

FORM FOR 7TH GRADE SCOLIOSIS

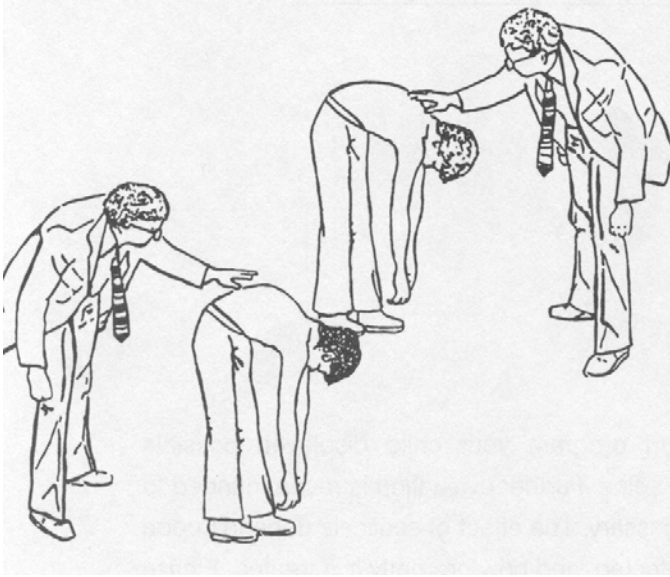
NAME OF CHILD _____ DATE _____

ADDRESS _____ GRADE _____

SCHOOL _____

Dear Physician:

Pennsylvania Department of Health regulations require each child in grades 6 and 7 and age-appropriate children (11 and 12 years of age) in ungraded classes to be screened for scoliosis. Please note your findings of this student's scoliosis exam 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

PHYSICIAN'S FINDINGS

EXAMINATION (Please check)

- *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.*