

SCOLIOSIS FACT SHEET

Scoliosis is a sideways curvature of the spine. It occurs in otherwise healthy children and can be a serious health problem if it becomes severe. It generally occurs during the growing years, especially during the growth spurt from 10 – 17 years of age. Scoliosis can have adverse effects on a child’s health including the progressive development of poor range of motion, back pain, distortion of the position of the ribs, impaired function of the heart and lungs, unpleasant cosmetic deformities, and social and psychological problems, including poor self-image and social isolation. Treatment for scoliosis may involve bracing the back. Severe curvatures may require spinal surgery for correction. The need for treatment is best determined by a trained medical professional. If you suspect that your child may be affected, contact your physician or your school nurse.

If your child displays any symptoms of possible scoliosis, please have the child screened by a doctor. The school nurse will provide screening for individual referrals from parents, teachers, or other school staff members.

Every child should be screened in each of the following positions. Boys should have shirts off and girls can wear halter top or sports bra.

1. Back View: The student should stand erect with back to the screener, toes even, feet together, knees straight and weight evenly distributed on both feet. Arms should be at the sides and relaxed. Students should be encouraged to avoid slouching or standing at “attention.”

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 and one shoulder higher.
- ◆ One shoulder blade higher with possible prominence.
- ◆ One hip more prominent than the other or waist crease deeper on one side than the other and unequal distance between arms and body.

2. Forward Bend Test: The student should stand facing away from the screener. The student should bend forward at the waist 90 degrees, feet 4 inches apart, knees straight, and toes even. Palms of the hands are held together or facing each other and arms hang down, and are relaxed. The head is down.

NORMAL



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

POSSIBLE SCOLIOSIS



- ◆ One side of rib cage and/or the lower back showing uneven symmetry.
- ◆ Curve in the alignment of the spinous processes.
- ◆ If prominence is noted, scoliometer measurement should be taken.

3. Right Lateral View: (The screener remains seated.) The student continues to stand erect but is directed to stand first with right side toward the screener.



NORMAL

- ◆ Smooth symmetrical even arc of the back.



POSSIBLE KYPHOSIS (Round Back)

- ◆ Lack of smooth arc with prominence of shoulders and round back.
- ◆ Accentuated prominence of the spine (angular kyphosis of spine).
- ◆ Grossly accentuated swayback (when in upright position).

4. Frontal View: Have the student turn and face the screener and repeat the Forward Bend Test.



NORMAL

- ◆ Even and symmetrical on both sides of the upper and lower back.

POSSIBLE SCOLIOSIS



- ◆ Unequal symmetry of the upper back, lower back, or both.
- ◆ If prominence is noted, scoliometer measurement should be taken.

5. Left Lateral View: Have the student turn and stand with his/her left side toward the screener and repeat lateral view test.