

**Office of the School Nurse**

**SUBJECT: Scoliosis Screening Referral**

**TO:** Parents of: \_\_\_\_\_

1. Your child was screened at school for possible spinal problems. The findings indicate that further examination is recommended. See back of form for screening results.
2. Please make an appointment with your primary care physician. After the appointment, return the form completed by the physician to the School Nurse.
3. If you have any questions concerning the screening results or any problem obtaining an appointment, please contact the School Nurse at "insert local telephone number".

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**INFORMATION TO SCHOOL NURSE**

1. Assessment

\_\_\_\_\_

2. Plan

\_\_\_\_\_

3. Recommendations

\_\_\_\_\_

4. Follow up scheduled/due on

\_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

*1)Original to physician 2) Copy returned to school nurse 3) Copy for student file*



### 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
- One shoulder higher
- One shoulder blade higher with possible prominence
- One hip more prominent than the other
- Unequal distance between arms and body



### Normal

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



### Possible Scoliosis

- One side of ribs cage and/or the lower back showing uneven symmetry



### Normal

- No accentuation of curved back or hump
- Normal sized angle of lumbar spine
- Smooth arch of thoracic spine
- Lumbosacral angle 90°



### Possible Kyphosis/Lordosis

- Shoulders hunch forward excessively
- Excessive rounding of spine
- Increased angle between lumbar spine and sacrum
- Rounding remains prominent
- Difficulty reaching floor
- Sharp back creases

