Letter to Parents for Scoliosis Screening

Dear Parent/Guardian,

______________________________ School will be conducting spinal screening on ___________________________. The purpose of spinal screening is to detect the signs of abnormal curves of the spine at their earliest stages so that the need for treatment can be determined. Scoliosis, a common spinal abnormality found in adolescents, is a sideways twisting of the spine. It is usually detected in children between 10 and 14 years of age. Kyphosis, sometimes called round back, is an exaggerated rounding of the upper back and is often confused with poor posture. Many cases of curvature of the spine are mild and require ongoing observation by a physician when they are first diagnosed. Others can worsen with time as the child grows and require active treatment such as bracing and surgery. Early treatment can prevent the development of a severe deformity, which can affect a person’s appearance and health.

The procedure for screening is simple. Screeners who have been specially trained will look at your child’s back while he/she stands and then bends forward. For this examination, boys and girls will be seen separately and individually.

STUDENTS SHOULD WEAR OR BRING SHORTS TO SCHOOL FOR THE EXAM. ALL STUDENTS MUST REMOVE THEIR SHIRT FOR THIS EXAM. FOR THIS REASON, WE REQUEST THAT GIRLS WEAR A SPORTS BRA, OR A TWO-PIECE SWIM SUIT TOP UNDERNEATH THEIR SHIRT ON EXAM DAY.

Parents will be notified of the results of the screening only if professional follow-up is necessary. This screening procedure does not replace your child’s need for regular health care and check-ups.

If you do not wish to have your child screened, please notify the school office no later than ________________________________.

Sincerely,

______________________________
School Administrator

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School Nurse