

Vincent Pol



Vincent Pol
University



Prof. Tomasz Karski 1/, Dr med. Jacek Karski 2/, Dr Marian Domagała 3/

„Syndrome of Standing ‘at ease’ on the Right Leg” as important factor in development of the So-Called Adolescent Idiopathic Scoliosis (AIS) and influencing factor in the pathology of right Shank, Knee, Hip and Back pain

21st Prague-Lublin-Sydney-St .Petersburg Symposium will be taken place in Humpolec, September 3-5, 2019 /

6th International Conference and Expo on Novel Physiotherapies, Physical Rehabilitation and Sport in Medicine, 19-20 August, 2019, London, UK [18.09 - 22.08.2019]

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W podręcznikach ortopedii brak rozdziałów na temat stania. CHODZENIE - TAK / STANIE - NIE

Podręcznik Prof. Wiktora DEGI i Prof. A. SENGERA

Ortopedia i rehabilitacja

To

pod redakcją

prof. dr. med. Wiktora Degi
prof. dr. med. Alfonsa Sengera

Przygotował do druku

prof. dr hab. med. Jerzy Król

Wydanie IV poprawione i uzupełnione



Wydawnictwo

Badanie ruchowych sprawności mięśni
Zasady metody testowania

Pozycje testowania

Kończyny dolne

Kończyny górne

Mięśnie tułowia

Mięśnie brzucha

Chód i jego mechanizm

Mechanizm chodu

Działanie mięśni w czasie chodu

Ocena chodu patologicznego

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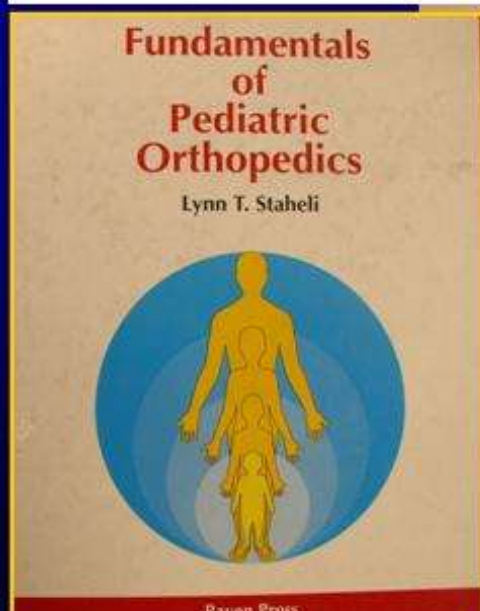
W podręcznikach ortopedii na całym
świecie - rozdziały
o chodzie - obecne
o staniu - brak

In any book on
Orthopedics
all over the World
there is **no** article
about „STANDING”.
There are articles
only about „GAIT”.

In any book on Orthopedics all over the World there is **no** article about „STANDING”. There are articles only about „GAIT”.

**W podręcznikach ortopedii brak rozdziałów na temat stania.
CHODZENIE - TAK / STANIE - NIE**

Podręcznik Prof. Lynn T. Staheli MD (USA)



Fundamentals of PEDIATRIC ORTHOPEDICS	Nervous System	1.9
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	Physical Examination	2.3
	Imaging	2.8
	Laboratory	2.12
	Gait Laboratory	2.14
	Diagnostic Procedures	2.15
	Time Line	2.17
	Additional Reading	2.18
	3 Management	
	Managing the Fracture	3.1
	Therapy	3.16

**W podręcznikach - rozdziały
o chodzie - obecne
o staniu - brak**

In any book on Orthopedics
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there is **no** article about
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**W podręcznikach ortopedii brak
rozdziałów na temat stania.
CHODZENIE - TAK / STANIE - NIE**

Gangstörungen	63
Physiologie des Gangablaufes	63
Inspektion des Gangablaufes	63
Automatische Ganganalyse	64
Diagnostik von Gangstörungen	64

Kinderorthopädie

Fritz U. Niethard
unter Mitarbeit von
Claus Carstens
Leonhard Döderlein
Thomas Peschgens



Book of Prof. Fritz U. Niethard

Kinderorthopädie

Fritz U. Niethard

unter Mitarbeit von
Claus Carstens
Leonhard Döderlein
Thomas Peschgens

466 meist farbige Abbildungen
in 701 Einzelabbildungen
50 Tabellen

Untere Extremität – Achsenabweichungen, Beinlängendifferenzen

Wachstum	59	Arten der Gangstörungen
Klinische Symptome	61	Therapie
Einseitige Schmerzen	61	Achsenfehler im Bein
Gangstörungen	63	Extremitäten
Physiologie des Gangablaufes	63	Genu varum, Genu valgum
Inspektion des Gangablaufes	63	Torsionsfehler
Automatische Ganganalyse	64	Beinlängendifferenzen
Diagnostik von Gangstörungen	64	

Hüftgelenk und Becken – Altersabhängige Erkrankungsgipfel: Hüft-Perthes-Erkrankung und Hüftkopfeiphysenlösung

Form und Funktion des Hüftgelenkes –		Untersuchung
Wachstum und Biomechanik	82	Hüftgelenkdysplasie
Wachstum des Hüftgelenkes	82	Coxa vara
Gefäßversorgung des wachsenden Hüftgelenkes	85	Coxitis fugax
Normalwerte und Biomechanik	87	Perthes-Erkrankung
Klinische Symptome	89	Epiphyseolysis capitis femoris
		Schnellende Hüfte
		Morbus van Neck

Kniegelenk – das mechanisch besonders exponierte Gelenk

**W podręcznikach - rozdziały
o chodzie - obecne
o staniu - brak**

Why the people very frequently stand 'at ease' on the right leg ?

- Because of dominating of left side of the brain ? **Answer: No**
- Because of better stabilization of the right hip during standing ? **Answer: Yes**
- Why is the better stabilization of the right hip?
- **Answer:** because of smaller movements - especially **smaller adduction** in extension position of the hip joint. **These differences** of movements are connected with **SofCD**

Why the people stand „at ease”
(free) on the right leg ? [70 %]

Because in
„Syndrome
of Contractures
and Deformities”

adduction of
right hip
is smaller !

Because the right
hip is more stable !
Why the right hip is
more stable?



Left hip

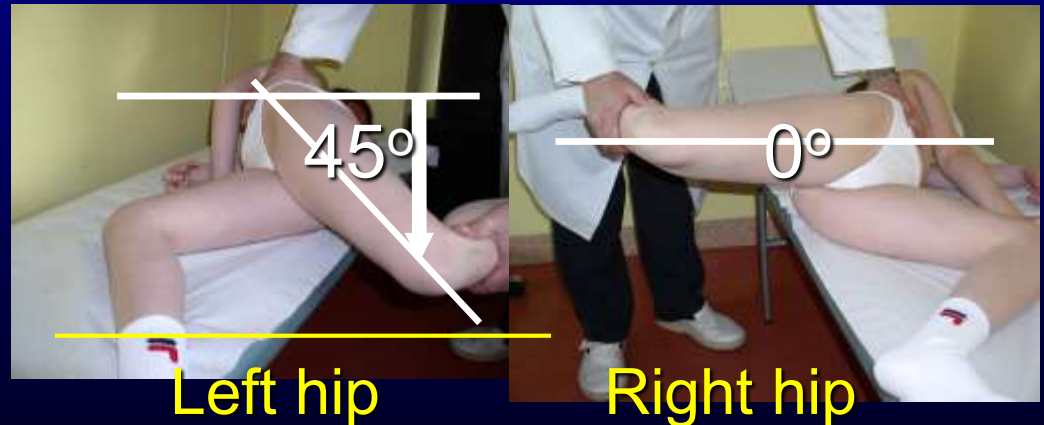


Right hip

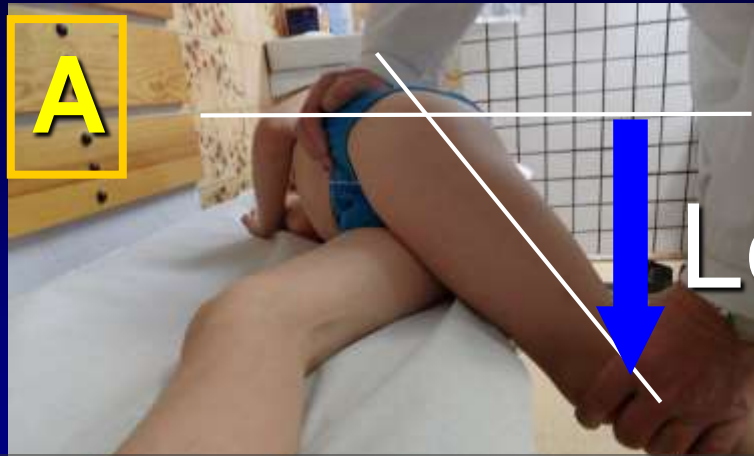
Why the people stand „at ease”
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Why the right hip is
more stable?



Test of adduction of hips. One child. Two method of examination. A,B in extension of knee, A1,B1 in flexion of knee / test more sensible /



Left hip



Difference of adduction of hips. Limited adduction of the right hip (B and B1), typical for „C” II A epg. & "S" II B epg scoliosis.



Right hip



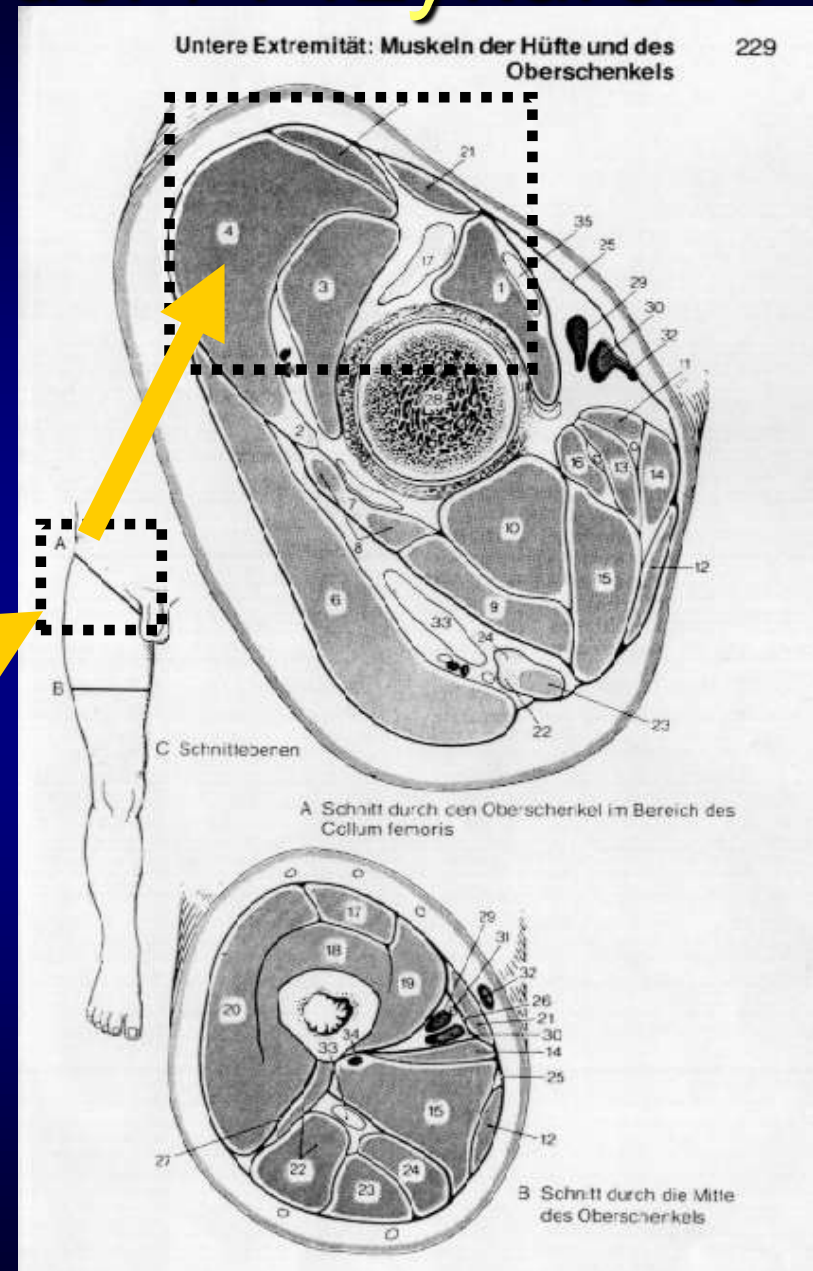
Due to smaller adduction of right hip, the right leg is used for standing

Asymetria ruchów bioder / Przykurcze

Fig. 3 Picture taken from German Anatomy Book. Shortened soft tissues of the right hip are the cause of Abduction Contracture of the Right Hip or Restriction of Adduction of this joint.

The shorted soft tissues are:

- 1/ Tractus iliotibialis
- 2/ Fascia lata
- 3/ M. tensor fasciae latae
- 4/ Fascia of m. gluteus medius
- 5/ Fascia of m. gluteus minimus
- 6/ M. rectus femoris
- 7/ M. iliopsoas
- 8/ Capsule of the right hip joint



Time of standing on the right leg in percent (%).
Important cumulative time of standing.

- **100 %** in my observation-never happened
- **90 %** the influence to spine, hip, knee, shank is very big. **Cause of big scoliosis.**
- **80 %** the influence to spine, hip, knee, shank is big. **Cause of moderate scoliosis.**
- **70% - 60%** the influence to spine, hip, knee, shank is moderate. **Cause of slight scoliosis**

Wstęp / Introduction

To co jest codzienne i oczywiste - nie zawsze jest przedmiotem oceny naukowej i analizy
Na przykład „stanie” (dla jasności – wyjaśniam – to nasza codzienne „pozycja stojąca”)

Manner of Standing

- (1) On both legs
- (2) On left leg ‘at ease’ – never permanent
- (3) On right leg ‘at ease’ – permanent
- (4) On both legs - feet together
- (5) On both legs - feet in abduction
- (6) On both legs - feet like in Karate - in abduction and in internal rotation

Można stać z obciążeniem ciała:

- równo na dwu kończynach (na obu KKD) / na lewej kończynie dolnej (na LKD)
- na prawej kończynie dolnej (na PKD) / można stać z kończynami (stopami) złączonymi
- można stać w odwiedzeniu (w rozkroku) / można stać w odwiedzeniu i rotacji wewnętrznej
- (taką pozycję stosuje karate już od 2000 lat – nazywa się uchi hachi chi dachi)
- ważny czas stania / symetria czasu stania LKD / PKD / brak symetrii czasu stania na LKD / PKD
- jest przyczyną patologii narządu ruchu

**Standing
on left leg**



**Standing on
right leg**



Standing on both leg

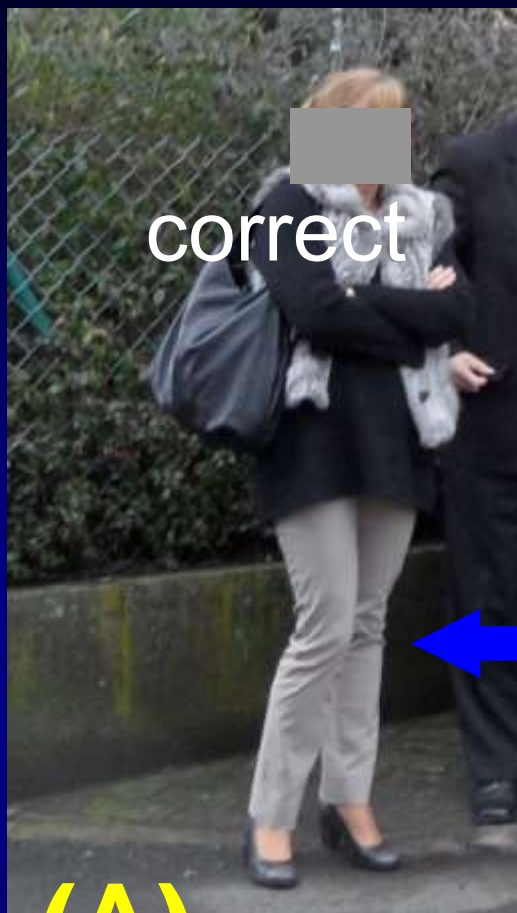
**Standing on right leg
is permanent and
makes problems in
knee, hip and spine**



(2) walking (3) sitting (4) lying position

„The standing” on the right leg is „every time”– it is the cause of pathology in „locomotors system” / **Ständiges Stehen** auf einem Bein macht Veränderungen in Bewegungs-Apparat / Zmiany w obrębie narządu ruchu powstają wskutek „**stałego stania na jednej nodze (prawej)**”. Stanie równo **na obu kończynach jest bezpieczne**.





correct

(A)



corrective

(B)



incorrect

(C)

Stanie dzieci i dorosłych

Manner of standing. Correct in Fig. 5a, on the left leg - protect before scoliosis. Standing in abduction and internal rotation (Fig. 6b) is very beneficial for the hips and the spine. Standing 'at ease' on the right leg (Fig. 6c) is permanent and because of this is the cause of scoliosis in two groups and not correct for the right hip.

21.08.2019 / London / Region of Buckingham Palace / Standing on the right leg is incorrect – cause of scoliosis.



21.08.2019 / London / Region of Buckingham Palace / Standing on the right leg is incorrect – cause of scoliosis.



**Four persons
stand on right leg**

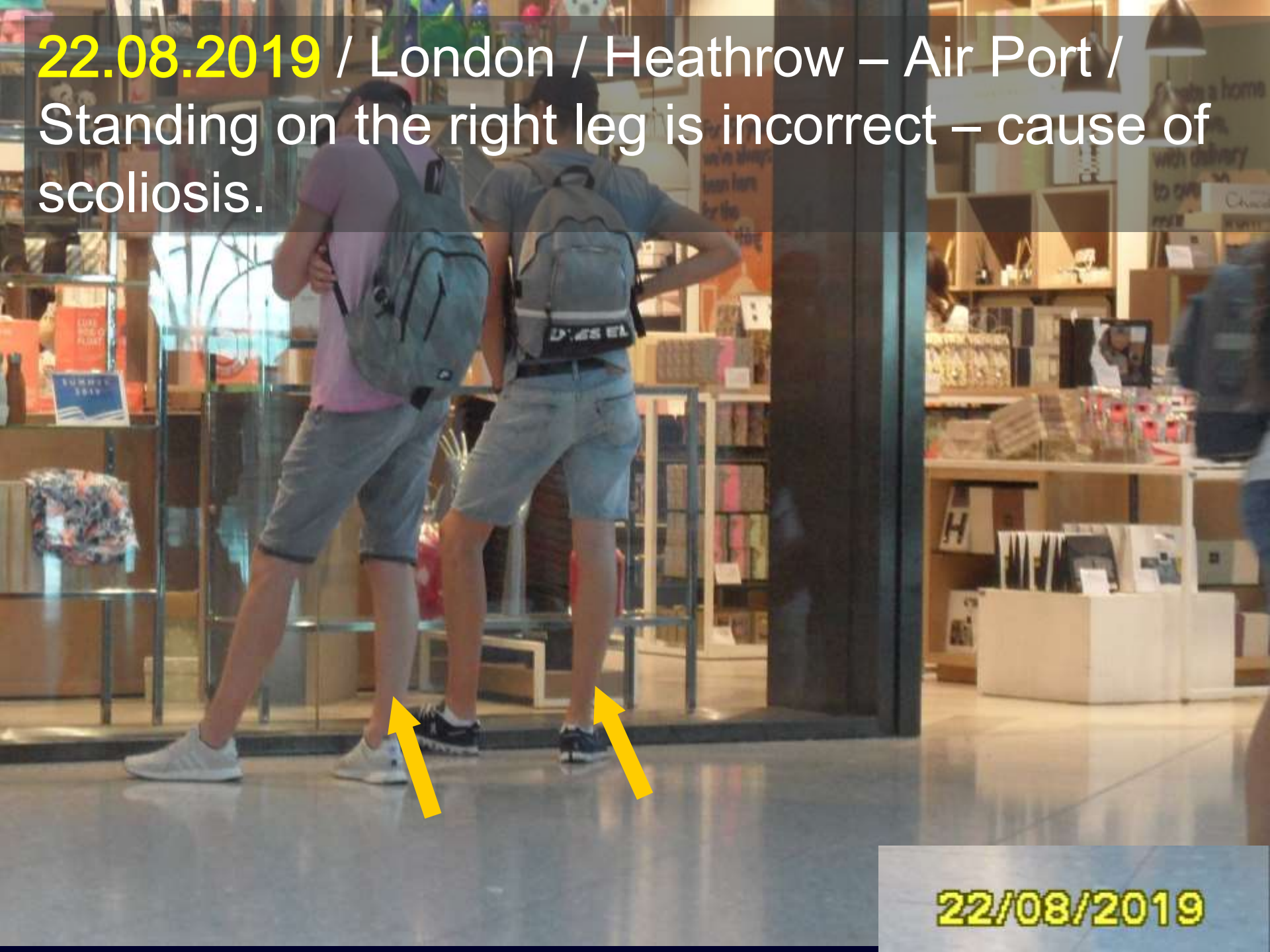
**One person
stand on left leg**

22.08.2019 / London / Heathrow – Air Port /
Standing on the right leg is incorrect – cause of
scoliosis.



22/08/2019

22.08.2019 / London / Heathrow – Air Port /
Standing on the right leg is incorrect – cause of
scoliosis.



22/08/2019



Scoliosis on monument.

Humpolec.

Hotel KOTYZA (2.09.2019).

Scoliosis in 2nd B group.

Cause: standing on the right leg from second year of life.

Two curves - lumbar left convex & thoracic right convex.

Spine flexible.



Scoliosis on monument.

Humpolec.

Hotel KOTYZA (2.09.2019).

Scoliosis in 2nd B group.

Cause: standing on the right leg from second year of life.

Two curves - lumbar left convex & thoracic right convex.

Spine flexible.



Scoliosis on
monument.
London / UK
(20.08.2019)
Scoliosis in 2nd A
group.

Cause: standing on
the right leg from
second year of life.

One curve – L & Th
left convex.
Spine flexible.

Locomotors System Journal

2017

15/08

-
- A stick figure with a blue head, blue eyes, and a blue rectangular body, standing with one hand on its hip.

During years 1997 to 2018 the authors observed the habit of standing on the right leg, the pathology concerning the knee, hip and spine. They described the locomotor system. The standing on the right leg is permanent and has a significant influence on right shank, knee and hip. The habit of standing 'at ease' leads to knee and knee axis deformations and two etio-pathological types of scoliosis are observed. In adults the habit of standing on the right leg leads to knee deformations, causing the development of degenerative changes. So far, there have been no scientific authors on this subject of standing.

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Some words about „Syndrome of Contractures”

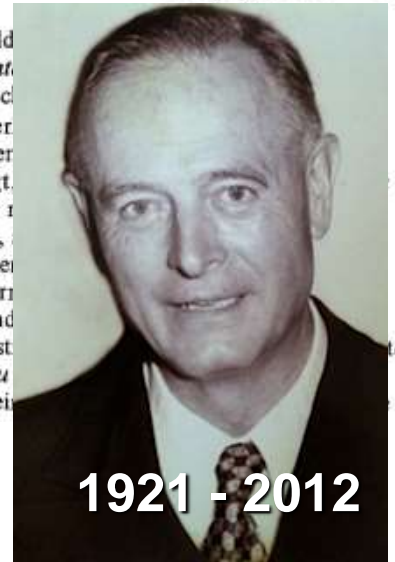
(„Siebenersyndrom” Prof. Hans Mau)



In Lublin w speak about „Syndrome of Contractures and Deformities” – we add eight's deformity – varus of the shanks

Przyczyną patologii u człowieka:
 (1) deformacji u dzieci i (2) bólów
 u dorosłych nie są OSŁABIENIA MIĘŚNI
 ale PRZYKURCZE (czyli skrócenia).
 „Siebenersyndrom” opisuje przykurcze.

Symptomenkomplex von 7 Erscheinungsbild
 SS gehäuft auftreten. Es sind dies neben der front
 mit dem dazugehörigen konvexseitigen Rippenbuc
 adelasymmetrie mit konkavseitiger Hinter
 sinnige Beckenasymmetrie. Hinzutreten, neben der
 der Rumpfes als kontrakturbedingt.
 Kontraktionskontraktur
 lezt auch eine lumbodorsale Kyphose (Abb. 21),
 des Rumpfes und der Füße (locke
 Diese sind relativ, passager und in leichter Form
 dienen als Leitsymptome für die Diagnose SS (und
 daß sich aus best
 100 Fällen der Heidelberger Klinik z.B. bei fast ei



1921 - 2012

22. Das Siebenersyndrom

1963 beschrieb H. Mau, fußend auf den bis dahin vorliegenden Literaturangaben (vor allem Gotzmann 1945 und Imhäuser 1958), und aufgrund eigener Beobachtungen,

Prof. Hans Mau (from
 Tübingen / Germany)
 described
 the „syndrome of
 contractures” in detail and
 called it: Das Siebener
 [Kontrakturen] Syndrom

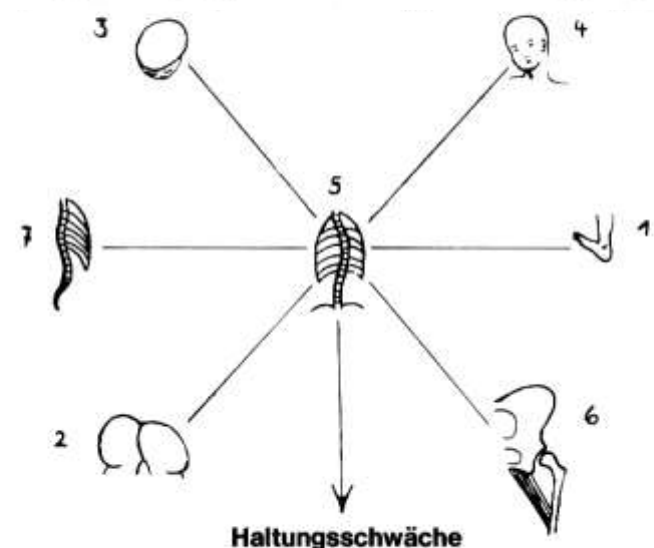


Abb. 21 Schema des Siebener-Syndroms: Links und im Zentrum die Schräglagedeformitäten mit der lumbodorsalen Kyphose, rechts die Kontrakturen im Bereich des Halses, Fußes und der Hüfte mit Hüft dysplasie (aus H. Mau : Begleiterscheinungen und Verlauf der sog. Säuglingsskoliose. Verh. Dtsch. Orthop. Ges., 50 Kongreß 1962, Beil. Heft z. Orthop. 97 [1963] 464)



Autorzy, którzy opisywali dzieci
z “*zespołem przykurczów*”
Hensinger, Green & Griffin, Haikkila,
Komprda, Mau,
Karski & Tarczyńska & Karska (1986)

Prof. Wiktor Dega (Poland) had also written about „Syndrome of Contractures” as „ultra-positions” (1932)

- Prof. W. Dega (1932) jest autorem określenia: „ultrapozycje” w powstawaniu wrodzonej dysplazji stawu biodrowego”.
- Publikacja: W. Dega: „Badania z dziedziny etiologii wrodzonego zwichnięcia biodra”, Chir. Narz. Ruchu, tom V, zeszyt II, 1932, stron 144



Autorzy, którzy opisywali dzieci
z “zespołem przykurczów”
Hensinger, Green & Griffin, Haikkila,
Vizkelety, Komprda, Mau,
Karski & Tarczyńska & Karska (1986)

Prof. Tibor Vizkelety was the first orthopaedic surgeon who examined by infants not only abduction of the hips but also the adduction of the hip (my own observations during my stays in University Orthopaedic Department in Budapest by Karolina ut. 27 in years 1981 – 1990 / 1995).

Vizkelety T. „Hüft Dysplasia bei Neugeborenen und Säuglingen. Klinische Erscheinungen (Vortrag vorgestellt in Orthopädischen Klinik in Lublin in 1975 / Einladung von Prof. S. Piątkowski). Additionally personal information in Lublin and in Budapest.



Korespondencja (2002) z Prof. V. Bialikiem (Haifa) odnośnie czynników biomechanicznych w rozwoju skolioz. Prof. Bialik pyta jak przykurcz abd. pr. biodra powoduje deformację rotacyjną. Odpowiedź: związek z chodzeniem / przez chodzenie (!) // The answer (2002) for Prof. Bialik: in development of scoliosis (I-st epg scoliosis – „S” double deformity – 3D scoliosis). must be „two factors”: 1/ „walking” and 2/ „standing on the right leg” (other influences look - other slides). And in scoliosis children in I epg is not only abduction contracture but additionally external rotation and flexion contracture

Prof. W. Bialik (Haifa / Herzeliya) – informuje - wśród autorów, którzy opisywali dzieci “zespołem przykurczów” byli **M. McNicol** z Edinbourh w latach 70-tych i 80-tych. Opisał on zespół jako „**moulded baby syndrome**” oraz **M. Rang**, który nazwał zespół „**package deformity**”.

Dear Tomasz:

It was good to see you again at the nice meeting in Bratislava.

I again went through the material you gave me in Bratislava and also the previous paper. The ‘syndrome of contracture’ was described in the 70’s or 80’s by M. McNicol [from Edinburgh] as ‘molded baby syndrome’ which is proved to be a postural and resolving deformity. M. Rang called it ‘package deformity’ [in his book “Art and Practice of Pediatric Orthopaedics”].

Syndrome of contractures -> SCOLIOSIS (can be in future)

Maximal „syndrome of seven contractures” - wry neck, scoliosis infantilis (Ausgeprägtes „Siebenersyndrom” nach Prof. Hans Mau)

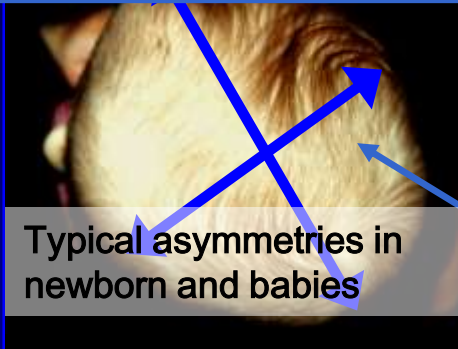


Newborn



Newborn

All pictures: „Syndrome of seven contractures” according Prof. Hans Mau (Tübingen / BRD)



Typical asymmetries in newborn and babies



Infant

Przykłady asymetrii

Plagiocephalia

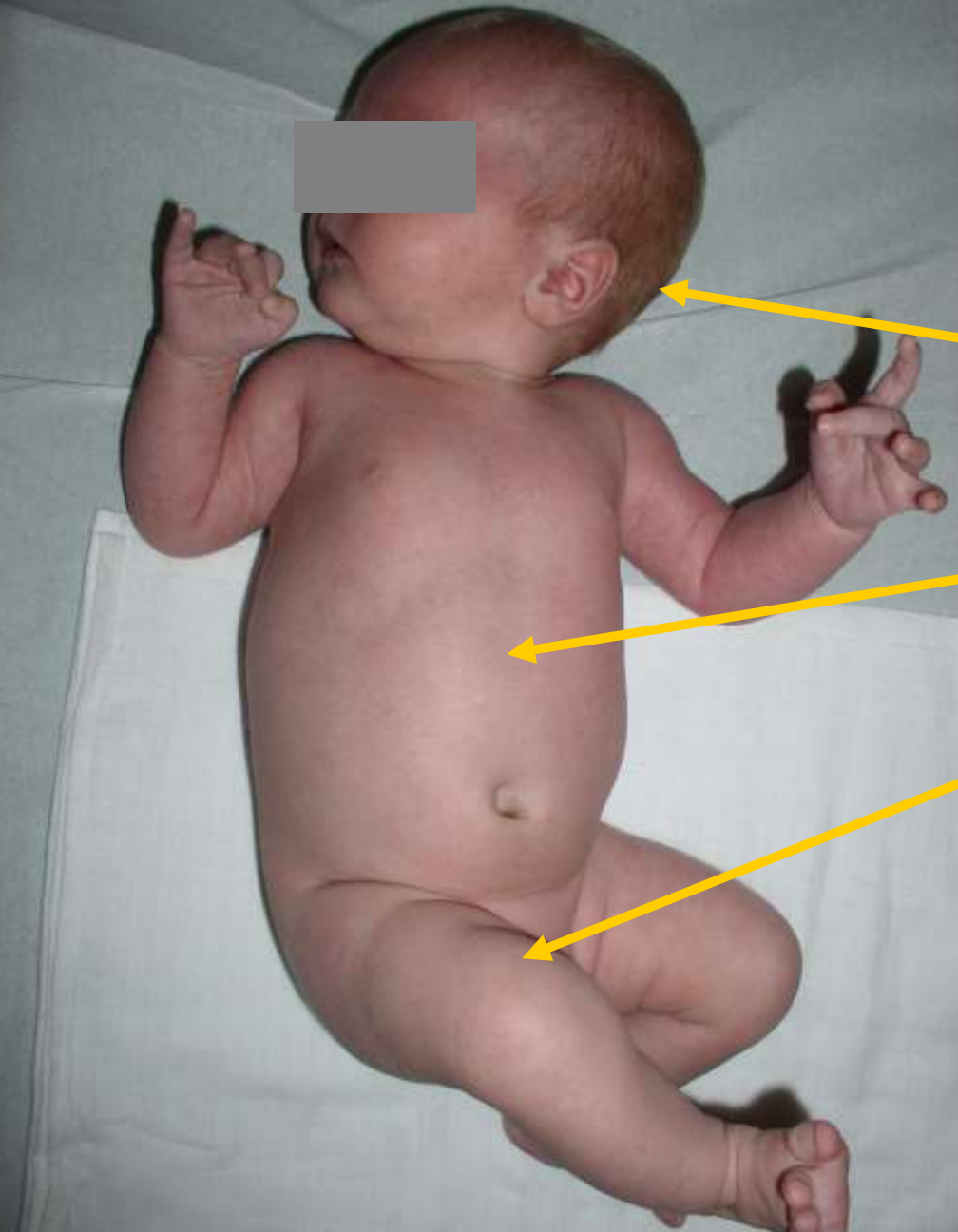
Kręć szyi / Wry neck

Przykurcz abduktorów biodra prawego
Abduction contracture of right hip

Przykurcz adduktorów biodra lewego
Adduction contracture of the left hip



Infant



Asymmetries

- head
- torticollis sinister
- axis of spine
- position of lower extremities
- both hips in adduction

Classical symptoms
of „Syndrome of
Contractures”

Symptoms of „Syndrome of Contractures”



Three month old child.
„Syndrome of Contractures
and Deformities”.

1/ Plagiocephalia.

2/ Right sided wry neck.

3/ Limited abduction
of the left hip as a symptom of
dysplasia in form of DDH.

4/ Infantile scoliosis left
convex.

5/ Moderate varus of shanks



Boy 1.5 month old. Symptoms of Syndrome of Contractures and Deformities (SofCD) according to Prof. Hans Mau. Asymmetry of head, neck, trunk and hips. Limited abduction of the left hip in position and during examination.

Predisposing factors for “**syndrome of contractures**” connected with fetus and mother

[research / cited from Tarczyńska - „Doctor thesis”

2001]

The causes of „Syndrome of Contractures”

- * **gender - girls**
- * **big birth weight**
- * **big body length**
- * **wrong foetus positioning**
- * **frequent changes in positioning of foetus in last weeks**

child

pelvis
of
mother

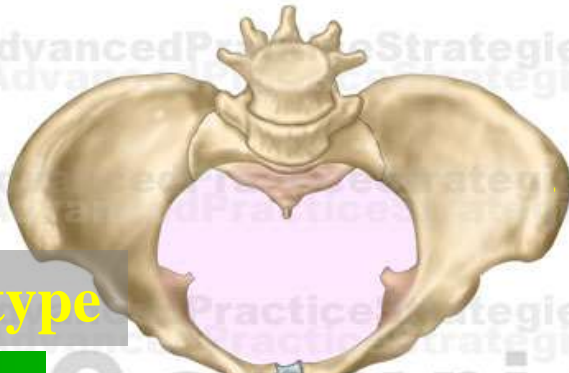
- * **first pregnancy**
- * **longer durance of pregnancy than normal**
- * **multiple pregnancy**
- * **inadequate (1) weight gain and (2) too small uterus diameter**
- * **unfavourable mothers body anatomy**
- * **unfavourable pelvic anatomy (androidal and platypeloidal)**

The causes of „Syndrome of Contractures”

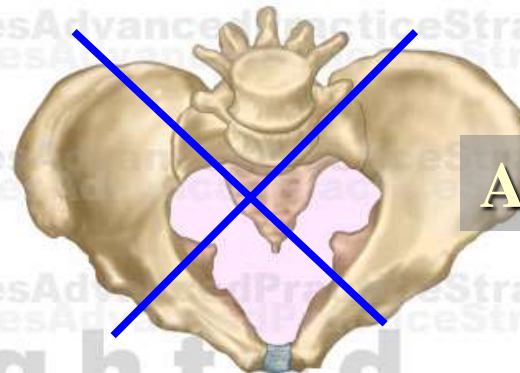
Mechanical causes connected with pelvis

Gynecoidal type

GOOD



Gynecoid Pelvis



Android Pelvis

Android type

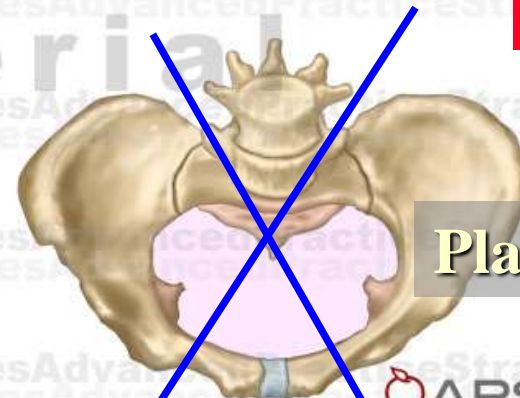
WRONG

Antropoidal type

PARTIALY GOOD



Anthropoid Pelvis



Platypelloid Pelvis

Platypeloidal type

APS®

Coldwell & Molloy - Mother's pelvic anatomy

Why is mostly left sided 'Syndrome of Contractures' ?

Main foetus positioning during pregnancy on pictures

Zespół przykurczów przeważnie lewostronny

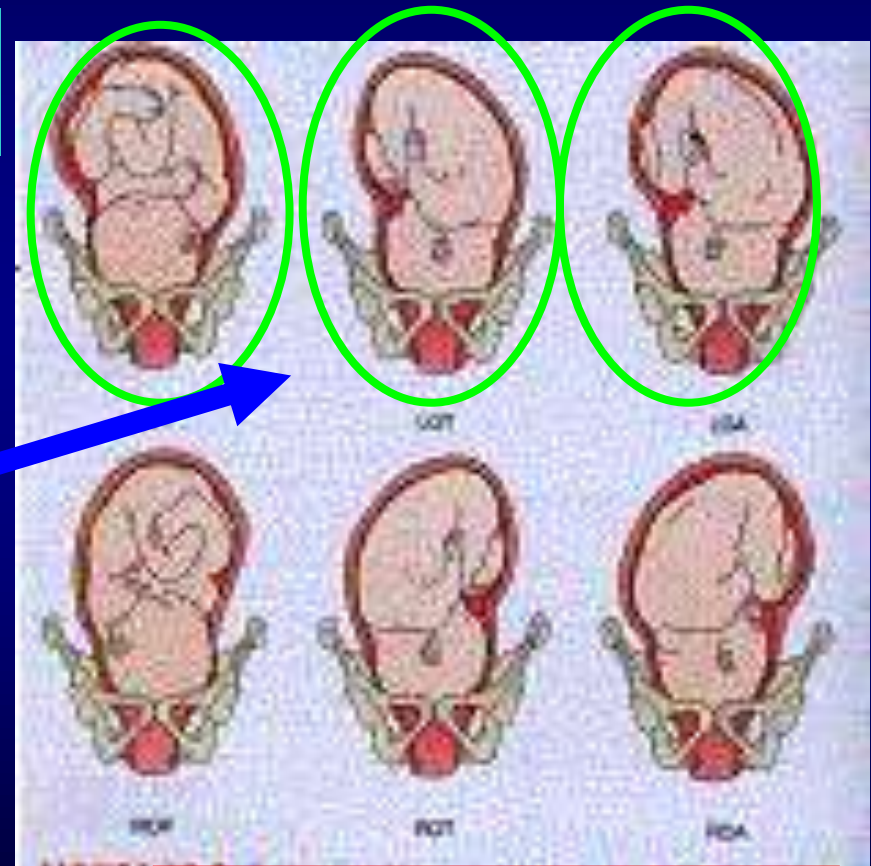
Longitudinal position

at 97%

1st position (left side)

at 85%-90%

by Prof. Jan Oleszczuk
(Lublin-2003)



View from the front

Left sided „Syndrome of Contractures and Deformities”

CO TYDZIEŃ UPAMIĘTNIAMY NARODZINY LUBLINIAN I ŚWIDNICZAN



In Poland 8% children with „the danger of oncoming scoliosis”

Because in „Syndrome of Contractures”
the adduction of right hip is smaller ! Hip
is more stable ! The standing on the right
leg is more stable, more easy, more
comfortable! Makes influence to shank, to
knee, to hip and to spine



Every doctor, every scientist
should look about position / form
of Standing ‘at ease’ of Patients

SYNDROME of
standing 'at ease'
on the right leg
SHANK

SYNDROME of standing 'at ease' on the right leg' / SHANK

Zespół stania na prawej kończynie
dolnej (ZS-PKD)

GOLEŃ

SYNDROME of standing 'at ease' on the right leg' SHANK (picture taken from Dr Kevin Stone, USA)

(20.08.2016) Curvature of the leg bones don't always need dramatic surgical operations. Replacing and repairing the missing shock absorbers makes more sense.

[READ MORE from Dr. Kevin R. Stone](#)



ORTHOPÄDISCHE PRAXIS

mit Rheumatologie, orthopädischer Chirurgie einschließlich Traumatologie, physikalischer, physiotherapeutischer und balneologischer Therapie der Haltungs- und Bewegungsorgane.
Baden-Badener-Reihe für ärztliche Fortbildung.
Offizielles Organ der Vereinigung Süddeutscher Orthopäden e. V.

Osteotomien in der Behandlung von Kindern mit Crura vara (M. Blount)

von T. Karski, Z. Drabik, J. Karski und E. Agbemey

Unsere Ansichten über die Ätiopathogenese

Laut mancher Autoren ist die Ätiologie der Erkrankung unbekannt (7). Wir meinen dagegen, daß vier Faktoren bei der Entstehung der *Blountschen* Krankheit eine sehr wichtige Rolle spielen:

- „physiologische“ Varusstellung der unteren Extremitäten bei manchen Neugeborenen, die sich im engen Uterusraum entwickelt;
- zu frühzeitige Belastung bei Kindern, die manchmal schon im Alter von 7 bis 8 Monaten stehen und laufen;
- pathologische Einflüsse, die mit Übergewicht verbunden sind;
- fehlerhafte Ernährung, besonders die mangelnde Vitamin-D-Zufuhr.

The bigger than normal „varus deformity of shank” in newborns has been included to the „syndrome of contractures and deformities” (T. Karski, 2006)



Morbus Blount / Blount disease. Causes:

- 1/ Bigger than normal varus of shanks in newborns,
- 2/ Too early standing and walking,
- 3/ Insufficient Vit D3
- 4/ Obesities

In this case additionally MBD



Morbus Blount / Blount disease. Causes:

- 1/ Bigger than normal varus of shanks in newborns,
- 2/ Too early standing and walking,
- 3/ Insufficient Vit D3
- 4/ Obesities

In this case additionally MBD



Morbus Blount / Blount disease. Causes:

- 1/ Bigger than normal varus of shanks in newborns,
- 2/ Too early standing and walking,
- 3/ Insufficient Vit D3
- 4/ Obesities

In this case additionally MBD

Skierowanie – babcia - koleżanka

Fraczek Wojciech lat 2

Adres 22-500 Hrubieszów, ul. Batalionów Chłopskich 52

Mama – Joanna – sprzedawca

Babcia – Elżbieta –

Babcia – Bernadetta –

29.08.2019 Blizniak – zapalenie gornych drog oddechowych – byli u prof. Emeryka.

Pierwsze dzieci – chodzenie od 11 mies. Badala dr Sarna w Zamościu – przed 6 mies. Zapisala wkładki. Status: szpotawosc pkd 20

lkd 30 st. Niestabilnosc boczna i szufladkowa. Biodrta abd 80 RZ RW dobre. Nadawa oibrzymia.

If do not work the Heuter-Volkmann law (Wolff Delpeche) the axis in 2-3 months will be normal.

Wolffa Depleche

Zalcenia 1/ radzic sie lekarzy pediatrów jak zywiec aby zmniejszoa wage 2/ przez najblisze 2 mies Wojtek nie moze stac ani chdzic

– nosic, wozic, zabawian nalezaco, robiec kapiele, hustawka i inne sposoby aby nie stalc i nie chodzil 3/ wtedy nie dziala prawo

Wolffa Del[echa i nogi sie prostuja. 4/ vit D3 to ma byc VIGANTOL 4-5 korpli.

Badanie za miesiac.

Child Wojtek F. 2 years old. Varus deformity.

Wrong therapy by insufficient educated doctors from Lxyz. No positive result. Consultation on 29th August 2019 in Lublin.

Therapy: No standing and no walking 2-3 months plus Vit. D3. – the best German VIGANTOL.

Blount disease. Causes – no primary necrosis of discus epiphysarius medial part of tibia

but:

1/ Bigger than normal varus of shanks in newborns

2/ Too early standing and walking,

3/ Insufficient Vit. D3

4/ Obesities

Publications in Germany (1991) and in USA (2017).

Blount disease.

Primary deformity on both side.

Next – because of „Syndrome of Standing on the Right Leg” can be „one side Blount disease”.

„Lublin” classification of *crura vara* and of „Blount deformity”

Szpotawość symetryczna obu KKD

Symmetry of varus



Blount disease



Rickets

Szpotawość asymetryczna – większa PKD

Asymmetry of varus



**One side
Blount disease**

Golenie szpotawe / Prawa goleń przetrwała szpotawość, lewa - „częściowa samoistna korekcja”. Jaki kręgosłup?

SHANK / Axis / Crura vara / Asymmetry



Varus on the right side bigger – because of S of S R L

Asymmetry of varus

right

right

Wiktor K. 14 y., born
23.08.1999. Blount disease.
More affected
right leg. Child after two
operations. He is before the
third operation.
Example of „Syndrome of
Standing on the Right Leg”.

right

Asymmetry of varus




Syndrome of Standing on the Right Leg. Patient 51 year old. Shank varus deformity has not been treated in childhood. The changed axis of the right knee is more significant, as an effect of permanent standing on the right leg. Right knee unstable, pain at every step. Patient cannot walk. Left convex lumbar scoliosis.

SYNDROME of
standing 'at ease'
on the right leg
KNEE

SYNDROME of standing 'at ease' on the right leg' KNEE

Zespół stania na prawej kończynie
dolnej (ZS-PKD)

KOLANO



SYNDROME of standing 'at ease' on the right leg' KNEE (picture taken from Dr Kevin Stone, USA)

(20.08.2016) Curvature of the leg bones don't always need dramatic surgical operations. Replacing and repairing the missing shock absorbers makes more sense.

[READ MORE from Dr. Kevin R. Stone](#)

(2012) KNEE – Valgus deformity

15°

10°

10°

15°

Boy 13 years old



(2012) KNEE – Valgus deformity / Surgery easy, short – fasciotomy – elongation of tractus ilio-tibialis 5 cm



Boy 13 years old

(2015) KNEE – Valgus deformity after surgery one year

14/07/2015

5°

2°

14/07/2016

2°

5°

Boy 13 years old





(2015) KNEE – Valgus deformity after surgery one year

Boy 13 years old

15°

10°

Before surgery

5°

2°

After surgery



(2016) KNEE – Valgus deformity after surgery one year



Kacper. Corrective permanent sitting. Exercises of m. quadriceps in laying down position & in sitting

Kolana koślawe

16 years old boys

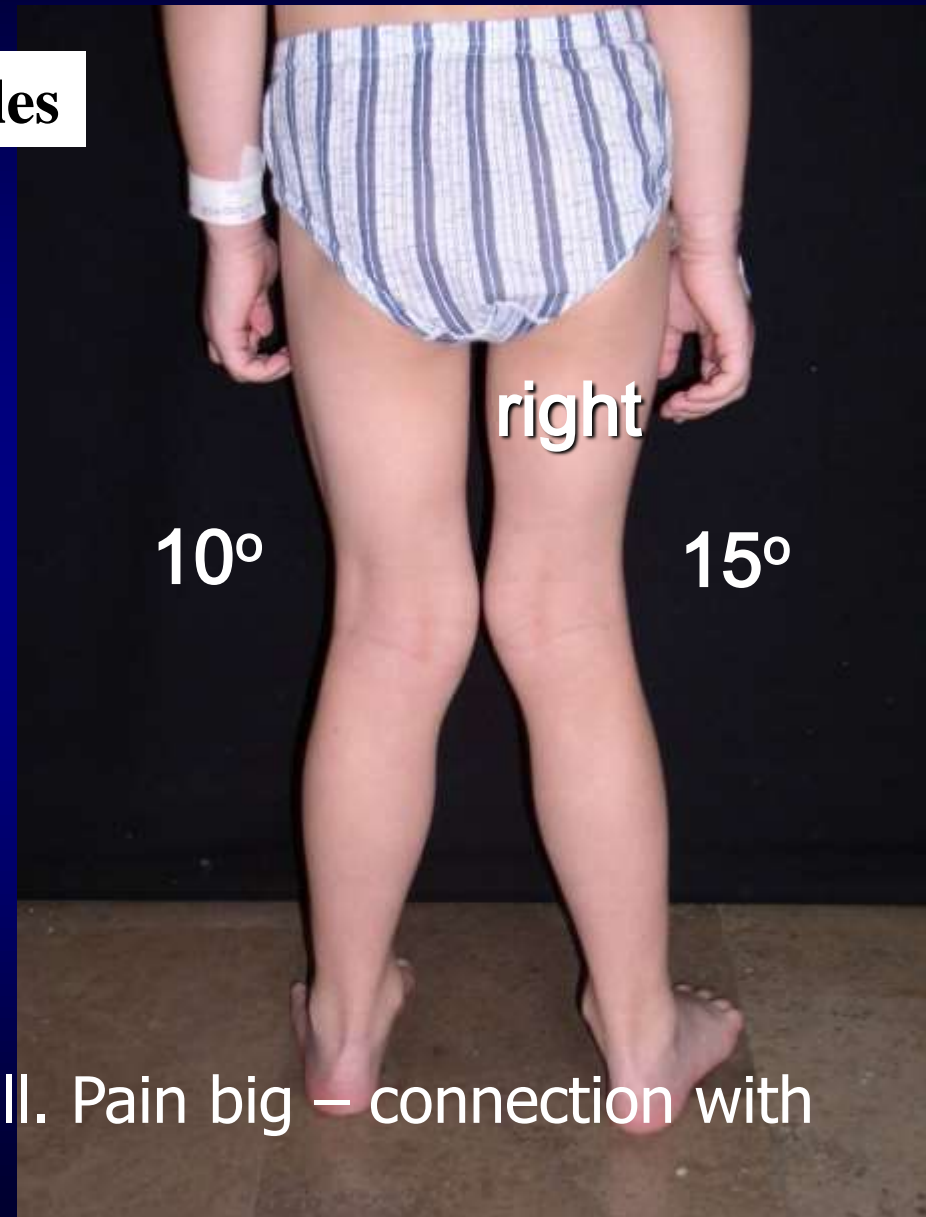
Examples



Difference in axis of knees small. Pain big – connection with patello – femoral joint

Knee valgus deformity

15 years old boys

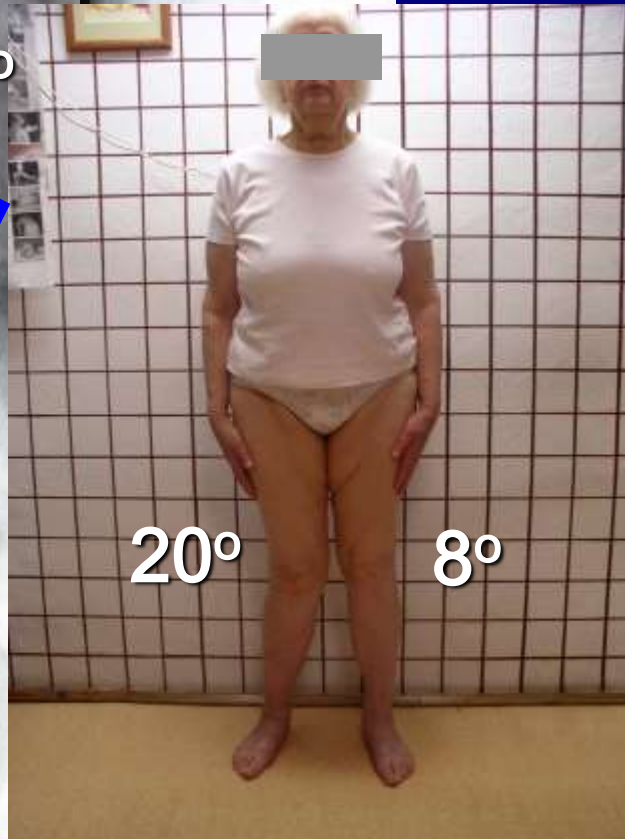
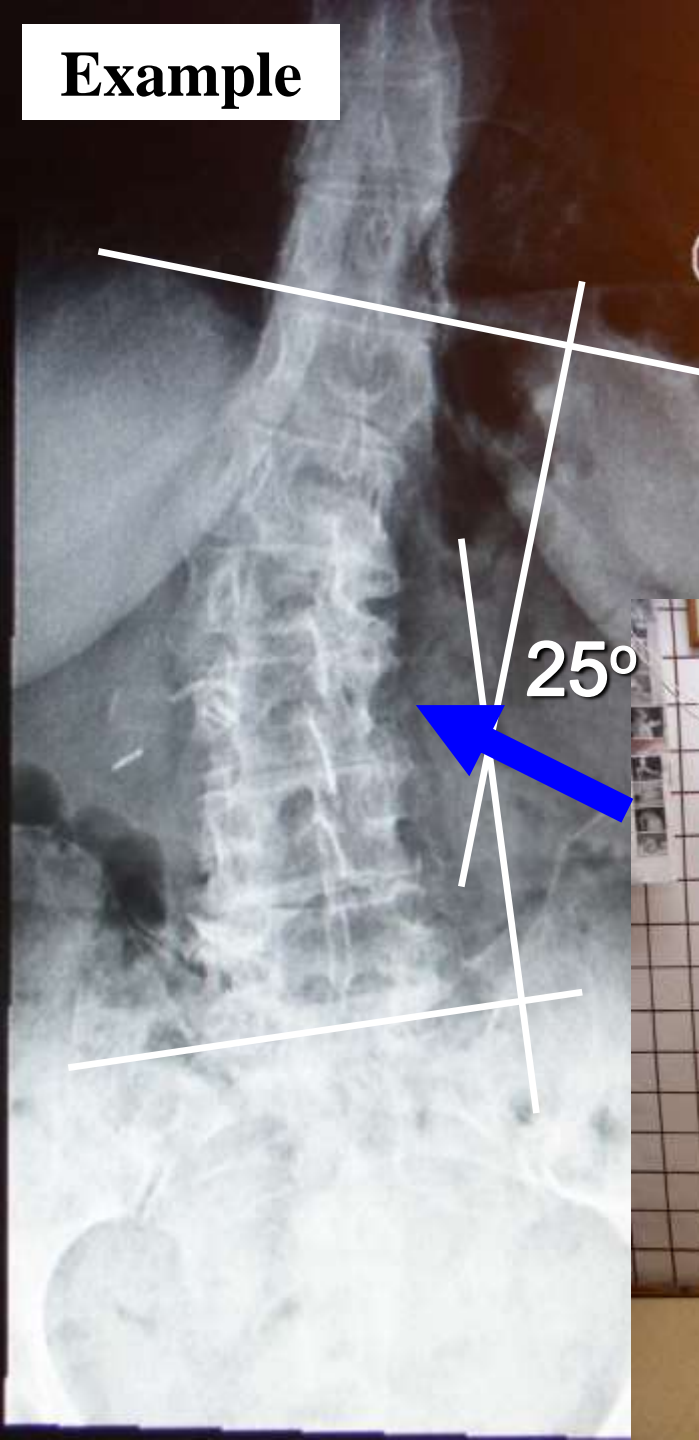




Patient 72 year old. Genu valgum since childhood. The deformity of the right knee is more significant, as an effect of permanent standing on the right leg. Right knee in contraction of 10 degrees, unstable, pain. Problems with walking. Knee and patello-femoral joints' arthrosis diagnosed in clinical and radiology examination.

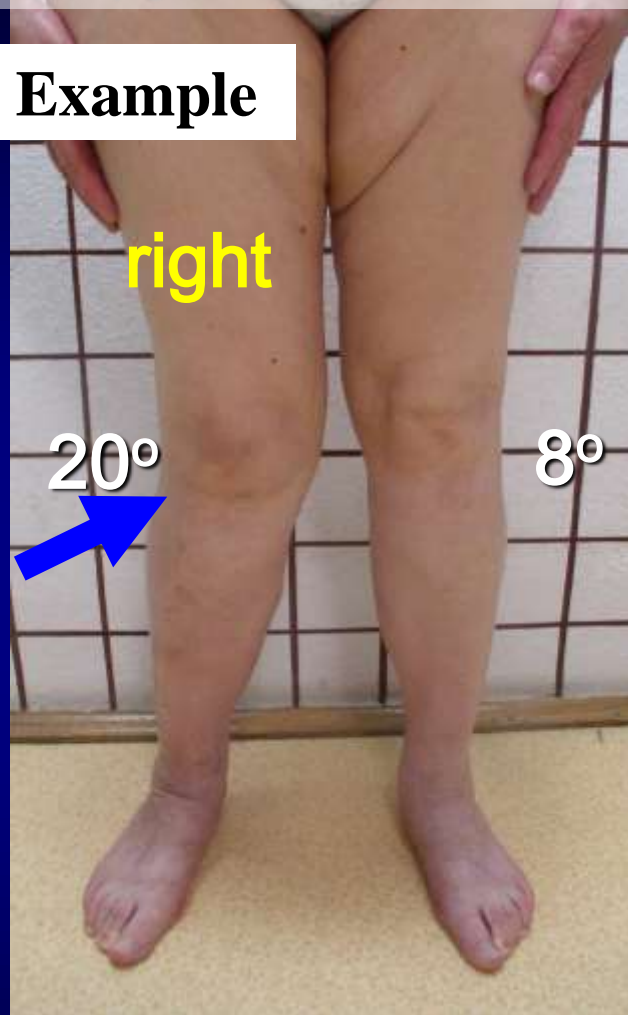
Example

Typical example of „Syndrome of Standing on the Right Leg”. 1/ scoliosis II/A epg – „C” lumbar left convex. Now degenerative scoliosis. 2/ Knee valgus deformity – more right side



Typical example of „Syndrome of Standing on the Right Leg”. 1/ scoliosis II/A epg – „C” lumbar left convex, 2/ Knee valgus deformity – bigger right side

Example



Patient Jadwiga S. 72 y. No history 410301 / Suffered because of back pain, right knee pain. Diagnosis: scoliosis II/A epg („C”), stiffness, severe pain with radiation to the right leg (on back side). Lumbar hiperlordosis. Pathological „flexion test of toes” – more right side

SYNDROME of
standing 'at ease'
on the right leg
HIP



JACOBS
PUBLISHING

Jacobs Journal of Physiotherapy and Exercise. USA/Texas. 2015

OPEN ACCESS

Jacobs Journal of Physiotherapy and Exercise

Review Article

"Imperfect hips" As a Problem at an Older Age. Early and Late Prophylactic Management before Arthrosis

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Abstract

Summary

The material about the "Imperfect Hips" is based on 29 years of observations conducted in the year 1986-2015. The material is based on 552 cases. The arthrosis of the hips has multifactorial causes, but in the paper authors described one - the biomechanical influences in development of this illness. The causes of "imperfect hips" on the left side (left hips) are linked with insufficiency of the hip joint. The causes of the "Imperfect Hips" on the right side (right hips) are connected with the insufficiency of the hip joint. This is important

15/08/2019

Problem of Hips. Children - Dysplasia. Adults - "Imperfect Hips" and Arthrosis. Methods of Prophylaxis and Therapy in Every Age

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Abstract

The hip joint is a specially important in human body because of anatomical and functional reasons. Proper hip joint need perfect anatomical building, sufficient deep acetabulum, proper roof with proper Hilgenreiner's angle and full range of movements in six directions. These rules are important for every day of activity of everybody in every age of life. Dysplasia of the hips is mostly observed in cases with "Syndrome of Contracture" (SofC) according to Prof. Hans Mau (originally in German "Siebenersyndrom" – in English - "Syndrome of seven Contractures"). From 2006 we speak in Lublin about eighth deformities in SofC, its meaning about varus deformity of shanks (T. Karski) and we speak about "Syndrome of Contractures and Deformities" (SofCD).

The dysplasia is connected with SofCD in 90% of cases, and mostly is in left hip. It happened because the fetus is placed on the left side of mother's uterus in 90% or 95 % of cases and undergo of mechanical influence and pressure on their left side. Other 10 % of hip dysplasia is connected with "general laxity of joints". Every case of hips dysplasia in children should be entire / total / complete cured, what will be important for whole life of child. In adult cases of hips dysplasia in most cases of life can occur arthrosis in the left hip joint.

Journal of
Internal
Medicine.
USA.
2019

15/08/2019

**PATOLOGIE KYČLE, KOLENA, HLEZNA A PÁTEŘE
V DŮSLEDKU HABITUÁLNÍHO POSTOJE "POHOV"
NA PRAVÉ DOLNÍ KONČETINĚ**

**PATHOLOGY OF THE HIP, KNEE, SHANK AND SPINE DUE TO
THE HABIT OF STANDING 'AT EASE' ON THE RIGHT LEG**

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KATARZYNA²⁾, MENET HONORATA³⁾

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e-mail: menethonorata@gmail.com

ABSTRACT

During years 1997 to 2018 the authors observed the habit of standing 'at ease' on the right leg and the pathology concerning the knee, hip and spine. They described a new cause of pathology of locomotor system. The standing on the right leg is permanent and because of it makes pathology influence on right shank, knee and hip. The habit of standing 'at ease' on the right leg causes shank and knee axis deformations and two etio-pathological types of scoliosis according to Lublin classification. In adults the habit of standing on the right leg leads to knee, hip and spine pathology, causing the development of degenerative changes. So far, there have been no publications of other authors on this subject of standing.

Czech
Republic

Locomotors
System
Journal
2017

15/08

Firstly - about the hips
in newborn
and babies

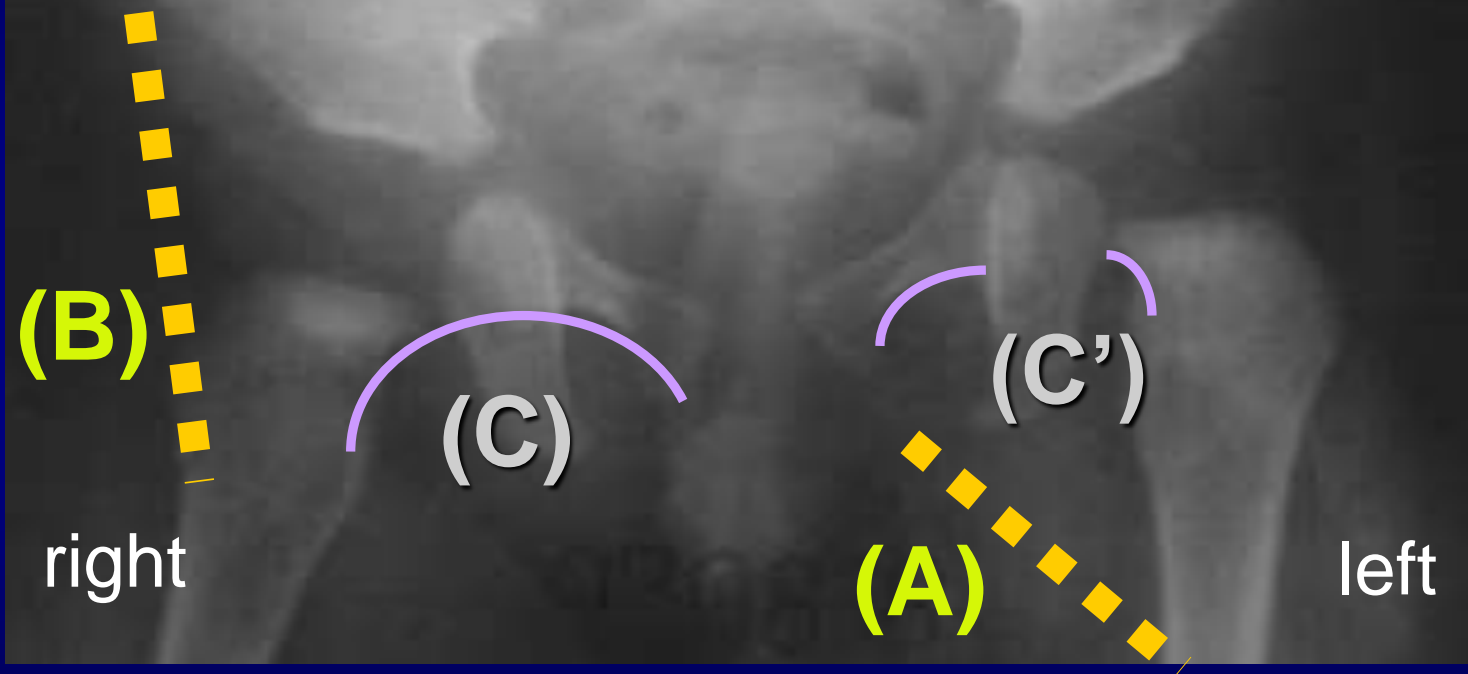
In connection with
the SofCD

„Syndrome of Contractures and Deformities”



Two children. Fig. left in age of 10 month. Fig. right in age of 3 month. Typical clinical symptoms of Syndrome of Contracture and Deformities (SofCD). Limited abduction of the left in position and during examination, as a symptom of one between eighths asymmetries in SofCD.

„Syndrome of Contractures and Deformities”



X-ray picture of the 8 month old child with typical symptoms of SofCD. Oblique position of pelvis because of adduction contracture (A) in left hip and abductors contracture (B) in right hip. Incorrect centralization of cartilage left femoral head. Shenton arc (C') interrupt.



X-ray picture of the child 15 month old with typical symptoms of SofCD. Abduction contracture **(B)** in right hip. Oblique position of pelvis. Shenton arc both sides normal. Because of abduction contracture in right hip danger of scoliosis in next years through „standing on the right leg” and „gait”.

IMPORTANCE of CARRYING of THE CHILD

1/ Only children (mankind) do not walk one year
??!!

2/ Why - the hips are not sufficient developed –
Prof. M.M. Koszla from Warsaw (1961 – 1981) –
even had to spoken about – „physiological
dysplasia of the hips”

3/ Carrying in abduction of hips is „first aim of
parents”.

4/ Psychological contact with the child is „the
second aim” – Child look and listen. Learn to
speak.

6th International Conference and Expo on Novel
Physiotherapies, Physical Rehabilitation and Sport
in Medicine, 19-20 August, 2019, London,
UK [18.09 - 22.08.2019]
Neighbourhood of Westminster – 20.08.2019



20/08/2019

6th International Conference and Expo on Novel
Physiotherapies, Physical Rehabilitation and Sport
in Medicine, 19-20 August, 2019, London,
UK [18.09 - 22.08.2019]
Neighbourhood of Westminster – 20.08.2019

Incorrect

20/08/2019





Incorrect

6th International Conference and Expo on Novel
Physiotherapies, Physical Rehabilitation and Sport
in Medicine, 19-20 August, 2019, London,
UK [18.09 - 22.08.2019]
Tower Hill near to Tower Bridge – 21.08.2019

21/08/2019

Wrong / incorrect nursing of the children



Wrong, incorrect carrying of the child. No abduction of hips. Danger of development of dysplasia. Such carrying of the child is recommended by „poorly” educated or „over – educated” doctors in many countries in Europe. Pictures taken in Poland and abroad.



Incorrect for left hip



Correct

Wrong, incorrect carrying of the child. No abduction of left hip. Danger of development of dysplasia. Such carrying of the child is recommended by „poorly” educated or „over – educated” doctors in many countries in Europe. Pictures on left taken in Lublin on 29.08.2019.

Proper / correct nursing of the children



Two children. In left - age of 2 months. On right - age one year. The proper carrying of the child with full abduction and flexion of the hips. The best method of preventing of hips dysplasia. It is important for the proper development and function of the hip joints for whole life.

The functional method of therapy in case of dysplasia of older children.



Proper therapy

The functional method of therapy in case of dysplasia of older children.

On the Fig. Up the child in age of 2 years with Weickert's trousers for walking.

On the down child 2.5 years old with triangle for walking.

Gait in abduction is better method of treatment then using the orthopedics devices for down laying child.



Proper therapy

Problem of hips
Imperfect hips

Older persons
Left hip / Right hip

(1) Primary dysplasia – mostly on the left HIP.

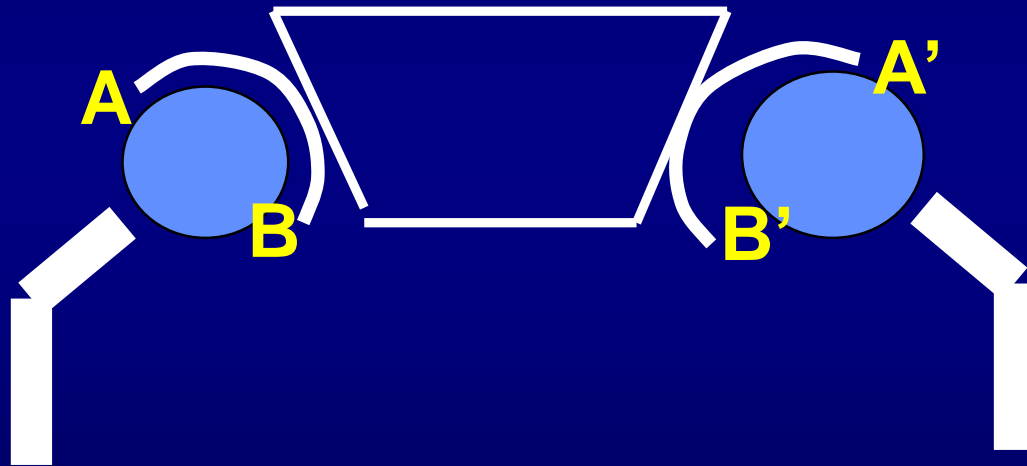
(2) Syndrome of Standing ‘at ease’ on the Right Leg’ / imperfect right HIP

Zespół stania na prawej kończynie dolnej (ZS-PKD) / BIODRO

Anatomical properties of left hip in cases of not fully treated dysplasia in child's period of life. Dysplastic roof, sometimes only lateralization of the femoral head.

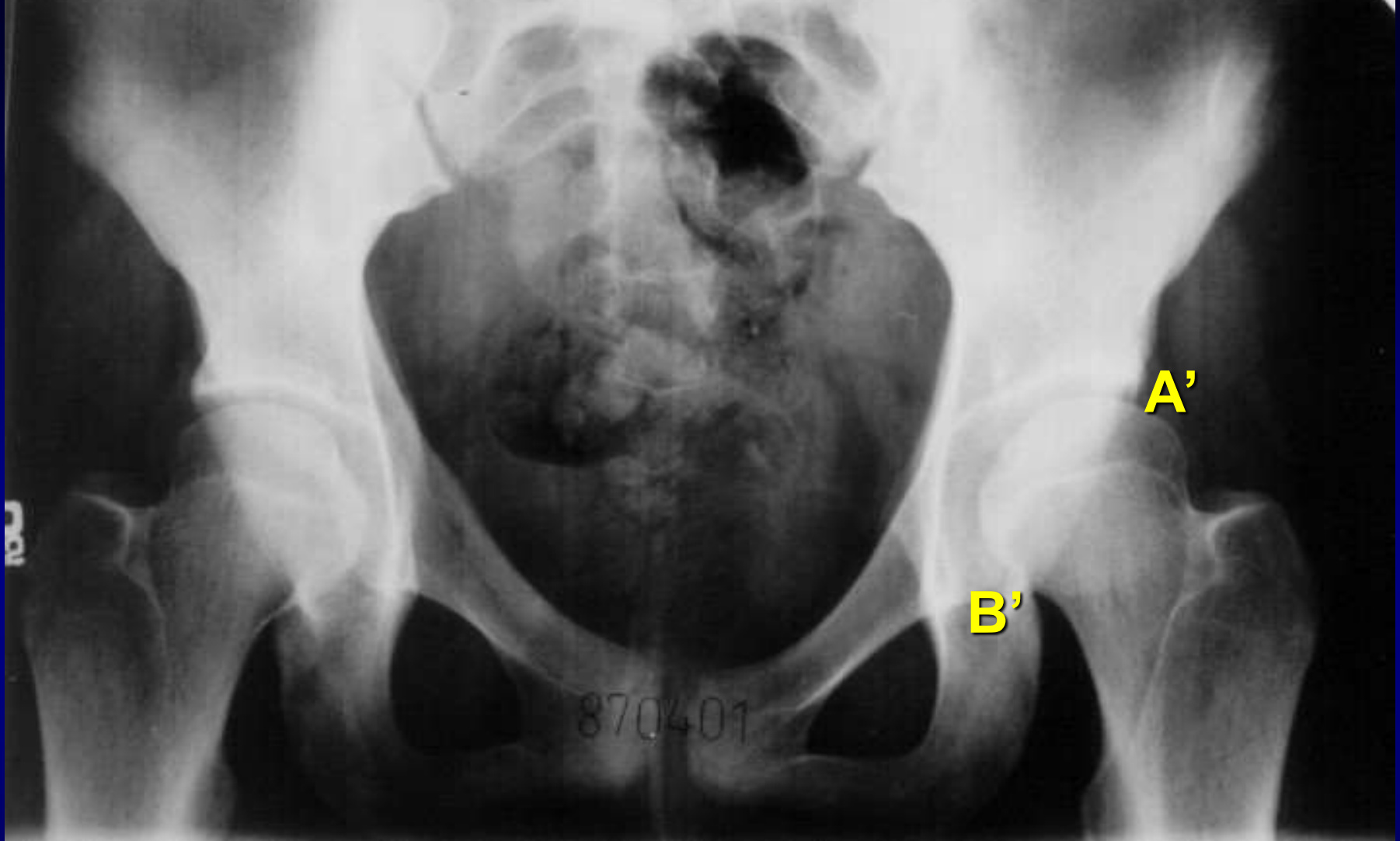
Right hip

Left hip



Right hip: distance of the femoral head to acetabulum is the same. $B = A$. Right hip joint is proper.

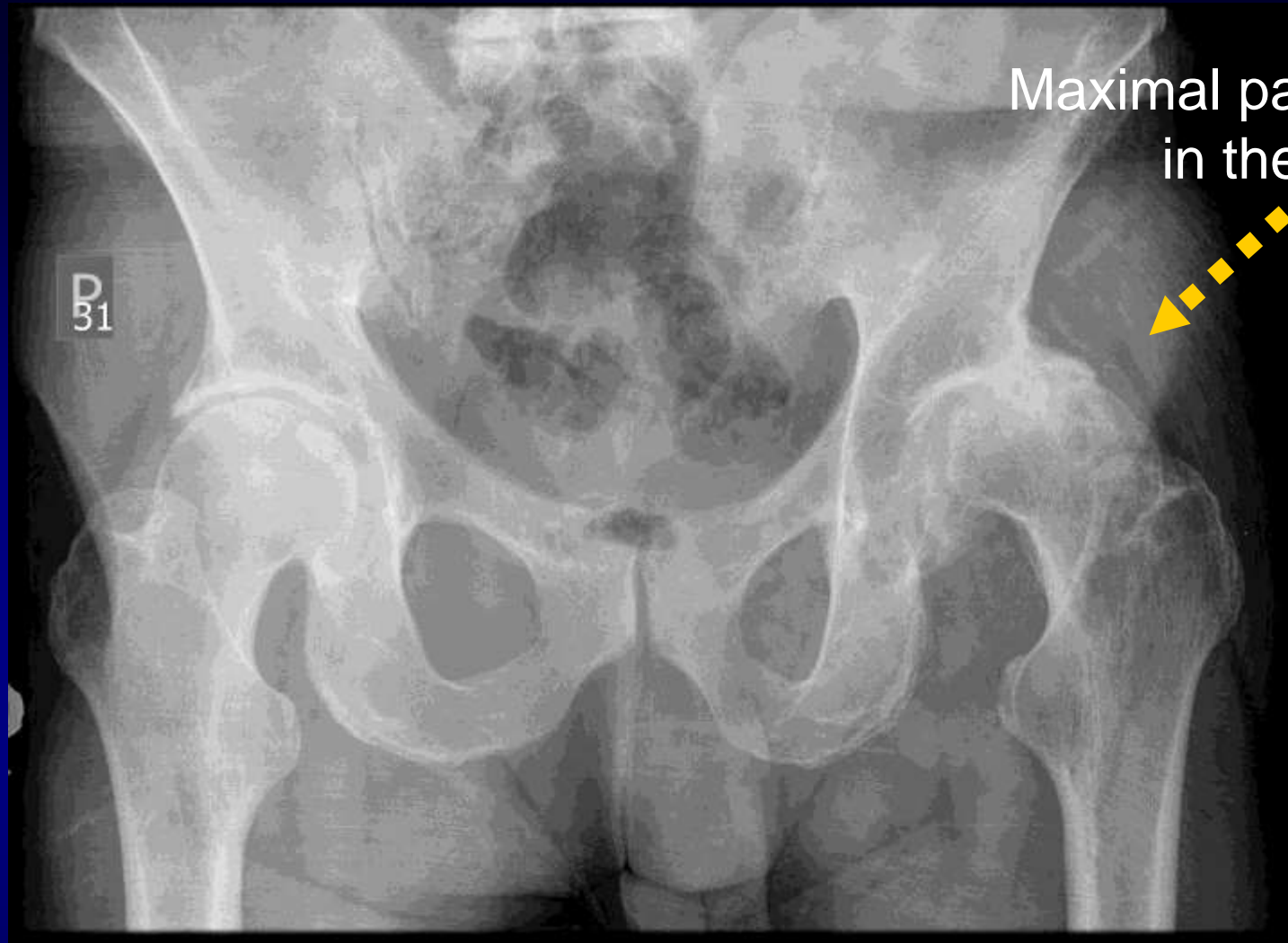
Left hip: distance of the femoral head to acetabulum is not the same. $B' > A'$. Left hip joint is incorrect.



Patient Krystyna K. Age 23. In childhood dysplasia with maximal incorrect roof in left hip. Functional treatment. On X-ray after 20 years right hip normal. Left femoral head - lateralization. **B'** bigger than **A'**. Dysplastic roof. Pain in region of left hip. Danger of coxarthrosis.



Patient Joanna C., age 24. Lateralization of both femoral heads, bigger in the left hip. **B'** bigger than **A'**. Permanent pain from two years, more in left hip especially after wandering in mountain. In anamnesis – not fully cured dysplasia of the hips in childhood.



Patient Włodzimierz M. Age 74. Born 1939. Advanced arthrosis in the left hip with heavy symptoms ten years, from 2003. Anamnesis: never treated dysplasia in childhood. In youth period of life full active also in sport. Operation in 2013 - prosthesis (see next figure).

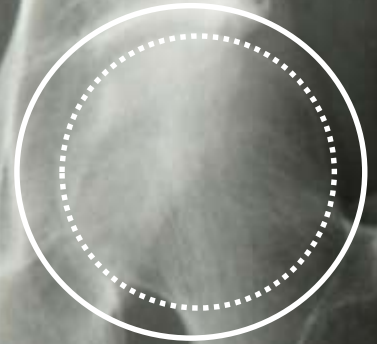
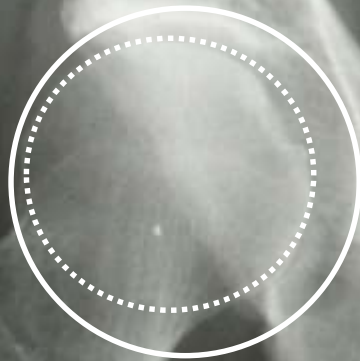


Patient Włodzimierz M. Age 74. Never treated dysplasia in childhood. Operation in 2013 – prosthesis. After surgery patient's gait is with sticks or he use bicycle. No pain in left hip. He start with prophylaxis program for right hip (about it - see texts and next figures).

Example

Right hip

Left hip

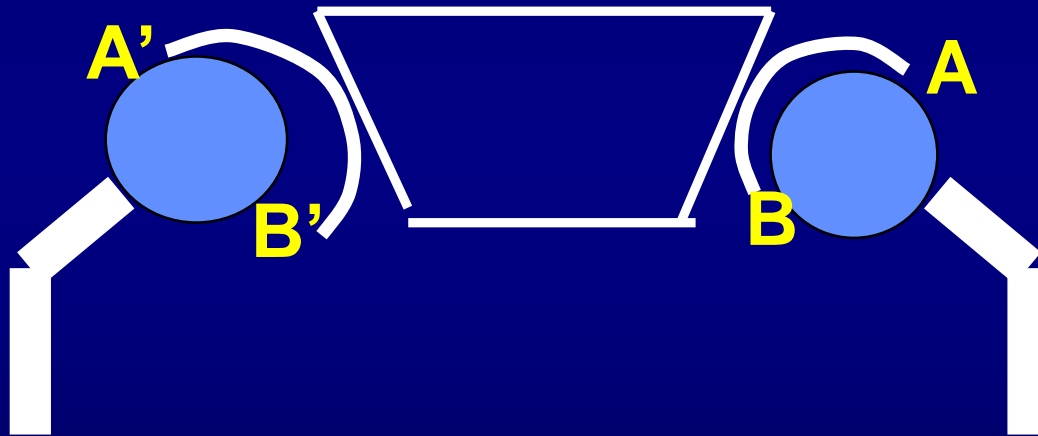


Lateral position of both femoral heads. Clinical symptoms bigger on right hip. Clinically „Syndrome of Standing on the Right Leg”.

Anatomical properties of the right hip in „Syndrome of Standing ‘at ease’ on the Right Leg”. Such X-ray changes we see even in youth period of life but very frequently in adults patients. Lateralization of the femoral head.

Right hip

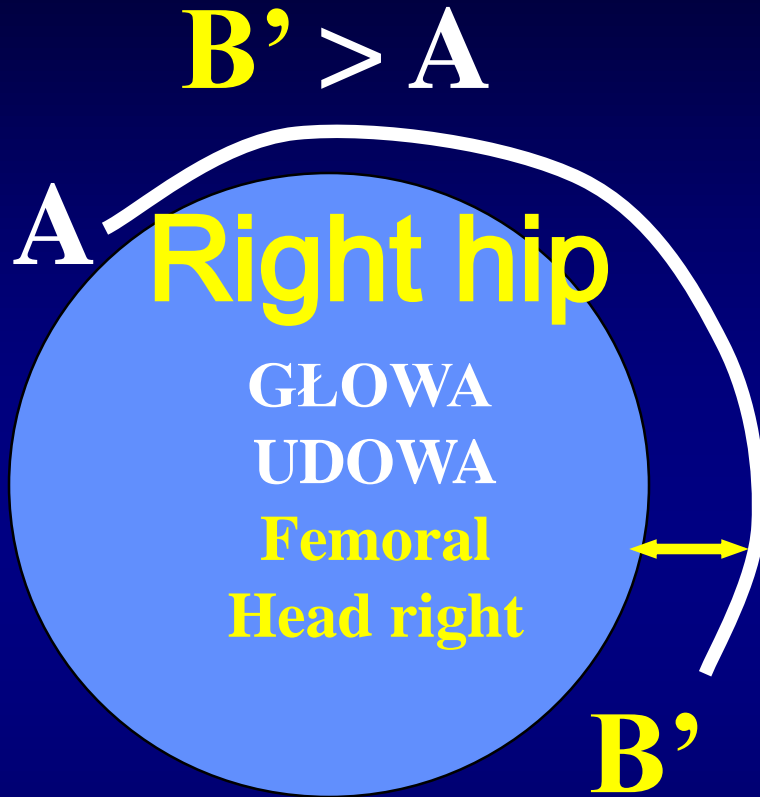
Left hip



Right hip: distance of the femoral head to acetabulum is not the same. $B' > A$. Right hip joint is incorrect.

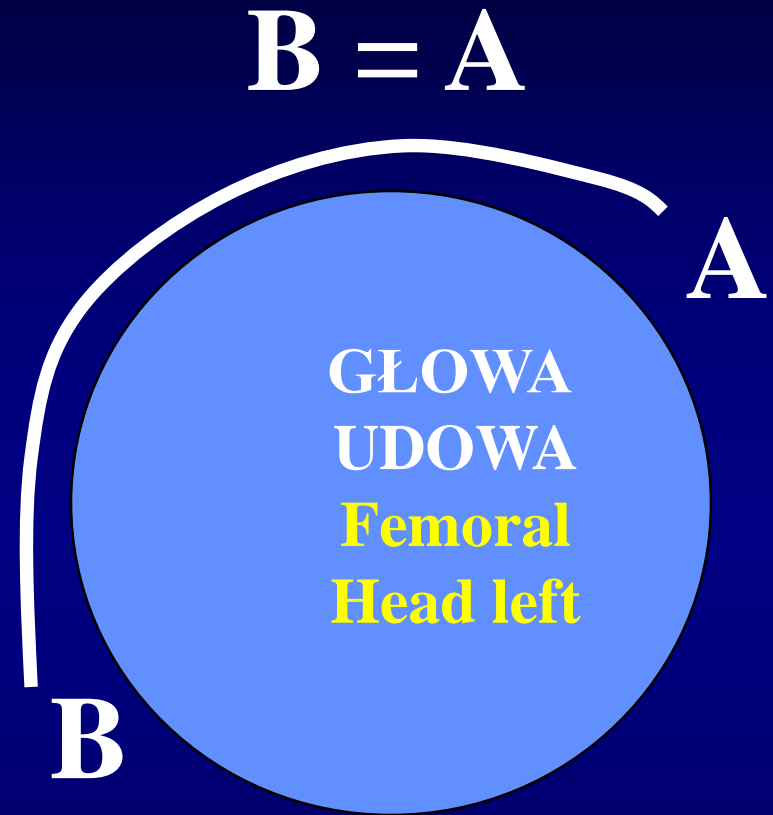
Left hip: distance of the femoral head to acetabulum is the same. $B = A$. Left hip joint is proper.

Short / Important information to the „OVERSTRESSED HIP”
on right side because of Syndrome of Standing on the Right Leg



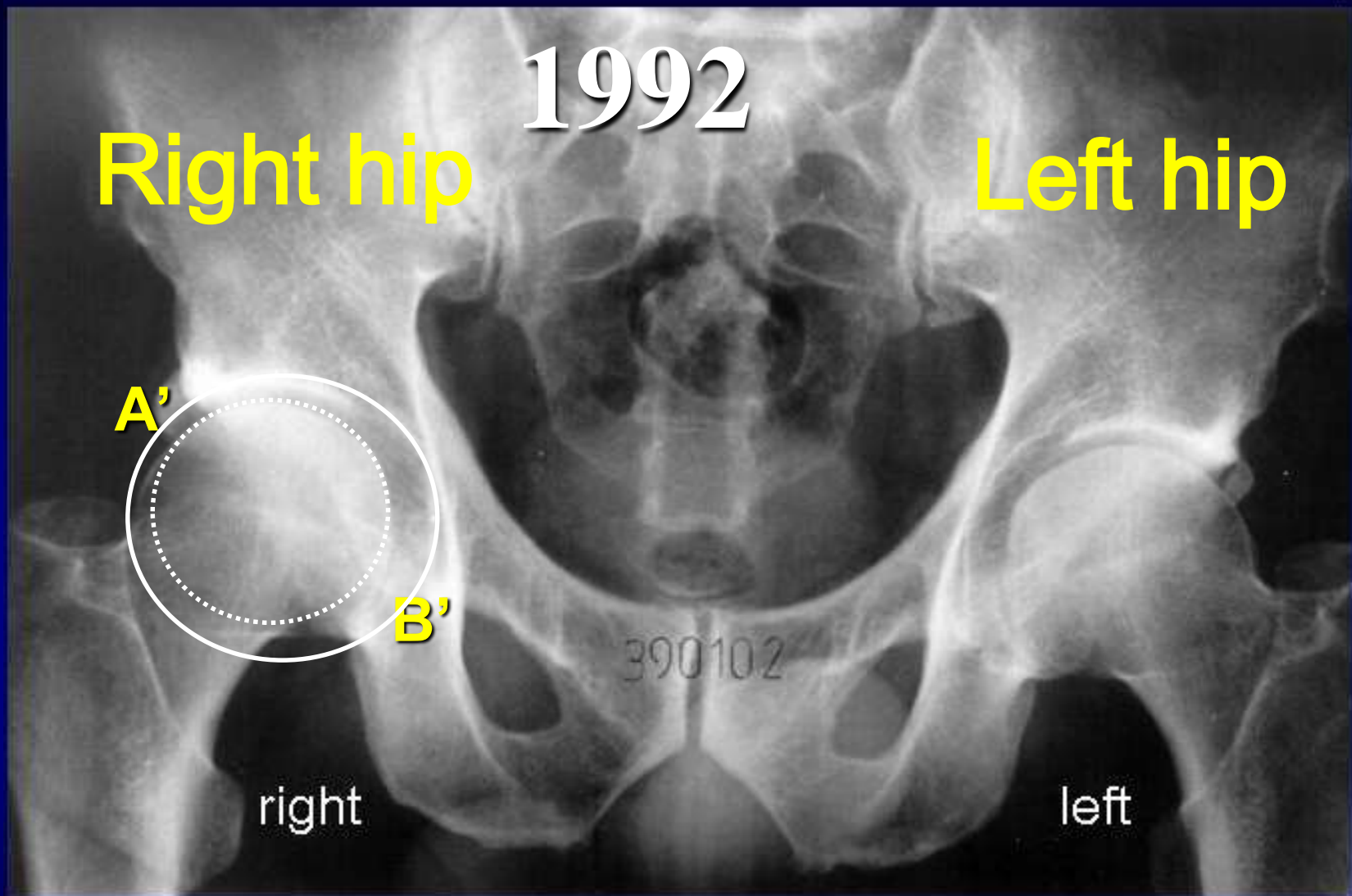
Imperfect hip

Patologia



Normal hip

Norma



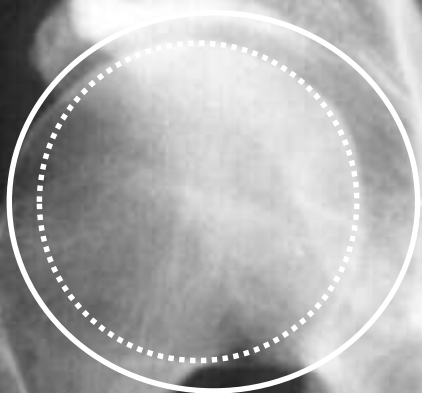
Patient 50 year old. Pain in right hip. Overloading of the right hip because of „Syndrome of Standing ‘at ease’ on the Right Leg”. Pain in the right hip. Problems with gait. On X-ray in right hip the distant **B'** is bigger than **A'**. Sclerotic changes in the roof as symptoms of overloading.

4a

2012

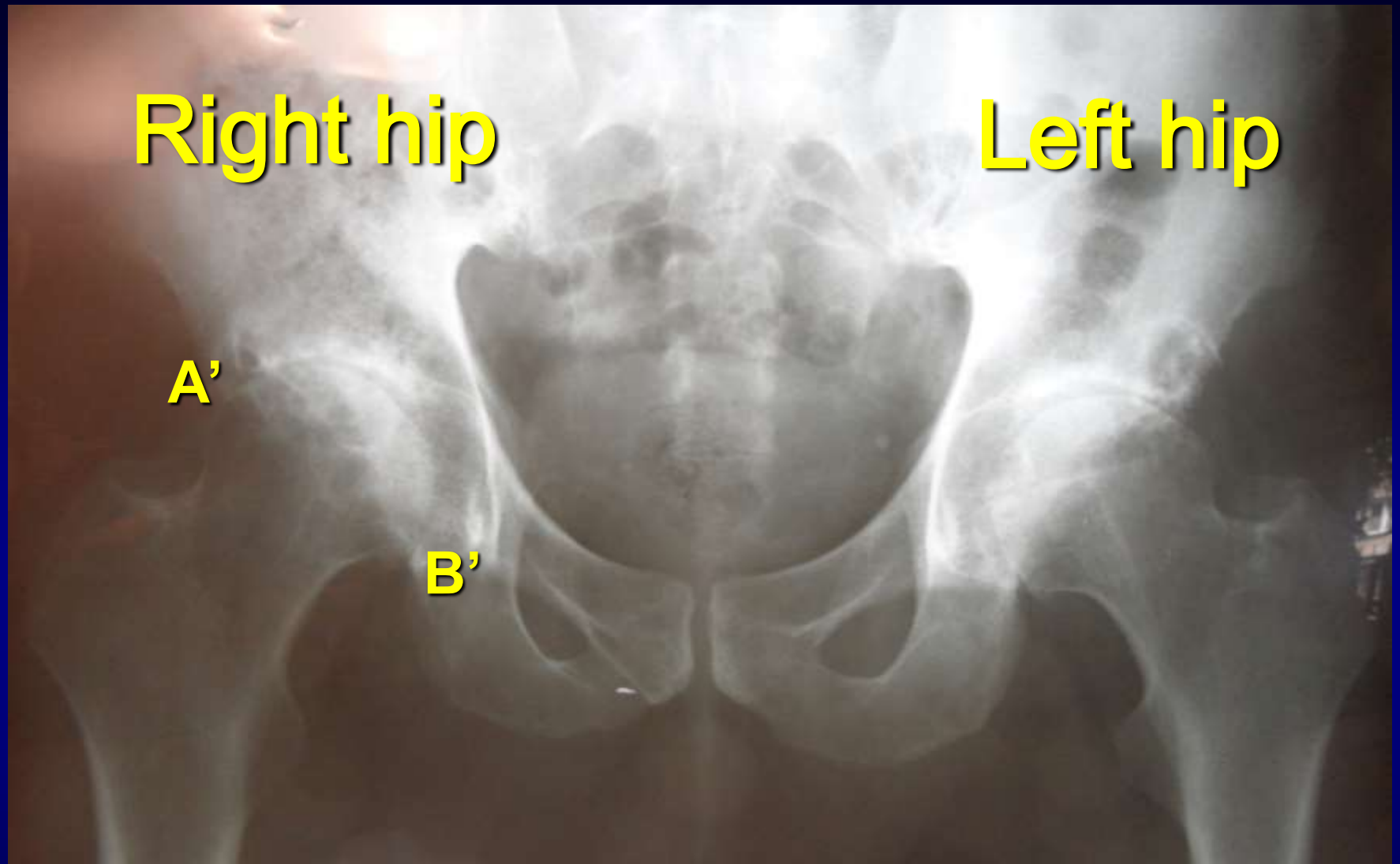
Right hip

Left hip



390102

Patient 390102 / Pain in the right hip region since 1992. **Expulsion of right femoral head.** Introduction of new treatment and changes in standing habits



Patient 69 year old. Pain in right hip. Arthrosis of both hips, bigger in right joint. Lateralization of both femoral heads. Oblique position and anterior tilt of the pelvis due to the habit of permanent standing on the right leg. On X-ray in right hip the distant of head to acetabulum **B'** is bigger than **A'**.

R

Maximal pathology
in the right hip



right

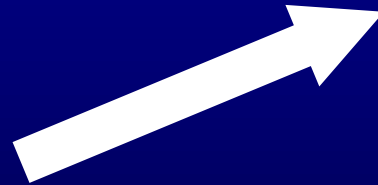
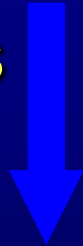
left

Patient 74 y. old. Syndrome of Standing on the Right Leg. Heavy arthrosis changes in the right hip. Lumbar left convex scoliosis. Flexion contracture of the right hip. Oblique position of pelvis. „Functional shortening” of the right leg. Limited movement. Pain. Patient unable to walk. In plan surgery – prosthesis.

08/08/2016

Introduction / Second type

**(2) IMPERFECT
HIPS** can develop
in specific clinical
situations & conditions
of function
of hip joints

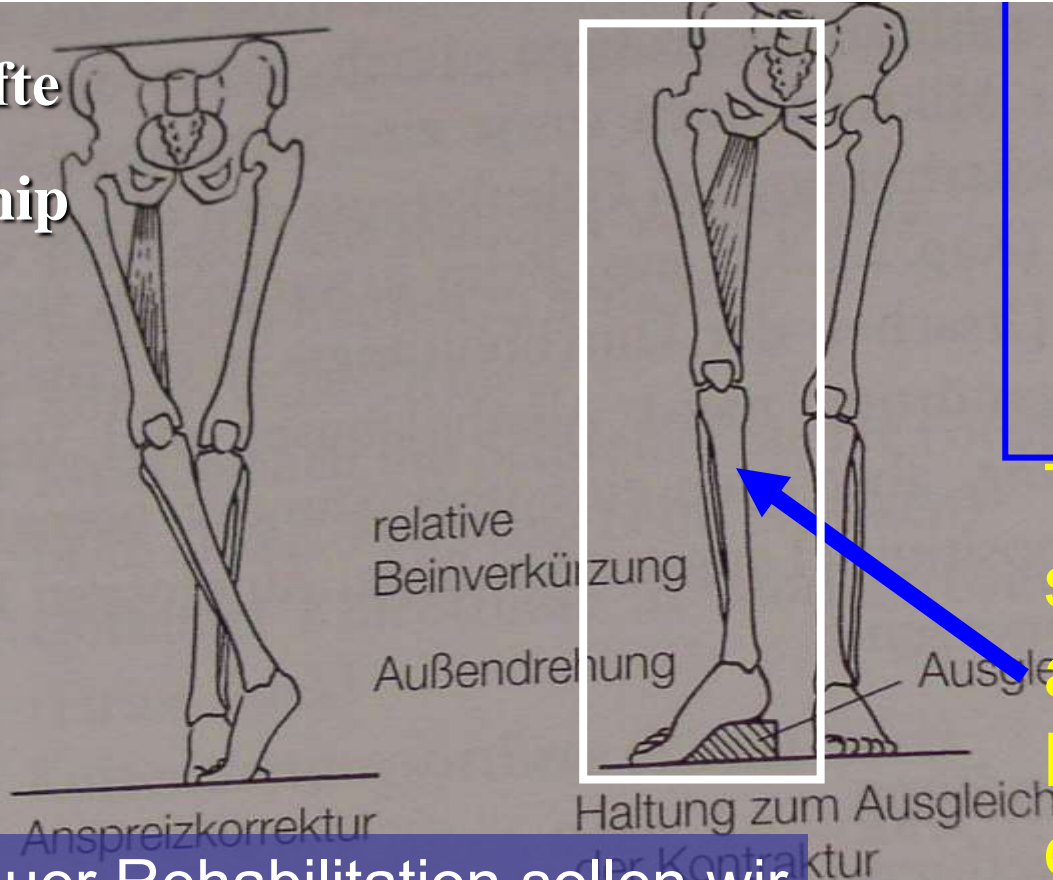


In „Syndrome of Standing ‘at free’
(at ease) on the Right Leg”

Prof. Wellmitz show / indicate the arthrosis of right hip and typical advanced clinical changes: (1) contracture, (2) shortening, (3) external rotation Right hip is more frequently affected

Von dem Buch
von Prof. G.
Wellmitz aus
Berlin

re. Hüfte
Right hip



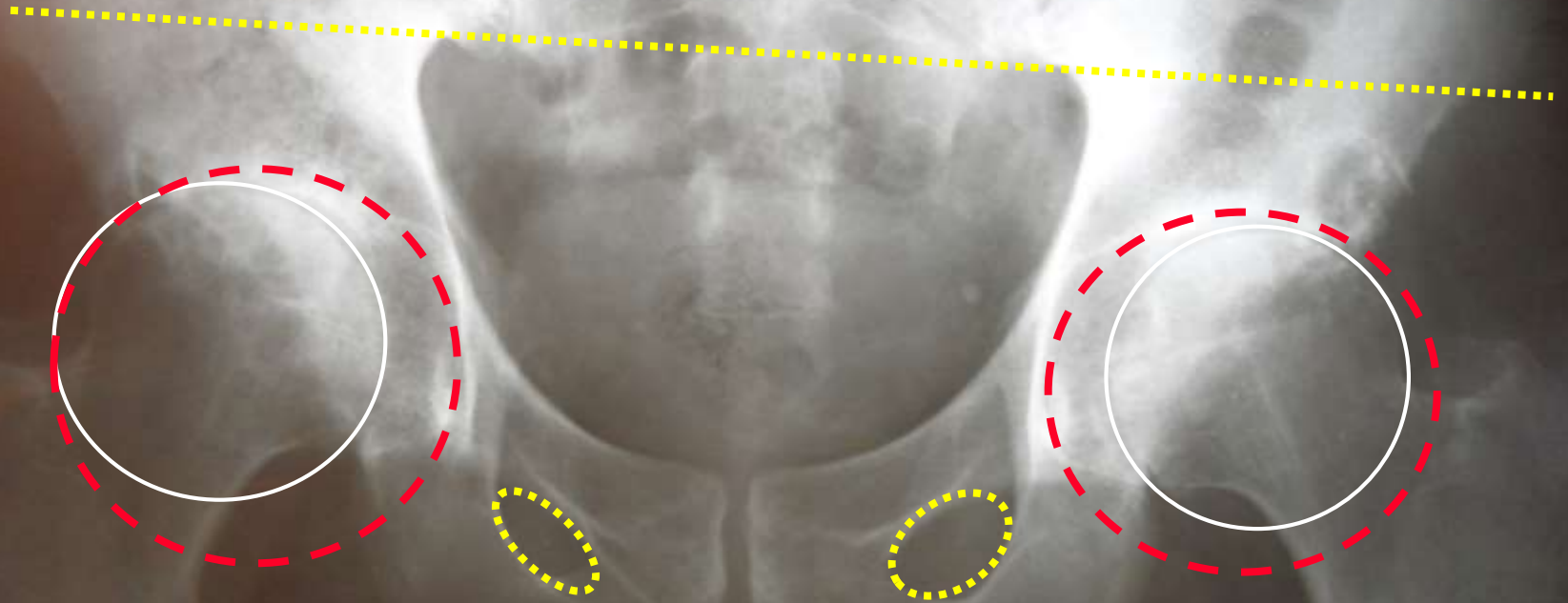
Bei Patienten zuerst
Verkleinerung
Der > Abduktion / > Innere-
Rotation
> Extension / und
Nachher **Kontraktur**
in Adduktion in Aussen-
Rotation
in Flexion

In neuer Rehabilitation sollen wir
alle diese Bewegungen erhalten

Typical
symptoms of
arthrosis of right
hip in Syndrome
of Standing on
the Right Leg

Abbildung 2-79 Koxarthrose, Fehlstellungen.

Example



Krzysztof K. age 55. Hist. 600928. Arthrosis both sides, bigger right hip. Lateralization of femoral head. Maximal limitation of movements. Adduction contracture. Oblique position of pelvis. Pain. Unable to walk.

Example



Permanent
rehabilitation
1/ Convenient loading
2/ Restoration of
internal rotation

Halina P. History: 441009,
Age 66 y. **SofSRL** and result:
1/ left convex lumbar
scoliosis, 2/ arthrosis of the right hip



Example

Halina P. History: 441009,
Age 66 y. **SofSRL** and
result: 1/ left convex lumbar
scoliosis 2/ arthrosis
of the right hip



Example



Krzysztof K. age 55. Hist. 600928. Therapy: Exercises, electrotherapy, kinesiotherapy – in future endoprosthesis. **Important standing in abduction and in internal rotation**

Therapy & Prophylaxis of the arthrosis of the hip

Easy methods for everybody

- Receiving of the full movements
- Abduction
- Internal rotation
- Extension
- Changes of the loading of the hips

Therapy. Better loading of the hips and (A) increasing of internal rotation



(A) Standing. Methods of physiotherapy as prophylaxis of arthrosis of the hips. Start with a special form of standing and sitting should be from 45 – 50 y. of life.
(A) Standing in abduction and in internal rotation change the loading on the femoral heads, regain internal rotation. Such standing should be done every day in every situation over many years.

Therapy. Better loading of the hips and increasing of internal rotation

(A)



01/06/2017

6th International Conference and Expo on Novel
Physiotherapies, Physical Rehabilitation and Sport in Medicine,
19-20 August, 2019, London, UK [18.09 - 22.08.2019] / Before
Buckingham Palace – 20.08.2019 / Dr med. Jerzy Ostrowski



21/08/2019

• Therapy. Position to receive internal rotation

(B)



(B) Sitting. Methods of physiotherapy as prophylaxis of arthrosis of the hips. Start with a special form of standing and sitting should be from 45 – 50 y. of life. (B) Sitting – in internal rotation, what **increase range of this movement**. Such sitting should be done every day in every situation. Also important gait in form of „Nordic walking”.

Proper position to receive internal rotation (B)

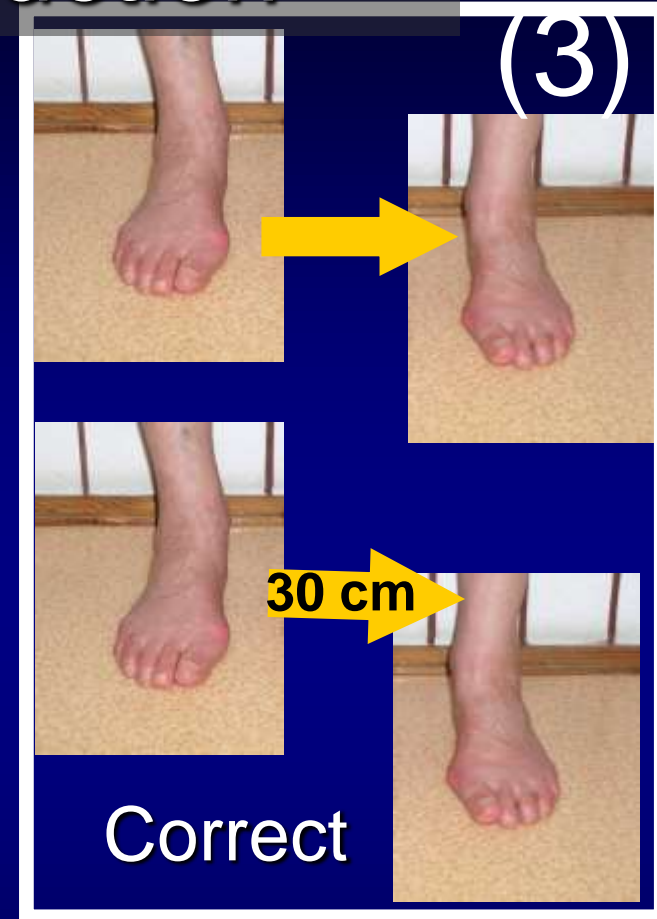


Berlin / 25.05.2018 / Meeting with Prof. Georg Neff / Proper sitting

21.08.2019 London, Under Ground,
Piccadilly Line / Lady proper sitting



• Gait in small abduction



(C) Gait. Methods of physiotherapy as prophylaxis of arthrosis of the hips. Gait should be with feet apart, never feet together. Such gait is against arthrosis of the hips. Gait (1) and (2) is not proper. Gait (3) is correct. Feet should be - apart 30 cm. As a personal gymnastic – apart even 40 cm - 50 cm.



Totally wrong, incorrect manner of walking.
Lack of abduction of hips „bring about” the wrong loading of the roof of acetabulum to the femoral heads. In case of dysplastic hips – develop in short time the arthrosis.

Picture taken from USA Internet.




Totally wrong,
incorrect
manner
of gait

Short information about PROPHYLAXIS of Hips

New treatment & new prophylaxis

- **(1) Standing** – in abduction and internal rotation
- **(2) Walking** – little in abduction (20 cm – 30 cm)
- **(3) Sitting on chair** – in internal rotation (knee together / feet in abduction)
- **(4) Sleeping** – in prone position with flexion and abduction of right hip (left also)





Exercises
in geothermal
water

(E)

Summarized – methods of physiotherapy in prophylaxis of arthrosis of the hips (A) (B) (C) (D) (E). Realization of all points: **(A) (B) (C) (D)** and additionally **(E)** exercises in geothermal water to receive full abduction, full internal rotation and extension of both hips. Picture taken in Rehabilitations Geothermal Center in Poland.

SYNDROME of
standing 'at ease'
on the right leg
SPINE

Syndrome of Standing 'at ease' on the Right Leg' / SPINE

Zespół stania na prawej kończynie
dolnej (ZS-PKD) / KRĘGOSŁUP

Kontrakturen und Wachstumsstörungen im Hüft- und Beckenbereich in der Ätiologie der sogenannten „idiopathischen Skoliosen“ – bio- mechanische Überlegungen

von T. Karski

Aus dem Lehrstuhl und der Klinik für Kinderorthopädie der Medizinischen Akademie Lublin
(Leiter der Klinik: Prof. Dr. habil. sc. med. J. Wośko)

Sonderdrucke –
ORTHOPÄDISCHE PRAXIS 3/96, 32. Jahrgang, Seite 155 – 160

1996

Kontrakturen und Wachstumsstörungen im Hüft- und Beckenbereich in der Ätiologie der sogenannten „idiopathischen Skoliosen“ – bio- mechanische Überlegungen

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symptoms of this pathologic condition are not noticed nor assessed and treated. The abduction contraction of the right hip causes a functional lengthening of the right and simultaneously a functional shortening of the left leg, an oblique position of the pelvis and – most important – gait disturbances and thereby the development of a left-side lumbar or thoracolumbar scoliosis. In the next stage a thoracic right-side scoliosis is developed. Scoliosis as well as congenital dysplasias of the hip are predominantly found in girls. In this paper the

scheint eine thorakale, rechtsseitige Skoliose. Skoliosen, so wie die angeborene Hüftdysplasie, betreffen vor allem Mädchen. In der Arbeit stellt der Verfasser frühere und spätere klinische sowie radiologische Symptome und prophylaktische und therapeutische Empfehlungen vor.

1. Einleitung

Skoliosen stellen eins der wichtigsten Probleme in der Orthopädie dar. Besonders schwer und kompliziert ist die Behandlung der sogenannten „idiopathischen Skoliosen“. In der bisherigen polnischen sowie fremdsprachigen Literatur wird die Ursache dieser Skoliosen als unbekannt bezeichnet (Adams, Staheli, Münzenberg, Kaczmarczyk u. Mitarbeiter, Król, Zuk und Dział). Es wird die

* Die Arbeit widme ich meinen Lehrern und Kollegen aus der DAAD-Zeit – Herrn Prof. K. F. Schlegel mit seinem Team aus Essen und Herrn Prof. H. Cotta mit seinem Team aus Heidelberg.

1995 – First presentation

1996 - first publication about
biomechanical etiology of scoliosis
in Orthopädische Praxis in
Germany / 1996

Karski T.: Kontrakturen und
Wachstumsstörungen im Hüft - und
Beckenbereich in der Ätiologie der
sogenannten „Idiopathischen Skoliosen“ -
biomechanische Überlegungen. Orthop.
Praxis, 3/1996, 32: 155-160

In years 2009 – 2019
many publications
in Locomotors
System Journal in
Czech Republic

Explanation in Points of the Aetiology of the So-Called Idiopathic Scoliosis (Adolescent Idiopathic Scoliosis [AIS])

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Abstract

In the years 1984 to 2007 was described the biomechanical aetiology on the So-Called Idiopathic Scoliosis (Adolescent Idiopathic Scoliosis [AIS]) [1-29]. The "biomechanical aetiology" explain asymmetries of movement of the right and the left hip, neck - asymmetries of standing right; left leg - mostly on right and also connection with gait. Why gait - explanation - the maximally about movements of right hip during every step are transmitted as "compensatory movement" to the pelvis and to the spine - causing the rotation deformity. They are three group and four types of steppathogenesis (wgs) of scoliosis depending of three "model of hips movement" [7].

Keywords: Idiopathic scoliosis; Aetiology; Classification; Therapy; Prophylaxis

Introduction

To understand the presented theory of aetiology of the so-called idiopathic scoliosis is necessary to use the new tests in examination. Important is to check the hips movements - adduction in straight position of joints to understand the biomechanical influences "permanent standing 'at ease' on the right leg" and "gait".

Material

In the years 1984-2019 in Lublin research were examined 2500 patients with scoliosis. The control group was 340 children - presented by parents with the suspecting of scoliosis. In examination of these children it was full and symmetrical movement of hips and all tests no found the spine deformity.

Explanation the questions concerning the etiology of scoliosis in points (Literature [6-20])

The etiology is biomechanical: It is connected with the asymmetry of movements of the hips. These asymmetries are one of seven asymmetries in anatomy and in function described as the "Syndrome of Contractures" [SoC] - Prof. Hans Mau (Tübingen, Germany). From 2006 we speak in Lublin about "Syndrome of Contractures and Deformities" [SoCD] because I added to the seven changes in SoC the trunk varus deformity in newborn and babies as the eight deformity. In 2006 was described the specific "model of hips movement" and depending of them the type of scoliosis.

Why do girls have more frequent scoliosis?: The SoCD exist mostly in girls. The asymmetries of hip movement appear more frequent in girls - they have more frequent scoliosis.

Why do we mostly observe the lumbar left convex curve?: The SoCD is mostly "left sided", it is limited adduction of the right hip, the standing "at ease" on the right leg is more stable and taken by many of people. Such standing after 5-10 years produces the lumbar left convex scoliosis.

Why do we mostly observe the thoracic right convex curve?: Permanent standing on the right leg - causes the lumbar left convex "C" scoliosis and if in a child exist in the same time the "laxity of the joints" also can appear a secondary right convex thoracic curve.

Crimson Publishers

USA 2017

15



Explanation in Points of the Aetiology of the So-Called Idiopathic Scoliosis (Adolescent Idiopathic Scoliosis [AIS])

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Abstract

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Keywords: Idiopathic scoliosis; Aetiology; Classification; Therapy; Prophylaxis

Introduction

To understand the presented theory of aetiology of the so-called idiopathic scoliosis is necessary to use the new tests in examination. Important is to check the hips movements - adduction in straight position of joints to understand the biomechanical influences "permanent standing 'at ease' on the right leg" and "gait".

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Crimson
Publishers

USA

2017

15/08/2019

Original Article

Biomechanical Etiology of the So-called Idiopathic Scoliosis: Classification and Dates in History of Research. Principles of Causal Prophylaxis, Indications to New Therapy

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Abstract

The biomechanical etiology of the so-called idiopathic scoliosis (adolescent idiopathic scoliosis (AIS)) has been the subject of the author's research since 2004. The problem was presented on many orthopedic congresses, symposia and also in "congress groups" who are specialized in the problem of "idiopathic scoliosis" in SCOSBT and SCOSD meetings. I have given lectures on this matter in SCOSBT Meetings in Athens and Wiesbaden (Germany), in SCOSD Meetings in Athens, Ghent (Belgium), Lodz (Poland), Poznan (Poland) and in SCOT Congresses in Havana (Cuba), Shanghai (Taiwan), Kishinouye (Japan) and Matsuyama (Australia) [1-29].

Keywords: Scoliosis, Etiology, Symptoms, New classification, Therapy

Material

In the years 1984 – 2018, more than 2500 patients with scoliosis have been observed and treated (80%). In 20 % there were older patients coming because of spinal pain. Older people with pain problems were in the second or third group of the new Lublin classification of scoliosis (see next chapter – classification).

Classification

"The model of hip movements" (T. Karicki – described in 2000) explains the new classification of scoliosis. When movements of hips are equal, scoliosis never develops. There is no biomechanical pathological influence acting on the spine. The growth of spine is proper.

When movements of hips are asymmetrical – there is an input to develop scoliosis in the three groups and four types.

1. Scoliosis "S" 1st etiological group (egg) (Fig. 1): double curve, left spine (SD). Rib hump on the right side of the thorax. Connection with gait and standing „at ease“ on the right leg
2. 4. Scoliosis "C" 2nd A egg (Fig. 2) – one curve – lumbar left convex, spine flexible (1D or 2D). Connection with standing „at ease“ on the right leg only
3. Scoliosis "B" 2nd B egg (Fig. 2) – two curves, (2D or 3D). Connection with standing „at ease“ on right leg and additionally with load of joints or / and harmful previous exercises.

In these second 2a and 2b types of scoliosis – the spine is flexible

3. Scoliosis "T" 3rd egg (Fig. 3): Deformity but the form of a stiff spine, (2D or 3D). No curves or small ones. The cause is gait only

Such "spine deformity" was till 2004 never excluded / classified as "scoliosis".

The Questions and the Authors Answers to the Problem of Scoliosis [1–28].

The etiology of idiopathic scoliosis was searched through many centuries and many questions are discussed in the world till now.

In search of etiology of the so-called idiopathic scoliosis everybody who will answer the question: what is "the etiology" – must answer the all below presented questions about scoliosis or even more. Answering only some questions is not enough and is not the answer for cardinal question "what is the etiology".

The Questions are following:

1. The etiology – of course – the subject of whole discussion?
2. Why girls have more frequent scoliosis?
3. Why do we usually observe the lumbar left convex curve?
4. Why do we usually observe the thoracic right convex curve?
5. When there is one curve scoliosis and when there are two curves scoliosis?
6. Why the rib hump (glithous costalis) is on the right side?
7. When does scoliosis start to develop – at what age?
8. What kind of classification is proper? What is the patient's type of scoliosis?
9. Why there is a rapid progression of scoliosis in the period of accelerated growth during the childhood?
10. Which type of scoliosis progresses?

Integrative Journal of Orthopedics and Traumatology USA 2019

Opinion Article

Biomechanical Etiology of the So-called Idiopathic Scoliosis: Classification and Dates in History of Research. Principles of Causal Prophylaxis, Indications to New Therapy

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Abstract

The biomechanical etiology of the so-called idiopathic scoliosis [Adolescent Idiopathic Scoliosis (AIS)] has been the subject of the author's research since 1984. The problem was presented on many orthopedics congresses, symposia and also in "competent groups" who are specialized in the problem of "idiopathic scoliosis" in SOSORT and IRSSD meetings. I have given lectures on this matter in 2018 in SOSORT (Paris, France), in IRSSD Meetings in Athens, Genth (Belgium), Liverpool, Poznan (Poland) and in SICOT Congresses in Helsinki (Finland), Poznan (Poland), and Marrakesh (Morocco) [1–28].

Keywords: Scoliosis, Etiology, Symptoms, New classification, Therapy.

Material

In the years 1984 – 2018, more than 2500 patients with scoliosis have been observed and treated (80%). In 20 % there were older patients with scoliosis because of spinal pain. Older people with pain problems

Such "spine deformity" was till 2004 never included in the definition of "scoliosis".

The Questions and the Authors' Answers to the Problem of Scoliosis [1–28].

Integrative Journal of
Orthopedics and
Traumatology
15/08/2019
USA / 2019

The Biomechanical Aetiology of the So-Called Idiopathic Scoliosis. The Role of Gait and Standing at "Ease" on the Right Leg in the Development of the Deformity

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ABSTRACT

The article presents the biomechanical etiology of the so-called idiopathic scoliosis. The research was conducted in the years 1985-2013, but the importance of the observations connected with the so-called idiopathic scoliosis were completed in 2007 (4, 5, 6, 7, 8, 9). All types of spine deformity are proved to have a connection with gait and with standing "at ease" on the right leg. Every type of scoliosis begins to develop at the age of 2-3. The article provides short information about new screening tests and new exercises in the course of causal prophylaxis and treatment.

KEYWORDS

Biomechanical Aetiology of Idiopathic Scoliosis; Gait and Standing "At Ease" on the Right Leg in the Development of the Deformity

1. Introduction

The article provides information concerning the biomechanical aetiology of the so-called idiopathic scoliosis [adolescent idiopathic scoliosis-AIS] (T. Karski, 1985-2007, first publication in 1996). The development of scoliosis is connected with the asymmetry of hip movement in gait and with habitual standing "at ease" only or mostly on the right leg. During the gait, due to the restriction of movement of the right hip, a compensatory movement is transmitted to the pelvis and to the spine causing scoliosis. Another influence is connected with permanent standing "at ease" on the right leg. Other influences are connected with abnormalities of Central Nerve System (CNS) and they are extension contracture of spine, anterior tilt of pelvis and laxity of joints.

2. Material

In 2012, the material reached 1950 cases (from the Orthopaedic Department and the Out-Patient Clinic). The

age of patients varied from 3 to 90. In the years 1985-2005 more than 20% of patients suffered from iatrogenic deformity either consequent to a corset conservative treatment in scoliosis or due to previous therapy exploiting harmful exercises. In the last 8 years the new ideas concerning the so-called idiopathic scoliosis have been popularised in Poland and the number of cases treated with harmful exercises significantly decreased.

3. The Biomechanical Aetiology

To explain the biomechanical aetiology we must remember about the three asymmetries causing the development of scoliosis:

- 1) The asymmetry of the movement in the hips (Figures 1(a) and (b)).
- 2) The asymmetry of the movement in pelvis and spine—left versus right side in gait.
- 3) The asymmetry of the time while standing "at ease" on the left versus the right leg—more time on the right leg.

Surgical
Science
USA
2014

The Biomechanical Aetiology of the So-Called Idiopathic Scoliosis. The Role of Gait and Standing at “Ease” on the Right Leg in the Development of the Deformity

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Surgical Science

ABSTRACT

The article presents the biomechanical etiology of the so-called idiopathic scoliosis. The research was conducted in the years 1985-2013, but the importance of the observations connected with the so-called idiopathic scoliosis were completed in 2007 (4, 5, 6, 7, 8, 9). All types of spine deformity are proved to have a connection with gait and with standing “at ease” on the right leg. Every type of scoliosis begins to develop at the age of 2 - 3. The article provides short information about new screening tests and new exercises in the course of causal and treatment.

USA / 2014

15/08/20

So-Called Idiopathic Scoliosis in New Classification. Prophylactics and Therapeutic Aims for Orthopedic Surgery and for General Medicine

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Abstract:

The biomechanical etiology of the so-called idiopathic scoliosis [adolescent idiopathic scoliosis (AIS)] was the subject of research of author from 1984 to 2018. The basic observation comes from the years 1995 – 2007. In presented article is explained the biomechanical etiology of the so-called idiopathic scoliosis, is giving new classification and rules of causal prophylaxis and new treatment. Third group of spine deformity is also the subject for research and therapy for internists, gynecologists, neurologists and other specialists of medicine.

Keywords: Scoliosis. Symptoms. Stiffness of spine. Therapy.

INTRODUCTION

The article describes the biomechanical etiology of the so-called idiopathic scoliosis (1995 – 2007), known as an adolescent idiopathic scoliosis (AIS). The primary cause of this deformity is "asymmetry of hips movement", limitation of movements in right hip and next "standing 'at ease' on the right leg" and "gait". In 2004 in new classification it was described the group of scoliosis connected only with "gait". The symptoms of this deformity is only stiffness of the spine, without curves or with minimal ones. In 2006 was described the "model of hips movement" which inform about the type of scoliosis in context of adequate range of movement of right and left hip.

MATERIAL

In the years 1985 – 2018 in observations and in treatment was - 2500 patients mostly in age 5 – 18, small group of cases were in elder age, coming with problem of pain. The others 505 persons suspected for scoliosis constituted the control group. The older patients ask for examination not because of deformity, but because of pain, sometimes many years. The were

mostly with scoliosis in the second or third group of deformity.

Development of Scoliosis (See Literature 1 – 22)

The scoliosis appears as the secondary deformity connected with asymmetry of hips movements. The asymmetry of child's body and asymmetry of movement of joints was described by Prof. Hans Mau in articles about Syndrome of Contractures. First factors in etiology of scoliosis are connected with asymmetry of movements of hips – limited adduction of right hips in straight position of joints and in some cases limited internal rotation and extension. Next factors in etiology of scoliosis are: "standing 'at ease' on the right leg" and "walking". Start of development of every type of scoliosis (see next chapter about classification) is the second year of life. Longer duration of time of standing on the right leg leads after 8 – 10 years to fixed scoliosis, left convex curve in lumbar spine or in lumbar – thoracic spine, seldom in sacro – lumbar spine. Three groups and four types of scoliosis are connected with adequate "model of hips movement" (Fig. 1). When the range of movement of left and right hips is symmetrical – never develop scoliosis (Fig. 2, 3).

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The biomechanical etiology of the so-called idiopathic scoliosis [adolescent idiopathic scoliosis (AIS)] has been the subject of research of author from 1984 to 2018. The basic observation comes from the years 1995 – 2007. In the presented article is explained the biomechanical etiology of the so-called idiopathic scoliosis, is giving new classification and rules of causal prophylaxis and new treatment. Third group of spine deformity is also the subject for research and therapy for internists, gynecologists, neurologists and other specialists of medicine.

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The article describes the biomechanical etiology of the so-called idiopathic scoliosis (1995 – 2007), known as an adolescent idiopathic scoliosis (AIS). The primary cause of this deformity is "asymmetry of hips

mostly with scoliosis in the second or third group of deformity.

Development of Scoliosis (See Literature 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100)

The scoliosis appears as the secondary deformity connected with asymmetry of hips movements.

Journal
of
Internal
Medicine
USA
2018

When we stand on „right leg” – it’s mean - we stand permanently, we stand only on the right leg.

In result Scoliosis.

Next – in adults degenerative scoliosis



Sarbinowo 2016

It is
the way
to
scoliosis



Remember – never stand
permanently on the right leg

30/



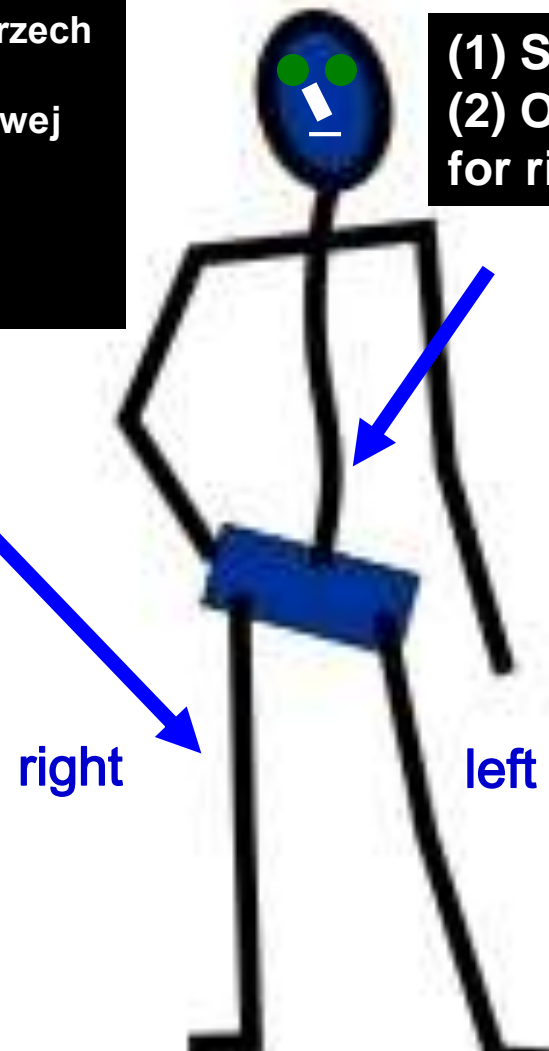
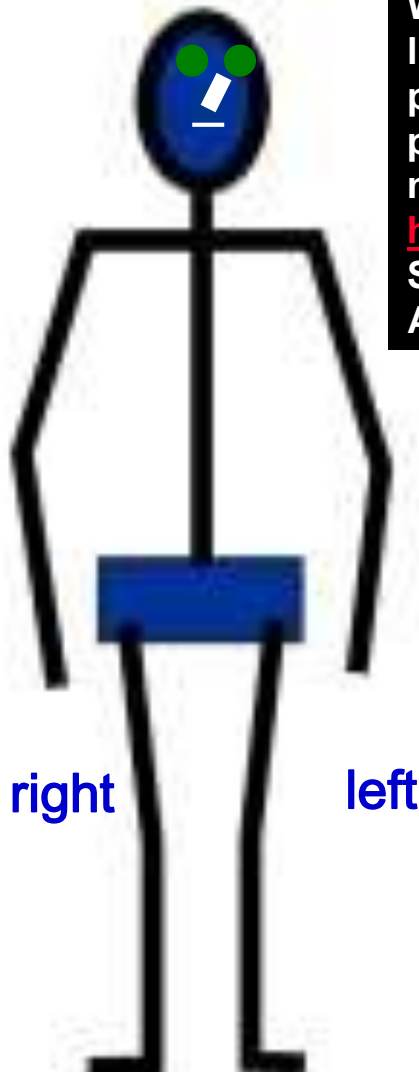
30/07/2016

Confirmation of the *asymmetry of time of standing on the left / right leg - more on the right (!) in children with scoliosis - by scientists in Hungary. They used the word MINDIG.

<http://gerinc.blog.hu>

W odniesieniu do spostrzeżeń lubelskich naukowcy na Węgrzech potwierdzają szkodliwość permanentnego stania na prawej nodze ! Ryciny z <http://gerinc.blog.hu> Szczegóły w ANEKSACH / w Appendix

(1) Scoliosis
(2) Overstress for right hip



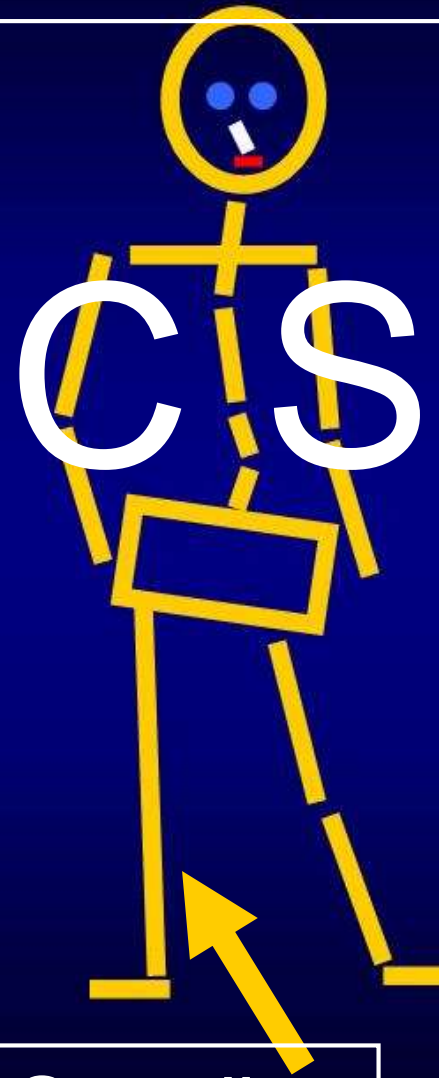
Pictures from <http://geric.blog.hu> Yes, it makes difference „through time” !

First type „**S**” in first group epg of scoliosis. Influence gait and standing. In
Second type in „**C**” and „**S**” Scoliosis only standing.



Gait

Standing



Standing

Two curves
Gibbous
3D
Stiff spine
Beginning 2-3
years of life
To see in 5-8
years of life
Progression

In internet
Only described
this scoliosis

Three (3) groups of differences of adduction of hips and four (4) types of scoliosis.
Model of hips movements and type of scoliosis.

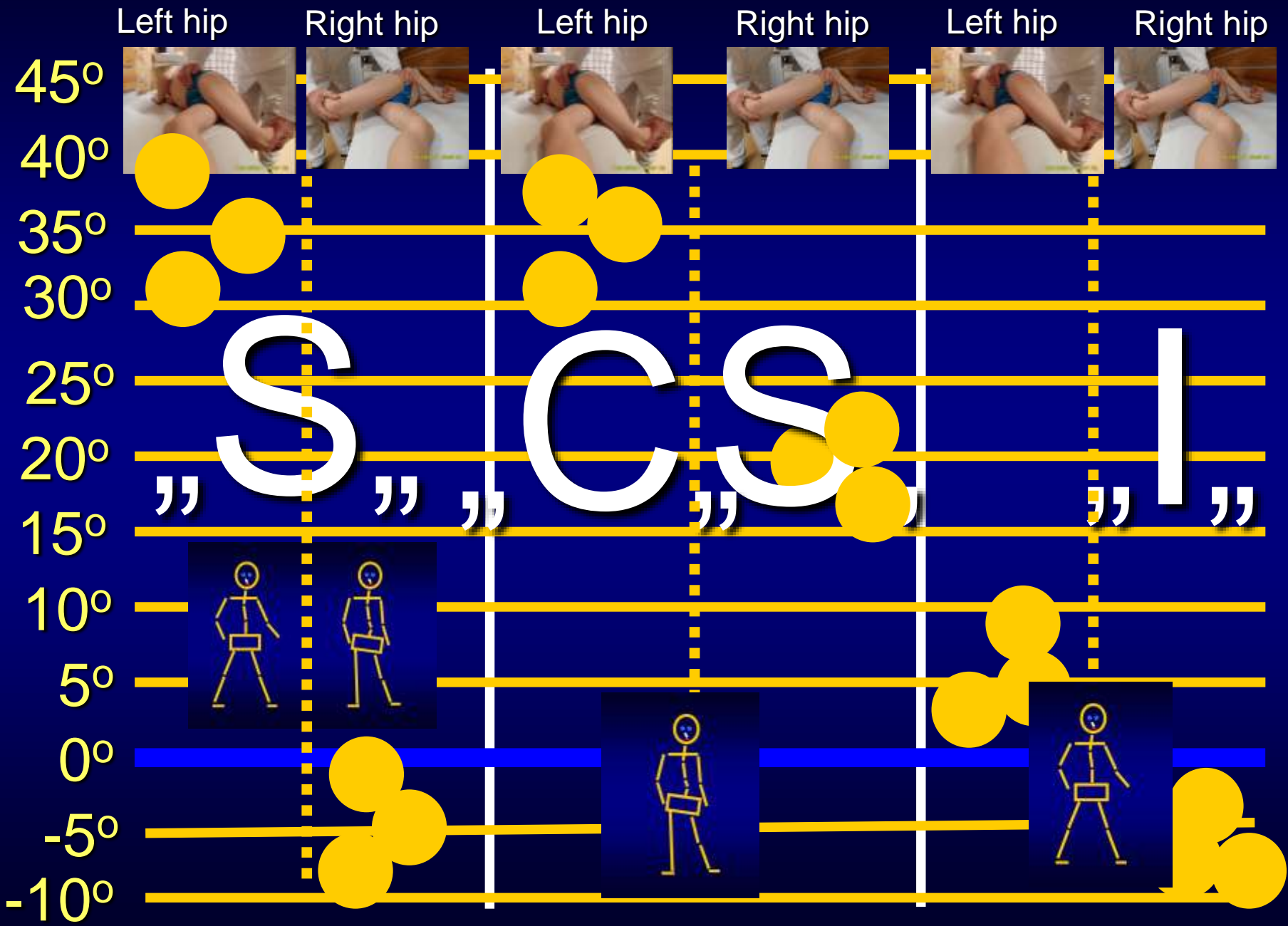


Fig. 2

Three group and four types of scoliosis

„S” I epg
Two curves
Gibbous.
Stiff spine.



„C” 2nd/A epg & „S” 2nd/B epg.
One or two curves. Flexible spine.



„I” 3rd epg
No or slight
curves.
Stiff spine.



left
hip adduction



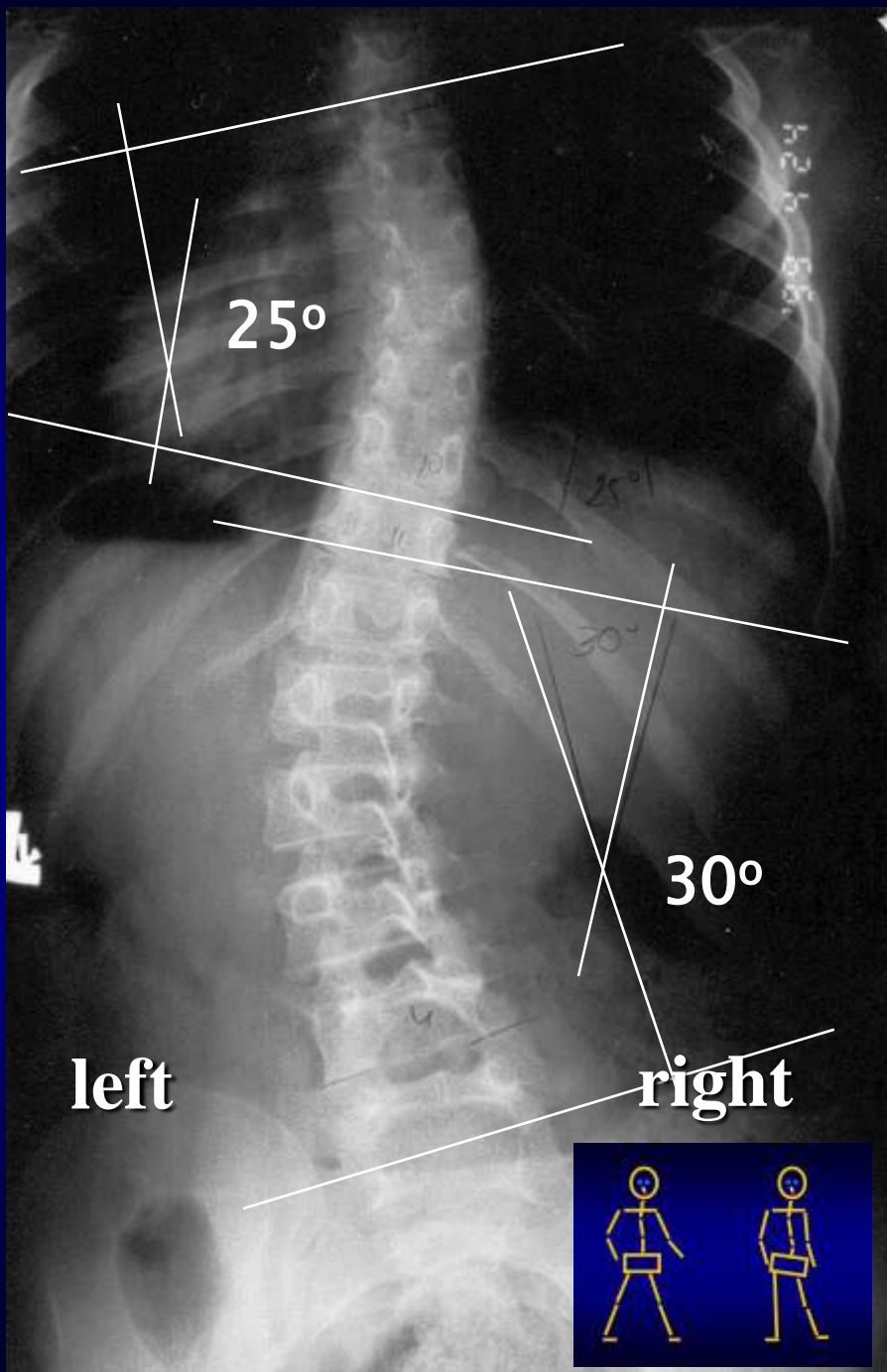
left
hip adduction



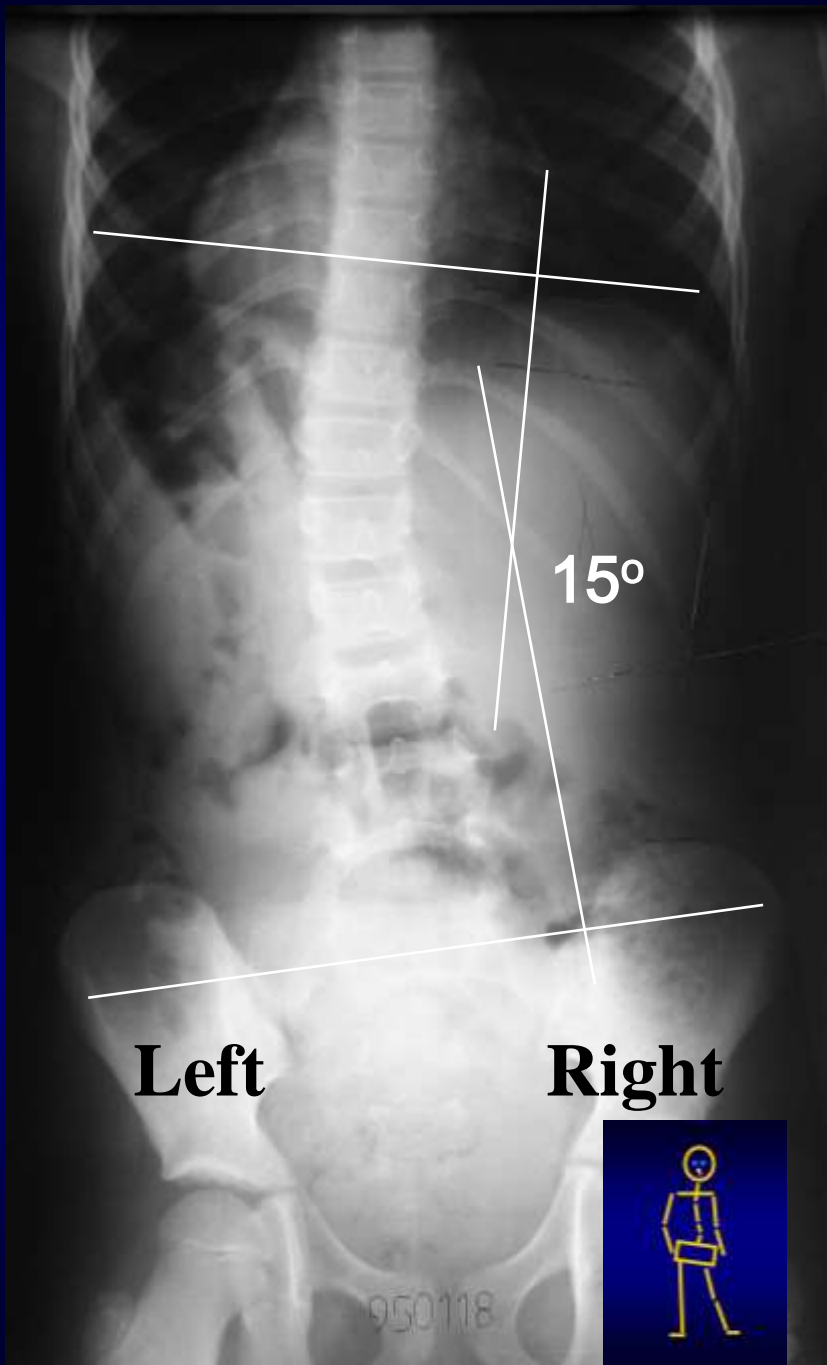
left
hip adduction

„S” First type / 1st epg scoliosis

Scoliosis „S” 1st epg. Two curves. Lumbar left convex curve, thoracic right convex curve. Rip hump. Spine stiff. Causative influence: „gait” and permanent „standing ‘at ease’ on the right leg”. Adduction in straight position of joints: right hip maximal limited adduction (contracture), left hip full adduction (see Fig.1 and Fig. 2).



„C” Second type (A) / 2nd/A epɡ scoliosis

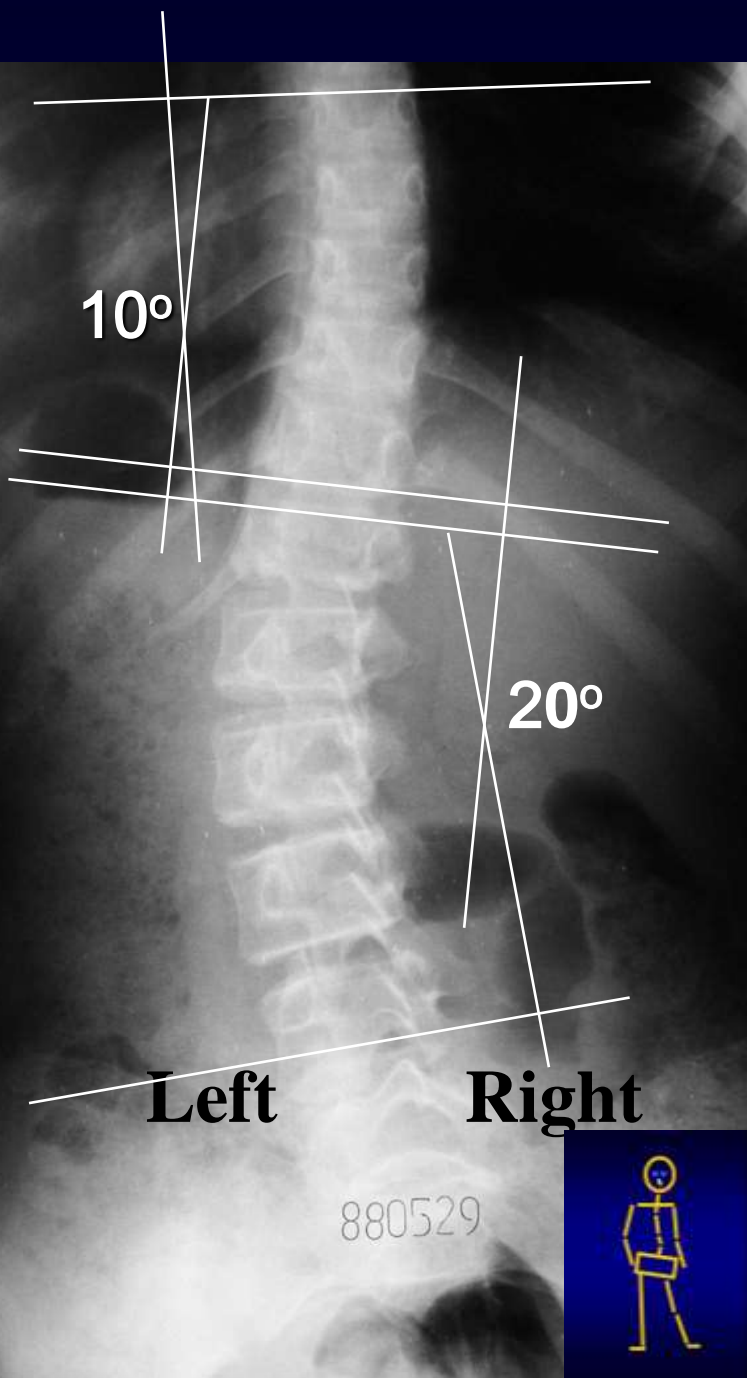


Scoliosis „C” 2nd/A epɡ. One curve. Left convex curve in lumbar part of spine. Spine flexible. Causative influence: permanent „standing ‘at ease’ on the right leg”.

Adduction in straight position of joints: right hip limited adduction, left hip full adduction.

„S” Second type (B) / 2nd/B epg scoliosis

Scoliosis „S” 2nd/B epg. Two curves - left convex in lumbar part, right convex in thoracic part of spine. No or slight gibbous. Spine flexible. Causative influence: permanent „standing ‘at ease’ on the right leg” and laxity of joints. Model of hips movements: right hip limited adduction, left hip full adduction.





„I” Third type 3rd epg scoliosis

Scoliosis „I” 3rd epg. No curves or small. Spine stiff.
No included to scoliosis group till 2004. Causative influence: „gait”.
Adduction in straight position of joints: right hip maximal limited adduction (contracture). Left hip limited adduction. Case (C) – lordoscoliosis as a result of five years incorrect exercises.

Standing on right leg
leads first to
„physiological deviation”
but with time, ultimately,
to scoliosis

Look waist

880925

on left leg

on right leg

Scoliosis II/A epg

Example

Left
convex
lumbar
„C”
scoliosis
IInd/A
group

View from back

Ola P. age 15, born
3.10.1993

Nr hist. 931003

Scoliosis II/A epɡ

Left convex lumbo-
thoracic curve.

Asymmetry of waist.

Standing on the right
leg is the cause of
Scoliosis „C” II/A
epɡ.

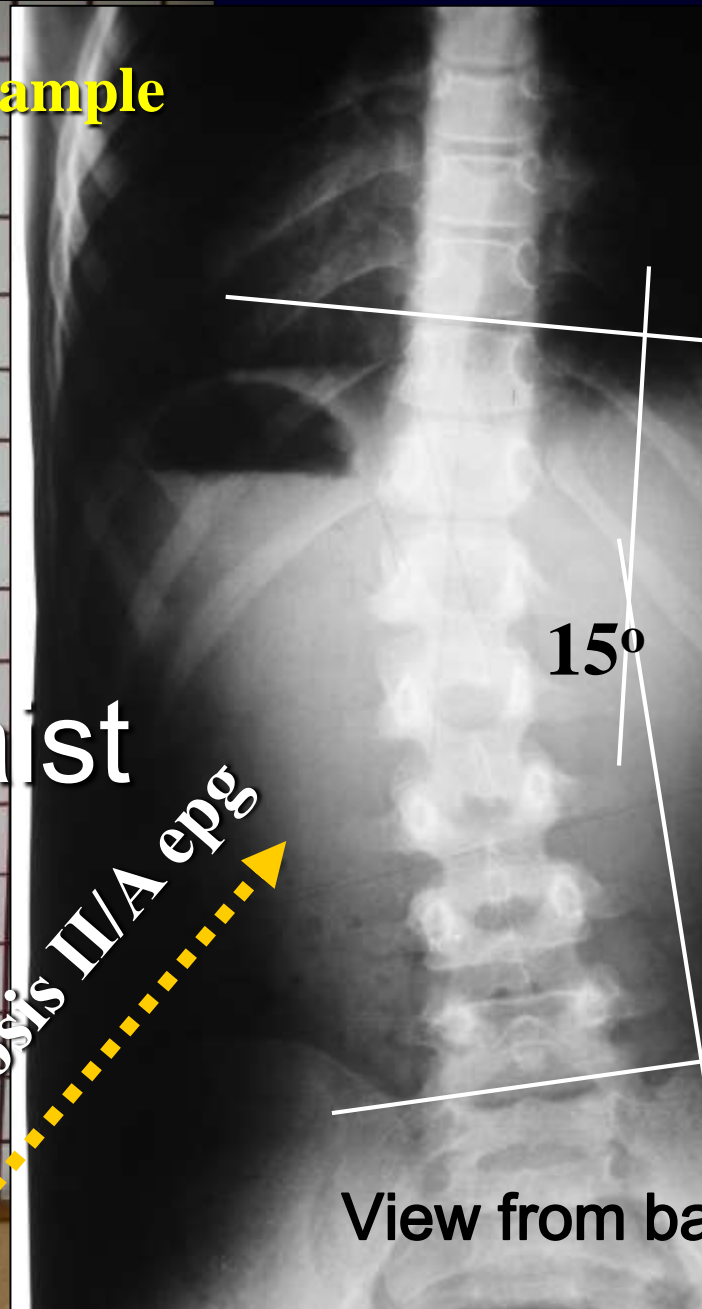
With time can
„transform” into „S”
II/B epɡ

X-ray example



Look waist

Scoliosis II/A epɡ



15°

View from ba

Scoliosis „C” II/A epɡ – progress of deformity

Standing on the right leg

Scoliosis

Back pain

Discussion – some problems

* Degenerative scoliosis and back pain ?

* Why patient with scoliosis „C” II/A epɡ and „S” II/B epɡ have smaller abduction of right hip ?
Answer: because of permanent standing ‘at free’ on right leg !

Dyskusja – niektóre problemy

* Skolioza degeneracyjna ? / * Dlaczego u niektórych kobiet odwodzenie prawego biodra jest mniejsze ?

Odpowiedź: mają skoliozę „C” II/A epɡ lub „S” II/B epɡ –
powodowaną stałym stanem na prawej nodze !

24th August 2019

Case 1

24/0

24/08/2019

Magdalena W-S. Age 37. Scoliosis „S” in 1st group. This type of scoliosis connected with „gait” and „standing on the right leg”. Primary incorrect therapy in Zxyz. Four years corset. Improper exercises. In result only bigger curves, more stiff spine and bigger rib hump. In Lublin consultation on 24th August 2019.

24th August 2019

Case 1

24/08/2019

Magdalena W-S. Age 37. Scoliosis „S” in 1st group. Adams – Meyer test.

24th August 2019

Case 1



Magdalena W-S. Age 37. Scoliosis „S” in 1st group. Adams – Meyer test.

24th August 2019

Case 1



Magdalena W-S. Age 37. Scoliosis „S” in 1st group. Primary incorrect therapy in Zxyz. Four years corset. Improper exercises. In result bigger curves, more stiff spine and bigger rib hump.

24th August 2019

Case 1

24/08/2019

Magdalena W-S. Age 37. Scoliosis „S” in 1st group. Primary incorrect therapy in Zxyz. Lublin test – side bending test for scoliosis. The flexion to the right side – is also „the method of therapy”.

Case 1

24th
August
2019

Magdalena W-S. Age
37. Scoliosis „S” in 1st
group. Primary
incorrect therapy in
Zxyz. Rest in embryo
position on the left side.



Against pain

81110g

est III
'24/08/2019

1982

firstly it is
„C” scoliosis
in II/A

10°

15°

16 years old

1999

36 years old

2008

65 years old

Case 2

„C” Scoliosis II/B epg

All view from back

Degenerative scoliosis

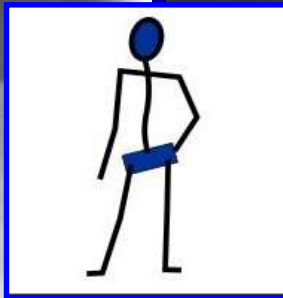
Jolanta D. hist. 460331 / **Primarily II/A epg** (lumbar left convex curve). Never treated before. Permanent standing „at ease” on the right leg. With time degenerative changes with subluxation of L₂-L₃-L₄-L₅. Now: no pains or small pains, no paresis, normal gait. Adaptation of nerves and bones over the years (!) X ray (2008) after 26y.

1982

10°

firstly it is „C” scoliosis in II/A

15°



View from back

16 years old

„C” Scoliosis II/B epg

2008

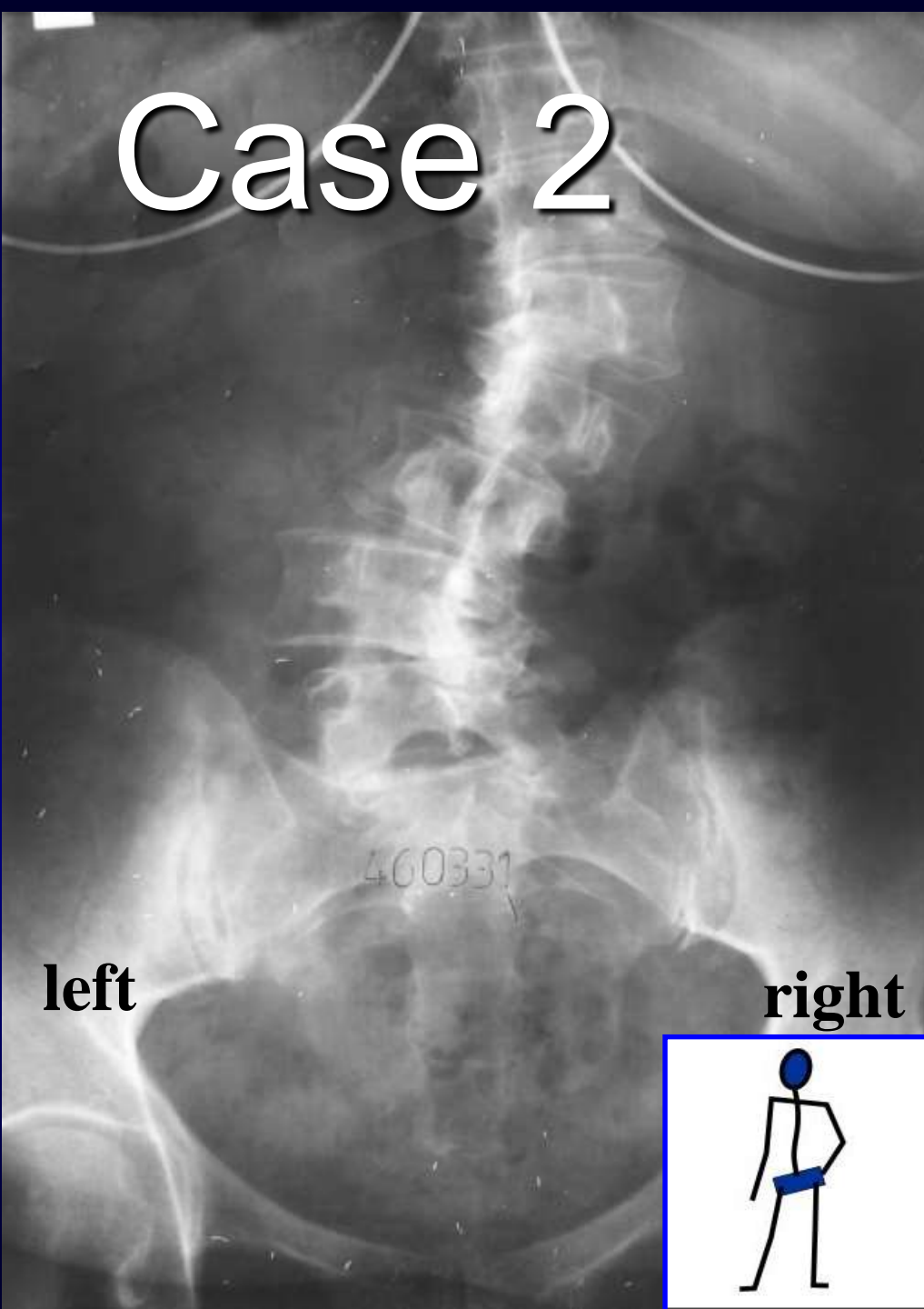
Case 2

65 years old

Degenerative scoliosis

Jolanta D. hist. 460331 / **Primarily II/A epg** (lumbar left convex curve). Never treated before. Permanent standing „at ease” on the right leg. With time degenerative changes with subluxation of L₂-L₃-L₄-L₅. Now: no pains or small pains, no paresis, normal gait. Adaptation of nerves and bones over the years (!) X ray (2008) after 26y.

Case 2



Degenerative Scoliosis. Primary scoliosis „S” 2nd/B type. Permanent standing on the right leg is the cause of enlarged curves and degenerative changes in the spine. On X-ray is to see: left convex sacral – lumbar curve and right convex lumbar – thoracic curve with shifting of vertebral bodies and its deformations. „Line” of „processi spinosi” inform about rotation deformity. Asymmetrical shape of the „inside view” of pelvis.



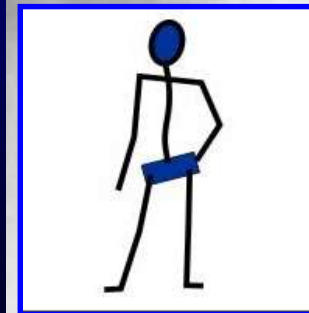
Two cases of scoliosis. The cause – standing on right leg (SofRL).

Young patient – small scoliosis.

Older patient – bigger, degenerative scoliosis. Pain. Problem for every day.

Przykład 4 i 5. Skolioza degeneracyjna. Dwa stopnie zaawansowania: łagodny (Ryc. 4a), znaczny (Ryc. 4b). U obu pacjentów intensywne bóle krzyża.

Case 3, 4



41072

THERAPY. Special manner of Standing, of Sleeping plus Exercises.



Fizjoterapia i kinezyterapia w leczeniu bólów krzyża: skłony (w fazie bezbolesnej choroby), odpoczynki i spanie w pozycji embrionalnej, stanie korekcyjne we wszystkich sytuacjach życiowych (korzystne także dla bioder). Fizyko- i balneoterapia.

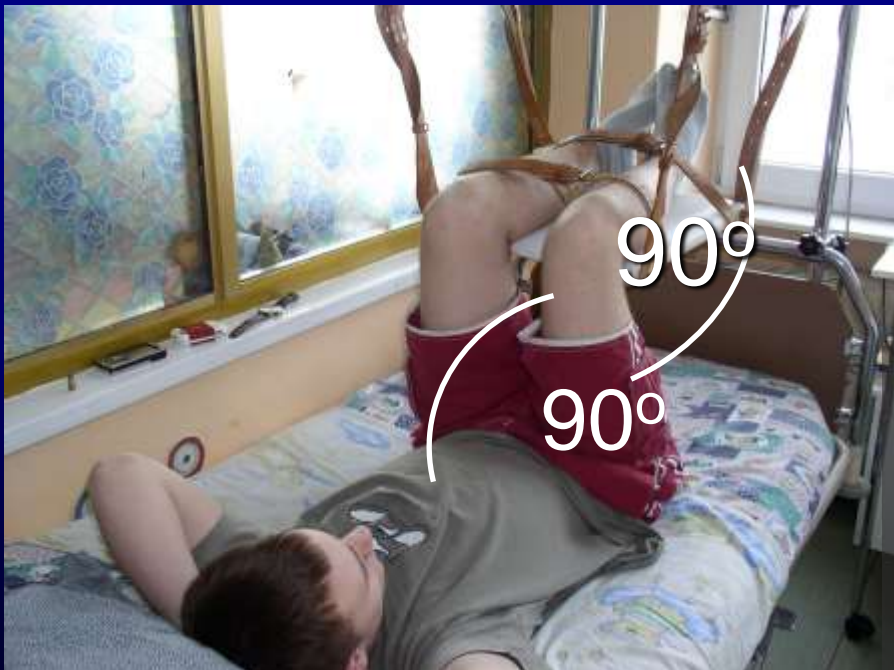
Therapy. Chair extension. PBB.



Patient 52 years old. Spondylolisthesis L5/S1. Low spine pain. Therapy: Chair extension. PBB. Plus - thermotherapy for lumbar spine. Gymnastic of feet.

Pacjentka Lat 52. Wadliwe ustawienie miednicy. Skolioza „C”/II/A epg. Spondylolisteza L5-S1. Bóle korzeniowe z promieniowaniem. Terapia – wyciąg krzeselkowy. Uniesienie miednicy 2 cm. Ruchy stopami pobudza krążenie. Termoterapia okolicy lędźwiowej.

Therapy. Chair extension. PBB.



Therapy: Chair extension.
PBB. Plus - thermotherapy
for lumbar spine. Massage.
Physical therapy.

Wyciąg krzeselkowy [Perlsches Brett Behandlung – metoda przywieziona z Lipska (NRD) w r.1968 (T. Karski)]. Leczenie winno trwać kilka tygodni. Wymaga powtórzeń. Jest skuteczne u 99% chorych. Na zdjęciu pacjenci Kliniki Ortopedii i Rehabilitacji Dziecięcej UM w Lublinie (rok 2006).

Stanie



Siedzenie



Spanie



Therapy: (A) corrective standing (B) corrective sitting (C) proper position for hip (D) sleeping in embryo position – proper for spine.

A dramatic sunset scene with a bright sun low on the horizon, casting a warm orange glow across the sky. The sky is filled with dark, textured clouds, some of which are illuminated from below by the sun. The foreground is a dark, silhouetted landscape, possibly a field or a road, with a few distant trees and structures visible against the horizon.

Wnioski (5) CONCLUSIONS (5)

www.ortopedia.karski.lublin.pl

• (1) WNIOSKI / **Conclusions**

- (1) „Zespół przykurczów” (**Siebnersyndrom**) opisany przez prof. H. Mau wyjaśnia asymetrię morfologii i asymetrię czynności

u noworodków i niemowląt.

- (2) Asymetrię czynności w rejonie bioder u dzieci starszych są przyczyną „różnych sposobów stania” [więcej na prawej kończynie dolnej (na PKD) – **rola czynnika czasu**].

(1) (A) „**Syndrome of Contractures and Deformities [SofCD]**” explain asymmetries of morphology, anatomy and asymmetry of movements - also of hips – **smaller adduction of the right hip** .

(B) Because of smaller adduction the **right hip is more stable** and is **use for standing** and is the cause of „**Syndrome of Standing ‘at ease’ on the Right Leg**”.

• (2) WNIOSKI / Conclusions

- (3) Stanie permanentne na PKD (**cumulative time of standing**) powoduje powstawanie, powiększanie wad, zaburzeń osi

i powiększanie bolesności w obrębie zajętych odcinków narządu ruchu.

- (4) Asymetryczna patologia (AP) dotyczy stóp, goleni, kolan, bioder, kręgosłupa. Wyjaśnia większą patologię strony prawej.

(2) (A) Permanent standing „on free” (at ease) on the right leg influence the anatomy and function of the body by: **„cumulative time of standing”**.

(B) Longer „time of standing” on the right leg - is the cause of secondary deformities, changes in function and pain in **feet, shank, knee, hip and spine** among youth & adult people. It is the cause of **scoliosis**.

• (3) WNIOSKI / Conclusions

- (5) Stanie permanentne na PKD powoduje zmniejszenie „zakresu ruchu odwiedzenia biodra prawego”. Ubytek tego ruchu ma wartości od 10 do 20 stopni.
- (6) Zmniejszenie odwiedzenia biodra prawego występuje u dziewcząt 12 – 18 letnich (i starszych) ze skoliozą typu „C” II/A epg i „S” II/B epg. U tych osób w rtg. staw biodrowy prawy wykazuje zaburzenie kongruencji. Głowa osadzona jest „lateralnie”, dach skrócony a głowa oddalona od dna panewki.

(3) (A) Permanent standing „at ease” is the cause of scoliosis „**S**” in I epg, „**C**” in II/A and „**S**” in II/B epg and

(B) is the cause of the **deficit** of abduction movement of right hip in clinical examination. The difference in abduction is 10 – 20 degree (!!!).

• (4) WNIOSKI / Conclusions

- (7) Artroza prawego biodra , większa deformacja szpotawa prawej goleni, koślawość prawego kolana a nawet większe dolegliwości prawej stopy – to informacja, że pacjent ma nawyk stania na PKD. „Zespół stania na PKD” to nowy syndrom patologii narządu ruchu.
- (8) Permanentne stania na spoczynku na PKD – to zjawisko już od 2 roku życia, powszechne, stale, dotyczy wielu, w wieku krajach.

(4) (A) Arthrosis of right hip, bigger varus deformity of right shank, of right knee, even bigger pain in right foot – it's mean there are symptoms of „Syndrome of Standing 'at ease' on the Right Leg”

(B) Standing on the right leg exist from 2 year of life, is common, exist in many persons in every country.

(5) Conclusion / 3-5 September / 21st P-L-S-St.P Symposium / Humpolec / Czech Republic / 19-20 August, 2019, London, UK / Neyregyhaza 29.06.-1.07.2017 / St. Petersburg 14 –

21.09.2013

[Polska / Poland] - Obraz „Jezu ufam Tobie” przypomina polskim dzieciom jak stać. Dzieci ze skoliozą – winny stać wyłącznie na lewej kończynie przy zgiętym pr. kolanie. Dzieci zdrowe winny stać 1/3 czasu na lewej, 1/3 na prawej i 1/3 czasu na obu kończynach.

Home message:

Children should stand
33 % of time on left leg,
33 % time of right leg,
33 % time on both legs

Children with scoliosis
should stand only on
the left leg

Adults should
control „free”
standing

Doctors should learn
and remember about
„Syndrome of Standing
on the Right Leg”

Ludzie są nierozsądni,
nielogiczni, samolubni
-kochaj ich mimo
wszystko
-Gastalt 1991



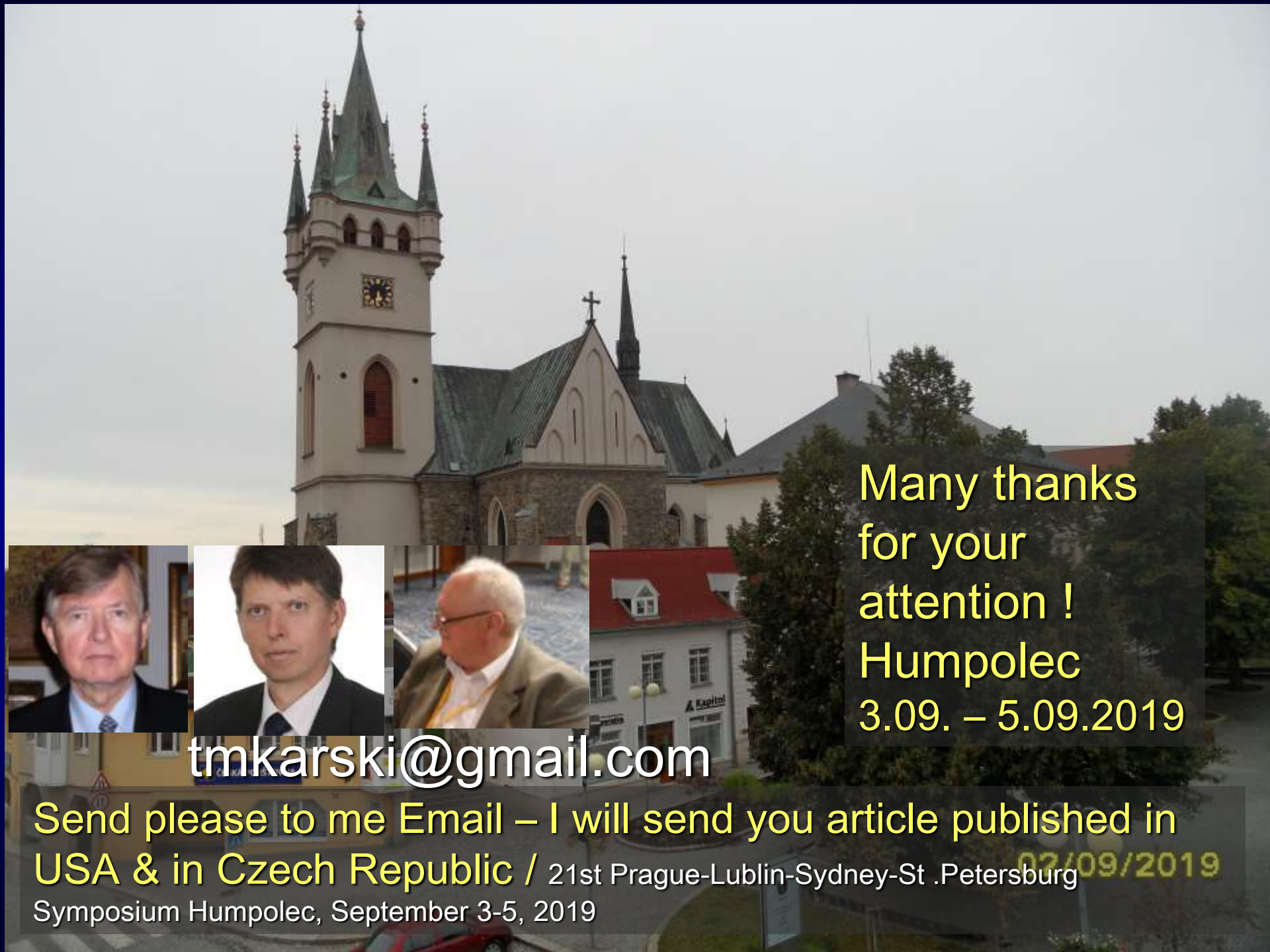


tmkarski@gmail.com

Many thanks
for your
attention !
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