The Value of Treating Sagittal Plane on 3D Spine Deformity

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The human spine is one of the most complex structures of the body. It was not designed to be suspended in two legs; the best support for preventing the amount of pathologies that clinicians are seeing nowadays would be four legs. We need to understand the meaning of plane involvement and the stability of each one and in overall of the whole spine.

There is no doubt that the sagittal plane is the one we use the most. Babies change from a long C kyphotic curve to physiological sagittal shape (lordosis, kyphosis) to create a good alignment, balance and remind stable as much as possible.

The overuse of the spine and not being careful with the first signs of muscle and mechanical imbalance of this plane will change the normal physiological sagittal alignment, creating an anterior de-compensation or imbalance. Sooner or later the disks and soft tissues that are receiving this tremendous shear forces will be damage permanently.

In deformities such as Scoliosis that involve all three planes (sagittal, transverse, coronal), it is a duty that clinicians should initiate the treatment in a specific order, always starting with the sagittal plane, transverse and coronal as GOSS (Gomez Orthotic Spine Systems) Protocol recommends.

Our first goal is to treat the whole body as a structure, starting with the sagittal, transverse and coronal alignment by changing the tilts of the different segments from each plane.

In my lecture I will explain in detail, with real cases what I mean treating alignment and balance in specific order Sagittal/Transverse/Coronal.