

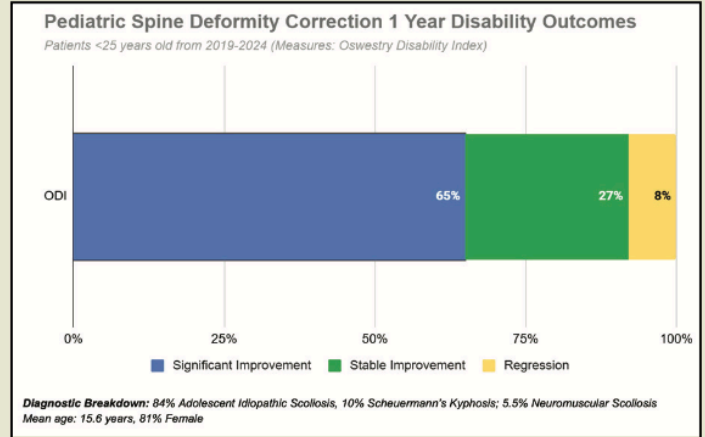
Clinical outcomes for scoliosis treatment

Clinical outcomes collected at Texas Spine and Scoliosis for pediatric and adolescent scoliosis treatment involves patient forms completed before treatment and after treatment at various intervals. **Patient Reported Outcomes (PRO)** are considered to be the most valid measurement of clinical care related to the patient's assessment of their function, pain level, self image, mental health and satisfaction of the care provided by the clinicians at Texas Spine and Scoliosis.

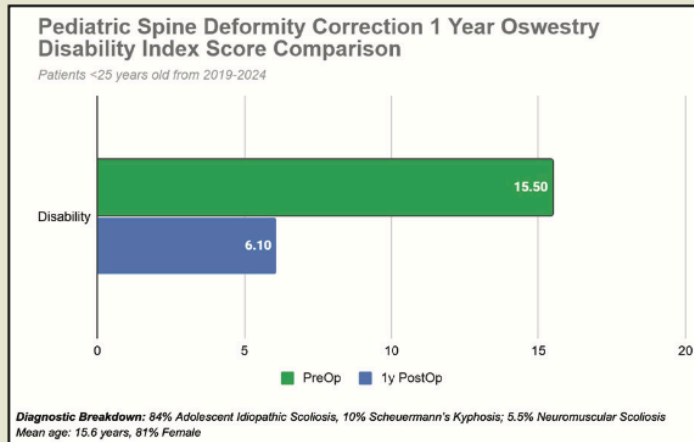


Dr. Matthew Geck is referred pediatric, adolescent and adult scoliosis patients from across the United States.

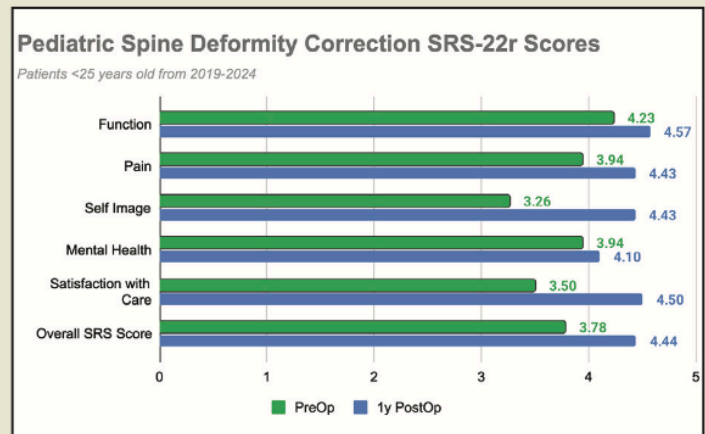
The **OSWESTRY** is a standardized spine assessment tool used for 50 years within the spine field that measures a patient's function over a range of activities and compares that to a national database. SRS stands for data assembled over decades by the **Scoliosis Research Society**, the most respected international group of scoliosis specialists. The data presented here is collected and aggregated by a clinical outcome data professional within the spine center.



Deformity patients had improved scores across after corrective surgery as measured by the Oswestry functional assessment tool.



Deformity patients reduced their disability significantly after surgery as measured by the Oswestry functional assessment tool.



Deformity patients documented significant and stable improvement for kyphosis and scoliosis.

The *Setting Scoliosis Straight* assessment system based on the "Harms Study Group," utilizes a comprehensive data collection system to evaluate and track patient outcomes related to scoliosis surgery, allowing surgeons to compare their results against a larger database and identify areas for improvement, with a focus on the widely recognized "Lenke Classification System" for accurately categorizing scoliosis curves; this system is designed to promote quality improvement in scoliosis care by providing detailed feedback and benchmarking data to participating surgeons.

| | EBL/Level | | OR Time | | % Curve Correction | | 2y Major Complication* | Length of Stay | |
|------|-----------------|------------|-----------------|------------|--------------------|-----------------|------------------------|----------------|----------|
| | Rank | Percentile | Rank | Percentile | Absolute | Rank | | | |
| 2020 | 9th out of 87 | 10% | 34th out of 89 | 38% | 74% | 20th out of 85 | 30 | 0 | 4.2 days |
| 2021 | 32nd out of 110 | 29% | 36th out of 111 | 32% | 77% | 25th out of 106 | 24 | 0 | 3.7 days |
| 2022 | 43rd out of 112 | 38% | 27th out of 114 | 23% | 77% | 27th out of 107 | 25 | 0 | 3.8 days |
| 2023 | 23rd out of 111 | 21% | 34th out of 111 | 35% | 78% | 21st out of 103 | 20 | 0** | 3.4 days |

* Major Complication: Return to OR for deep infection, non-union, fractured rods; any postop neurological deficit including visual loss
** Only 1 year data available