

Table 6 Practical Approach Scheme (PAS) for an Evidence Based Clinical Practice approach to Idiopathic Scoliosis (Strength of Evidence VI-Strength of Recommendation B).

		Cobb degrees	0-10 + hump	11-15	16-20	21-25	26-30	31-35	36-40	41-45	46-50	Over 50		
Infantile	<i>Min</i>		Ob6	Ob6	Ob3	SSB	SSB	SSB	SSB	SSB	PTRB	FTRB		
	<i>Max</i>		Ob3	Ob3	PTRB	FTRB	FTRB	FTRB	FTRB	FTRB	Su	Su		
Juvenile	<i>Min</i>		Ob3	Ob3	Ob3	SSB	SSB	SSB	PTRB	PTRB	PTRB	FTRB		
	<i>Max</i>		PSE	PSE	PTRB	FTRB	FTRB	FTRB	FTRB	FTRB	Su	Su		
Adolescent	<i>Risser 0</i>	<i>Min</i>	Ob6	Ob6	Ob3	PSE	PSE	SSB	PTRB	PTRB	PTRB	FTRB		
		<i>Max</i>	Ob3	PSE	PTRB	FTRB	FTRB	FTRB	FTRB	FTRB	Su	Su		
	<i>Risser 1</i>	<i>Min</i>	Ob6	Ob6	Ob3	PSE	PSE	SSB	PTRB	PTRB	PTRB	FTRB		
		<i>Max</i>	Ob3	PSE	PTRB	FTRB	FTRB	FTRB	FTRB	FTRB	Su	Su		
	<i>Risser 2</i>	<i>Min</i>	Ob8	Ob6	Ob3	PSE	PSE	SSB	SSB	SSB	SSB	FTRB		
		<i>Max</i>	Ob6	PSE	PTRB	FTRB	FTRB	FTRB	FTRB	FTRB	Su	Su		
	<i>Risser 3</i>	<i>Min</i>	Ob12	Ob6	Ob6	Ob6	PSE	SSB	SSB	SSB	SSB	FTRB		
		<i>Max</i>	Ob6	PSE	PTRB	FTRB	FTRB	FTRB	FTRB	FTRB	Su	Su		
	<i>Risser 4</i>	<i>Min</i>	No	Ob6	Ob6	Ob6	Ob6	Ob6	Ob6	Ob6	Ob6	SSB	FTRB	
		<i>Max</i>	Ob12	PSE	PTRB	FTRB	FTRB	FTRB	FTRB	FTRB	FTRB	Su	Su	
	<i>Risser 4-5</i>	<i>Min</i>	No	Ob6	Ob6	Ob6	Ob6	Ob6	Ob6	Ob6	Ob6	SSB	FTRB	
		<i>Max</i>	Ob12	PSE	PTRB	FTRB	FTRB	FTRB	FTRB	FTRB	FTRB	Su	Su	
	Adult	<i>No pain</i>	<i>Min</i>	No	No	No	No	No	No	No	No	Ob12	Ob12	
			<i>Max</i>	Ob12	Ob12	Ob12	Ob12	Ob12	Ob12	Ob12	Ob12	Ob12	Ob6	Ob6
		<i>Chronic Pain</i>	<i>Min</i>	No	PSE	PSE	PSE	PSE	PSE	PSE	PSE	PSE	PSE	PSE
			<i>Max</i>	PTRB	PTRB	PTRB	PTRB	PTRB	Su	Su	Su	Su	Su	Su
Elderly	<i>No pain</i>	<i>Min</i>	No	No	No	No	No	No	No	No	Ob12	Ob12		
		<i>Max</i>	Ob12	Ob12	Ob12	Ob12	Ob12	Ob12	Ob12	Ob12	Ob12	Ob6	Ob6	
	<i>Chronic Pain</i>	<i>Min</i>	No	PSE	PSE	PSE	PSE	PSE	PSE	PSE	PSE	PSE	PSE	
		<i>Max</i>	PTRB	PTRB	PTRB	PTRB	PTRB	PTRB	PTRB	PTRB	PTRB	Su	Su	
	<i>Decompensation</i>	<i>Min</i>	No	No	PSE	PSE	PSE	PSE	PSE	PSE	PSE	PSE	PSE	
		<i>Max</i>	PTRB	PTRB	PTRB	PTRB	PTRB	PTRB	PTRB	PTRB	PTRB	Su	Su	

For each single clinical situation reported in any single cell, a minimum and a maximum strength of treatment is listed. The graduation of strength of treatments have been reported in the Strength of Treatments Scheme in Table 8. Consequently, all treatments included between the minimum and maximum can be considered for that specific clinical situation.

Obs 36/12/8/6/4: Observation every 36/12/8/6/4 months; PSE: Physiotherapeutic Specific Exercises; NTRB: Night-time Rigid Bracing (8-12 hours); SIR: Inpatient rehabilitation; SB: Soft bracing; PTRB: Part-Time Rigid Bracing (12-20 hours); FTRB: Full-time Rigid bracing (20-24 hours) or cast; Su: Surgery.

treatments that can be proposed for Idiopathic Scoliosis graduated from the least to the most demanding (both in terms of burden on the patient, and possible efficacy). In addition, the STS is Consensus based (Strength of Evidence V-Strength of Recommendation B). Starting from the STS it is possible to state, for each single clinical situation of the PAS, a minimum and a maximum of possible treatments that could be proposed: consequently all treatments that in the STS are reported between this minimum and maximum can be considered for that specific clinical situation.

The PAS has some main characteristics that constitute its strength and justification:

It constitutes the way we have chosen to resolve the differences among the various clinicians in their

everyday clinical approach, to be able to state what is presumably totally wrong (above the maximum: overtreatment-below the minimum: undertreatment) according to the actual conservative treatment knowledge.

It reports a real everyday approach, since all clinicians usually chose from quite a wide panel of choices when treating a single patient; the final decision comes after discussion with the patient, and weighting of the various risk factors involved in the clinical situation. In fact, the PAS has been developed looking at the “Step by Step” Sibilla’s theory [78,91-94]: for each single patient it is mandatory to chose the correct step of treatment, where the most efficacious is also the most demanding. Accordingly, coming to a wrong decision means facing one of the