

Reply to: Clinical evaluation of the ability of a proprietary scoliosis traction chair to de-rotate the spine: 6-month results of Cobb angle and rotational measurements

Sabrina Donzelli,¹ Fabio Zaina,¹
Alessandra Negrini,¹ Michele Romano,¹
Stefano Negrini^{2,3}

¹ISICO Italian Scientific Spine Institute,
Milan; ²University of Brescia;

³Don Gnocchi Foundation, Milan, Italy

Dear Editor,

We read with interest the paper entitled *Clinical evaluation of the ability of a proprietary scoliosis traction chair to de-rotate the spine: 6-month results of Cobb angle and rotational measurements* by Stitzel et al. (doi: 10.4081/cp.2014.642) published recently as a brief report in the Journal *Clinics and Practice*. This is a useful attempt to increase the evidence available about what is effective and what is harmful in scoliosis treatment. According to the astonishing results, the scoliosis traction chair is not only ineffective, but even harmful for scoliosis patients. The present study indeed, showed that the experimental new treatment is able to worsen significantly, and very quickly (only six months), the disease in 11 patients out of 15 (73% of the population). This is true even in subjects who already reached the end of growth (Risser 4-5), who are supposed to be stable at short time.^{1,2}

We really appreciate the courage of the authors in publishing such negative results, particularly since they come from the same

Institute that developed the chair. As we know very well, negative results increase scientific knowledge as positive results do. Nevertheless, we have to underline that, after these results, the conclusions are outrageous, since the authors are planning to continue to apply this method for clinical research. It is not ethical to carry on testing such an equipment with such an incredible failure rate. When an experimental new drug demonstrates that it threatens patients' health, the drug is immediately withdrawn from the market. The same should happen to this equipment.

No ethical Committee and/or neither an Institutional Review Board approval are cited in the paper. We would like to know more about this item, is there more information available? Usually, to patients with such large curves a surgical treatment³⁻⁵ is prescribed or eventually, if they strongly refuse surgery, a rigid brace treatment can be effective in improving the scoliosis angle.^{6,7} In regard to this, we would appreciate to have more details about the Informed Consent: was it obtained, and had the patients been well informed about these options before they entered the treatment?

S. Donzelli, F. Zaina, A. Negrini, M. Romano,
S. Negrini

References

1. Aebi M. The adult scoliosis. *Eur Spine J Off Publ Eur Spine Soc Eur Spinal Deform Soc Eur Sect Cerv Spine Res Soc* 2005;14:925-48.
2. Marty-Poumarat C, Scattin L, Marpeau M, et al. Natural history of progressive adult scoliosis. *Spine* 2007;32:1227-34; discussion 1235.
3. Negrini S, Aulisa AG, Aulisa L, et al. 2011
4. Bridwell KH. Surgical treatment of idiopathic adolescent scoliosis. *Spine* 1999; 24:2607-16.
5. Mielke CH, Lonstein JE, Denis F, et al. Surgical treatment of adolescent idiopathic scoliosis. A comparative analysis. *J Bone Joint Surg Am* 1989;71:1170-7.
6. Lusini M, Donzelli S, Minnella S, et al. Brace treatment is effective in idiopathic scoliosis over 45°: an observational prospective cohort controlled study. *Spine J* 2014;14:1951-6.
7. Dolan LA, Wright JG, Weinstein SL. Effects of bracing in adolescents with idiopathic scoliosis. *N Engl J Med* 2014;370:681.

Correspondence: Sabrina Donzelli, ISICO Italian Scientific Spine Institute, via Bellarmino 13/1, 20141 Milan, Italy.

E-mail: sabrina.donzelli@isico.it

Key words: letter to the editor, scoliosis traction chair.

Conflict of interests: the authors have no conflict of interest to disclose.

Received for publication: 23 October 2014.

Accepted for publication: 26 November 2014.

This work is licensed under a Creative Commons Attribution NonCommercial 3.0 License (CC BY-NC 3.0).

©Copyright S. Donzelli et al., 2014
Licensee PAGEPress, Italy
Clinics and Practice 2014; 4:726
doi:10.4081/cp.2014.726

SOSORT guidelines: orthopaedic and rehabilitation treatment of idiopathic scoliosis during growth. *Scoliosis* 2012;7:3.

4. Bridwell KH. Surgical treatment of idiopathic adolescent scoliosis. *Spine* 1999; 24:2607-16.
5. Mielke CH, Lonstein JE, Denis F, et al. Surgical treatment of adolescent idiopathic scoliosis. A comparative analysis. *J Bone Joint Surg Am* 1989;71:1170-7.
6. Lusini M, Donzelli S, Minnella S, et al. Brace treatment is effective in idiopathic scoliosis over 45°: an observational prospective cohort controlled study. *Spine J* 2014;14:1951-6.
7. Dolan LA, Wright JG, Weinstein SL. Effects of bracing in adolescents with idiopathic scoliosis. *N Engl J Med* 2014;370:681.