

Q&A: Fifth Annual SRS Research Grant Outcome Symposium  
March 1, 2025

1. **Did you score the flexibility of the curves to decide the material of the brace? Did you take in consideration the 3D alignment of the patient?**
  - a. No. All materials and thickness need to be the same in order not to introduce bias between the 2 groups. For the 3D alignment, we use EOS for all cases
2. **Pelvic obliquity is related to leg length discrepancy in standing films. Do you have any hypothesis as to why the RCO brace would improve pelvic obliquity?**
  - a. We have not obtained head to toe EOS for all cases so I cannot be sure all patients had LLD. My hypothesis is that all AIS stems from a pelvic asymmetry from development and derotating the spine can also improve it
3. **Dr. Kwan, although not quite statistically significant, it seemed like patients did seem to wear the RCO for more hours; 15 vs 10 hours per day. Any thoughts on why this would be?**
  - a. The RCO brace has less coverage i.e. more free/exposed area of the trunk, and the patients seem to prefer that to our traditional Boston type of brace
4. **Dr Kwan: Do you think the pelvic obliquity correction/finding will be a persistent finding following brace discontinuation? How do you explain this finding?**
  - a. I believe for those whose curves are controlled by bracing, the pelvic obliquity correction will remain
5. **I will say that you have to correct sagittal transverse and then coronal that is the order. Do you agree?**
  - a. We use a CAD CAM for manufacturing all braces