

Supplementary material

Characteristics of the participants

1- Gender

Female ()

Male ()

2- Age (Years) _____

3- University

Public ()

Private ()

4- Academic training:

Bachelor ()

Specialist ()

Master ()

Doctor ()

5- Clinical Experience (Years) _____

6- Region of operation

North ()

Northeast ()

Central West ()

South ()

South-east ()

7- Place of work

Private office or clinic ()

Public Service ()

Home care ()

Fitness centre ()

Hospital ()

Other ()

8- Number of patients with idiopathic scoliosis (per semester)

1 to 5 ()

5 to 10 ()

10 or more ()

9- Do you use any specific technique for treatment?

Yes ()

No ()

Which? _____

Questionnaire

1- What is idiopathic scoliosis?

- a) Three-dimensional deformity found predominantly in childhood and puberty.
- b) Abnormal lateral curve in the spine.
- c) Most common abnormal deformity found in the second dimension.
- d) None of the above.
- e) I don't know.

2- What are the causes of idiopathic scoliosis?

- a) It is caused by a congenital, vertebral or rib malformation.
- b) Fetal malformation in the period of 3 to 6 weeks of pregnancy.
- c) This is a structural pathology without a definite cause.
- d) Idiopathic scoliosis has multifactorial origins.
- e) I don't know.

3- When usually idiopathic scoliosis develops?

- a) Idiopathic scoliosis develops in adulthood.
- b) Malformation of the spine occurs in the uterus, during the period from 3 to 6 weeks.
- c) Idiopathic scoliosis develops most often in childhood and adolescence.
- d) Idiopathic scoliosis occurs due to a compensatory disorder.
- e) I don't know.

4- What is the prevalence of idiopathic scoliosis?

- a) Approximately 20% of cases.
- b) Approximately 60% of cases.
- c) Approximately 80% of cases.
- d) Approximately 40% of cases.
- e) I don't know.

5- When is the diagnosis confirmed?

- a) The Cobb angle is 20° or greater.
- b) When the patient has a morphological change in the rib and/or lateral abnormal curvature of the spine.
- c) The patient presents asymmetry of the levels of the iliac crest.
- d) Cobb angulation is greater than 10° and associated with axial rotation.
- e) I don't know.

6- What does the sign of Risser represent in the radiography?

- a. Degree of bone maturation
- b. Associated with the degree of scoliosis
- c. Excludes idiopathic scoliosis
- d. None of the above.
- e. I don't know.

7- What is the Adams test?

- a) This is a test that aims to evaluate the physiological curvature of the patient's spine. Being noticed when it presents an abnormality from the use of the scoliometer.
- b) This is a test that evaluates the level of the iliac crests, in order to identify whether they present a gap, which could indicate the presence of a scoliosis.
- c) This is an instrument used to identify the Cobb angle more quickly and accurately, reducing the time taken to complete the patient's diagnosis.
- d) None of the above.
- e) I don't know.

8 - How is the referral for the evaluation of the physiotherapist?

- a) Direct referral from the doctor after the patient reports back pain.
- b) Clinical examination, family history and results of radiographic examinations with Cobb angle above 10.
- c) Patients who present abnormality of the curvature of the spine are directly referred to the physiotherapist for the kinetic-functional diagnosis, which are analyzed visually.
- d) None of the above.
- e) I don't know.

9- When should conservative treatment be recommended?

- a. 10-45 degrees.
- b. 25-50 degrees.
- c. It is recommended at any stage.
- d. None of the above.
- e. I don't know.

10- What are the goals of conservative treatment?

- a) Align the patient's spine so that he can use the next stage of treatment, the vest.
- b) Increase the Cobb angle of the patient by up to 20.
- c) Work on aesthetics, quality of life, functional disability, back pain, reduction of the angle of Cobb and the psychological well-being of the patient.
- d) None of the above
- e) I don't know.

11- When is the use of a brace recommended?

- a) It is recommended when the primary curve is between 5' and 10° at the Cobb angle.
- b) It is recommended for the treatment of functional scoliosis.
- c) It is recommended when the primary curve is equal to or greater than 20° at the Cobb angle.
- d) None of the above.
- e) I don't know.

12- What are the recommendations on physiotherapeutic exercises applied to these patients in order to prevent the progression of idiopathic scoliosis?

- a) It is recommended that physiotherapeutic exercises direct to three-dimensional self-correction of the spine, stabilization of corrected posture and patient education during activities of daily living.

- b) Group treatments are best used to prevent the progression of scoliosis curvature.
- c) Treatment should be done alternately, starting from the beginning with a high intensity.
- d) Extension exercises are recommended to prevent the progression of the curvature of the spine.
- e) I don't know.

13- What are the recommendations for patients who have scoliosis and practice physical activity?

- a) Stop activities, to avoid increased curvature of scoliosis.
- b) Give continuity in physical activity, because it allows an improvement in psychological and social well-being.
- c) Change physical activity, always prioritizing activities such as swimming and ballet.
- d) None of the above.
- e) I don't know.

14- In your opinion, what conservative treatment method would you recommend for the treatment of idiopathic scoliosis?

- a. Method Scientific Exercises Approach to Scoliosis (SEAS)
- b. Global Postural Re-education (RPG)
- c. Spinal manipulation
- d. Specific Exercises for Scoliosis
- e. None of the above

15- What physical activity would benefit scoliosis patients (in your opinion)?

- a. Yoga
- b. Swimming
- c. Pilates
- d. Ballet
- e. I don't know