



Pennsylvania School Health Procedures: Conducting Scoliosis Screening

Revised/Reviewed May 2022

Contents

Screening Site and Equipment.....3

Prior to Conducting a Scoliosis Screening.....3

Preparation for Scoliosis Screening.....3

Conducting a Scoliosis Screening (See accompanying Data Collection Sheet and Diagram).....3

Follow up for positive findings.....4

Screening Options.....4

Data Collection Sheet Adams Forward Bend.....5

Diagram.....6

Letter to Parent/Guardian.....7

Letter to Physician and Physician findings.....8

Screening Site and Equipment

The disrobing area will be located so that the student has privacy to remove clothing exposing the torso.

The disrobing area will be adjacent to the screening area. The disrobing area should be warm.

The disrobing area and the screening area will not be used for other purposes during the screening.

The screening area should be warm and will provide for the student's privacy.

The screening area will be well lit and equipped with a table or desk, chair and tape placed on the floor as the indicator for where the student will stand.

Prior to Conducting a Scoliosis Screening

Screen all students in 6th grade and in 7th grade. Screen boys and girls separately.

Parental consent is not required for mandated health screenings.

It is advisable to notify parent/guardian and student of the screening plans, the purpose of the screening and instructions for preparation.

A parent notification letter is available on the School Health website.

Preparation for Scoliosis Screening

Place tape on floor to serve as a marker where student will stand with toes on tape.

Instruct boys to remove shirt to expose the torso.

Instruct girls to remove shirts to expose torso while wearing a bra, bikini top or halter style top.

Conducting a Scoliosis Screening (See accompanying Data Collection Sheet and Diagram)

- Screener stands or sits positioned several feet from the student.
- Student stands erect, feet together, arms hanging loosely at sides, facing away from the screener.
- Observing student in a posterior, erect view, note the following:

Are shoulders level?

Are hips level?

Are the scapulae level, or is one higher than the other? Is one scapula more prominent than the other?

Is the distance between the arms and the body equal on each side?

Does the spine appear curved?

- Instruct the student to bend forward at the waist, 90 degrees, and place fingertips together.
- The screener views posteriorly and anteriorly while the student is in the forward bend and notes the following:

Rib hump on either side of the upper back

Lumbar rotational hump on either side of the lower back

Excessive prominence of the thoracic spine

Excessive sway back

Prominence of the sacrum

Prominence of the buttocks

- Results of each screening shall be recorded in the student's comprehensive health record using the optional accompanying data collection tool or any tool designed to be included in the permanent health record.

Follow up for positive findings

Students with positive findings are to be rescreened in a separate session by a screener other than the original screener. The second screener may be a school nurse, a school physician, or a physical therapist.

Positive findings on a rescreening constitute a referral for consultation with a medical professional.

The Parent-Physician letter should reflect the re-screener's findings. **See Physician referral document**

Screening Options

Separate screening is unnecessary if screening is completed as part of the school physical for the mandated grade.

Separate screening is unnecessary if screening is completed as part of the private physical for the mandated grade.

Separate screening is unnecessary if screening is completed as part of a sports physical in the mandated grade.

DATA COLLECTION SHEET ADAMS FORWARD BEND

NAME _____

DATE _____

Place check mark next to each bulleted observation if there is no abnormality; Note discrepancy to the right of each item.

Student stands erect, feet together, arms hang loosely at sides, facing away from the screener. Observe student in a posterior, erect view.

- Are shoulders level? _____ higher than _____
- Are hips level? _____ higher than _____
- Are the scapulae level? _____ higher than _____
- Is one scapula more prominent than the other? _____ more prominent than _____
- Is the distance between the arms and the body equal on each side? _____ closer than _____

Does the spine appear curved? _____ Yes _____ No

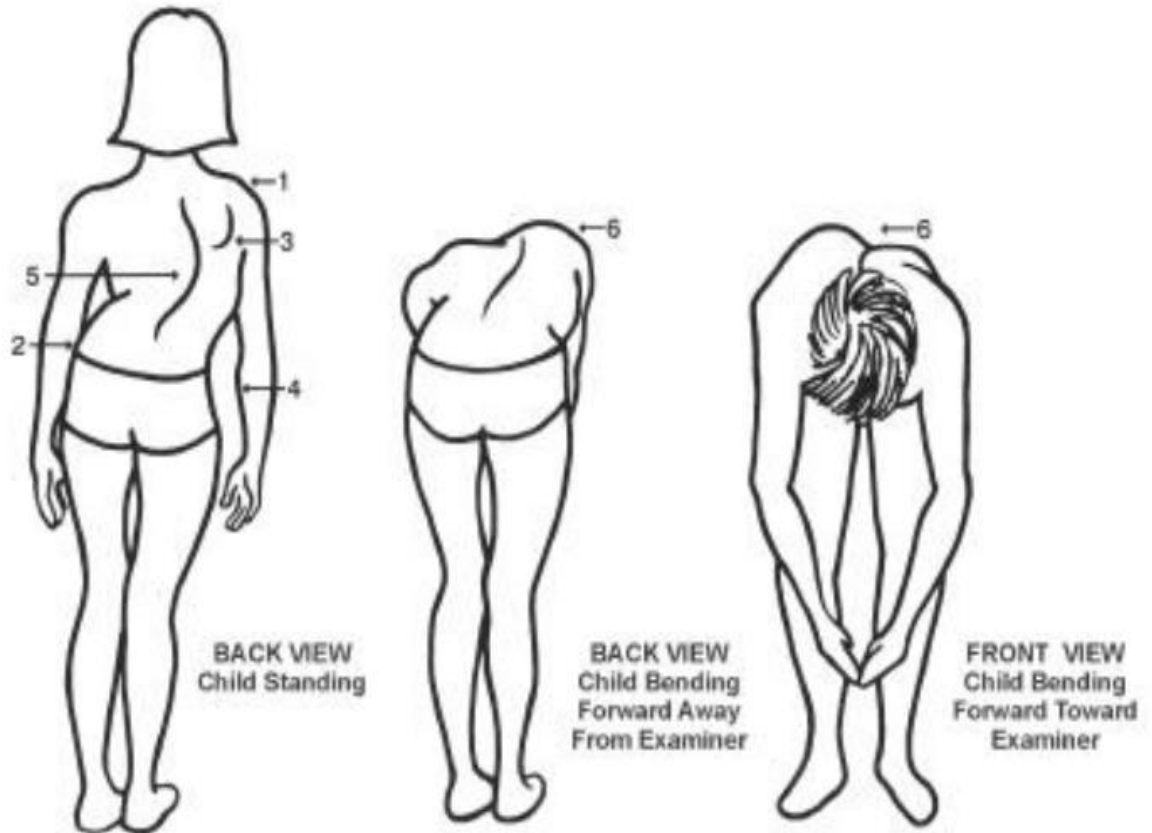
Instruct the student to bend forward at the waist, 90 degrees, and place fingertips together.

The screener views posteriorly and anteriorly while the student is in the forward bend.

Place POS (posterior) or ANT (anterior) to the left of each bulleted observation if abnormality is observed.

- _____ Rib hump on either side of the upper back
- _____ Lumbar rotational hump on either side of the lower back
- _____ Excessive prominence of the thoracic spine
- _____ Excessive sway back
- _____ Prominence of the sacrum
- _____ Prominence of the buttocks

Diagram



1. Shoulders: Are they level
2. Hips: Are they level
3. Scapula: Are they level
4. Arms: Are they equal distance from the body on both sides
5. Spine: Does it appear curved
6. Ribs of upper back: Is there a hump on either side

Letter to Parent/Guardian

School District: _____

NAME OF CHILD: _____ SEX: _____ DATE: _____

ADDRESS: _____ GRADE: _____

SCHOOL: _____

Dear Parent/Guardian:

In a recent screening program, your child displayed possible scoliosis, or curvature of the spine. Further evaluation is recommended to determine if treatment is necessary. The effect of scoliosis depends upon its severity, how early it is detected, and how promptly it is treated. Please have your child examined by your family physician or check with the school nurse for other sources of treatment.

Please have the examining physician complete the accompanying form and return it to the school nurse.

If you have any questions, please telephone the school nurse.

School Nurse _____ Qualified Re-screener _____

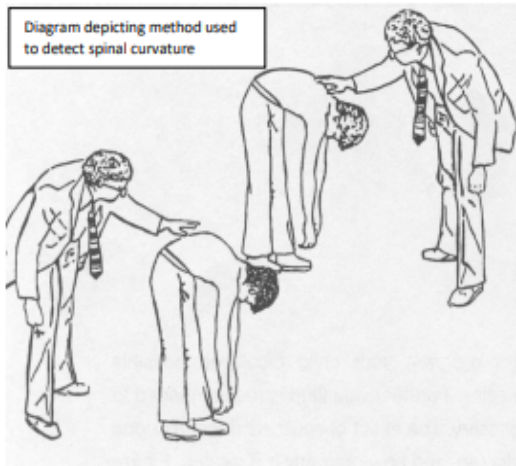
Telephone Number _____

Letter to Physician and Physician Findings

Dear Physician:

Pennsylvania Department of Health regulations require each child in grades 6 and 7 and age-appropriate children (11 and 12 years of age) in ungraded classes to be screened for scoliosis.

By using the method depicted in the diagram below, a possible spinal curvature was noted on this student. Please note your findings on the checklist below.



OBSERVATIONS AT SCREENING

1. Rib/Hump Lumbar Rotation
 - ___ Right Thoracic Rib Hump
 - ___ Left Thoracic Rib Hump
 - ___ Right Lumbar Rotation
 - ___ Left Lumbar Rotation

2. Other Orthopedic Conditions
 - ___ Pelvic Level
 - ___ Right iliac crest higher
 - ___ Left iliac crest higher
 - ___ Kyphosis
 - ___ Lordosis
 - ___ Other

PHYSICIAN'S FINDING

EXAMINATION (Please check)

1. Scoliosis confirmed.....
* X-ray taken
Degree of curve (specify) _____
2. Possible scoliosis.....
No X-ray taken
3. No scoliosis.....
X-ray taken
4. No scoliosis.....
No X-ray taken
5. Other orthopedic conditions.....
Confirmed

RECOMMENDATIONS (Please check)

1. Will observe.....
2. Recommend bracing.....
3. Recommend surgery.....
4. Discharged.....
5. Comments: _____

Signature: _____

Physician (print): _____

Date: _____