Children's® Healthcare of Atlanta

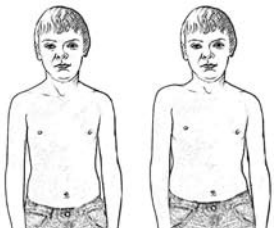
Five Steps of Scoliosis Screening

Step 1: Patient stands facing physician.

With the patient undressed and the spine fully visualized, instruct the patient to stand erect, look straight ahead and distribute weight evenly over both feet.

Consider:

– Are the shoulders level and at the same height?
– Is the distance between the arms and the torso equal on both sides?
– Are the hips level?

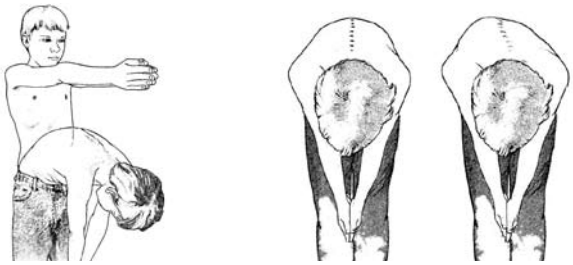


Step 2: Patient bends toward physician.

Instruct patient to bend toward you at a 90-degree angle from the waist, keeping shoulders and head in a straight line while bending. Arms should be straight with palms touching, in a dive position. Patient should not twist or bend too far, too little or too quickly.

Consider:

– Is one shoulder blade protruding more than the other?
– Is there a high thoracic prominence?
– Is one side of the torso more rounded than the other?
– Is there a lumbar prominence?
– Is one hip higher and more pronounced than the other?



Step 3: Patient stands with back to physician.

Instruct the patient to stand erect, look straight ahead and distribute weight evenly over both feet while facing away from you.

Consider:

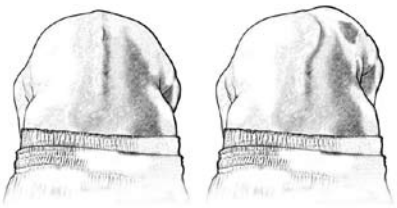
– Are the shoulders level and at the same height?
– Is the distance between the arms and the torso equal on both sides?
– Are the hips level?

Step 4: Patient bends away from physician.

Instruct patient to bend away from you at a 90-degree angle from the waist. Follow proper bending techniques described in Step 2.

Consider:

– Is one shoulder blade protruding more than the other?
– Is there a high thoracic prominence?
– Is there a rib prominence?
– Is one side of the torso more rounded than the other?
– Is there a lumbar prominence?
– Is one hip higher and more pronounced than the other?

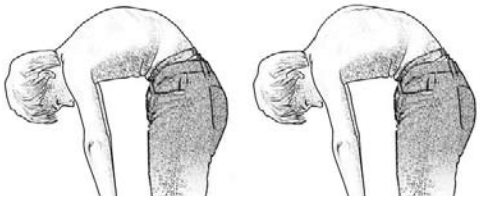


Step 5: Patient bends from the waist with physician observing from the side, checking for kyphosis.

Instruct patient to bend at a 90-degree angle from the waist. Follow proper bending techniques described in Step 2.

Consider:

– Is there a hump or pronounced vertical rise in the thoracic area?



Next Steps

If concerns are identified during the screening process, physicians and secondary screeners may recommend tertiary screening with spinal X-rays. These X-rays will confirm diagnoses of scoliosis, kyphosis or leg length discrepancy, and will indicate skeletal maturity. Treatment will be based on curve degree and skeletal maturity (Risser). The Risser sign indicates skeletal maturity based on the amount of bone capping along the iliac crests. Rissers range from 0 (immature) to 5 (mature). As the skeleton matures, the risk of curve progression diminishes.

Tertiary screenings, pediatric orthopaedic surgeon evaluations and other specialized follow-ups can be coordinated through the Children's Healthcare of Atlanta Scoliosis Screening program.

Visit www.choa.org/scoliosis or call 404-785-7553 for more information.

(See reverse)

Scoliosis Treatment

Follow-up/Monitoring

Protocol for follow-up depends on the patient's skeletal maturity and curve degree. As a general guide:

– Five- to nine-degree curves—follow up with new X-rays in one year.

– 10 to 14 degrees—follow up with new X-rays every six to 12 months.

– 15 degrees or more—the patient should be referred to a pediatric orthopaedic surgeon.

The pediatric orthopaedic surgeon will monitor the patient until skeletal maturity for potential curve progression. Curves that exceed 20 degrees may be treated with a spinal orthosis designed specifically for scoliosis management. Curves exceeding 45 to 50 degrees may require surgery.

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