



Scoliosis Screenings

Dear Parent/Guardian:

_____ School will be conducting spinal screenings for the 8th grade students on _____ during _____ class. The purpose of the spinal screening is to detect the signs of abnormal curves of the spine at their earliest stages so that the need for treatment can be determined. Scoliosis, a common spinal abnormality found in adolescents, is a sideways twisting of the spine. It is usually detected in children between 10 and 14 years of age. Kyphosis, sometimes called round back, is an exaggerated rounding of the upper back and is often confused with poor posture. Many cases of curvature of the spine are mild and require only ongoing observation by a physician when they are first diagnosed. Other cases can worsen with time as the child grows and requires active treatment such as bracing and surgery. Early treatment can prevent the development of a severe deformity, which can affect a person's appearance and health.

The procedure for this screening is to have the school nurse look at the child's shoulders and back as he/she stands in an upright position and as he/she bends forward. Students are checked by a nurse individually.

All students must remove their shirt for this exam. For this reason, we request that girls wear a sports bra or two-piece swimsuit top underneath their shirts on exam day.

Parents will be notified of the results of the screening **only** if professional follow up is necessary. This screening procedure does not replace your child's need for regular health care and check ups.

According to Texas law, all students in grades 5 and 8 must receive the spinal screening. If, for religious reasons, you do not wish to have your child screened, you are to submit a notarized affidavit of religious exemption to this office no later than _____. Affidavit form available on line.

You may choose to take your child to their physician for a spinal examination. Please complete the following and return this letter **ONLY** if you **DO NOT** want your child screened at school and will take them to the doctor for an examination.

Please **DO NOT** screen _____ (Student's Name) for scoliosis.

I agree to bring a note signed by our physician stating that my child has been screened for scoliosis and results of that screen.

_____ (Parent Signature)

Thank you,

Donna Pitcher RN
972-429-3233 Phone
972-941-6372 Fax