

CITOVANÁ LITERATURA

DIAGNOSTIKA A KONZERVATIVNÍ TERAPIE SKOLIÓZ S V YUŽITÍM PRINCIPŮ KONCEPTU DNS

Mgr. Magdaléna Lepšíková

- Negrini, S., et al., 2016 SOSORT guidelines: orthopaedic and rehabilitation treatment of idiopathic scoliosis during growth. *Scoliosis Spinal Disord*, 2018. 13: p. 3.
- Choudhry, M.N., Z. Ahmad, and R. Verma, Adolescent Idiopathic Scoliosis. *Open Orthop J*, 2016. 10: p. 143-54.
- Dylevský, I., Speciální kineziologie. Praha: Grada Publishing, ISBN 9788024716480. s90. 2009.
- Carter, O.D. and S.G. Haynes, Prevalence rates for scoliosis in US adults: results from the first National Health and Nutrition Examination Survey. *Int J Epidemiol*, 1987. 16(4): p. 537-44.
- Schwab, F., et al., Adult scoliosis: prevalence, SF-36, and nutritional parameters in an elderly volunteer population. *Spine (Phila Pa 1976)*, 2005. 30(9): p. 1082-5.
- Lonstein, J.E., Scoliosis: surgical versus nonsurgical treatment. *Clin Orthop Relat Res*, 2006. 443: p. 248-59.
- Castelein, R.M., J.H. van Dieen, and T.H. Smit, The role of dorsal shear forces in the pathogenesis of adolescent idiopathic scoliosis—a hypothesis. *Med Hypotheses*, 2005. 65(3): p. 501-8.
- Wang, W.J., et al., Top theories for the etiopathogenesis of adolescent idiopathic scoliosis. *J Pediatr Orthop*, 2011. 31(1 Suppl): p. S14-27.
- Mau, H., The changing concept of infantile scoliosis. *Int Orthop*, 1981. 5(2): p. 131-7.
- Coillard, C., A.B. Circo, and C.H. Rivard, SpineCor treatment for Juvenile Idiopathic Scoliosis: SOSORT award 2010 winner. *Scoliosis*, 2010. 5: p. 25.
- Roach, J.W., Adolescent idiopathic scoliosis. *Orthop Clin North Am*, 1999. 30(3): p. 353-65, vii-viii.
- Chang, S.H., et al., Height and weight change across menarche of schoolgirls with early menarche. *Arch Pediatr Adolesc Med*, 2000. 154(9): p. 880-4.
- Qiao, J., et al., Inter- and intraobserver reliability assessment of the axial trunk rotation: manual versus smartphone-aided measurement tools. *BMC Musculoskelet Disord*, 2014. 15: p. 343.
- Kolář, P., Klinické vyšetření a léčebné postupy u pacientů s idiopatickou skoliózou. *Pediatric pro praxi*, 2003. 5: p. 243-247.
- Weinstein, S.L., The Natural History of Adolescent Idiopathic Scoliosis. *J Pediatr Orthop*, 2019. 39(Issue 6, Supplement 1 Suppl 1): p. S44-S46.
- Miller, N.H., Cause and natural history of adolescent idiopathic scoliosis. *Orthop Clin North Am*, 1999. 30(3): p. 343-52, vii.
- Smits-Engelsman, B., M. Klerks, and A. Kirby, Beighton score: a valid measure for generalized hypermobility in children. *J Pediatr*, 2011. 158(1): p. 119-23, 123 e1-4.
- Danielsson, A.J., et al., Health-related quality of life in untreated versus brace-treated patients with adolescent idiopathic scoliosis: a long-term follow-up. *Spine (Phila Pa 1976)*, 2010. 35(2): p. 199-205.
- Konieczny, M.R., P. Hieronymus, and R. Krauspe, Time in brace: where are the limits and how can we improve compliance and reduce negative psychosocial impact in patients with scoliosis? A retrospective analysis. *Spine J*, 2017. 17(11): p. 1658-1664.
- Kenanidis, E., et al., Adolescent idiopathic scoliosis and exercising: is there truly a liaison? *Spine (Phila Pa 1976)*, 2008. 33(20): p. 2160-5.
- Meyer, C., et al., Why do idiopathic scoliosis patients participate more in gymnastics? *Scand J Med Sci Sports*, 2006. 16(4): p. 231-6.
- Warren, M.P., et al., Scoliosis and fractures in young ballet dancers. Relation to delayed menarche and secondary amenorrhea. *N Engl J Med*, 1986. 314(21): p. 1348-53.
- Meyer, C., et al., The practice of physical and sporting activity in teenagers with idiopathic scoliosis is related to the curve type. *Scand J Med Sci Sports*, 2008. 18(6): p. 751-5.
- Wong, H.K. and K.J. Tan, The natural history of adolescent idiopathic scoliosis. *Indian J Orthop*, 2010. 44(1): p. 9-13.
- Dewan, M.C., N. Mummareddy, and C. Bonfield, The influence of pregnancy on women with adolescent idiopathic scoliosis. *Eur Spine J*, 2018. 27(2): p. 253-263.

OPRAVA V ČLÁNKU

Tabulka na str. 16 byla v časopise vytištěna chybně, níže uvádíme správné znění:

Tab. 2 / Riziko progresu křivky v dospělosti (tj. po dosažení kostní zralosti) (15)

VELIKOST KŘIVKY V DOBĚ DOSAŽENÍ KOSTNÍ ZRALOSTI	RIZIKO PROGRESU V DOSPĚLOSTI (PO DOSAŽENÍ KOSTNÍ ZRALOSTI)
<30°	Po dosažení kostní zralosti není pravděpodobná progresse
30–50°	Progrese 10–15° v průběhu zbytku života
>50°	Progrese cca 1° každý rok
>90°	Negativní vliv na kardiopulmonální funkce