

STUDENT GUIDELINE FOR THE 3rd RIGO CONCEPT – BSPTS EVALUATION

Dear student,

Congratulations on your completion of the BSPTS Level 1 course. In order to advance to Level 2, you are required to submit a Power Point showing two case reports with non-operated patients: one with a typical A-type (3C) and another with a typical B-type (4C) curve pattern. Please follow the instructions below.

The Educational Committee encourages you in the preparation of the work to enjoy and learn while doing it.

Presentation Instructions

Format

Power Point (PPT)

Topic

Two cases representing a:

- A type (3C) Non-Operated Patient
- B type (4C) Non-Operated Patient

Sample' characteristics

Patients will be diagnosed with Adolescent Idiopathic Scoliosis and will be in their Adolescence or Young Adult age (10-35 years of age)

Patients may or not be under bracing

Period of treatment

The Case Report will be about the result of treatment. Thus, you will need to present pre- and post-treatment data.

The results can be shown at:

Short term: A single session after the patient has a good minimum level of technical performance of their exercises, according to your assessment.

Medium term: From 1 to 6 months of treatment.

Long term: > 6 months of treatment, if Level 2 date allows you to present it.

Ethical consent

Written Consent from patient (or patient's parents if the patient is a < 18 yrs. of age) need to be obtained and also sent attached to the PPT presentation. **Please use the Rigo Concept – BSPTS Ethical Consent attached at the end of this file.**

Chapters per case report

Each case must be presented following 11 chapters. Please be sure all PHI (personal health information) identifying the patient is concealed in every slide. Also be sure there are permanent coverings for the patient's face in every slide (save as non-editable power point).

Report the date of information for each slide and for the slide content when comparing pre and post treatment information (pre to post from left to right)

1st Chapter: Student Personal Data

Slide 1: Student information

- Your Full Name
- Your Full address (work address), including e-mail contact
- Date and Place of completion of your Level 1 Note: (send as include separate attachment a copy of your Level 1 Certification of Attendance)
- Date, Place and Teacher of the Level 2 course you intend to attend

2nd Chapter: Patient Anamnesis and Clinical History

Slide 1: History

- Clinical history including age of diagnose based upon the first confirming radiograph
- Positive or negative family history. If positive, briefly describe
- General health (include key comorbidities) and general habits (sport, recreation, hobbies, type of work if applicable, etc.)
- Date and age of first consultation to the physiotherapy clinic
- History of pain (time of evolution, place, intensity using numeric pain scale from 0-10)
- Previous physiotherapy (date of initiation and type)
- Previous brace (date of initiation and type), Planned brace (date of expected initiation and type), Planned surgery (expected date)

Slide 2: Goals/Expectations

- Expectations of the results of treatment using the words of the patient and/or patient's parents
- Expectations of the referring doctor if applicable
- Expectations of the physiotherapist
- Expectations of other members of treatment team if applicable

3rd Chapter: Physiotherapy Clinical Assessment

Note: Restrict your information to your relevant physiotherapy assessment. Since the diagnosis of AIS has been confirmed, there is no need to report other medical information unless something significant has been reported by the Medical Doctor.

Slide 1

- Height (standing and sitting); patient weight
- Photo of the patient from the back and both sides in front of gridded board (if available) or a plain background.
- Explain and describe the posture of the sagittal and coronal observation.
- Clinical confirmation of structural curvature in the proximal thoracic region, middle or main thoracic region, lumbar or thoracolumbar region, using classical Adam's test in upright position
- Assessment of curve flexibility: include photo if available of Adam's test, include information of curve correctability in side bending for each curve, long hanging, correcting pressure on the T or L prom in Adam's

Slide 2

- ATI in forward flexion from sitting position at proximal thoracic, middle thoracic and lumbar or TL levels, with pelvis at 0° (indicate what type of Scoliometer was used. Include a photo of seated ATI.

Slide 3

- Assessment of hypermobility condition using Beighton Scoring 9-point scale system
- Assessment of clinical signs for potential Leg Length Difference (such as variation of standing vs. sitting ATI + Iliac and trochanter asymmetry in standing + malleolus in supine/prone + others). Include radiological LLD if applicable.

Slide 4

- Assessment of pelvis being coupled or uncoupled from Lumbar or TL region in standing Forward Bend Test
- Assessment of Clinical Classification based upon observation of pelvis translation and trunk imbalance from the back view

4th Chapter: Postural Assessment Photos - Pre-treatment:

Remember the patient face must be covered by a permanent marker that has been added to the photo before the photo is inserted into the PP. Photos will show full body ideally with patient in front of gridded board.

Slide 1

- back view
- front view

Slide 2

- view from both sides

Slide 3

- 2 dorsal oblique views ($\approx 45^\circ$),

Slide 4

- Adams test back view in standing forward bend
- Modified Adams test sagittal view in standing forward bend

Slide 5 optional

- Topography system if available.

5th Chapter: X-Ray Assessment

Pictures of out-of-brace radiographs from the time of treatment initiation, with measured radiological data as follows.

Slide 1: Posterior view radiograph

- Drawn and named level of UEV and LEV for each measured curve
- Drawn and measured values of Cobb angles for each curve
- Named apical vertebrae with grade of axial rotation for each curve according to Nash and Moe
- Marked and named Transitional Point
- Drawn Central Sacral Line
- Named all clinically defined structural curvatures by spinal region (for example: upper thoracic, main thoracic, thoracolumbar, lumbar, etc.)
- Name of the Radiological Curve Pattern according to Moe and Kettleson terminology
- Report the Risser Score (American Scale).

Slide 2: Sagittal Radiograph (if available)

- Drawn and measured SVA
- Drawn and measured MTK and MLL
- Optional: Drawn and measured Pelvic Parameters (PI, PT, SS)

Slide 3 (optional)

- In-brace radiograph if applicable

6th Chapter: Clinical-radiological diagnosis according to Rigo Classification

Slide 1

Show the following 3 images side by side:

- Clinical photo – back view
- Radiograph - posterior view
- The Block Schema
- Statement of your clinical-radiological diagnosis according to Rigo's Classification.

7th Chapter: Program of Treatment

Slide 1

- Number of provided sessions
- Duration of provided sessions
- Description of the content of the sessions including explanations, demonstrations and exercises plus dosage. Please describe the contents of the exercise sessions including:
 - Explanation of exercises chosen based upon your clinical rationale and patient presentation/response
 - Explanation of principles of correction applied, based upon your clinical rationale and patient response
 - Dosage of the exercises
 - Description of the progression in exercises and principles of correction if multiple treatment sessions were included in your case. If your presentation includes only a single treatment session, be sure to outline your plan for the sessions going forward based upon your clinical rationale and patient presentation

Slide 2

- Home program prescription including exercises and dosage, and explanation of differences between HEP and clinic treatment, if applicable
- Measure and comment of home exercise adherence

8th Chapter: Exercise Pictures

Provide one slide for each of the following positions, showing both back view and lateral view photos. For each position, describe 1) your skills and difficulties of achieving the correction in each starting position and 2) how you can improve the exercise, if necessary

Slide 1

- Semi-hanging position back view, with comments
- Semi-hanging position lateral view, with comments

Slide 2

- Prone on Knee position back view, with comments
- Prone on Knee position lateral view, with comments

Slide 3

- Side-Lying position back view, with comments
(note: back view photo of side-lying should also show reflection of patient in mirror to see front view. If not able to see reflection, include a separate picture of the front view)
- Side-Lying position lateral view, with comments

9th Chapter: Postural Assessment – pre/post treatment comparison

Note: Be sure to state time the frame being compared. Put comparisons side by side on each slide with “pre” and “post” dates clearly marked. Report Values only and/or photos as instructed

Slide 1

- Compared height (values only)
- Compared seated ATI with corrected 0 pelvis (values only)

Slide 2

- Compared standing relaxed posture dorsal view (photos comparing clinical assessment to last treatment session)
- Report of postural clinical values changed (such as TRACE, POTSI, Plumb line etc.)
- Comments on observed changes in posture (such as shoulder symmetry, coronal balance, weight shift, etc.)

Slide 3

- Compared standing relaxed posture ventral view (photos comparing clinical assessment to last treatment session)
- Report of change in measured postural values (such as TRACE, POTSI, Plumb line etc.)
- Comments on observed changes in posture (such as shoulder symmetry, coronal balance, weight shift, etc.)

Slide 4

- Compared relaxed posture lateral view (photos comparing clinical assessment to last treatment session)
- Report of postural clinical values changed (such as Plumb line, inclinometer, etc)
- Comments on observed changes in posture (such as sagittal balance, pelvic orientation, etc)

Slide 5 (Optional)

- Compared radiographs if applicable (just in case of medium term therapy if available).
- Topography system comparison if available

10th Chapter: Discussion and Conclusion

This is an opportunity for you to discuss on each slide in your case in further detail, highlighting what went well, what did not go as well, what you have learned and how you will grow and improve

Slide 1

- Patient evaluation

Side 2

- Plan of care

Slide 3

- Execution of the exercises and corrections

Slide 4

- Clinical Outcome

Slide 5

- Additional insights

11th Chapter: Notes on patient consent

Slide 1

- Confirmation and commentary (if necessary) of patient consent

Suggestions

Please follow the instructions very clearly regarding the content required for each slide. Your data should be succinctly presented on the slides. You may include bullet pointed comments on the slides but you should also extrapolate your ideas in the speaker notes section of each slide.

Your PP should clearly represent your understanding of the BSPTS Concept by Rigo. The PP should give a clear picture of what your experience was with your patients presented in these cases. Emphasize key points that are needed to understand your message.

The following are general guidelines:

- Keep your visuals clear and simple.
- Avoid using too many colors, patterns and pictures in one frame.
- Use a minimum of words for text and title frames.
- Upper and lower case lettering is more legible than all capital letters.
- Vary the size of lettering to emphasize headings and subheadings.
- Avoid using more than three font sizes per frame.
- Sans serif fonts project better and are easier to read. (Arial or Calibri)
- Try to maintain the same or similar font size from frame to frame.
- Try to keep all type horizontal.
- Contrasting colors work best.
- Highlight your main point or heading with a dominant color.
- Avoid intensely bright or saturated colors that compete with the text.
- Keep color schemes consistent throughout the presentation.
- Remember to use speaker notes to explain and expand all information given in the slide.

Where and when to submit

Presentation will be sent to your L1 teacher in the period between 5 months and 9 months after finishing Level 1, and always with a minimum time of 3 months before the Level 2 date you have chosen.

Results and grading criteria

The result of this Third Evaluation will be given to you always with a minimum time of two months before the date of the Level 2 in which you are pre-registered.

The score per case report is 100 points. The pass rate is 60%. If < 60%, you may resubmit one more time with the essential changes or minor revision suggested by the teacher before getting the green light to attend Level 2.

Presentation to the L2 audience

You will be asked to present your PowerPoint to the class during the L2 course. (Please bring your presentation on a jump drive). Your presentation should be 6 minutes. L2 teacher will send you the Presentation Guidelines. Remember that we need to share all the measurements collected based on the Presentation Guidelines, however you need to express the most relevant information that you learned and you want to share with other therapist.

Do not hesitate to contact us or your teacher for any doubts, questions or advice you have during the development of the work.

Thank you very much for your cooperation.

Eager to read your work and see us at Level 2.

The Educational Committee of the BSPTS

CONSENT TO PARTICIPATE IN RESEARCH

Date: ____ / ____ / ____

Your physiotherapist _____ (insert name) keeps up to date with research and global advances in spine healthcare. _____ is currently undertaking research into scoliosis and spine deformity and would appreciate your permission to use your NON IDENTIFIABLE data to be used for research purposes. Non-agreement will not impact your treatment or relationship with your therapists at the clinic. You may withdraw consent at any stage and your data will be removed from any study. If your data has been included within any published study, then we will not be able to remove your data.

YES / NO

/ I consent for my NON-IDENTIFIABLE data to be used for research purposes

/ Please indicate if you would like to be contacted with a lay summary of the research outcomes

Please provide your mail if YES: _____

Name and Surname of the patient

Signature of the patient or parents