

# Comments on “How to Perform A Reliable Full Spine X-Ray Examination in Juvenile and Adolescent Scoliosis - Experience Outcome”

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## Abstract

In February 2021, an article on the execution of full spine X-ray examination in Patients with juvenile and adolescent scoliosis, was published in this journal.

The article provided a very structured as well as detailed protocol on how and in which views, perform this type of examination, largely documented also with photos that shown tricks and strategies to obtain the best imaging.

**Keywords:** acetabulum; posttraumatic deformity; total hip arthroplasty; aspid

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The article provided a very structured as well as detailed protocol on how and in which views, perform this type of examination, largely documented also with photos that shown tricks and strategies to obtain the best imaging.

Analyzing the article, is easy to see how the use of the proposed protocol allows to standardize the execution, ensuring the reproducibility and therefore the comparability of different examinations performed on the same subject at different times, avoiding the variability due to different operators.

One point on which the author focused on, is the psychological-relational aspects of the examination, seeing as how the subjects mainly involved are girls. This particular attention to relational aspects, significantly increases the Patient's comfort and lead to increase her compliance to the examination that is a fundamental condition to ensure high quality in the imaging results. The same care also comforts parents and provides them serenity. This is very important especially in the case of the first time in which the clinical diagnosis of scoliosis is established.

Based on the same reason of the previous point, the author also focused above all on the protection from the side effects of the ionizing radiation employed, since is well known that girls and young women are the most sensible subjects from this point of view. This attention has led to combine technical tricks and technological advances in the field of radiological

diagnostic equipment to obtain diagnostic examinations using a dose as low as reasonable possible.

Although the aspects reported above, may suggest an efficient and innovative solution, the proposed protocol is not free from shadows. The main of these and probably the origin of all other related critical points, is linked to the adoption or not of the protocol at the level of the diagnostic imaging ward, where the examinations will be performed.

In fact, not adopting the protocol means, in other words, that ward considers the full spine X-ray examination not strategic for itself and not as important and needed of particular attention as it really is. This leads to not invest resources e.g. to incentivize training or to detect certain mistakes and shortcomings or to avoid them. Finally ward will have most of the operators not specifically trained for this type of examination and not sensitised on its peculiarities and its importance, mistakes and shortcomings will be considered acceptable and the possible orthopedic observations will be simply dropped.

On the other hand, the Patients and their parents have few tools to encourage the use of the proposed protocol, while praising it when it is applied. So they become substantially passive subjects, losing the active component in the examination that the protocol gave them by right. Both the Patients and the parents thus will find themselves undergoing what happens to them. However, this does not mean that their discomfort is negligible. Indeed, probably just the opposite. Except that the fact is simply ignored.

Certainly what reported does not invalidate the protocol itself, nor does it reduce its validity. Rather, it confirms, as yet another proof, that results can only be obtained from teamwork at any level: it is therefore not enough to have a good tool to perform an examination, but it is necessary that it has been accepted, shared and helped to grow by everyone in the

ward, to whatever level and profession it belongs, if you really want it to be there a significant increase in the outcome.

And this naturally also involves the decision-making structures of the hospital.



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