English Transcript Rigo Interview. *By Rebecca Harding May 2020*

So we are talking about the BSPTS concept.  I would define it as the specific physiotherapy part of a comprehensive scoliosis care model where you have the other blocks of intervention like bracing, surgery, or even just education or observation.

So, the first step into this model is the correct evaluation and diagnosis of the patient.  It is very important to get a correct diagnosis about what our patient has.

So, second step is about doing some recommendations. These recommendations are following, let’s say, an evidence-based model where we have three essential points interacting constantly.

One is the clinical experience of the medical doctor, the specialist in scoliosis deformity.  Another one is the external evidence and we have to be very careful about interpreting this evidence in order to be as impartial as possible.  And the third element is the patient and the family - what are the preferences of the patient and the family.

We are not really treating the spine or scoliosis, we are treating a person and this is very important to understand because how scoliosis affects people is different.  I mean you can have two identical scoliosis on an x-ray that are affecting people in a very different way.

Because at the end of the day, the way the patient lives their life and the quality of life of the patient is based not so much on how big is the scoliosis, in terms of a particular degree, but is based, is defined by a series of factors in which just the scoliosis is one, but there are other factors.  Remember that we define health as physical, psychological and social wellness.

In fact, in the BSPTS, the main objective of the educational program is to educate physiotherapists to work under this bio-psycho-social perspective, integrated into a comprehensive scoliosis care model, like is promoted at the SOSORT and understand about this concept of treating people not spines or scoliosis.