Kyphosis Diagnosis, Symptoms, Tests and Treatment



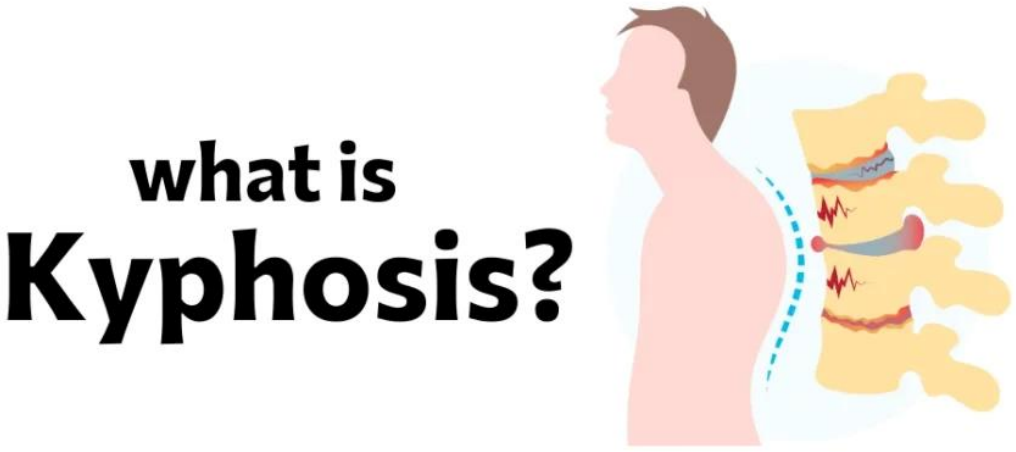
Kyphosis diagnosis usually begins with a simple question: is your rounded upper back a habit, or is the spine itself shaped differently? A doctor can tell the two apart with a physical exam and, when needed, a side-view spine X-ray that measures the curve in degrees.

This guide explains how kyphosis is diagnosed, which tests are used and why, and what the **Cobb angle** number means. It also shows when a rounded back is likely a posture issue and when it needs medical attention. If habit is the main cause, our guide to fixing a hunched posture is a better first step. This article is for general information and does not replace a medical exam.

Quick Answer

Kyphosis is diagnosed with a physical exam and, when needed, a standing side-view spine X-ray that measures the curve as a **Cobb angle**. Doctors usually call a curve **hyperkyphosis** above about 40 degrees, although cutoffs vary between sources. MRI or a bone density test is added only when symptoms or risk factors point to a cause.

How Is Kyphosis Diagnosed?



Kyphosis is diagnosed with a **medical history, a physical exam, and a standing side-view spine X-ray** that measures the curve. Further tests are added only when symptoms or risk factors suggest a specific cause.

During the exam, a clinician looks at your back from the side, feels the muscles along the spine, and checks how well you can move. They also run **a nervous system check** for weakness, changes in sensation, or reflex differences below the curve, as MedlinePlus describes.

One of the most useful clues is **flexibility**. In postural kyphosis the curve is flexible and tends to straighten when you lie on your back, while in a structural form such as Scheuermann's disease the curve stays rigid. StatPearls uses this difference to separate the two, and notes that tight hamstrings are also common in Scheuermann's disease.

Test	What it checks	When it is used
Medical history and physical exam	Shape of the curve, pain, movement, nerve function	First step for everyone
Flexibility check	Whether the curve straightens when lying on the back	To separate a posture curve from a structural one
Standing side-view spine X-ray	Cobb angle, vertebral shape, wedging, fractures	Gold standard for confirming and measuring

MRI	Spinal cord, nerves, tumor or infection	When nerve symptoms or a tumor or infection are suspected
Bone density test	Osteoporosis	When bone weakness may be behind the curve
Lung function tests	Breathing capacity	When a severe curve affects breathing

What Does the Cobb Angle Measure?

The **Cobb angle** is the standard way to put a number on the curve. On a standing side-view X-ray, the doctor draws one line along the top of the first vertebra in the curve and another along the bottom of the last one, and the angle between those lines is the Cobb angle. Older patients who cannot stand comfortably may be X-rayed lying down instead.

Some curve in the upper back is normal. Doctors usually call it **hyperkyphosis** above about **40 degrees**, which is the 95th percentile in young adults. There is no single agreed cutoff, though, and studies of older adults often use **50 degrees** instead, as one research review explains.

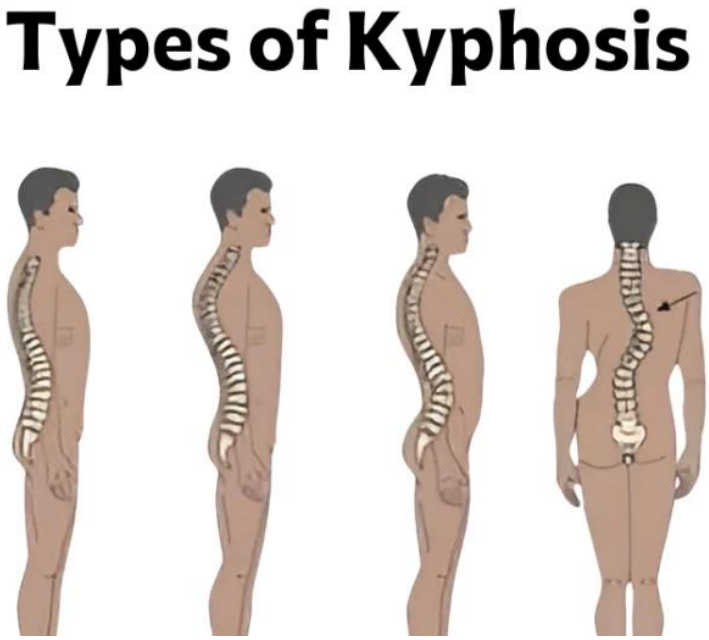
Scheuermann's kyphosis has its own criteria, a curve above 40 degrees plus **three or more neighboring vertebrae** wedged by 5 degrees or more. When X-rays are not available, a **kyphometer** or a **flexicurve ruler** can estimate the curve, although they are less exact.

Can You Check for Kyphosis at Home?

No home test can diagnose kyphosis, but a quick look can show whether an exam is worth booking. Ask someone to photograph your side profile while you stand relaxed. A clearly rounded upper back, a head that sits well in front of your shoulders, or a curve that does not ease when you stand tall are all reasons to get it checked.

Back pain, numbness, weakness, or breathing trouble means you should see a doctor sooner rather than later.

What Are the Types of Kyphosis?



Not every rounded back is the same, and the type matters because it decides how serious the curve is and what treatment makes sense. These are the four main types.

Type	Who it usually affects	What is happening in the spine	Can posture alone straighten it?
Postural kyphosis	Teens and young adults, more often girls	Muscles and ligaments are stretched from slouching, but the vertebrae are a normal shape	Usually yes, the curve is smooth and flattens when you stand tall or lie down
Scheuermann's kyphosis	Teens, and about twice as often boys as girls	Three or more neighboring vertebrae are wedge-shaped, which pulls the spine forward	No, the curve looks sharper and stiffer, and it often stops getting worse once growth ends
Congenital kyphosis	Babies, present from birth	The spine bones did not form or separate properly before birth	No, it can get worse as a child grows and often needs early specialist care

Age-related kyphosis	Adults over 40, and women more often after menopause	Weaker back muscles, worn discs, and thinner bones with small fractures in the vertebrae	Not by posture alone, because the cause often sits in the bones, so **bone health** matters

Postural kyphosis is the most common type, and it is the one most closely tied to habits such as slouching. The other types come from the shape or strength of the bones themselves, which is why a quick posture fix will not solve them. Injury, infection, tumors, connective tissue disorders, and earlier spine surgery can also cause kyphosis, which is one reason a doctor checks instead of guessing.

How Can You Tell Which Type You Might Have?

Only an exam and an X-ray can confirm the type, but these clues can help you decide how soon to book one.

- Your upper back looks rounded but **eases when you stand tall or lie flat**, which points to a posture-related curve.
- The curve looks **sharp, angular, and stiff**, and it does not change when you straighten up, which is more typical of a structural curve such as Scheuermann's kyphosis in teens.
- The rounding **crept in after age 40**, especially after menopause, which is a good reason to ask about a bone density check.
- Your child was **born with an unusual curve**, which needs a specialist's opinion early.

What Are the Symptoms of Kyphosis?

Many people with mild kyphosis have no symptoms at all beyond a rounded upper back. When symptoms do show up, they usually include:

- A visible **rounding or hump** in the upper back
- **Rounded shoulders**, or one shoulder sitting higher than the other
- Your **head sitting further forward** than usual
- **Back pain**, which is often mild but can get worse with movement
- **Stiffness** in the spine and general tiredness
- **Tight hamstrings**, which are more common with Scheuermann's kyphosis

Postural kyphosis often causes little or no pain. Pain is more likely with larger or stiffer curves.

Is Kyphosis Dangerous?

Mild kyphosis is usually not dangerous. It mainly changes how your back looks, and most people manage it without major problems. A severe curve is different. It can cause lasting back pain, trouble walking, and, when it squeezes the chest, trouble breathing. That is why a curve that keeps growing deserves a check, even if it does not hurt yet.

When Should You See a Doctor for Kyphosis?

Book an appointment if the curve in your upper back is getting more noticeable, if it hurts, or if you see a growing curve in your child's spine. A primary care doctor is a good first stop and can refer you to a spine specialist if needed.

Get medical help promptly if you notice any of these signs of possible spinal cord compression:

- Weakness, numbness, or tingling in your legs, or trouble walking
- Chest pain, shortness of breath, or other breathing problems
- Loss of bladder or bowel control
- A sudden new curve or sharp back pain after a fall, especially if you have osteoporosis

These problems are rare and mostly happen with severe curves, but they should never be ignored.

How Is Kyphosis Treated?

Treatment depends on the type of kyphosis, its cause, your age, and how big the curve is. Many mild curves only need monitoring and exercise, and surgery is usually kept for severe or painful curves, as Mayo Clinic explains.

Situation	What doctors usually recommend
Mild curve with no symptoms	Watching and waiting, with check-ups and sometimes X-rays to make sure the curve is not growing
Postural kyphosis	Better posture habits plus strengthening and stretching, with no surgery in the usual case
Scheuermann's kyphosis in a growing teen	Physical therapy and a back brace while the child is still growing, with surgery only for very large or painful curves
Age-related kyphosis	Treating the bone loss behind it, gentle strengthening, and pain management
Congenital kyphosis	Early specialist care, and surgery is often needed

Severe curve with nerve or breathing problems	Prompt specialist evaluation, and surgery may be needed

Does Exercise Help Kyphosis?

Yes, in the right form. **Strengthening and stretching exercises** can improve how flexible your spine feels and ease back pain. A physical therapist can build a plan around the muscles that support your spine, mainly your back and core. Exercise is the main treatment for postural kyphosis, where the curve comes from habit. If that sounds like you, our guide to gentle posture stretches and strengthening moves is a practical place to start.

One safety note for older adults. If you have **osteoporosis**, check with your doctor or physical therapist before you begin. Exercises that round the spine forward can raise the risk of fractures when bones are weak, so the focus is usually on moves that strengthen the back and open the chest instead.

When Is a Brace Used?

A brace is mostly for **teens with Scheuermann's kyphosis who are still growing**. Worn during growth, it can help slow the curve from getting worse. In adults, a brace does not straighten the spine, although it can sometimes give support and ease pain. Your doctor decides the type of brace and how many hours a day it should be worn.

What Medicines Help With Kyphosis?

For pain, over-the-counter pain relievers such as acetaminophen, ibuprofen, or naproxen are common first choices, and a doctor can prescribe stronger medicine if they are not enough. For age-related kyphosis, **osteoporosis medicines** can strengthen the spinal bones and lower the risk of new fractures. They help stop the curve from getting worse, but they do not undo the curve itself. Always check the right choice and dose with your doctor or pharmacist.

Can Kyphosis Be Reversed?

It depends on the type. **Most people with postural kyphosis can fully reverse it** by improving their posture and strengthening the muscles that hold them upright. Scheuermann's kyphosis may not fully reverse, because the shape of the bones is involved, but it is still treatable. With age-related kyphosis, the goal is usually to protect the bones and keep the curve from getting worse. Whatever the type, results take time and steady effort.

When Is Surgery Needed?

Surgery is **not common** and is kept for severe cases. Doctors usually consider it when pain does not improve with other treatment, the curve keeps getting worse, there are nerve problems or trouble breathing, or the curve is very large. The cutoff for a very large curve varies between sources, from about 60 to 75 degrees.

The most common operation is **spinal fusion**, where the surgeon uses rods and screws to hold the vertebrae in a straighter position while they fuse together. Painful compression fractures from osteoporosis are usually treated without surgery, and procedures such as kyphoplasty or vertebroplasty are kept for fractures with stubborn pain. Congenital kyphosis is the exception, because it often needs surgery early.

How Can You Sit More Comfortably With Kyphosis?

A seat cushion cannot straighten a curve in your upper back. It mainly changes how your pelvis and lower back sit, so it cannot fix the shape of the upper spine. Our guide on whether posture cushions really work explains this in more detail. For long hours of sitting, a good setup and regular movement help far more than any cushion.

- Keep both feet flat on the floor or on a footrest, with your knees about level with your hips.
- Sit back so your lower back is supported by the chair.
- Raise your screen to **eye level** so your head does not drift forward.
- Stand up and move every 20 to 30 minutes if you can. Our sit-stand-move routine makes the habit easy to build.

For long days at your desk

Sitcushion Office Seat Cushion

A **17.5" x 20" x 5"** memory foam cushion with a **U-shaped coccyx cutout**, **built-in carrying handle**, **non-slip base**, and a **removable, washable cover**.

Shop the Office Seat Cushion on Amazon

Where Does a Seat Cushion Fit In?

If long sitting leaves your tailbone, hips, or lower back sore, a supportive cushion can make sitting more comfortable by spreading pressure and giving you a stable base. The sitcushion Office Seat Cushion is built for **pressure relief and comfort**, with a U-shaped coccyx cutout. It is not designed to treat kyphosis and it is not a medical device. If you have a diagnosed spine condition,

osteoporosis, ongoing pain, or numbness, check with your doctor before adding a cushion. To compare options, see our office chair seat cushion guide.

Frequently Asked Questions About Kyphosis

What causes kyphosis?

The cause depends on your age and the type of kyphosis. In teens, the most common cause is slouching, known as postural kyphosis. Another cause is Scheuermann's disease, where several vertebrae grow wedge-shaped. Babies can be born with kyphosis when the spine does not form properly. In adults, it is often linked to **weaker bones from osteoporosis**, small compression fractures in the vertebrae, worn discs, and weaker back muscles. Injury, spine surgery, infection, tumors, and connective tissue disorders such as Marfan syndrome can also cause it. A doctor can find out which cause applies to you with an exam and an X-ray.

Is it kyphosis or just bad posture?

The quickest clue is whether the curve can change. With posture-related rounding, the curve looks smooth, you can straighten it by standing tall, and it usually flattens when you lie on your back. A structural curve stays stiff, often looks sharper, and does not change when you try to stand straight. Pain, stiffness, or a curve that is growing are also reasons to get checked. A mirror cannot settle this, so only an exam and a side-view X-ray can tell you for sure.

Can kyphosis be reversed or corrected?

It depends on the type, and most people can improve. Posture-related kyphosis can often be fully reversed with better posture habits and stronger back and core muscles, although it takes steady effort over time. Scheuermann's kyphosis may not fully reverse because the shape of the bones is involved, but bracing during growth, physical therapy, and sometimes surgery can stop it from getting worse. With age-related kyphosis, the goal is to protect your bones and keep the curve from growing. In most cases you do not need surgery. Even when the curve does not disappear, exercise can ease pain and improve posture, and the benefit can fade if you stop, so keep your routine going.

Does kyphosis get worse with age?

Sometimes, and it depends on the type. Posture-related kyphosis usually does not get worse, especially once a teen stops growing. Scheuermann's kyphosis can progress while a teen is growing and tends to stop when growth ends. Congenital kyphosis often worsens as a child grows. Age-related kyphosis becomes more noticeable after 40, and in one study the curve increased by about

3 degrees per decade after age 50, faster in women around menopause. Treating osteoporosis, staying active, and having the curve checked regularly are the best ways to slow it.

What degree of kyphosis is serious?

A normal upper-back curve is roughly 20 to 45 degrees, and above about 40 to 50 degrees is usually called kyphosis. The number alone does not decide how serious it is, because pain, stiffness, breathing, nerve symptoms, age, and whether a teen is still growing also matter. As a general guide, curves under about 60 degrees are usually managed without surgery, a brace is considered for growing teens above about 50 degrees, and surgery is usually considered at around 60 to 75 degrees and above, or sooner if there are nerve problems, breathing problems, or pain that will not improve. Your doctor weighs the whole picture.

Can kyphosis cause breathing problems or be life-threatening?

Mild kyphosis is not life-threatening. It mostly changes how your back looks. In **severe** curves, the chest can be squeezed, which may cause breathing trouble, reduced lung capacity, trouble swallowing, and, less often, effects on the heart. A severe curve can also press on the spinal cord or nerves. These problems are uncommon, and they are the reason a growing or severe curve is treated. Tell your doctor if you get short of breath, have chest pain, notice weakness or numbness in your legs, or lose control of your bladder or bowels.

What is the difference between kyphosis and scoliosis?

Kyphosis curves the spine forward, front to back, while scoliosis curves it from side to side. Kyphosis shows as a rounded upper back when you look from the side. Scoliosis shows when you look from behind, often as a C or S shape, sometimes with one shoulder or hip higher than the other. The two can happen together, which doctors call kyphoscoliosis. Both are often mild, and both are diagnosed with an exam and an X-ray.

Is kyphosis hereditary?

Partly, depending on the type. Scheuermann's kyphosis often runs in families, and doctors have reported the same X-ray findings in identical twins, although how it is inherited is not fully understood. Some inherited connective tissue conditions, such as Marfan syndrome and Ehlers-Danlos syndrome, can also cause kyphosis. For age-related kyphosis, a large family study suggested that genes may explain about half of the differences in upper-back curve among older adults. Posture-related kyphosis is mainly linked to habits and muscle strength.

Does a seat cushion or office chair help kyphosis?

A seat cushion does not treat kyphosis, but a good setup can make sitting easier. A cushion mainly affects your pelvis and lower back, so it cannot straighten a curve in your upper back. What helps more is a chair that supports your lower back, feet flat on the floor, a screen at eye level, and regular movement breaks. A supportive cushion can add comfort by spreading pressure if long sitting makes your tailbone or hips sore. Check with your doctor before adding one if you have a diagnosed spine condition or osteoporosis.

When should I see a doctor for kyphosis, and which doctor?

See a doctor if the curve is getting worse, if it hurts, or if your child has a growing curve. Start with a primary care doctor, who can examine you and refer you to a spine specialist if needed. Go promptly if you have leg weakness, numbness, trouble walking, breathing problems, chest pain, or loss of bladder or bowel control. Before your visit, write down when the curve started, what makes it better or worse, and the medicines you take.

Bottom Line

Kyphosis is a rounded upper back that ranges from a harmless posture habit to a curve that needs medical care. **A doctor can tell which one you have** with an exam and, when needed, a standing side-view X-ray. Most mild cases are managed with monitoring, exercise, and good daily habits, while surgery is kept for severe or painful curves.

If your curve is getting worse, hurts, or comes with weakness, numbness, or breathing trouble, book an exam without waiting. If you think habit is the cause, start with our guide to fixing a hunched posture. For more practical guides on sitting comfortably, visit our Knowledge Center.