

# CORRELATION WITH RADIOGRAPHY

Extracts from abstracts of two articles published in *Clinical Biomechanics* in 2003

“Fifty-two patients with severe idiopathic scoliosis with Cobb angles up to 88° were examined rasterstereographically and radiographically. Forty-eight preoperative anterior–posterior radiographs and 101 postoperative anterior–posterior radiographs were digitized.”

“The system (Formetric) can be used for postoperative follow up examinations and may reduce the number of X-rays considerably. In contrast to radiography, C.T. or M.R.I., rasterstereography (Formetric) provides an objective quantification and documentation of the postoperative cosmetic improvement of the back shape in standing posture.”

**Clinical Biomechanics** 18 (2003) 1–8

*Rasterstereographic back shape analysis in idiopathic scoliosis after anterior correction and fusion.*

Lars Hackenberg, Eberhard Hierholzer, Wolfgang Pötzl, Christian Götze, Ulf Liljenqvist

“Twenty-five patients with idiopathic scoliosis with maximum Cobb angles of 78° were examined by rasterstereography (Formetric) and radiography. Seventy-one anterior–posterior radiographs were digitised. Twenty-four were preoperative and 47 postoperative radiographs.”

“Following posterior correction the accuracy was good. The root mean square difference was 4.5 mm for the lateral deviation and 4.3° for vertebral rotation.”

“Therefore rasterstereography (Formetric) can be used postoperatively to reduce the number of radiographs and radiation exposure. Additionally, the method provides an objective quantification of the postoperative improvement in the cosmesis of the back shape.”

**Clinical Biomechanics** 18 (2003) 883–889

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