

Health Screening Mini-Session

Scoliosis Screening

Carolina Clark, MD, MPH, Associate Medical Director

Outline

- Background & Epidemiology
- Guidelines for Scoliosis Screening in the clinical setting
- CSH Health Screening Guidelines Scoliosis Screening
- Potential Benefits and Limitations of School-Based Scoliosis Screening
- Discussion



Background

- Scoliosis is an abnormal curvature of the spine
- Most common form: idiopathic; present in ~3% of children under age 16
- Majority of children do not experience progression in the curvature and most people with idiopathic scoliosis do not require treatment
- Scoliosis can have an impact on the physical and psychosocial health of affected children and may be the initial presenting sign of an underlying condition





https://www.srs.org/about-srs/news-and-announcements/position-statement---screening-for-the-early-detection-for-idiopathic-scoliosis-in-adolescents

https://medlineplus.gov/ency/article/001241.htm

Screening for Idiopathic Scoliosis in Adolescents in the Clinical Setting

Position Statement - Screening for the Early Detection for Idiopathic Scoliosis in Adolescents SRS/POSNA/AAOS /AAP Position Statement

M. Timothy Hresko, MD; Vishwas R. Talwalkar, MD; Richard M. Schwend, MD

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The Scoliosis Research Society (SRS), American Academy of Orthopedic Surgeons (AAOS), Pediatric Orthopedic Society of North America (POSNA) and American Academy of Pediatrics (AAP) believe that there has been additional useful research in the early detection and management of adolescent idiopathic scoliosis (AIS) since the review performed by the United States Preventive Services Task Force (USPSTF) in 2004. This information should be available for use by patients, treating health care providers, and policy makers in assessing the relative risks and benefits of the early identification and management of AIS.

The AAOS, SRS, POSNA, and AAP believe that there are documented benefits of earlier detection and non-surgical management of AIS, earlier identification of severe deformities that are surgically treated, and of incorporating screening of children for AIS by knowledgeable health care providers as a part of their care.



https://www.srs.org/about-srs/news-and-announcements/position-statement---screening-for-the-early-detection-for-idiopathic-scoliosis-in-adolescents

Screening for Idiopathic Scoliosis in Adolescents in the Clinical Setting: Task Force Recommendations

- Screening examinations for spine deformity should be part of the medical home preventative services visit for females at age 10 and 12 years, and males once at age 13 or 14 years.
- Effective screening programs must have well trained screening personnel who can utilize forward bending tests and scoliometer measurements to correctly identify and appropriately refer individuals for further investigation



CSH Health Screening Guidelines - Scoliosis Screening Recommendations

- Screen all 5th grade girls, 7th grade girls, and 8th grade boys for scoliosis once a year (Screening girls in only 6th grade is a reasonable alternative)
- Train staff (including PE teachers, clinic personnel, and volunteers) and utilize specific LEA protocols
- Partner with a local orthopedic doctor, osteopathy doctor or other trained professional to provide specific training for school staff and/or volunteers
- Conduct a second screening of those who appear to deviate from normal by someone other than the original screener
- During the screening, examine the student's unclothed back.
 - Female students can be screened wearing just a bra above the waist (preferred) or can wear a bathing suit under their clothes for the day of screening.
 - The student will be asked to stand straight, and then bend forward while the examiner looks from the front, the back, and the side.
 - The screener looks for obvious curves, rib humps, uneven shoulders, waist, or hips.



CSH Health Screening Guidelines - Scoliosis Screening

Additional Tips for Setting up a Successful Scoliosis Screening Program

- 1. Offer training for volunteers and new staff and a refresher for experienced screeners shortly before the screening date.
- 2. Schedule the screening so that there are no conflicts with testing, field trips, etc. and when secondary screeners will be available if possible.
- 3. Send letters/permission forms home one to two weeks before the screening is scheduled.
- 4. Have teachers collect and save the "Do Not Screen" letters.
- 5. Prepare students the day before screening, discussing the procedure that will be followed.
- 6. Remind female students the day before to wear bras or bathing suits under clothes.
- 7. Have 2 screeners present.
- 8. It is strongly recommended that girls be examined by females.
- Students or teachers should complete the personal information on the screening forms and the student should bring the completed form to the screening.
- 10. Manage the screening area so that the student's privacy is maintained.
- 11. The setting chosen for screening should be checked for good lighting; the floor should be free of uneven areas; and the temperature of the room should be comfortable for students who will be undressing.
- 12. Screen with the student's entire back exposed.
- 13. Volunteers can be used to control "traffic," call classes down, get students to secondary screeners, etc.



CSH Health Screening Guidelines - Scoliosis Screening

Scoliosis Screening Form Grade (circle): 6 7 8 Other:

Check one: School nurse Health professional

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Screener notes:

■ Male

			Student's lo	ast name:	First name:			
Scol	iosis Medical Screening Form f	or School Records	Date of birt	th:/ Race/	Race/ethnicity:		Female	
	of Screening:		Name of p	arent/guardian:				
Scolic	osis Screening Findings:Within Norma	al LimitsReferred (indicate findings below)						
L R L R			Phones: Ho	ome () Work	k ()	c	Cell ()	
	Shoulder blade more prominent than other	High Shoulder blade	Name of so	chool:	}	District:		
	Obvious curve of spine in upper back	Rib hump			1	A STATE OF THE STA	(2ª4)	
	Obvious curve of spine in lower back	High shoulder	Elevated shoulde and shoulder blac	de, between arm difference			mbar prominence (lower back)	
Т	Obvious curve of spine in aera of rib cage	Hip higher than other side	uneven hips	and body	Primary	screener	Secondary	
\perp	Waist to arm space greater	Other:	_	Front Shoulder elevated	Left	Right	Left	
	Trainer to arm space greater			Unequal distance arm to body	+	+		
Rounded backUneven on best test by degrees				Uneven hips				
				Rib prominence				
				Lumbar prominence				
C	nov's name (nvint)			Back	p			
	ner's name (print):			Shoulder elevated				
Check one:VolunteerTeacherClinic AsstSchool Nurse				Shoulder blade elevation/prominence				
	Health Dept. Employee0			Waist fold difference	+			
				Unequal distance arm to body				
Comments from screener:				Rib prominence	+			
				Lumbar prominence	L	1		
				Side	1	1	1 , 1	
				Kyphosis—more than normal roundne	ess Yes	No	Yes	
			Negative	Refer for second screening	Se	condary scree	ening date:	
					Ne	egative	Referred	



https://www.tn.gov/content/dam/tn/education/csh/FINAL_Health_screening_Guidelines_2022.pdf

Check one: ☐ School nurse ☐ Teacher ☐ Volunteer

☐ Clinic assistant ☐ Other:

https://www.choa.org/-/media/Files/Childrens/medical-professionals/nursing-resources/ch-8-screening-considerations-in-the-school-setting.pdf?la=en&hash=09301D5E5B89DFE97C8B7EB80FD0141919C67B5D

Potential Benefits and Limitations of School-Based Scoliosis Screening

Potential Benefits:

- Screening can identify children who require further evaluation
- Screening can identify children with limited access to medical care

Potential Limitations:

- False positive screening may lead to unnecessary referrals, anxiety for families, x-rays, and treatment
- Increased cost to schools and healthcare system



Thank you!

Please reach out with any questions!

Carolina Clark, MD, MPH
Associate Medical Director, Pediatrics
carolina.clark@tn.gov

