

STUDENTS

Scoliosis Screening

- I. This regulation is written to establish procedures for the dissemination of scoliosis information and the referral of students with suspected spinal abnormalities.
- II. Scoliosis is a developmental abnormality of the spinal column that may occur in otherwise healthy children during the growing years from ages 10 to 17 years of age. The early diagnosis and treatment of scoliosis is important.
- III. Prince William County Public Schools will provide parents of fifth through 10<sup>th</sup> graders a Scoliosis Fact Sheet within 60 business days after the opening of each school year (see Attachment I).

The fact sheet presents an explanation of scoliosis and an at-home screening methodology for parents/guardians.

- IV. A teacher or staff member who suspects a student may have a spinal abnormality shall refer the student to the school nurse. The school nurse shall communicate appropriate information to the parent/guardian in writing (see Attachment II).

The Associate Superintendent for Student Learning and Accountability (or designee) is responsible for implementing and monitoring this regulation.

The Associate Superintendent for Student Learning and Accountability (or designee) is responsible for reviewing this regulation in 2019.

SCOLIOSIS FACT SHEET

Scoliosis is a sideways curvature of the spine. It occurs in otherwise healthy children and can be a serious health problem if it becomes severe. It generally occurs during the growing years, especially during the growth spurt from 10 – 17 years of age. Scoliosis can have adverse effects on a child’s health including the progressive development of poor range of motion, back pain, distortion of the position of the ribs, impaired function of the heart and lungs, unpleasant cosmetic deformities, and social and psychological problems, including poor self-image and social isolation. Treatment for scoliosis may involve bracing the back. Severe curvatures may require spinal surgery for correction. The need for treatment is best determined by a trained medical professional. If you suspect that your child may be affected, contact your physician or your school nurse.

If your child displays any symptoms of possible scoliosis, please have the child screened by a doctor. The school nurse will provide screening for individual referrals from parents, teachers, or other school staff members.

Every child should be screened in each of the following positions. Boys should have shirts off and girls can wear halter top or sports bra.

1. Back View: The student should stand erect with back to the screener, toes even, feet together, knees straight and weight evenly distributed on both feet. Arms should be at the sides and relaxed. Students should be encouraged to avoid slouching or standing at “attention.”

NORMAL



- ◆ Head centered over mid-buttocks.
- ◆ Shoulders level.
- ◆ Shoulder blades level with equal prominence.
- ◆ Hips level and symmetrical; equal distance between arms and body.

POSSIBLE SCOLIOSIS



- ◆ Head alignment to one side of mid-buttocks and one shoulder higher.
- ◆ One shoulder blade higher with possible prominence.
- ◆ One hip more prominent than the other or waist crease deeper on one side than the other and unequal distance between arms and body.

2. Forward Bend Test: The student should stand facing away from the screener. The student should bend forward at the waist 90 degrees, feet 4 inches apart, knees straight, and toes even. Palms of the hands are held together or facing each other and arms hang down, and are relaxed. The head is down.

NORMAL



- ◆ Both sides of upper and lower back symmetrical.
- ◆ Hips level and symmetrical.

POSSIBLE SCOLIOSIS



- ◆ One side of rib cage and/or the lower back showing uneven symmetry.
- ◆ Curve in the alignment of the spinous processes.
- ◆ If prominence is noted, scoliometer measurement should be taken.

3. Right Lateral View: (The screener remains seated.) The student continues to stand erect but is directed to stand first with right side toward the screener.



NORMAL

- ◆ Smooth symmetrical even arc of the back.



POSSIBLE KYPHOSIS (Round Back)

- ◆ Lack of smooth arc with prominence of shoulders and round back.
- ◆ Accentuated prominence of the spine (angular kyphosis of spine).
- ◆ Grossly accentuated swayback (when in upright position).

4. Frontal View: Have the student turn and face the screener and repeat the Forward Bend Test.



NORMAL

- ◆ Even and symmetrical on both sides of the upper and lower back.

POSSIBLE SCOLIOSIS



- ◆ Unequal symmetry of the upper back, lower back, or both.
- ◆ If prominence is noted, scoliometer measurement should be taken.

5. Left Lateral View: Have the student turn and stand with his/her left side toward the screener and repeat lateral view test.

Attachment II  
Regulation 753.01-1

Dear Parent/Guardian:

Your child was screened for spinal curvature on \_\_\_\_\_ and the results are:  
(Date)

- |  |  |
|--|--|
| <input type="checkbox"/> Obvious spinal curvature  | <input type="checkbox"/> Greater arm to body space |
| <input type="checkbox"/> Shoulder elevation  | <input type="checkbox"/> Rib prominence            |
| <input type="checkbox"/> Shoulder blades uneven  | <input type="checkbox"/> Increased round back      |
| <input type="checkbox"/> Hips uneven   | <input type="checkbox"/> Uneven on bending test    |
| <input type="checkbox"/> Waist creases uneven  | <input type="checkbox"/> Increased sway back       |
| <input type="checkbox"/> Leg length discrepancy  | <input type="checkbox"/> Other _____               |
| <br><input type="checkbox"/> Our records show similar findings during previous screenings. |  |

It is recommended that your child have a complete evaluation by your family physician. Please take this form with you for your doctor to complete and return to your child's school. Attached is an information sheet that may answer many of your questions regarding scoliosis.

\_\_\_\_\_  
(Signature of School Nurse)

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

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**REPORT FROM PHYSICIAN**

Please complete this form. This information will be included in the child's health record.

Diagnosis: \_\_\_\_\_

Treatment: \_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Physician)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
Date