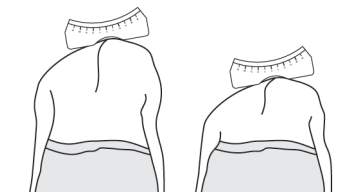


SCOLIOMETRO - SCOLIOMETER  
 - SCOLIOMÈTRE - ESCOLIÓMETRO  
 - DAS SKOLIOMETER - ESCOLIÓMETRO  
 - ΣΚΟΛΙΟΜΕΤΡΟ - دليل الجنف مق ياس  
 - SKOLIOMETR

Manuale utente - User manual  
 - Notice d'utilisation - Manual de uso  
 - Betriebsanweisungen - Manual de uso  
 - εγχειρίδιο - دليل الإستعمال والرعاية  
 - Instrukcja obsługi



REF 5202 (Gima 27351)

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sition. It is more difficult to observe the entity of the posterior rib hump in the chest wall, which is formed as vertebrae rotate around the spinal column. In fact, scoliosis causes the patient to modify his posterior rib position, so that both sides are no longer on a horizontal plane. The concave side of the scoliosis (**Fig. 1**, left side for observer) is curved inwards, therefore the posterior ribs are lowered, while on the convex side (**Fig. 1**, right side for observer) it is more protruding. The hump form can be seen more clearly by examining the subject's back view and having him bend his chest forward over his hips. The non-horizontal alignment is thus visible. On this subject, for an accurate overall evaluation, it is most important that the subject bends forward correctly, feet together, arms hanging beside his legs and in a relaxed position (**Fig. 2**).

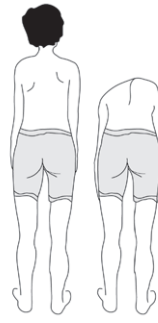


Fig 1 Fig 2

Several studies have shown that about 5% of school-age children have abnormal lateral curvature of the spine; for this reason, careful screening, from the age of 6 until puberty, should be included among the routine examinations normally carried out by parents first and then by specialists.

This **Scoliometer** is not a Medical Device, but it is an indicative instrument for an initial detection of the possible presence and extent of the rib hump. It is based on the spirit level principle.

In order to quantify the amount of scoliosis, expressed in degrees, simply place the **Scoliometer**, without pressure, upon the patient's back, with the concave part of the instrument on the spinal apophysis. Then read on the scale the torso's angle of rotation (the angle between horizontal and an axis touching the back of the torso on top of the rib hump).

**Fig. 3** shows how the upper torso is measured, with the patient bending over slightly. **Fig. 4** shows the correct position of the thoracic area over the hips for measuring the lumbar part of the spinal column, which requires a full forward bend. The instrument contains a small sphere that slides within a track, directly indicating on the scale divergence from horizontal in

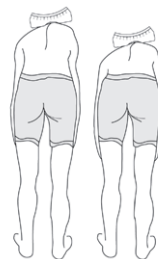


Fig 3 Fig 4

**SCOLIOSIS** is a deviation (morphological or functional) of the spinal column to the side, to the left or to the right. Often, scoliosis is first diagnosed by finding:

- 1) irregular vertical alignment of spinal hypophyses of the vertebrae (misalignment);
- 2) asymmetry of shoulders and hips;
- 3) prominence of one shoulder blade;
- 4) a posterior rib hump in the chest wall.

The first three checks above can be easily done by observing the subject from behind and in erect po-

degrees.

It is not a diagnostic instrument, but it allows for the potential defect to be highlighted. Once a possible issue has been identified, consult a specialist for further investigation. The measured values are approximate.

When cleaning the item, do not use aggressive cleaning agents or solvents or the like, but use a damp cloth with mild soap and water; it is allowed to use denatured alcohol for disinfection.

**GIMA WARRANTY TERMS**

The Gima 12-month standard B2B warranty applies.