

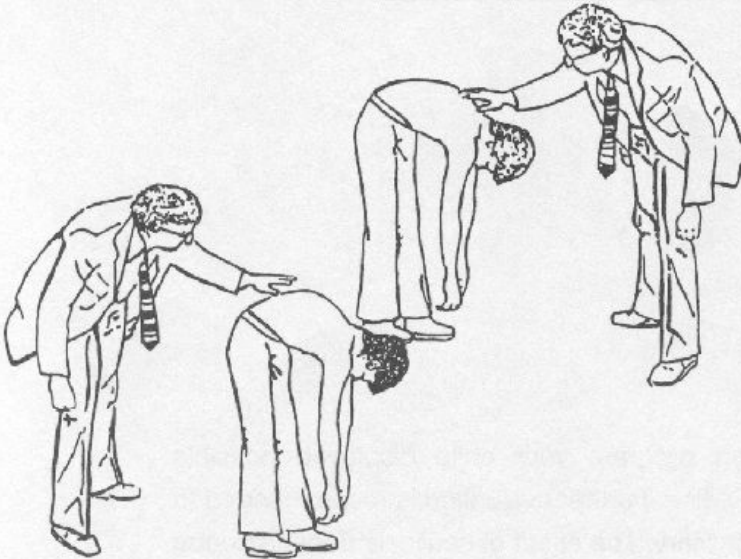
Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Dear Physician:

Pennsylvania Department of Health regulations require each child in grades 6 and 7 and age appropriate (11 and 12 years of age) children in ungraded classes to be screened for scoliosis.

By using the method depicted below, a possible spinal curvature was noted on this student. Please note your findings on the checklist below.



**OBSERVATIONS AT SCREENING**

- 1. Rib/Hump Lumbar Rotation
  - \_\_\_ Right Thoracic Rib Hump
  - \_\_\_ Left Thoracic Rib Hump
  - \_\_\_ Right Lumbar Rotation
  - \_\_\_ Left Lumbar Rotation
- 2. Other Orthopedic Conditions
  - \_\_\_ Pelvic Level
    - \_\_\_ Right iliac crest higher
    - \_\_\_ Left iliac crest higher
  - \_\_\_ Kyphosis
  - \_\_\_ Lordosis
  - \_\_\_ Other

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**PHYSICIAN'S FINDINGS**

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**EXAMINATION** (Please check)

- 1. Scoliosis confirmed.....  
 \* X-ray taken  
 Degree of curve (specify) \_\_\_\_\_
- 2. Possible scoliosis.....  
 No X-ray taken
- 3. No scoliosis.....  
 X-ray taken
- 4. No scoliosis.....  
 No X-ray taken
- 5. Other orthopedic conditions.....  
 Confirmed

**RECOMMENDATIONS** (Please check)

- 1. Will observe.....
- 2. Recommend bracing.....
- 3. Recommend surgery.....
- 4. Discharged.....
- 5. Comments \_\_\_\_\_

Signature \_\_\_\_\_

Physician (print) \_\_\_\_\_

Date \_\_\_\_\_

\* Single erect AP X-ray for baseline recommended by the American Academy of Orthopedic Surgeons.