

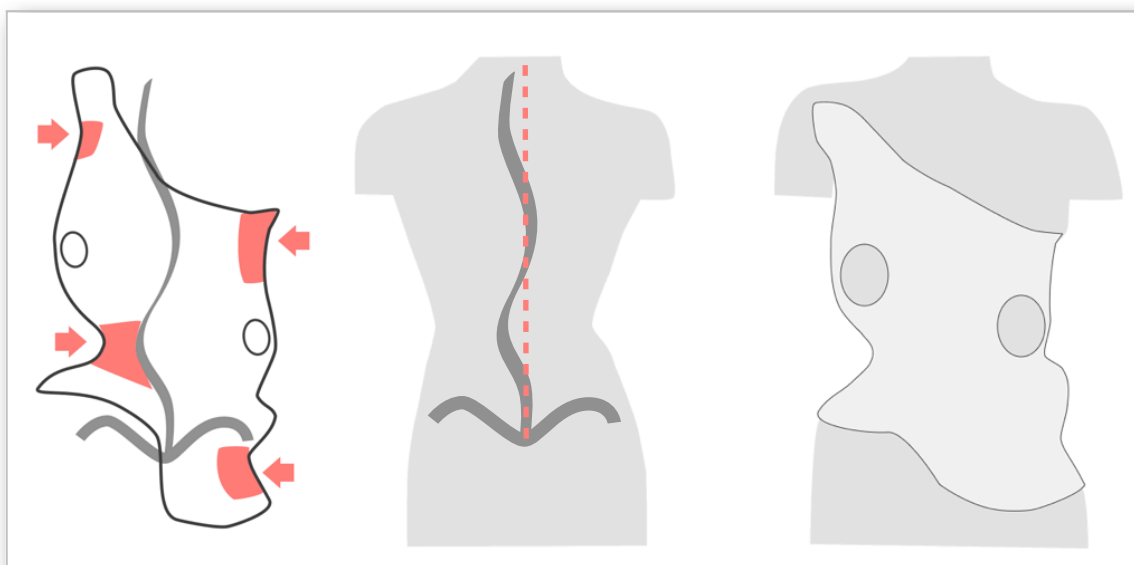
# RSC<sup>®</sup> Brace

Orthoses design and curvature types.

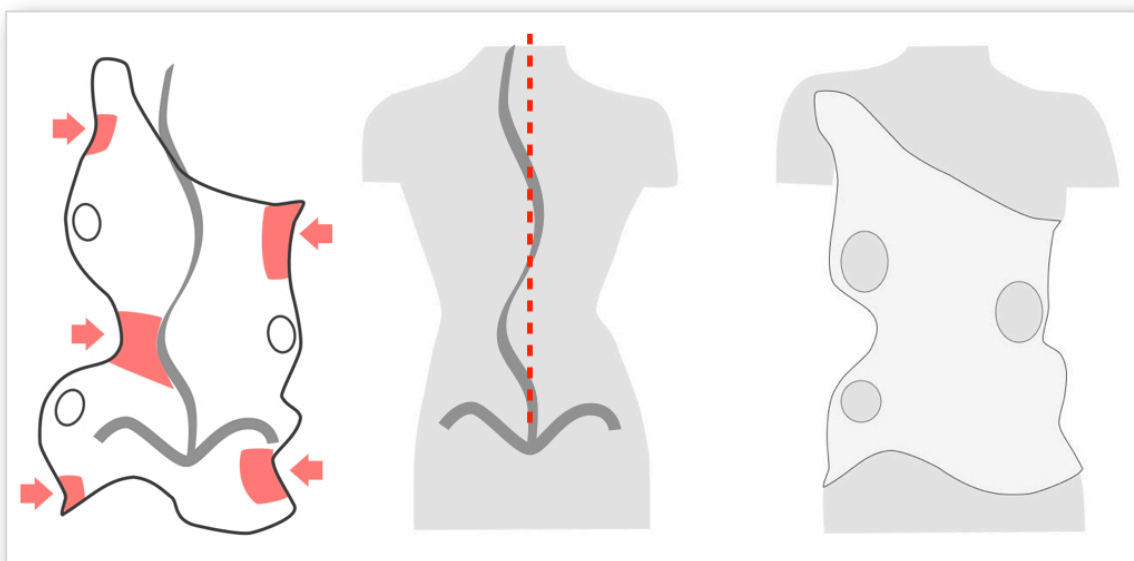
## Typ B1/B2

With B1/B2 scoliosis, it is necessary to use two three-point pressure systems. The size of the lumbar pad (in the cranial-caudal direction) is determined by where the apex is localised and how long the lumbar curvature is. The higher and longer the curvature, the higher the pad is. For a right thoracic, left lumbar curvature, pressure zones which move the lumbar convexity from left to right as well as thoracic convexity from right to left are necessary. A pad which pushes the upper thoracic curvature from left to right shapes the second three-point pressure system together with the thoracic and lumbar pad.

### open



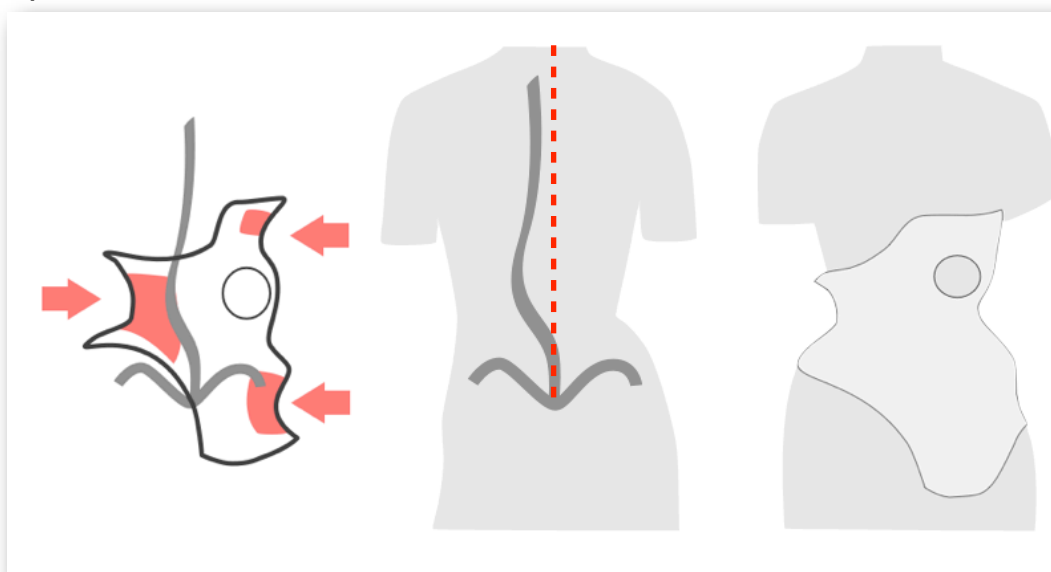
### closed



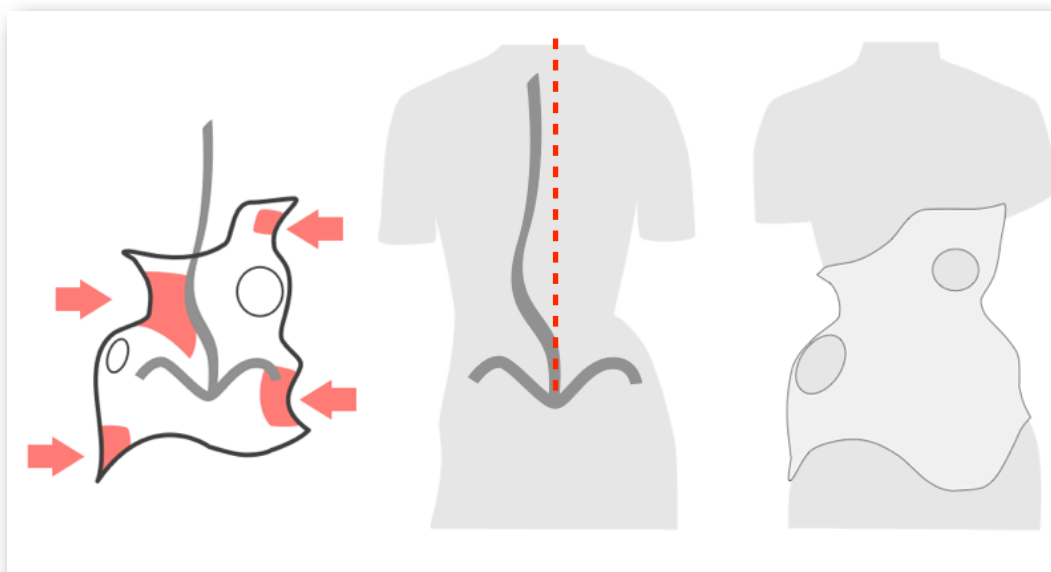
## Typ E1/E2

Lumbar and thoracolumbar curvatures can be supported with a short RSC® brace. A short RSC® brace works with one single three-point system. The thoracic pad acts as a supporting point and sits below the thoracic apex. Whether the person is supported with it "open" or "closed" must be carefully checked when trying the brace on. Criteria for this are the structure of the curvature and the ability of the patient to stand perpendicular with no trochanteric retainer.

open



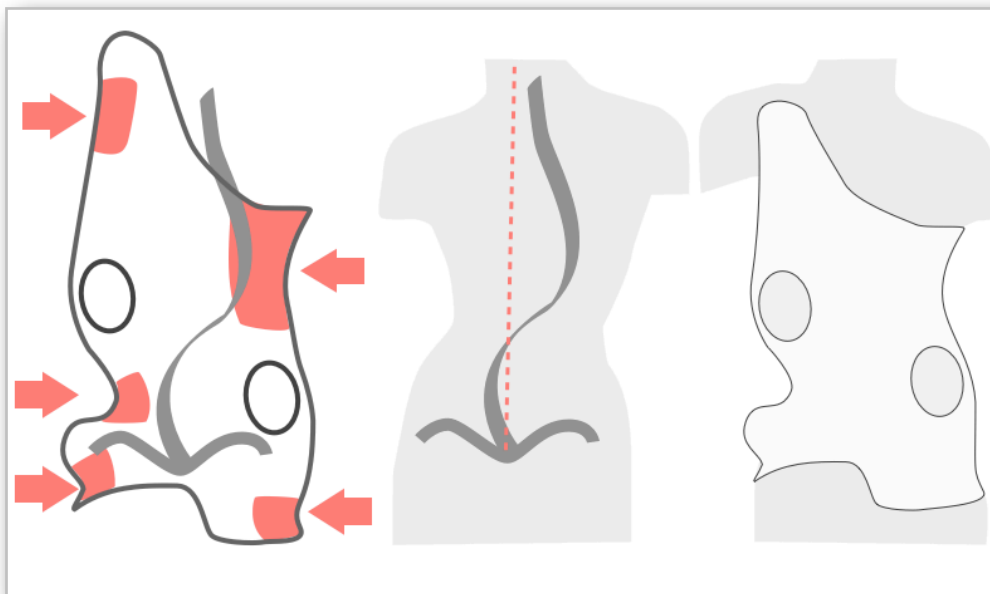
closed



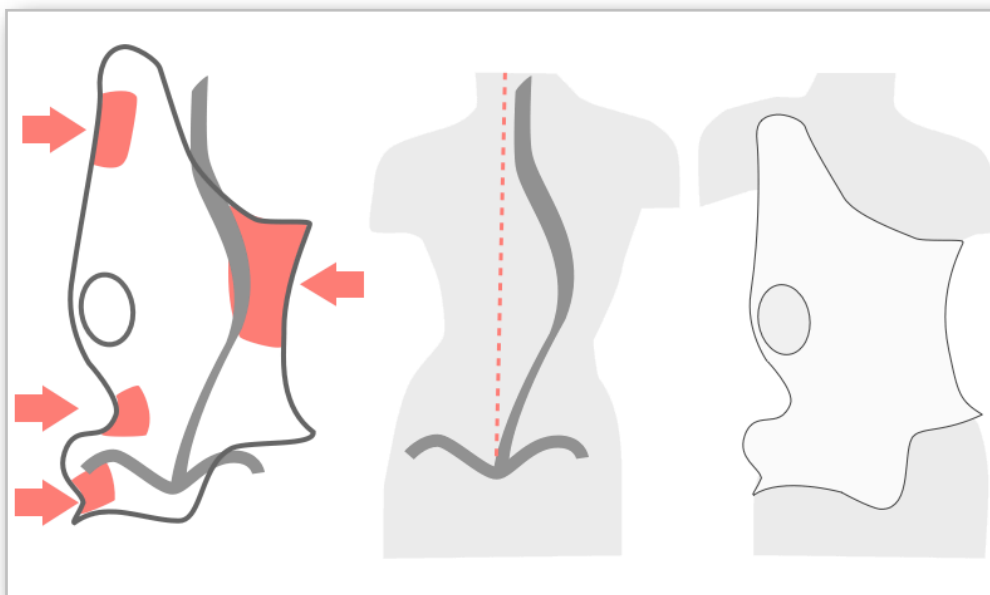
## Typ A1/A2/A3

With a right thoracic scoliosis, the convex lumbar and pelvic zone is moved as a block from left to right. The convex thoracic zone is moved from right to left and the upper convex thoracic zone from left to right. In this way sufficient free space is created on the opposite side of the movement. With thoracic right-convex A2/A2 scoliosis, it is very important to set a right trochanteric retainer in order to balance the patient and to control them around the lumbar curvature. The opposite mechanisms apply for thoracic left-convex scoliosis of the same type.

### A2/A3 closed

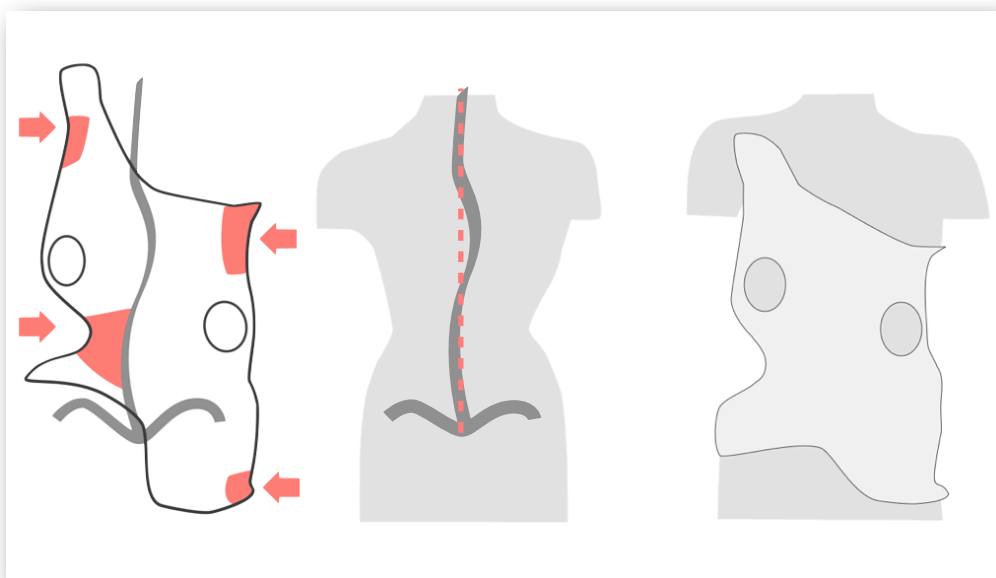


### A1 open



## Typ C1/C2

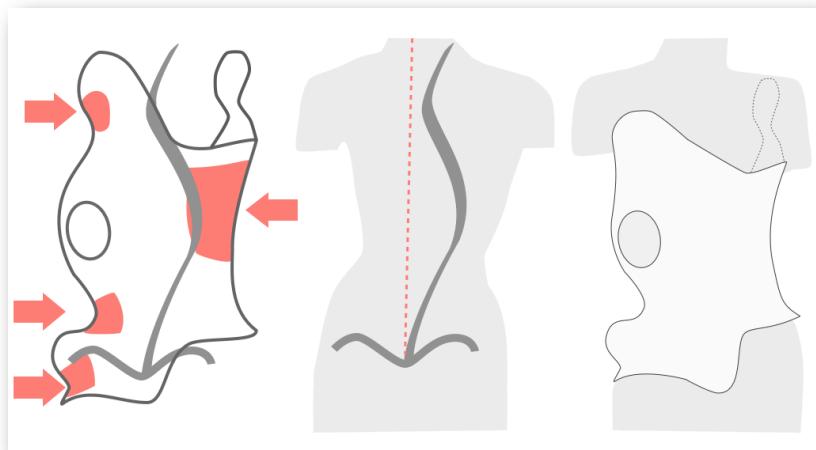
Clinically, the patient stands perpendicular with C1 and C2 curvatures. The CSL line runs through C7. Type C1 and C2 corsets keep the pelvis in the neutral position. If a lumbar curvature is present, it is important to have a pronounced counter pressure in the trochanteric area in the lower pelvis on the thoracic convex side in order to create a rotation of the pelvis in the opposite direction to the thoracic concave side.



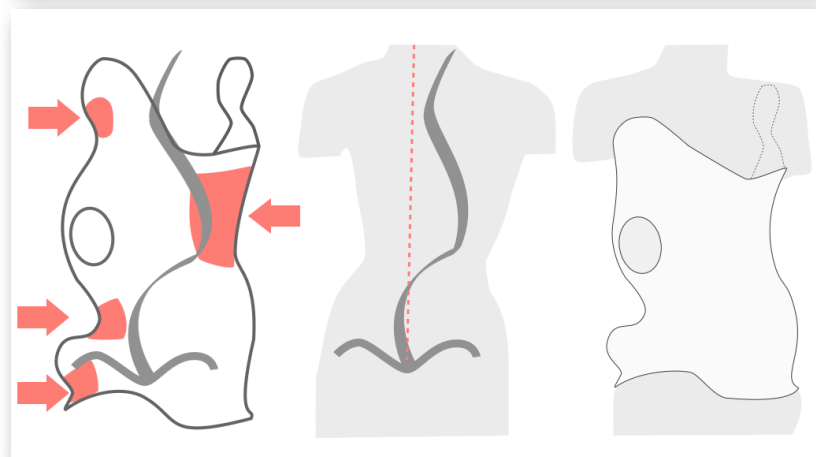
## RSC® Brace with D Modifier

The RSC® brace for scoliosis with an upper thoracic component has a special design in the most cranial segment which exclusively acts as a supporting point for the curvature. The retaining bracket acts as a derotation support on the opposite shoulder. Moreover, here the ribs of the upper thoracic curvature are included for the derotation of these. The adjustment requires very careful attention. The main focus of these corset models is to generate the maximum balance. If only the primary curvature is dealt with, this usually results in very pronounced deterioration of the upper thoracic components i.e. the secondary curvature.

A1 with D Modifier



A2/A3 with D Modifier



B/C Typ with D Modifier

