



Spinal Screening For Parents

Scoliosis is a sideways twisting of the spine or backbone. It is usually detected in children between 10 and 14 years of age. Kyphosis, sometimes called roundback, is an exaggerated rounding of the upper back and may look like poor posture

Although the Utah Department of Health now recommends against **routine school scoliosis screening** in Utah, parents may request that the school nurse assess their child. The Scoliosis Research Society (SRS) recommends that girls be screened twice at ages 10 and 12 (5th & 7th grade), and boys be screened once at either age 13 or 14 (8th or 9th grade).

To comply with Utah law 53A-11-201 Rules for examinations prescribed by the Department of Health, instructions on how to check your child for abnormal spinal curves are provided to parents of school age children in grades fifth and seventh for girls, eighth or ninth for boys.

Many cases of scoliosis and kyphosis are mild and require only ongoing observation by a physician. Others can worsen as your child grows and require treatment with bracing or surgery. Left untreated, abnormal curves may get worse as your child grows. Early detection and treatment are essential to help avoid complications that may include back pain, fatigue, reduced exercise tolerance, and in severe cases decreased heart and lung function.

The procedure for spinal screening to detect the presence of abnormal curvature is simple. Look at your child's back while he/she stands without a shirt on (girls wear a camisole top, bra, or bathing suit top), and then while bending forward. Simple instructions are attached. This short How To video is helpful <https://www.youtube.com/watch?v=yFCNkp4f-aM>

If you suspect your child has abnormal spinal curves, you should contact your primary care physician and have your child checked. *The school nurse may provide screening for individual students at the request of the parent or guardian.* Check the box below, fill in the requested information, and return this form if you are making a request.

☐ YES, I am requesting the school nurse to perform a spinal screening for my child.

Student Name _____

Parent signature _____ Date _____.

Sincerely,

(District Superintendent or School Principal)