

Your spine (backbone) curves forward gently as it runs up your back. This is normal, and it helps your spine support your head and upper body.

Sometimes, though, a person's back can be rounded too far forward. This condition is known as kyphosis, and it can sometimes lead to problems.

**What Is Kyphosis?**

Kyphosis is a fairly common condition for teens and adults. Often, when someone has kyphosis, you won't be able to notice it and it won't cause any problems. In some cases, though, people with kyphosis can develop a hump on their back, feel uncomfortable, or have trouble breathing properly.

The backbone is made up of a column of small disc-shaped bones, called vertebrae, that are held together by ligaments. The vertebrae in the middle and upper part of the back are called the **thoracic vertebrae**. They're attached to the ribs. The thoracic vertebrae are the ones that are rounded forward too much when someone has kyphosis.

Different types of kyphosis can affect teens, and each has its own cause:

* **Postural kyphosis** is the most common type of kyphosis. It typically appears during the teen years and is more common in girls than boys. Postural kyphosis can happen when bones and muscles develop in an abnormal way as they grow, possibly because of slouching or poor posture. Postural kyphosis can cause mild discomfort but rarely leads to problems later in life.
* **Scheuermann's kyphosis** usually appears during adolescence, especially during a growth spurt. No one knows what causes it, but it can run in families. Scheuermann's kyphosis causes the vertebrae to look like wedges, rather than rectangles, when viewed from the side on X-rays. It is slightly more common among boys than girls.

**Congenital kyphosis** happens when the spine develops abnormally while a baby is still in the mother's womb. Several vertebrae can be fused together or the bones can form improperly. This type of kyphosis can get worse as a child grows. It is important to check a baby or child with congenital kyphosis for other orthopedic problems and heart or kidney defects.

**How Is Kyphosis Diagnosed?**

Sometimes kyphosis will be easy to see. A person might have a hump or the back might look more rounded than it should. Other cases of kyphosis will be harder to notice and may not be visible at all.

To check you for kyphosis, a doctor will examine your spine and might ask you to do a forward-bending test, which involves simply bending forward at the waist. This can sometimes make kyphosis easier to see. The doctor also might ask you to lie down, which can help in diagnosing postural kyphosis.

If it looks like someone has kyphosis, doctors will usually order X-rays of the spine. Looking at the X-rays can help determine the type of kyphosis. To check if kyphosis is affecting breathing, doctors may ask a person to breathe in so they can listen to the lungs.

If a doctor thinks kyphosis isn't the problem, he or she may call for an [MRI](http://kidshealth.org/teen/cancer_center/diagnostic_tests/mri.html) scan of the back.

**What Do Doctors Do?**

Often, doctors don't need to do anything for kyphosis. Cases in which it appears that the rounding isn't going to cause any problems might only require regular checkups to ensure the rounding doesn't become worse. Most cases will stop getting worse once someone is fully grown.

Sometimes, a doctor may refer someone with kyphosis to an orthopedist who will examine the spine to determine the cause and extent of the kyphosis. Congenital kyphosis sometimes requires surgery at an early age to fix (if you have this type, you may have already had surgery).

The types of kyphosis that appear during a person's teens can generally be treated with simpler methods. Treatment varies depending on the type of kyphosis and how severe it is:

* **Postural kyphosis.** A doctor may recommend physical therapy or strength training to decrease pain and improve posture. You may be given exercises to strengthen the back muscles so they can help support the spine better. Sleeping on a firm bed can also help.
* **Scheuermann's kyphosis.** With moderate cases, an orthopedist may recommend a brace to help correct the condition and provide back support as you grow. If you need a brace, an orthopedist will help you determine which one is right for you.

You might hear an orthopedist mention something called a **Cobb angle**. The Cobb angle is a measure of the curvature of the spine in degrees, and the number of degrees helps the doctor decide what type of treatment is necessary.

If the rounding of the spine is especially pronounced (75 degrees or more), or if it causes pain or makes breathing difficult, an orthopedist may recommend surgery. Surgery might also be a last resort if someone's back doesn't respond to other treatments. Most of the roundedness from Scheuermann's kyphosis will be gone after surgery.

**Braces**

Some braces are designed to help correct posture. Others are stiffer body jackets designed to help straighten the spine as a person grows. One common brace used for treating Scheuermann's kyphosis is a thoracolumbosacral orthosis (pronounced: tho-ra-ko-lum-bo-SAY-krul or-THOH-sus), or TLSO for short. It can be worn under clothes.

Some people with kyphosis wear a brace at night; others will need to wear a brace for 18-20 hours a day. It all depends on the type of kyphosis and what the brace is designed to do. Most teens wear back braces until they stop growing and the kyphosis is unlikely to progress.

As with [orthodontic braces](http://kidshealth.org/teen/your_body/medical_care/braces.html#cat20771), back braces can be a little uncomfortable at first. But people get used to them, and — like braces on the teeth — they really need to be worn as prescribed or they won't work. Usually, back braces won't restrict a person's activities, and researchers are coming up with lighter and better ones all the time.

**Surgery**

Kyphosis rarely requires surgery. If it does, the surgeon will likely do a **spinal fusion**. This procedure joins two or more of the affected vertebrae together to reduce the amount of rounding in the spine.

Spinal fusion involves attaching new pieces of bone to the vertebrae by using metal rods and screws, placed deep under the spine muscles to correct the kyphosis. After a few months to a year, the bones grow together, or "fuse." The metal pieces are usually left in place as they are not noticeable or uncomfortable. Doctors will often prescribe physical therapy after surgery to help the back recover more quickly.

Every situation is different, but most teens who've had surgery to correct their kyphosis are up and walking within a day or two. After kyphosis surgery, people can generally go home from the hospital within a week. Most teens return to school within a month of the surgery and can resume some activities in 3 to 4 months.

Most people will be able to resume all routine activities 6 to 12 months after surgery, and the bones should be fully fused by about 1 year. It's important for teens who have had surgery to talk with their doctor and parents about which activities are OK as their backs heal.

There's no need to let kyphosis slow you down. People with kyphosis can lead active, normal lives and usually won't have any restrictions on their activities. So if you have kyphosis, do the things you enjoy doing and play your favorite games and sports (as long as you're not still recovering from any surgery!).

http://kidshealth.org/teen/diseases\_conditions/bones/kyphosis.html#