

Description of this book and table of contents.

The etiology of the so-called idiopathic scoliosis. New classification (2001-2004 and 2006). The new rehabilitation treatment and prevention. Observations from the years 1995-2007.

In 1995, at the Congress of Orthopaedics in Szeged for the first time Prof. T. Karski (photo) presented views on the etiology of idiopathic scoliosis and a presentation that shows that scoliosis arises from biomechanical influences arising from the existence of the right hip contracture (odwiedzeniowego-often flexion) only adduction loss. The difference in adduction movements and the rotation is associated with contracture syndrome with newborns and infants described by Prof. Hans Mau from Tübingen as Siebener [Kontrakturen] Syndrome.

In August 1996, Prof. T. Karski, presented the etiology of scoliosis to Professor Georg Neff - Head of Abteilung für Technische Orthopädie, Dysmelie und Rehabilitation, Oskar - Helene - Heim **stated the etiology identified as so einfach (so easy). Indeed, the cause of scoliosis is simple.**

In 1997, the discovery of becoming a permanent factor on the right leg (the cause of scoliosis II / A epg and II / B epg).

In 2001 and 2004 specifies three groups of pathogenic factors and four types of scoliosis: SI epg, C II / A epg and S II / B epg and I III epg.

In 2006, the model accurately describes the movements of the hips and hence penetrating type of scoliosis.

In 2007, explained **why blind children do not have scoliosis** and three indirect factors described from possibly affecting the central nervous system. Later development of scoliosis.

In the first group, the development of scoliosis in children walking, so from 2 - 3 years old abduction contracture of the right hip during walking triggers rotational deformity of the spine. Location of contracture often flexion (odwiedzeniowego) anterior side - the side right hip, triggers compensatory movements and congestion, landing within the complex, which is: pelvis, sacrum and spine. This gives the initial rotational deformity, curvature of the lumbar-sacral lumbar or lumbar-thoracic left hand while (I epg) or secondary (II / B epg) right-sided thoracic scoliosis. The first symptoms of scoliosis group I epg is to stiffen the spine, the disappearance of the spinous processes Th7 - Th12, flat back due hipokifozy chest, sometimes lordotyzacja this part of the spine [Adams & Meyer - 1864, 1865; Renata Tomaszewski & Barbara Popp, 1992; Karski 1995-2007].

In the second group, there is only etiopathogenetic scoliosis adduction loss, that is, the movement of the right hip is much smaller than in the left hip. The development of deformation is related to the phenomenon of permanent standing on the right leg (pkd). **The so-called idiopathic scoliosis. No phenomenon of muscle weakness, so it is not reasonable to strengthen them.**

Observations of the author explaining with a reasonable doubt, that exercise erect (ie. the reinforcement) are harmful and increase the curvature of the spine perpetuate erectile contracture. Thus confirmed observations were already proclaimed years ago by Professor Stefan Malawskiego about the dangers of extensor exercises.

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References - used for 2003. Full references (until 2011) are given in Part II and Part III of the book (in English and German version)

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