

SCOLIOSIS SCREENING MANDATE

Scoliosis screening by authorized personnel is mandated *for* 7th grade girls and 8th grade boys in Ed. Code Chapter 9, Section 49425.5. It is a visual assessment of the spine. Funding is provided if estimated costs are submitted by October and actual costs are submitted a year later.

Scoliosis is the lateral or sideways curvature and/or rotation of the spine. The most common scoliosis is found during rapid growth years in girls ages 9-14 and boys ages 11-16. Of the total population, 1-2 ½ % will require medical follow-up. This may include periodic observations, active non-surgical treatment, or surgery, depending on the amount of curvature at the time of detection. Early detection, diagnosis and treatment are critically important for successful treatment and prevention of problems later in life.

Scoliosis tends to run in families. When a child is detected as having a possible spinal deformity, other siblings in the family should be screened, regardless of their ages or grade level. .

The above information was gleaned from "Standards for Scoliosis Screening in California Public Schools", this contains screening and follow-up procedures and may be ordered from: Publication Sales, California State Department of Education P.O. Box 271, Sacramento, CA 98512-0271.

The goals of a scoliosis-screening program are:

- ✓ The accurate assessment of a child for evidence of scoliosis;
- ✓ The recognition of physical criteria that indicate the need for re-screening and referral;
- ✓ The identification of available health services and community resources;
- ✓ The planning and implementation of education and informational programs for students,
- ✓ Dissemination of complete and accurate information.

NOTE: Scoliosis screening may be used as an opportunity to assess the total student, i.e. skin problems, head lice, bruises, etc. Screeners may choose to use this opportunity to discuss and educate students on backpacks and other causes of back pain and injury.

SCOLIOSIS REFERRALS PROCESS

Criteria for referral for medical evaluation:

- More than 1/2" difference in height of iliac crests when standing **plus** a difference in iliac crest height **and** a shoulder height asymmetry, and/or prominent or elevated scapula.
- If the only signs found on evaluation are shoulder height asymmetry, prominent scapula, and/or elevated scapula, referral is not necessary.
- Lumbar spinal asymmetry in the forward bend position. (Student bending at the waist away from the examiner.)
- Unusually prominent or angled thoracic curve. (Student bending at waist with facing examiner.)
- Asymmetrical rib prominent. (Student bending at waist toward the examiner.)
- Other obvious lower extremity or spine problems.

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California Children Services Referral Guidelines:

If scoliosis is suspected on screening:

1. Refer to private medical doctor (CCS not involved).
2. Private health care provider examines for scoliosis.
 - a. If no scoliosis found, or very mild, the health care provider follows up on own (CCS not involved).
 - b. If health care provider notes "significant" scoliosis: or scoliosis related to another CCS condition (e.g. neurofibromatosis), CCS may fund a diagnostic evaluation with orthopedist (i.e., dependent on other insurance).
3. If orthopedist says only regular follow up needed, no further CCS involvement.
4. If orthopedist says scoliosis is "significant", and bracing or treatment is possible, now or in the future, CCS can authorize treatment.

