




# Medical Assistance BULLETIN

<b>ISSUE DATE</b> March 30, 2026	<b>EFFECTIVE DATE</b> March 30, 2026	<b>NUMBER</b> 01-26-51, 08-26-52, 09-26-52, 10-26-10, 24-26-51, 25-26-09, 31-26-52
<b>SUBJECT</b> Prior Authorization Guidelines for Thoracic-Lumbar-Sacral Orthoses		<b>BY</b>  Sally A. Kozak Deputy Secretary Office of Medical Assistance Programs

**IMPORTANT REMINDER:** All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISE to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.pa.gov/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents>

## **PURPOSE:**

The purpose of this bulletin is to advise providers of new handbook pages that include the guidelines for prior authorization to support the medical necessity of prescriptions for thoracic-lumbar-sacral orthoses (TLSO).

## **SCOPE:**

This bulletin applies to physicians, certified registered nurse practitioners, physician assistants, acute care hospitals, inpatient medical rehabilitation hospitals, inpatient medical rehabilitation units, hospital-based medical clinics, Federally Qualified Health Centers, Rural Health Clinics, independent medical surgical clinics, pharmacies and durable medical equipment suppliers enrolled in the Medical Assistance (MA) Program who order, refer, prescribe, or render TLSOs to MA beneficiaries in the Fee-for-Service delivery system. Providers who order, refer, prescribe, or render these services in the MA managed care delivery system should address any prior authorization questions to the appropriate managed care organization.

## **BACKGROUND/DISCUSSION:**

The Department of Human Services (Department) is mandated by Title XIX of the Social Security Act to implement a statewide utilization review program that safeguards against unnecessary or inappropriate use of services and excessive payments, assesses the quality of those services, and controls utilization of services. Prior authorization is meant to ensure that services are medically necessary and appropriate. Additionally, section 443.6(b)(1) of the act

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:  
<https://www.pa.gov/agencies/dhs/departments-offices/omap-info>

of June 13, 1967, (P.L. 31, No. 21) (62 P.S. § 443.6), referred to as the Human Services Code, requires prior authorization for prostheses and orthoses.

TLSO is a brace used to limit motion in the thoracic, lumbar and sacral regions of the spine. It is used to treat stable fractures or after surgery to the thoracic and or lumbar region of the spine.

On June 24, 2025, the Department advised providers of the change to Milliman Care Guidelines (MCG) in MA Bulletin 99-25-03 titled, "Updates to Screening Guidelines for Prior Authorization." There are no MCG guidelines for TLSO to determine medical necessity. Therefore, the Department is advising providers of clinical guidelines to be utilized for prior authorization of TLSO for MA beneficiaries.

**PROCEDURE:**

Effective with the issuance of this bulletin, providers are to refer to the attachments for the prior authorization review of TLSO. Providers may also refer to the Department's website to access the PROMISe™ Provider Handbook 837 Professional/CMS-1500 Claim Form, at: <https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/promise-guides/documents/837-professional-cms-1500-claim-form.pdf>, or the PROMISe™ Provider Handbook 837 Institutional/UB-04 Claim Form, at: <https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/promise-guides/documents/837%20Institutional%20UB-04%20Claim%20Form.pdf>.

As set forth in 55 Pa. Code § 1101.67(a), the procedures described in the handbook pages must be followed to ensure appropriate and timely processing of prior authorization requests for products that require prior authorization.

**ATTACHMENTS:**

Attachment 1 - PROMISe™ Provider Handbook 837 Professional/CMS-1500 Claim Form, Section 7.1.2.15, Prior Authorization of TLSO, Effective March 30, 2026.

Attachment 2 - the PROMISe™ Provider Handbook 837 Institutional/UB-04 Claim Form, Section 7.1.2.13, Prior Authorization of TLSO, Effective March 30, 2026.

**7.1.2.15 Prior Authorization of Thoracic-Lumbar-Sacral Orthoses (TLSO)**

- I. General Requirements for Prior Authorization of Thoracic-Lumbar-Sacral Orthoses
  - A. Prescriptions that Require Prior Authorization
  - B. Documentation for Review
  - C. Review of Documentation for Medical Necessity
  - D. Clinical Review Process
  - E. References

**I. GENERAL REQUIREMENTS FOR PRIOR AUTHORIZATION OF THORACIC-LUMBAR-SACRAL ORTHOSES (TLSO)****A. Prescriptions that Require Prior Authorization**

All prescriptions for thoracic-lumbar-sacral orthoses (TLSO).

**B. Documentation for Review**

1. The following information should be submitted with an initial request for TLSO:

- a. Medical diagnoses relevant for a TLSO, e.g., scoliosis, fractures, stabilized fractures, instability due to osteoporosis or degenerated vertebral discs, post-op stabilization, paraplegia.
- b. Physical therapy evaluation/assessment, if available.
- c. X-Ray reports, if available.
- d. Records and/or reports demonstrating the beneficiary's current level of function, physical impairment or disability.
- e. Documentation to support how the TLSO will be used to reduce pain, facilitate healing, or support a deformed spine.
- f. Documentation of other devices tried and found to be inadequate, ineffective, or contraindicated.

2. The following information should be submitted with an authorization request for replacement TLSO:

- a. Medical diagnosis relevant for a TLSO, e.g., scoliosis, fractures, stabilized fractures, instability due to osteoporosis or degenerated vertebral discs, post-op stabilization, paraplegia.
- b. Physical therapy evaluation/assessment, if available.
- c. X-ray reports, if available.
- d. Records and/or reports demonstrating the beneficiary's current level of function, physical impairment or disability.
- e. Documentation to support how the TLSO will be used to continue to reduce pain, facilitate healing, or support a deformed spine.
- f. Documentation of other devices tried and found to be inadequate, ineffective or contraindicated.
- g. Date of purchase, serial number and warranty of TLSO lost or needing to be replaced, if available, and repair history, if applicable.
- h. Documentation or a statement signed by the beneficiary or their parent/guardian that the TLSO has been lost or not reparable.

**C. Review of Documentation for Medical Necessity**

In evaluating a request for prior authorization of a prescription for prefabricated thoracic-lumbar-sacral orthoses (TLSO), lumbar-sacral orthoses (LSO) and lumbar orthoses, the determination of whether the requested service is medically necessary will consider whether the beneficiary has clinical documentation demonstrating the following:

1. A medical diagnosis relevant for a TLSO; and
2. The requested TLSO will reduce the beneficiary's pain by restricting mobility of the trunk; **or**
3. The requested TLSO will facilitate healing following an injury to the spine or related soft tissues; **or**
4. The requested TLSO will facilitate healing following a surgical procedure on the spine or related soft tissue; **or**
5. The requested TLSO will otherwise support weak spinal muscles and/or a deformed spine.

In evaluating a request for prior authorization of a prescription for custom fitted prefabricated spinal orthoses, the determination of whether the requested service is medically necessary will consider whether the beneficiary has clinical documentation demonstrating the following:

1. A medical diagnosis relevant for a TLSO; and
2. Any of the conditions listed above for prefabricated devices have been met; **and**
3. The requested service is for the treatment of spinal deformity, including but not limited to scoliosis and kyphosis; **and**
4. If the requested service is for the treatment of scoliosis – it is being prescribed for children aged 10-16 with a Cobb angle (measurement of the largest tilt of spinal bones in each curve) between 25 and 40 degrees. It can also be considered for children under 10 with curves over 20 degrees.

In evaluating a request for prior authorization of a prescription for custom fabricated or custom molded spinal orthoses, the determination of whether the requested services is medically necessary will consider whether the beneficiary has clinical documentation demonstrating the following:

1. A medical diagnosis relevant for a TLSO; and
2. The brace is prescribed for the treatment of a spinal deformity in a skeletally immature individual; **and**
3. The criteria above for custom fitted devices have been met; **and**
4. The individual has an underlying deformity or body somatotype which would preclude the use of a prefabricated device.

For requests for authorization of replacement TLSO, in addition to the items above, whether the TLSO is not functioning and, if not functioning, whether it cannot be repaired.

#### D. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section C to assess the medical necessity of a prescription for TLSO. If the guidelines in Section C are met, the reviewer will prior authorize the service. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgement of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

#### E. References

1. American Academy of Orthopaedic Surgeons. (n.d.). Idiopathic scoliosis in children and adolescents. OrthoInfo. Retrieved August 30, 2024, from <https://orthoinfo.aaos.org/en/diseases--conditions/idiopathic-scoliosis-in-children-and-adolescents/>
2. Anthony, A., Zeller, R., Evans, C., & Dermott, J. A. (2021). “Adolescent idiopathic scoliosis detection and referral trends: Impact on treatment options.” *Spine Deformity*, 9, 75–84. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/32780304/>
3. Centers for Medicare and Medicaid Services. (2005). National coverage determination for durable medical equipment reference list (NCD No. 280.1). Retrieved from <https://www.cms.gov/medicarecoverage/database/view/ncd.aspx?ncdid=190&ncter=2&bc=0>
4. Centers for Medicare & Medicaid Services. (2020). LCD – Spinal orthoses: TLSO and LSO (L33790). Retrieved August 30, 2024, from <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33790&ver=20&CoverageSelection=Local&ArticleType=All&PolicyType=Final&s=Florida&Keyword=spinal&KeywordLookup=Title&KeywordSearchType=And&bc=gAAAACAAgAAA&>
5. Coillard, C., Leroux, M. A., Zabjek, K. F., & Rivard, C. H. (2003). “SpineCor—a non-rigid brace for the treatment of idiopathic scoliosis: Post-treatment results.” *European Spine Journal*, 12(2), 141–148. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/12709852/>
6. Corradin, M., Canavese, F., Dimeglio, A., & Dubousset, J. (2017). “Cervical sagittal alignment variations in adolescent idiopathic scoliosis patients treated with thoraco-lumbo-sacral orthosis.” *European Spine Journal*, 26(4), 1217–1224. Retrieved from <https://europemc.org/article/MED/27864683>
7. Hofler, R. C., & Jones, G. A. (2020). “Bracing for acute and subacute osteoporotic compression fractures: A systematic review of the literature.” *World Neurosurgery*, 141, e453–e460. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/32474094/>

8. Kweh, B. T. S., Lee, H. Q., Tan, T., Rutges, J., Marion, T., Tew, K. S., Bhalla, V., Menon, S., Oner, F. C., Fisher, C., & Tee, J. W. (2021). “The role of spinal orthoses in osteoporotic vertebral fractures of the elderly population (age 60 years or older): Systematic review.” *Global Spine Journal.*, 11(6), 975–987. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/32990034/>
9. McAviney, J., Mee, J., Fazalbhoy, A., Du Plessis, J., & Brown, B. T. (2020). “A systematic literature review of spinal brace/orthosis treatment for adults with scoliosis between 1967 and 2018: Clinical outcomes and harms data.” *BMC Musculoskeletal Disorders*, 21(1), 87. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/32035480/>
10. Palazzo, C., Montigny, J. P., Barbot, F., Bussel, B., Vaugier, I., Fort, D., Courtois, I., & Marty-Poumarat, C. (2017). “Effects of bracing in adults with scoliosis: A retrospective study.” *Archives of Physical medicine and rehabilitation. Phys. Med. Rehabil.*, 98(1), 187–190. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/27343345/>
11. Resnick, D. K., Choudhri, T. F., Dailey, A. T., Groff, M. W., Khoo, L., Matz, P. G., Mummaneni, P., Watters, W. C., 3rd, Wang, J., Walters, B. C., & Hadley, M. N.; American Association of Neurological Surgeons/Congress of Neurological Surgeons. (2005). “Guidelines for the performance of fusion procedures for degenerative disease of the lumbar spine. Part 4: Radiographic assessment of fusion.” *Journal of Neurosurgery - Spine*, 2(6), 653–657. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/16028732/>
12. Shindle, M. K., Khanna, A. J., Bhatnagar, R., & Sponseller, P. D. (2006). “Adolescent idiopathic scoliosis: Modern management guidelines.” *Journal of Surgical Orthopaedic Advances*, 15(1), 43–52. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/16603112/>
13. Weinstein, S. L., Dolan, L. A., Wright, J. G., & Dobbs, M. B. (2013). “Effects of bracing in adolescents with idiopathic scoliosis.” *The New England Journal of Medicine*, 369(16), 1512–1521. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/24047455/>
14. Wong, M. S., Cheng, J. C., Lam, T. P., Ng, B. K., Sin, S. W., Lee-Shum, S. L., Chow, D. H., & Tam, S. Y. (2008). “The effect of rigid versus flexible spinal orthosis on the clinical efficacy and acceptance of patients with adolescent idiopathic scoliosis.” *Spine (Phila Pa 1976)*, 33(12), 1360–1365. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/18496349/>
15. Yee, A. J., Yoo, J. U., Marsolais, E. B., Carlson, G., Poe-Kochert, C., Bohlman, H. H., & Emery, S. E. (2008). “Use of a postoperative lumbar corset after lumbar spinal arthrodesis for degenerative conditions of the spine: A prospective randomized trial.” *The Journal of Bone and Joint Surgery*, 90(10), 2062–2068. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/18829902/>

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- e. Documentation to support how the TLSO will be used to reduce pain, facilitate healing, or support a deformed spine.
- f. Documentation of other devices tried and found to be inadequate, ineffective, or contraindicated.

2. The following information should be submitted with an authorization request for replacement TLSO:

- a. Medical diagnosis relevant for a TLSO, e.g., scoliosis, fractures, stabilized fractures, instability due to osteoporosis or degenerated vertebral discs, post-op stabilization, paraplegia.
- b. Physical therapy evaluation/assessment, if available.
- c. X-ray reports, if available.
- d. Records and/or reports demonstrating the beneficiary's current level of function, physical impairment or disability.
- e. Documentation to support how the TLSO will be used to continue to reduce pain, facilitate healing, or support a deformed spine.
- f. Documentation of other devices tried and found to be inadequate, ineffective or contraindicated.
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In evaluating a request for prior authorization of a prescription for custom fabricated or custom molded spinal orthoses, the determination of whether the requested services is medically necessary will consider whether the beneficiary has clinical documentation demonstrating the following:

1. A medical diagnosis relevant for a TLSO; and
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3. The criteria above for custom fitted devices have been met; **and**
4. The individual has an underlying deformity or body somatotype which would preclude the use of a prefabricated device.

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2. Anthony, A., Zeller, R., Evans, C., & Dermott, J. A. (2021). “Adolescent idiopathic scoliosis detection and referral trends: Impact on treatment options.” *Spine Deformity*, 9, 75–84. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/32780304/>
3. Centers for Medicare and Medicaid Services. (2005). National coverage determination for durable medical equipment reference list (NCD No. 280.1). Retrieved from <https://www.cms.gov/medicarecoverage/database/view/ncd.aspx?ncdid=190&ncdver=2&bc=0>
4. Centers for Medicare & Medicaid Services. (2020). LCD – Spinal orthoses: TLSO and LSO (L33790). Retrieved August 30, 2024, from <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33790&ver=20&CoverageSelection=Local&ArticleType=All&PolicyType=Final&s=Florida&Keyword=spinal&KeywordLookup=Title&KeywordSearchType=And&bc=gAAAACAAgAAA&>
5. Coillard, C., Leroux, M. A., Zabjek, K. F., & Rivard, C. H. (2003). “SpineCor—a non-rigid brace for the treatment of idiopathic scoliosis: Post-treatment results.” *European Spine Journal*, 12(2), 141–148. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/12709852/>
6. Corradin, M., Canavese, F., Dimeglio, A., & Dubousset, J. (2017). “Cervical sagittal alignment variations in adolescent idiopathic scoliosis patients treated with thoraco-lumbo-sacral orthosis.” *European Spine Journal*, 26(4), 1217–1224. Retrieved from <https://europemc.org/article/MED/27864683>
7. Hofler, R. C., & Jones, G. A. (2020). “Bracing for acute and subacute osteoporotic compression fractures: A systematic review of the literature.” *World Neurosurgery*, 141, e453–e460. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/32474094/>

8. Kweh, B. T. S., Lee, H. Q., Tan, T., Rutges, J., Marion, T., Tew, K. S., Bhalla, V., Menon, S., Oner, F. C., Fisher, C., & Tee, J. W. (2021). “The role of spinal orthoses in osteoporotic vertebral fractures of the elderly population (age 60 years or older): Systematic review.” *Global Spine Journal.*, 11(6), 975–987. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/32990034/>
9. McAviney, J., Mee, J., Fazalbhoy, A., Du Plessis, J., & Brown, B. T. (2020). “A systematic literature review of spinal brace/orthosis treatment for adults with scoliosis between 1967 and 2018: Clinical outcomes and harms data.” *BMC Musculoskeletal Disorders*, 21(1), 87. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/32035480/>
10. Palazzo, C., Montigny, J. P., Barbot, F., Bussel, B., Vaugier, I., Fort, D., Courtois, I., & Marty-Poumarat, C. (2017). “Effects of bracing in adults with scoliosis: A retrospective study.” *Archives of Physical medicine and rehabilitation. Phys. Med. Rehabil.*, 98(1), 187–190. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/27343345/>
11. Resnick, D. K., Choudhri, T. F., Dailey, A. T., Groff, M. W., Khoo, L., Matz, P. G., Mummaneni, P., Watters, W. C., 3rd, Wang, J., Walters, B. C., & Hadley, M. N.; American Association of Neurological Surgeons/Congress of Neurological Surgeons. (2005). “Guidelines for the performance of fusion procedures for degenerative disease of the lumbar spine. Part 4: Radiographic assessment of fusion.” *Journal of Neurosurgery - Spine*, 2(6), 653–657. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/16028732/>
12. Shindle, M. K., Khanna, A. J., Bhatnagar, R., & Sponseller, P. D. (2006). “Adolescent idiopathic scoliosis: Modern management guidelines.” *Journal of Surgical Orthopaedic Advances*, 15(1), 43–52. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/16603112/>
13. Weinstein, S. L., Dolan, L. A., Wright, J. G., & Dobbs, M. B. (2013). “Effects of bracing in adolescents with idiopathic scoliosis.” *The New England Journal of Medicine*, 369(16), 1512–1521. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/24047455/>
14. Wong, M. S., Cheng, J. C., Lam, T. P., Ng, B. K., Sin, S. W., Lee-Shum, S. L., Chow, D. H., & Tam, S. Y. (2008). “The effect of rigid versus flexible spinal orthosis on the clinical efficacy and acceptance of patients with adolescent idiopathic scoliosis.” *Spine (Phila Pa 1976)*, 33(12), 1360–1365. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/18496349/>
15. Yee, A. J., Yoo, J. U., Marsolais, E. B., Carlson, G., Poe-Kochert, C., Bohlman, H. H., & Emery, S. E. (2008). “Use of a postoperative lumbar corset after lumbar spinal arthrodesis for degenerative conditions of the spine: A prospective randomized trial.” *The Journal of Bone and Joint Surgery*, 90(10), 2062–2068. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/18829902/>