

General Health Appraisal

Posture (Spinal) Screening

A. Regulations

Spinal screening for Oregon students is not required in Oregon Rule or Law.

B. Overview

A straight spine is important for good body movement and healthy organ functioning. Screening of the spine may provide an opportunity to identify problems that might impact student health.

C. Background/Rationale

The onset of significant spinal conditions generally occurs between 10 and 14 years. Schools may provide a useful environment for the facilitation of spinal screening. Posture screening may generally include assessment for scoliosis (side to side curve), kyphosis and lordosis, i.e., round back or sway back.

D. Guidance

Roles and Responsibilities

Reference the “Guidance” section of the “General Health Appraisal” chapter for commentary about the inclusion of the constituent domains of the coordinated school health program. If spinal screening will be performed as part of the school program, it is important to provide appropriate health education for students and families about the postural conditions, the screening process, and referral criteria. Likewise, it is important to involve pertinent community persons to assist in defining the screening population when resources do not allow all at-risk students to be routinely screened, and to help in identifying resources for students needing a medical referral.

E. Procedures

1. Posture (scoliosis) screening is often performed for students in grades 6 through 9. The frequency of screening for this population will be best determined by consulting with appropriate health care providers and use of screening standards adopted by experts such as the American Academy of Pediatrics, National Scoliosis Foundation, National Association of School Nurses, Shriners Hospital, and the Child Development and Rehabilitation Center (CDRC).
2. Parents or guardians must be informed prior to the posture screening to provide informed consent and to allow for declining the service. Communication mechanisms include a parent notice in a school publication and hand-carried notes to parents. (See the Posture [Spinal] Screening Appendix I, "Template for Parent Information Letter.")
3. Students shall receive information prior to the screening about the purpose and process in order to facilitate their informed assent. Students shall not be forced to have a screening against their will. School personnel should advise parents and provide documentation on students who decline screening. (See the Posture [Spinal] Screening Appendix II, "Template Letter to Distribute to Students.")
4. Screening should be under the direction of the school's nurse. School personnel can be trained to conduct the initial screening with referrals to the school nurse for final assessment and pertinent medical referral. The supervising professional has the responsibility for training and monitoring screening activities.
5. The school must provide adequate time, student supervision, and environmental space to ensure appropriate assessment and individual privacy.
6. Students with deviations from "normal limits" must be referred to an appropriate licensed provider for medical evaluation.
7. Results of screening should be shared with parents or guardians, and follow-up should occur by the school nurse on students who are at marked risk for an accentuated curvature to ensure that their medical needs are met.
8. Documentation should reflect screening results and parent/guardian or student declines.
9. Documentation should be filed according to guidelines in the section "Health Information and School Records."

Staff Development Needed

- Provide staff involved in screening with appropriate training.

F. National Resources

- American Academy of Orthopedic Surgeons:
<http://www.aaos.org/> 
- American Academy of Pediatrics: www.aap.org 
- National Association of School Nurses: www.nasn.org 
- National Scoliosis Foundation: www.familyvillage.wisc.edu/lib_scoliosis.html
- Scoliosis Research Society: www.srs.org 
- National Scoliosis Foundation <http://www.scoliosis.org/> 
- Q & A about Scoliosis in Children and Adolescents
http://www.niams.nih.gov/Health_Info/Scoliosis/ 

Revised March 2012

General Health Appraisal – Posture (Spinal) Screening Appendix I

Template for Parent Information Letter

Dear Parents:

Scoliosis, a side-to-side curvature of the spine, is a health problem that runs in families. It occurs due to several causes. It is not contagious. If undetected and untreated, it can result in severe handicapping problems. Approximately 7 to 10 percent of children aged 10 to 14 develop scoliosis.

Scoliosis screening will be done at school in the next few weeks. You will be notified of the results. Students scheduled for screening this school year are girls in grades 6 and 8, boys in grades 7 and 9, and those students who were recommended for re-check this school year during last year's screening.

The scoliosis screening procedure takes about 30 seconds: The Registered Nurse and/or those assisting the nurse looks at each student's back while s/he is in a standing position and then in a bending forward position. Girls may wear a halter or swimsuit top under their clothes for screening days. It is necessary to remove shirts/blouses in order to view the back. A private area is provided for each student for this screening.

IF YOUR STUDENT IS ALREADY UNDER CARE FOR SCOLIOSIS, OR IF YOU DO NOT WISH YOUR STUDENT TO TAKE PART IN THE INITIAL SCREENING PROCESS, PLEASE NOTIFY THE SCHOOL TODAY IN WRITING OR BY TELEPHONE.

Any further questions may be directed to the school nurse here.

Sincerely,

Principal

General Health Appraisal – Posture (Spinal) Screening Appendix II

Template Letter to Distribute to Students

NAME OF SCHOOL DISTRICT or DEPARTMENT

Students:

On **(day and date)** _____ we will be having our annual posture screening to check for scoliosis. This is a curve of the spine. About 10 of 100 young people your age will have such a curve.

We will tell you immediately what we see and suggest what you can do. If you have signs of this curve, it does not mean that you have a serious problem. You will not feel any differently, and you can continue to participate in swimming, gymnastics, football, or whatever you like.

The screening is simple and takes only 30 seconds. You will be checked while standing tall and then bent in a diving position. The boys will be checked without their shirts. If you wish, girls may wear a halter or swimsuit top under school clothing.

This is one healthy way to take care of yourself.

General Health Appraisal – Posture (Spinal) Screening Appendix III

Letter to Parents on Scoliosis Screening Results

To Parent/Guardian of: _____ Grade: _____

Your student had a screening on _____ at _____
school for curvature of the spine. [Include school address]

- The results are normal. You may disregard the rest of this form.**
- The results differ slightly from normal, but are within normal limits.**
- The results vary slightly from normal and should be re-checked within one year.** The nurses plan to re-check your student at school next year. You may want to consult your doctor if you have questions.
- The results show a slight difference in leg length but are within normal limits.** You may want to consult your doctor if you have questions.
- The results suggest a need for further medical evaluation.** This does not necessarily mean a spinal curve. A free consultation screening by a medical specialist will be arranged in the near future. You will be notified by mail of the screening date and location. If you prefer to take your student to a private health care provider, please ask the doctor to complete the Physician's Findings (at the bottom of this page) and send to School Health Services at the mailing address above.
- Your student says s/he is under care for scoliosis.** Please ask the doctor to complete the **Physician's Findings** (below) and send to School Health Services at the mailing address above.
- The results have not changed significantly from the assessment last year.**

NOTE: If you have questions about these screening results for curvature of the spine, please call the nurse at school.

Physician's Findings

1. Date of Exam _____ Finding _____

2. Was any treatment recommended? Yes ____ No ____ (If Yes, please explain the type.)

3. When should this child be re-examined?

4. Physician's signature _____ Date _____

5. Physician's name (Printed/typed)

6. Physician's address

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Flow Chart-Recommended Procedures for Identification and Referral

