No person shall be denied employment, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any program or activity on the basis of disability, sex, race, religion, national origin, color, or age. Ref: Sec. 1983, Civil Rights Act, 42 U.S.C.; Title VI and VII, Civil Rights Act of 1964; Rehabilitation Act of 1973, Sec. 504; Age Discrimination in Employment Act; Equal Pay Act of 1963; Title IX of the Education Amendment of 1972; Title IX Coordinator, P.O. Box 302101, Montgomery, Alabama 36130-2101 or call (334) 242-8444.
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Introduction

The 1984 Alabama Legislature Senate Joint Resolution 62 directed the Alabama Department of Education and the State Board of Health to implement procedures for examination of all public school students, ages 11 through 14, for the purpose of detecting the development of spinal deformity and for referring those children with positive screenings to a trained medical professional. Screening began with the 1984-85 school year and was phased in over a period of five years after the effective date of the law.

The American Academy of Orthopedic Surgeons and its affiliate, the Scoliosis Research Society, have given national endorsement of the development of school screening programs.
Purpose

The goal of this program is that children having spinal deformities be detected early and placed under medical care before serious disability and deformity occur. The program is designed to screen children at school and to teach students and their parents about spinal deformities.

Scoliosis, the medical term for lateral curvature of the spine, is a common disorder. Between 5 and 10 percent of schoolchildren have spinal curves. It is slightly more common in girls than boys and has its onset usually about ages 10 to 12. About 85 percent of curves are idiopathic (of unknown origin), although there appears to be a strong familial tendency in the idiopathic group.

In addition to scoliosis, kyphosis or “humpback,” and lordosis, sometimes referred to as “swayback,” can be seen in the same age groups to be screened. Kyphosis and lordosis are much less common than scoliosis.

Although most curvatures are of minor consequences, progressive spinal deformity may lead to crippling spine deformity and heart and lung problems; therefore, early detection and treatment are essential.

When detected early, treatment with a brace may prevent the progression of the deformity and may prevent the need for surgery. When detected late, surgery may be necessary.

Spinal deformities in the early years often go undetected because of their painless onset. Unless the condition is severe, it will not be visible to parents or others in the fully clothed child. Parents cannot be expected to detect the curve at an early state. Early detection, however, can be accomplished by mass screening of the critical age groups by trained personnel. Therefore, all schoolchildren in Grades 5, 6, 7, 8, and 9 (ages 11 through 14), including special education students, should be screened once a year for this potential problem.
Senate Joint Resolution 62

Declaration of Purpose
The following implementation of the Senate Joint Resolution 62, adopted pursuant to Code of Alabama 1975, Section 16-29-1, wherein is contained the mandate that the Alabama Department of Education and the State Board of Health shall provide for and require screening for spinal deformities of public school students in the state of Alabama. It is the purpose of such screening to identify those students who may have a lateral curvature of the spine.

1. Definition
   a. “Public Schools” mean those schools over which the State Superintendent of Education has jurisdiction and control as referred to in Article No. 14 of the State Constitution.
   b. “Student” means a pupil enrolled in the public school system in the state.
   c. “Examination” means the screening procedure to be performed on each student as outlined in the “Alabama Public School Spinal Screening Program Procedure Manual.”
   d. “Referral” means a written notification to the parent of the positive screening from the Spinal Screening Program.
   e. “Positive Screening” means the identified anatomical abnormalities for detection of spinal deformity as outlined in the “Alabama Public School Spinal Screening Program Procedure Manual.”
   f. “Trained Medical Professional” means the medical physician with expertise in examination for spinal deformities.

2. Frequency of Screening
   Screening will be conducted once annually on all students in Grades 5, 6, 7, 8, and 9 (ages 11-14 years), including special education students, with at least an eight- to ten-month interval between each annual screening.

3. Qualifications of Screening Personnel
   Screening will be conducted by school nurses, physical education instructors, other school personnel, or persons designated by school authorities who have received proper training in screening techniques for spinal deformities. One of these individuals shall be designated as Program Administrator and this person shall be responsible for the duties as outlined in the “Alabama Public School Spinal Screening Program Procedure Manual.”

   A health care provider who may benefit monetarily from arranging the referral process shall be excluded from referral and follow-up.

4. Screening Procedures
   The screening procedures shall be consistent with the accepted standards for spinal screening procedures as outlined in the “Alabama Public School Spinal Screening Program Procedure Manual.”
   • Boys will be required to remove shirts and wear gym shorts so that the waistline and hips can be observed.
• Girls will be observed in a two-piece bathing suit or a halter top or bra and shorts. • Body suits, one-piece bathing suits, or T-shirts are not acceptable.

It is strongly recommended that girls be examined by females. If this is not possible, it is mandatory that a female chaperone be in attendance at all times when girls are being examined.

5. **Screening Results – Recording and Referral Procedures**
A record of the screening results must be made of each student suspected of having a single deformity and copies of the results must be sent to the parents or legal guardians of the students. The notification shall include screening results, the significance of treating at an early stage, the services generally available for treatment after diagnosis, and a method for the school to receive follow-up information from health care providers.

Screening results and referral outcome shall be kept in the student’s permanent health record. The Program Administrator will maintain the Alabama Public School Spinal Screening Program Summary Report based on the retention schedule set by the State Department of Education.

6. **Distribution of Rules and Procedures**
The State Superintendent of Education shall print and distribute to the appropriate school officials the “Alabama Public School Spinal Screening Procedure Manual” as adopted by the Alabama Department of Education and the State Board of Health under the Act.
Implementation

1. **Plan for Educational Programs**
   a. **Public Education:** If the program is to be accepted and referrals are to be acted upon, the students, parents, and general public must accept and understand the seriousness of spinal deformities. Good public awareness programs tell what the condition is, what the program is, why it is important, what will be done for whom, and when it will be done. Local media should be used where appropriate. These may include: radio, TV, newspapers, newsletters, bulletin boards, letters to parents and local medical staff, and program presentations to interested groups.
   b. **Student Education:** Student education should be presented at appropriate grade levels through health education. Content should include: what scoliosis, kyphosis and lordosis are; how they are detected; the importance of screening; what the screening procedures will be; what will be done for those with positive screenings; and why it is important to act on these screenings.
   c. **Screener Education:** In-service education should be held annually, preferably in the spring or fall, to provide training for individuals selected as screeners and educators. This in-service should be conducted by an individual who has medical knowledge and experience on the subject of spinal deformities and experience in the spinal screening program.

2. **Selection of Screeners**
   There are two options available:

   - **One Screening** – Only one screening is necessary if performed by a school nurse.
   - **Two Screenings** – Initial screening is performed by designated teacher such as physical education teacher, health education teacher, or other specially trained individual. A school nurse will rescreen positive screenings.

   **NOTE:** Anyone utilized as an initial screener must complete an in-service course in spinal screening.

3. **Site Selection and Preparation**
   a. The area selected should be warm, well-lighted, and permit screening with privacy.
   b. At the time screening is in process, the area selected should not be used for activities other than the screening activity.
   c. The screening station should be equipped with a chair and desk or table for recording. Information must be recorded as the screening progresses.

4. **Preparation of Students**
   a. Boys and girls should be screened separately.
   b. All students should be screened individually.
   c. Boys should strip to the waist and wear briefs or gym shorts.
   d. Girls should be requested to wear shorts and a halter or a bra. Leotards or one-piece bathing suits tend to camouflage the lower spine area; therefore, they are not acceptable.
   e. All students should remove shoes before screening.
Screening Responsibilities

Responsibilities of the Program Administrator

Each school system shall designate one individual (Program Administrator) who will be responsible for the administration of the spinal screening. The Program Administrator’s training and experience shall be appropriate to perform the following tasks:

1. To develop an administrative plan for conducting spinal screening in the school system in cooperation with appropriate school personnel in order to ensure that the program can be carried out efficiently with minimal amount of disruption. This shall include arrangement of appropriate scheduling for spinal screening.

2. To secure appropriate personnel to carry out the screening program and to ensure that such personnel receive proper training to conduct the necessary screening procedure.

3. To ensure that appropriate records are made and that referrals are made and follow-up completed for each child whose screening test is positive (see page 15 for referral form).

4. To disseminate information to other school personnel, students, parents, and the public explaining the purpose of the program and to acquaint them with the criteria that might denote the need for referral for spinal screening.

5. To institute procedures to evaluate the effectiveness and accuracy of the screening program.

6. To document on the individual pupil record:
   • Refusal to participate in the screening program (by written statement from parent).
   • Spinal screening dates and negative results.
   • Positive screenings and that referral was made.
   • Report from physician or that reasonable attempts were made to obtain a report.

7. To maintain the Alabama Public School Spinal Screening Program Summary Report based on the retention schedule set by the Alabama Department of Education.
Screening Procedure

1. **Recording**

   The class roll should be used for the initial screening roster and as documentation of screening results (passed/referred). This roster should be dated and signed by the initial screener and kept on file in the school office or in the nurse’s office. Complete the top section of the Spinal Screening Worksheet. List those students who have had positive screenings on first screening or who were absent from school on the date of the first screening. This record should be used as the roll for rescreening and to record screening of absentees.

   At the rescreening, the results should be recorded as “passed” or “referred.” The Program Administrator will ensure that the data and results of the screening are recorded on the student’s Cumulative Health Record.

2. **Student Explanation**

   During the screening session, the screener should:
   a. Explain the results and significance of the screening.
   b. Answer all questions.
   c. Provide an opportunity for the students to express their concerns and anxieties.
   d. Give appropriate written material to the students being screened. (Optional)

3. **Screening for Scoliosis Procedure**

   See “Screening for Scoliosis” (page 12).

4. **Rescreening**

   In order to avoid the possibility of unnecessary referral, all students except as specified on page 4 under “Frequency of Screening” with positive screenings in any part of the initial screening should be rescreened at a separate session by someone other than the original screener as specified under “Qualifications of Screening Personnel (see page 4). Students should be questioned regarding family history of spinal deformities.

5. **Scoliometer**

   Use of a Scoliometer is optional.
Referral Procedure

1. **Criteria for Referral**

   Screenings warranting referral:
   
   a. Family history of spinal deformity.
   b. Four or more spots (pale brown) on the body.
   c. Any markings on the back such as hairy patches or a dimpling or fatty tumor along the vertebrae column.
   d. Unilateral atrophy of thigh or calf or any peculiar gait or pelvic tilt.
   e. Patient complaining of recurrent back pain.

2. **Parent Notification**

   Any child with positive screenings as identified in the criteria listed in No. 1 above should be referred for further evaluation. It should be clearly stated that a positive screening does not necessarily constitute a diagnosis of spinal deformity, but does indicate the need for further evaluation by a physician with expertise in the detection and treatment of spinal deformities. Students with positive screenings on rescreening will be counseled concerning results of the screening and follow-up. Parents must be provided with a written referral form (see Sample Letter to Parents). Contact should be made with the parent by the Program Administrator or designee to review and clarify the referral form and to emphasize the importance of diagnosis, treatment, and the return of the referral form. Provide assistance as necessary.

Follow-up Documentation

The Program Administrator or designee must maintain a record of referred students. When documentation of a physician's evaluation of a student has not been received, efforts must be made to assure that the parent was notified of the screening results, realizes the importance of prompt follow-up, and has the capability of making the necessary arrangements for a further examination by a physician. This follow-up activity and the physician’s screenings must be documented on available school health records.
Scoliosis affects less than 1 in 100 of the general population.

Girls are seven times more likely than boys to have a significant, progressive curve that would require treatment.
What is Scoliosis?

TYPICAL SCOLIOTIC CURVES

Left Lumbar  Right Thoracic  Doubler Major

Kyphosis (Humpback)  Lordosis (Swayback)  Scoliosis (Rear Views)
Screening for Scoliosis

Forward Bending Position for Screening
National Resources

National Association of School Nurses
P.O. Box 1300
Scarborough, ME 04070
www.nasn.org

National Scoliosis Foundation, Inc.
P.O. Box 547
Belmont, MA 03178
www.scoliosis.org

Scoliosis Research Society
Suite 800, 430 No. Michigan Ave.
Chicago, IL 60611
www.srs.org

The Scoliosis Associate, Inc
One Pen Plaza
New York, NY 10001

Alabama Resources

The County Health Department Nursing Division

Children’s Rehabilitation Service
www.rehab.state.al.us

The Children’s Hospital

University of South Alabama
FOR COMPLETING THE SPINAL SCREENING WORKSHEET

The Spinal Screening Worksheet is to be utilized for each school within the school system to collect data for the summary report form. The screener uses this form for recording referrals and/or absentees. The individual providing the second screening also uses this form to record referrals and follow-up documentation. (Optional)

### DEFINITION

<table>
<thead>
<tr>
<th>School</th>
<th>Name of school attended by students recorded on this form.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class</td>
<td>The class period or name of teacher for (all) students listed.</td>
</tr>
<tr>
<td>Initial Screener</td>
<td>The name and title of the individual responsible for initial screening.</td>
</tr>
<tr>
<td>Title</td>
<td>Physical education teacher, health education teacher, or Registered Nurse/Licensed Practical Nurse (RN/LPN)</td>
</tr>
<tr>
<td>Date</td>
<td>The day the initial screening program is done.</td>
</tr>
<tr>
<td>Total Enrolled</td>
<td>The total number of students listed on class roster.</td>
</tr>
<tr>
<td>Total Screened</td>
<td>The total number of students being screened (total males and total females). Students absent on date of initial screening or as part of second screening.</td>
</tr>
</tbody>
</table>
| Student Legal Names | 1. List the legal names of students who are under current medical care for spinal deformities as verified by physician’s statement. If verification is not available, child should be screened and routine procedure followed.  
                            2. List the legal names of those students identified with positive screenings when screened at initial screening. These students require a second screening unless screened by a school nurse. |
| Sex                 | Specify gender of student by “F” or “M.” |
| Grade               | Record grade level of child at date of screening. |
| Under Current       | Record “YES” if student is under current medical care for the treatment of spinal deformity (referred prior to present screening program). Written documentation of diagnosis and treatment must be obtained for verification. Current status of treatment should be determined and noted under “Treatment” column. |
| Medical Treatment   | This data indicates the results of the initial screening. |
| By                  | The name of the individual providing second screening. |
| Date                | Specify date screening is held. |

One of the following should be checked:

| Normal               | No abnormality identified. |
| Referral/Scoliometer | Parent notification of positive screening. |
| Reading              | This data is documented using the following key:  
                            A. Date letter mailed to parent/guardian.  
                            B. Student refuses screening/date letter mailed to parent/guardian.  
                            C. Under MD/Medical Professional care. |
| Follow-up            | Medical Professional Diagnosis and Treatment Normal, Scoliosis, or Other Abnormality (than Scoliosis) |
| Other appropriate and/or relevant data can be written in this space also. |
# ALABAMA PUBLIC SCHOOL SPINAL SCREENING WORKSHEET

**Name of School**

**Class**

**Initial Screener**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
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<td></td>
</tr>
</tbody>
</table>

**Title**

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<th>M</th>
<th>F</th>
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<tbody>
<tr>
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<td></td>
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</tbody>
</table>

**Total Enrolled**

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<thead>
<tr>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Screened</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

List those students with (+) positive findings, those students already under current medical care, and those students absent on the initial screening date.

**Student Legal Names**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Sex</th>
<th>Grade</th>
<th>Current Medical</th>
<th>Treatment</th>
<th>Referred</th>
<th>Absent</th>
<th>Normal</th>
<th>Referral/</th>
<th>Reading</th>
<th>A. Date letter sent to parent/guardian</th>
<th>B. Student refuses screening/date letter sent to parent/guardian</th>
<th>C. Under MD care</th>
<th>Diagnosis</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
## ALABAMA PUBLIC SCHOOL SPINAL SCREENING PROGRAM

Summary Report for Grades 5-9

<table>
<thead>
<tr>
<th>Name of School</th>
<th>School Year of This Report</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School System</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name and Title of Program Administrator</th>
<th>Name and Title of Person Completing Form</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

*Note: If all Grades 5-9 and special education students are not screened, explain:*

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

### SCREENING

<table>
<thead>
<tr>
<th>INITIAL</th>
<th>SECOND</th>
<th>RESULTS OF REFERRAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade and Sex</td>
<td>Total Number of Students Screened</td>
<td>Number Receiving Initial Screening</td>
</tr>
<tr>
<td></td>
<td>M-Male</td>
<td>F-Female</td>
</tr>
<tr>
<td>Grade 5</td>
<td>5M</td>
<td>5F</td>
</tr>
<tr>
<td>Grade 6</td>
<td>6M</td>
<td>6F</td>
</tr>
<tr>
<td>Grade 7</td>
<td>7M</td>
<td>7F</td>
</tr>
<tr>
<td>Grade 8</td>
<td>8M</td>
<td>8F</td>
</tr>
<tr>
<td>Grade 9</td>
<td>9M</td>
<td>9F</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*SE-M</th>
<th>*SE-F</th>
<th>**OTHER-M</th>
<th>**OTHER-F</th>
<th>TOTAL-M</th>
<th>TOTAL-F</th>
<th>GRAND TOTAL</th>
</tr>
</thead>
</table>

*Special Education Students Ages 11-14 Not Included in Grade Tally.

** Within 11-14 Age Group, But Not 5-9 Grade Level or Special Education.
Dear Parent/Guardian:

Your child was screened for spinal curvature on ____________________________, and the results are:

( ) Obvious spinal curvature
( ) Rib prominence
( ) Shoulder elevation
( ) Increased round back
( ) Shoulder blades uneven
( ) Spine hump
( ) Hips uneven

Other comments: ________________________________________________________________

__________________________________________________________

It is recommended that your child have a complete evaluation by your family physician. Please take this form with you for your doctor to complete. Please return the completed form to school.

__________________________________________________________

School Nurse

Name of Student __________________________ Birth Date __________________________

School __________________________ Grade __________________________ Teacher’s Name __________________________

Report from physical. Please complete and RETURN TO SCHOOL.

DIAGNOSIS: _____ Scoliosis _____ Kyphosis _____ Other: (Specify) _______________________

TREATMENT: _____ None _____ Brace _____ Other: (Specify) _______________________

______ Observation _____ Surgery

This form may be released to the school.

__________________________________________________________

Type or Print Name of Physician

__________________________________________________________

Signature of Parent/Guardian

__________________________________________________________

Signature of Physician

__________________________________________________________

Date Signed

__________________________________________________________

Date Signed

This form should be returned to the School Nurse, ATTN: Spinal Screening Program Administrator.

OPSS-2/8-2004 (BS)
Dear Parent/Guardian:

On ________________________________, the school nurse or health/physical education teacher will screen to check for spinal deformities (scoliosis, kyphosis, lordosis, a side-to-side curve in the spine). The purpose is to recognize, at the earliest stage, any deviation from normal so that the need for treatment can be determined. Spinal screening is required annually by law for schoolchildren in the state of Alabama in Grades 5-9.

The procedure is a very simple one. The trained screener observes the child’s posture while standing and bending forward. It is suggested that girls wear a halter top or bra during screening, and that boys remove their shirts. If scoliosis is suspected, your child will either be rescreened or referred. You will be notified so that you may get further evaluation from your own physician.

If your child is receiving medical care for a spinal deformity from a physician, please contact this school to request a form for your child’s physician to complete in order for your child to be exempted.

Please call the school if you have questions.

Sincerely,

________________________________________  __________________________
Name of Program Administrator, Spinal Screening Program  Date