reversed tilt of the trunk in relation to the pelvis, i.e. counterclockwise. No translation effect must be desired.

If in the apical plane, the shoulders and the pelvis are counterclockwise, do not try to correct this rotation, but correct the frontal plane in this position; the correction of the apical plane will follow inevitably.

STEP 1: Left Thoracolumbar Type I

Photo 1: Fitting of the pelvic base, back view



- The pelvic base comes in the form of a girdle adjusted under the posterior superior iliac spines. It includes two posterior parts and an anterior part that must be centred right above the pubis.
- Both posterior plastic parts must be fitted with regard to the external iliac fossae. It is preferable to place them more laterally (adjustment permitted by the lacing which brings them together), because if these two plastic parts are too centred, they won't be stable during the brace fitting and will have a tendency to rise.
- The crotch bands are placed laterally in relation to the thigh bands without an excessive tension.
- The thigh bands are attached to the pelvic base with the medial buckles, directing the buckles outwards.
- The thigh bands must be adjusted with a greater tension than the crotch bands, but never excessive.

Photo 2: Fitting of the pelvic base, front view



- The pelvic base must be placed under the anterior superior iliac spines, well adjusted, without being uncomfortable.
- The lateral velcro fasteners must be closed symmetrically and must be horizontal.
- The thigh bands are placed diagonally under the groin folds.
- The velcro closes towards the exterior.
- In the same manner, the crotch bands must be adjusted without being really tight.

Photo 3: Fitting of the pelvic base, lateral view



- The lateral part of the thigh band, which is more rounded, must follow the thigh contour.
- The thigh bands are attached to the pelvic base with the medial buckles, which are angulated anteriorly.

STEP 2: Left Thoracolumbar Type I

Photo 1: Fitting of the bolero



- Placed on the patient's shoulders, the mid section of the bolero barely conceals T4 and t T12.
- The bolero size is determined by measuring the T4-T12 distance on the patient.
- The upper flaps placed on the shoulders are shorter and have only one velcro patch.
- The lower flaps are the longer ones; they have three velcro patches.

STEP 3: Left Thoracolumbar Type I

Photo 1: Corrective movement



In this type of scoliosis, the corrective movement must result mainly in the reversed tilt of the trunk in relation to the pelvis, i.e. counterclockwise. No translation effect must be desired.

If in the apical plane, the shoulders and the pelvis are counterclockwise, do not try to correct this rotation, but correct the frontal plane in this position; the correction of the apical plane will follow inevitably.

STEP 4: Left Thoracolumbar Type I

Photo 1: Fitting of the band #1: left thoracic band



- It is designed to initiate the counterclockwise tilt of the thorax.
- It must be fixed on the right posterolateral part of the pelvic base.
- The tension of this band must be equal to that of the right thoracic band (band #2), which can be fitted simultaneously.

STEP 5: Left Thoracolumbar Type I

Photo 1: Fitting of the band #2: right thoracic band



- It must be approximately as tight as the left thoracic band.
- It must be fitted near the first band, that is, on the right posterior part of the pelvic base.
- It enables the reinforcement of the thoracic tilt.

STEP 6: Left Thoracolumbar Type I

Photo 1: Fitting of the band #3: right shoulder band



- It is the main corrective band.
- It must be passed under the right armpit towards the back and brought back in front to be fixed on whether the right or left snap button of the anterior part, depending on the reducibility of the curve.
- The tension can be relatively significant, but should never cause tolerance problems. Excessive tension is also harmful because it significantly limits or abolishes the movements that actually provide the correction.

STEP 7: Left Thoracolumbar Type I

Photo 1: Fitting of the band #4: left shoulder band



- It reinforces the right shoulder band action by emphasising the counterclockwise tilt of the thorax and by counter balancing the rotation of the shoulders in relation to the pelvis (rotation which does not necessarily have to be corrected in regard to the initial one).
- It must be passed under the left armpit to the back and fixed on the right posterolateral part of the pelvic base.
- The tension of this band must be equal or lower than the tension of the right shoulder band (band #3), but must never be greater.

STEP 8: Left Thoracolumbar Type I

Photo 1: The brace fitted, back view

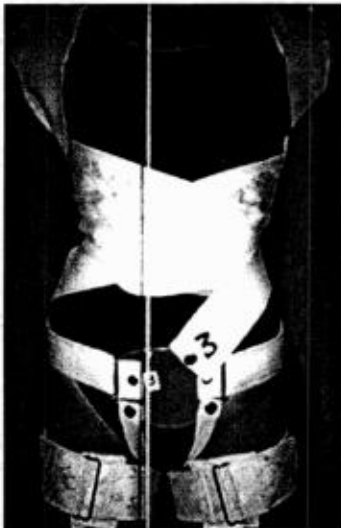


- Once the brace is in place, the obtained result must correspond to the initiation of the static correction, which is more or less significant depending on the reducibility.
- It is the initiated corrective movement that will complete the static correction in a while.
- Statically, we must observe a counterclockwise tilt tendency of the thorax. Initially, all translation to the right of the trunk in relation to the pelvis must be avoided. Translation would have an effect of displacing the curve without correcting it.
- The prominence in brace should be identical or reduced as compared to the prominence without brace, but never increased.
- For this type of scoliosis, the brace is almost always associated with a left shoe lift wearing, which is designed to correct the pelvic obliquity.

N.B.: If you prescribe a shoe lift:

- Control the prominence with the shoe lift in place. It often increases slightly (a significant increase should not be tolerated).
- With the brace and the shoe lift, the prominence is either identical to the one measured initially, or very slightly increased, or even slightly reduced.

Photo 2: The brace fitted, front view



- The normalisation of the posture always appears secondarily and must not alter the type of treatment if seems to be insufficient initially.

N.B. The plumbline shown on the photo is suspended from the ceiling and falls exactly to the middle of the foot template, midway between the patient's heels.

LEFT THORACOLUMBAR TYPE II (LTL2)

CORRECTIVE MOVEMENT: Left Thoracolumbar Type II

The first step before fitting the brace is to understand the corrective movement, which permits a reduction of the curve (curves).

In this type of scoliosis, the corrective movement aims essentially for correcting the thoracolumbar curve while worrying initially very little about the thoracic curve, only avoiding to increase it. This is why the fitting for this type of curve is a sort of intermediate between the fitting for the left thoracolumbar type I scoliosis and the fitting for the major double right thoracic left lumbar type I scoliosis. Therefore, you need essentially to induce a frontal counterclockwise tilt movement of the thorax (left inclination and right moderate translation of the thoracic base). You must avoid a counterclockwise detorsion of the shoulder girdle. Either do not modify the initial aspect, or emphasise the clockwise rotation postural aspect of the shoulder girdle in the horizontal plane.

STEP 1: Left Thoracolumbar Type II

Photo 1: Fitting of the pelvic base, back view



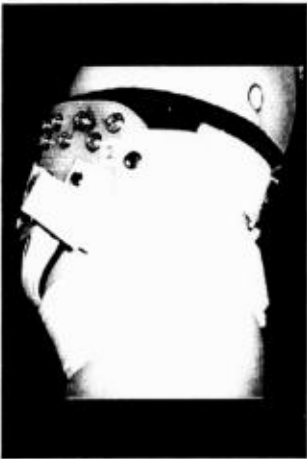
- The pelvic base comes in the form of a girdle adjusted under the posterior superior iliac spines. It includes two posterior parts and an anterior part that must be centred right above the pubis.
- Both posterior plastic parts must be fitted with regard to the external iliac fossae. It is preferable to place them more laterally (adjustment permitted by the lacing which brings them together), because if these two plastic parts are too centred, they won't be stable during the brace fitting and will have a tendency to rise.
- The crotch bands are placed laterally in relation to the thigh bands without an excessive tension.
- The thigh bands are attached to the pelvic base with the medial buckles, directing the buckles outwards.
- The thigh bands must be adjusted with a greater tension than the crotch bands, but never excessive.

Photo 2: Fitting of the pelvic base, front view



- The pelvic base must be placed under the anterior superior iliac spines, well adjusted, without being uncomfortable.
- The lateral velcro fasteners must be closed symmetrically and must be horizontal.
- The thigh bands are placed diagonally under the groin folds.
- The velcro closes towards the exterior.
- In the same manner, the crotch bands must be adjusted without being really tight.

Photo 3: Fitting of the pelvic base, lateral view



- The lateral part of the thigh band, which is more rounded, must follow the thigh contour.
- The thigh bands are attached to the pelvic base with the medial buckles, which are angulated anteriorly.

STEP 2: Left Thoracolumbar Type II

Photo 1: Fitting of the bolero



- Placed on the patient's shoulders, the mid section of the bolero barely conceals T4 and T12.
- The bolero size is determined by measuring the T4-T12 distance on the patient.
- The upper flaps placed on the shoulders are shorter and have only one velcro patch.
- The lower flaps are the longer ones; they have three velcro patches.

STEP 3: Left Thoracolumbar Type II

Photo 1: Corrective movement



In this type of scoliosis, the corrective movement aims essentially for correcting the thoracolumbar curve while worrying initially very little about the thoracic curve, only avoiding to increase it. This is why the fitting for this type of curve is a sort of intermediate between the fitting for the left thoracolumbar type I scoliosis and the fitting for the major double right thoracic left lumbar type I scoliosis. Therefore, you need essentially to induce a frontal counterclockwise tilt movement of the thorax (left inclination and right moderate translation of the thoracic base). You must avoid a counterclockwise detorsion of the shoulder girdle. Either do not modify the initial aspect, or emphasise the clockwise rotation postural aspect of the shoulder girdle in the horizontal plane.

STEP 4: Left Thoracolumbar Type II

Photo 1: Fitting of the band #1: left thoracic band



- It is designed to induce the movement of left lateral inclination and moderate right shift.
- Without an exaggerated tension, this band will be fixed on the right posterolateral part of the pelvic base.

STEP 5: Left Thoracolumbar Type II

Photo 1: Fitting of the band #2: right thoracic band



- It is designed to counterbalance the rotation movement induced by the left thoracic band and to reinforce the counterclockwise tilt of the thorax in the frontal plane.
- It will never be very tight.
- Initially, it is usually fixed on the left posterolateral part of the pelvic base, but can be brought to the left posteromedial part or even to the right posteromedial part either immediately or at best progressively.

STEP 6: Left Thoracolumbar Type II

Photo 1: Fitting of the band #3: right shoulder band



- The role of this band is important in the same way as that of the left shoulder band.
- It is designed to promote the counterclockwise inclination of the thorax in the frontal plane with a slight translation to the right of the base of the trunk, while preserving the clockwise position of the shoulder girdle in the horizontal plane.
- It is passed under the right armpit in the back and brought back in front to be fitted on the left snap button of the anterior part.
- The tension of this band is regulated according to the reducibility.

STEP 7: Left Thoracolumbar Type II

Photos 1 and 2: Fitting of the band #4: left shoulder band



- Reinforces and completes the right shoulder band action.
- The tension depends on the effect obtained by the right shoulder band.
- It crosses in front, goes across the back then brought back in front and fixed on the right snap button of the anterior part.
- To enable adequate stability of this band, which passes between the breasts, a small accessory called velcro-velcro, can be placed between this band and the anterior part of the bolero.
- At the beginning of the treatment, it is possible to have this #4 band pass under the left armpit

and to fix it in the back on the right part of the pelvic base. But you must know that if the efficiency of this band is adequate for the left thoracolumbar curve it will inevitably have a tendency to accentuate the overlying thoracic countercurve. In order to be efficient on the thoracolumbar curve, it can be initially desirable to start by watching closely that the Cobb angle of the overlying thoracic curve does not increase too significantly, a maximum of 15° to 20°. When the right thoracic curve reaches these figures, it is then preferable to reverse the band and pass it in front, then in the back to bring it back in front as mentioned previously.

STEP 8: Left Thoracolumbar Type II

Photo 1: The brace fitted, back view (first type of fitting)



- Apart from a very moderate translation of the trunk to the right, the posture must not be modified too significantly.
- It is however necessary to make sure that, in the horizontal plane, the shoulder girdle has no counterclockwise rotation, but remains clockwise or shows no rotation.
- In the same manner, the shoulder girdle tilt must not be too modified.

Please note that there are two different fittings.

Photo 2: The brace fitted, front view (first type of fitting)



- Generally, the only visible modification is a slight translation to the right and/or a very moderate counterclockwise tilt of the trunk.

Please note that there are two different fittings.

Photo 3: Fitting of the bolero (first type of fitting)



If the left shoulder band is unstable and has a tendency to rise towards the neck base, it is possible to add a stabilisation band.

This band comes in two different lengths (25 and 30 cm) and has a velcro patch on each end. It must always be placed between the end of the shoulder flap (under the left shoulder band) and the additional velcro patch at the base of the ipsilateral thoracic flap. A fastening to an inappropriate velcro patch would cause a verticalizing effect on this band, which would be negative on the correction.

A very moderate tension is sufficient for achieving a perfect stabilisation.

STEP 9: Left Thoracolumbar Type II

Photo 1: The brace fitted, back view (second type of fitting)



- Apart from a very moderate translation of the trunk to the right, the posture must not be modified too significantly.
- It is however necessary to make sure that, in the horizontal plane, the shoulder girdle has no counterclockwise rotation, but remains clockwise or shows no rotation.
- In the same manner, the shoulder girdle tilt must not be too modified.

Please note that there are two different fittings.

Photo 2: The brace fitted, front view (second type of fitting)



- Generally, the only visible modification is a slight translation to the right and/or a very moderate counterclockwise tilt of the trunk.

Please note that there are two different fittings.

LEFT LUMBAR (LL)

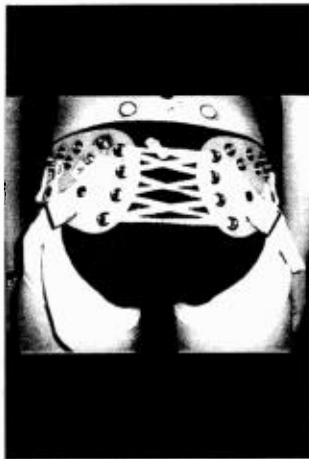
CORRECTIVE MOVEMENT: Left Lumbar

The first step before fitting the brace is to understand the corrective movement, which permits a reduction of the curve (curves).

To reduce a left lumbar curve, the main movement consists in a translation of the trunk to the right in relation to the pelvis. It is generally beneficial to add a slight lateral inclination to the left of the thorax and shoulders to this translation so as to reduce the curve in the election plane.

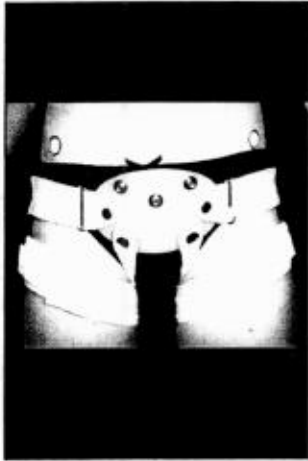
STEP 1: Left Lumbar

Photo 1: Fitting of the pelvic base, back view



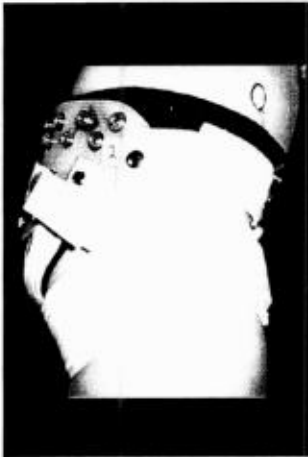
- The pelvic base comes in the form of a girdle adjusted under the posterior superior iliac spines. It includes two posterior parts and an anterior part that must be centred right above the pubis.
- Both posterior plastic parts must be fitted with regard to the external iliac fossae. It is preferable to place them more laterally (adjustment permitted by the lacing which brings them together), because if these two plastic parts are too centred, they won't be stable during the brace fitting and will have a tendency to rise.
- The crotch bands are placed laterally in relation to the thigh bands without an excessive tension.
- The thigh bands are attached to the pelvic base with the medial buckles, directing the buckles outwards.
- The thigh bands must be adjusted with a greater tension than the crotch bands, but never excessive.

Photo 2: Fitting of the pelvic base, front view



- The pelvic base must be placed under the anterior superior iliac spines, well adjusted, without being uncomfortable.
- The lateral velcro fasteners must be closed symmetrically and must be horizontal.
- The thigh bands are placed diagonally under the groin folds.
- The velcro closes towards the exterior.
- In the same manner, the crotch bands must be adjusted without being really tight.

Photo 3: Fitting of the pelvic base, lateral view



- The lateral part of the thigh band, which is more rounded, must follow the thigh contour.
- The thigh bands are attached to the pelvic base with the medial buckles, which are angulated anteriorly.

STEP 2: Left Lumbar

Photo 1: Fitting of the bolero



- Placed on the patient's shoulders, the mid section of the bolero barely conceals T4 and T12.
- The bolero size is determined by measuring the T4-T12 distance on the patient.
- The upper flaps placed on the shoulders are shorter and have only one velcro patch.
- The lower flaps are the longer ones; they have three velcro patches.

STEP 3: Left Lumbar

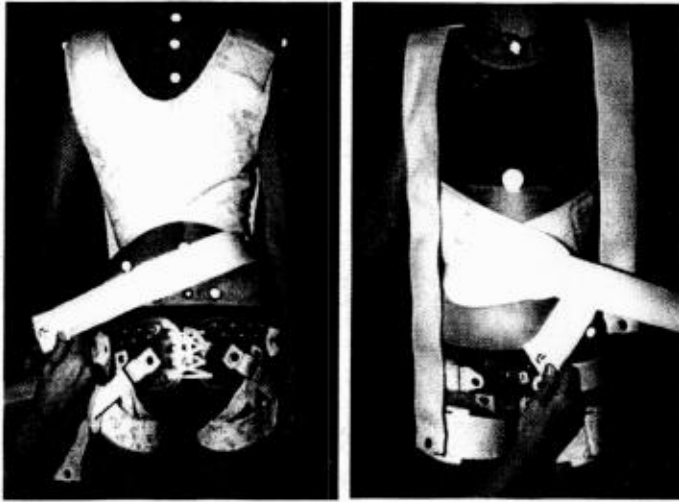
Photos 1 and 2: Corrective movement



To reduce a left lumbar curve, the main movement consists in a translation of the trunk to the right in relation to the pelvis. It is generally beneficial to add a slight lateral inclination to the left of the thorax and shoulders to this translation so as to reduce the curve in the election plane.

STEP 4: Left Lumbar

Photos 1 and 2: Fitting of the band #1: left thoracic band



- It is the main corrective band.
- This band is designed to initiate the translation of the trunk in relation to the pelvis.
- Starting from the left thoracic tab of the bolero, this band crosses in front from left to right and then around the back to the front, where it is fastened on the left snap on the anterior part of the pelvic base.
- The tension of this band should be moderate.

STEP 5: Left Lumbar

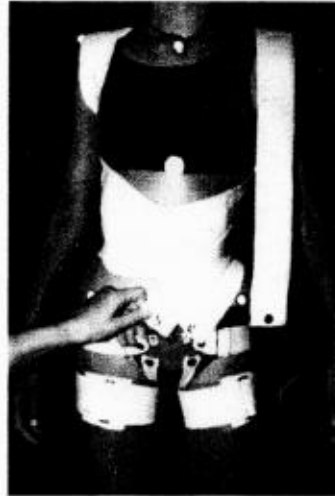
Photo 1: Fitting of the band #2: right thoracic band



- This band is designed to initiate the lateral inclination to the left of the thorax and shoulders.
- Starting from the right thoracic tab of the bolero, it crosses in front from right to left, and then goes around to the back, where it is fastened on the right posterior part of the pelvic base.
- The tension of this band will depend on the desired tilt.

STEP 6: Left Lumbar

Photos 1 and 2: Fitting of the band #3: right shoulder band



- This band reinforces the desired translation and inclination.
- Starting from the right shoulder tab of the bolero, it passes under the right armpit, crosses in the back, and then comes to the front, where it is fastened on the right snap of the anterior part of the pelvic base.

- The tension of this band will be less if the curvature is flexible.

STEP 7: Left Lumbar

Photo 1: Fitting of the band #4: left shoulder band



- Where necessary, this band stabilises the lateral inclination to the left and counter balances the rotation of the shoulders induced by the right shoulder band (band #3).
- Starting from the left shoulder tab of the bolero, it passes under the left armpit and is fastened on the right posterior part of the pelvic base.
- The tension of this band is usually moderate and balanced with that of the right shoulder band (band #3).

STEP 8: Left Lumbar

Photo 1: The brace fitted, back view



- Reversal of the asymmetry of the waist angle compared to the same view without brace, in relation to the translatory effect.
- The lateral inclination to the left of the thorax and shoulders, which is actually greater than it appears due to the translatory effect.
- The prominence with brace should never be greater than the prominence without brace. Normally, the prominence will diminish progressively over time.
- Once the brace has been applied, it is felt as a constraint on changes in position, but is not uncomfortable. The band tensions should always be acceptable, being designed to induce the corrective movement not force it.

Photo 2: The brace fitted, front view



Please note:

- The positive alignment of the trunk in relation to the pelvis.
- The reversal of the asymmetry of the waist angle compared to the same view without brace, in relation to the translatory effect.

N.B.: The plumb line shown on the photograph is suspended from the ceiling and falls exactly midway between the patient's heels.