

APPENDIX A

FORMS FOR SCHOOL SPINAL SCREENING



SAMPLE PRE-SCREENING LETTER TO PARENTS

Dear Parent/Guardian:

Our school will do spinal screenings on _____.

State law says that schools must screen students for spinal problems in 6th and 9th grade if the child was not screened in 5th or 8th grade. Trained screeners will check your child for signs of spinal problems like scoliosis.

Catching a spinal problem early can make the treatment much easier. Not treating spinal problems can lead to serious health problems.

The screening is simple. Screeners will look at your child's back while he or she stands and bends forward.

Important Recommendations:

- Students should bring shorts to school for the exam.
- Girls should wear a thin t-shirt or a sports bra or a two-piece swimsuit top underneath their shirt on exam day.
- If girls are wearing a sports bra or a two-piece swimsuit top underneath their shirt, it is recommended they remove their shirt for the screening.
- Boys and girls will be screened separately and one at a time.

The school will send you a letter if your child does not pass the screening. The letter will tell you how to follow up with a doctor.

This screening is not a medical exam. Your child still needs to see a doctor for checkups.

If you do not wish to have your child screened for religious reasons, you must submit an exemption to the school no later than _____.

Thank you for your cooperation.

Sincerely,

_____.

CARTA DE MUESTRA PARA LOS PADRES ANTES DE LA EVALUACIÓN

Estimado padre de familia o tutor:

Nuestra escuela llevará a cabo revisiones de la columna vertebral el _____.

La ley estatal establece que, si no se hizo la revisión a un menor en el 5.º u 8.º grados, las escuelas deben examinar a los estudiantes en los grados 6.º y 9.º para detectar posibles problemas de la columna vertebral. Examinadores capacitados revisarán a su hijo en busca de problemas de la columna vertebral, como la escoliosis.

Detectar un problema de la columna vertebral a tiempo puede hacer que el tratamiento sea mucho más fácil. Dejar un problema de la columna vertebral sin tratar puede dar lugar a graves problemas de salud.

La revisión es muy simple. Los examinadores observarán la espalda de su hijo o hija al estar de pie y doblar el cuerpo hacia adelante.

Recomendaciones importantes:

- Los estudiantes deben llevar pantalones cortos a la escuela el día del examen.
- Las chicas deben llevar una camiseta delgada o un sostén deportivo o la parte de arriba de un traje de baño de dos piezas debajo de la blusa el día de la revisión.
- Si las chicas llevan un sostén deportivo o la parte de arriba de un traje de baño de dos piezas debajo de la blusa, se recomienda que se quiten la blusa para la revisión.
- Los chicos y las chicas serán examinados de manera separada, y uno a la vez.

Si su hijo no pasa la revisión, la escuela le enviará una carta. Esta carta le dirá cómo dar seguimiento al caso con un doctor.

Esta revisión no es un examen médico. Su hijo aún necesita ver a un doctor para que le haga más revisiones.

Si usted no desea que se le haga la revisión a su hijo por razones de tipo religioso, debe enviar a la escuela una solicitud de exención a más tardar el _____.

Muchas gracias por su cooperación.

Atentamente,

_____.

AFFIDAVIT OF RELIGIOUS EXEMPTION

I, _____, understand that Texas law requires all
(Parent or Guardian)
public and private schools to screen children in grades 6 and 9 for spinal problems before the end of
the school year.

I ask that _____ not be screened because it is against our
(Name of Student)
religious beliefs.

(Parent or Guardian)

DECLARACIÓN JURADA DE EXENCIÓN RELIGIOSA

Yo, _____, comprendo que las leyes de Texas requieren que
(padre, madre o tutor)







todas las escuelas públicas y privadas evalúen a los niños en 6to y 9no grado por problemas de la columna vertebral antes de que se acabe el año escolar.

Solicito que _____ no sea evaluado(a) porque va en contra de nuestras
(nombre del estudiante)

creencias religiosas.

(padre, madre o tutor)

SCHOOL SPINAL SCREENING WORKSHEET

SCHOOL/DISTRICT:	SCREENER(S):	DATE OF SCREENING:	GRADE:	ABNORMALITY DETECTED						CURRENTLY UNDER TREATMENT	RESCREENED	RESCREEN CONFIRMED FINDINGS	SCOLIOMETER READINGS (OPTIONAL)	FAMILY CONTACTED	REFERRED FOR EXAMINATION	DIAGNOSIS & TREATMENT REPORT RECEIVED	ADDITIONAL FOLLOW-UP REQUIRED
				A - Head B - Shoulder C - Spine D - Scapula E - Waist F - Hips	R - Roundback	S - Sway back	1	2	3								
													/				

FILLING OUT THE SCHOOL SPINAL SCREENING WORKSHEET:

This form is to assist with re-screening and follow-up by providing a place to indicate and reference your initial findings. This form allows you to note the student's position in which a possible abnormality was found, and section(s) of the body indicating that abnormality. Each of the screening positions has a corresponding numbered column. Sections of the body and some of the conditions you may find have corresponding letters. In the appropriate column, place letters to indicate the sections of the body showing a possible abnormality. For example, if one shoulder appears higher than the other when viewing a student in position 1, place a "B" in column 1 under that student's name.

SPINAL SCREENING PROGRAM PARENT NOTIFICATION AND REFERRAL

STUDENT: _____ BIRTH DATE: _____

ADDRESS: _____

SCHOOL: _____ SCHOOL TELEPHONE: _____

Dear Parent/Guardian:

Recently our school screened your child for spinal problems.

Your child's screening shows that he or she has signs of a possible spinal problem. It is important for you to have your child's spine checked by a doctor.

Catching a spinal problem early can make the treatment much easier. Not treating spinal problems can lead to serious health problems.

Please take your child to the doctor as soon as possible. Bring this form with you when you go and ask the doctor to fill it out.

After your child sees a doctor, please return this form to school. Please let us know if you have questions or cannot pay for a doctor.

Thank you for your cooperation: _____

SCHOOL SCREENING FINDINGS:

L R

- High shoulder
- Shoulder blade stands out more than the other
- Obvious curve of the spine in area of rib cage

L R

- Rib hump
- Obvious curve of spine in lower back
- Hip higher than the other side

Round back

Other: _____

School Screener's Name & Title: _____ Date: _____

PROFESSIONAL EXAMINATION REPORT:

Diagnosis: _____

Recommendations:

- No Treatment Treatment: Observation
- Brace
- Surgery
- Other (please describe): _____
- Referral (please describe): _____

Activity Limitation (if any, please describe): _____

Additional Comments: _____

Return Appointment: No Yes - Return Date: _____

Doctor's signature or hand stamp

Date

Doctor's Mailing Address/Phone: _____

For school use:

This form completed and received by school (name/date): _____

This form not returned to school (reason): _____

PROGRAMA PARA EXAMEN DE LA COLUMNA VERTEBRAL NOTIFICACIÓN A LOS PADRES Y RECOMENDACIÓN CON ESPECIALISTA

ESTUDIANTE: _____ FECHA DE NACIMIENTO: _____

DIRECCIÓN: _____

ESCUELA: _____ TELÉFONO DE LA ESCUELA: _____

Estimado padre/madre/tutor:

Nuestra escuela evaluó recientemente la columna vertebral de su niño o niña.

La evaluación mostró signos de un posible problema en la columna vertebral. Es importante que un médico examine la columna vertebral de su niño(a).

Detectar de manera temprana los problemas de la columna vertebral hace que sea mucho más fácil tratarlos. No tratar los problemas de la columna puede conducir a problemas de salud graves.

Por favor lleve a su niño(a) al médico lo más pronto posible. Lleve este formulario a la consulta y pídale al médico que lo llene.

Después de que el médico vea a su niño(a), por favor entregue este formulario nuevamente a la escuela. Por favor avísenos si tiene alguna pregunta o si no puede pagar la consulta de un médico.

Muchas gracias por su cooperación. _____

RESULTADOS DEL EXAMEN

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Espalda encorvada (round back)

Otro: _____

Nombre y cargo de la persona que examinó en la escuela: _____ Fecha: _____

PROFESSIONAL EXAMINATION REPORT: Diagnosis: _____

Recommendations:

- | | | |
|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> No Treatment | <input type="checkbox"/> Treatment: | <input type="checkbox"/> Observation |
| | | <input type="checkbox"/> Brace |
| | | <input type="checkbox"/> Surgery |
| | | <input type="checkbox"/> Other (please describe): _____ |
| | | <input type="checkbox"/> Referral (please describe): _____ |

Activity Limitation (if any, please describe): _____

Additional Comments: _____

Return Appointment: No Yes - Return Date: _____

Doctor's signature or hand stamp

Date

Doctor's Mailing Address/Phone: _____

For school use:

This form completed and received by school (name/date): _____

This form not returned to school (reason): _____

INSTRUCTIONS FOR THE SPINAL SCREENING REPORT (FORM M-51)

School districts, private school systems, and charter schools: use this form to report cumulative totals of the spinal screenings conducted at each of your campuses.

Individual public/private school campuses within a district/system: this form is useful for reporting campus totals to the main office. The main office enters cumulative totals of all campuses onto one form and submits it online to DSHS.

STUDENT SPINAL SCREENING (COLUMNS A - D)

Grade: Enter numbers under the respective students' grade (5-12) and sex (F or M).

(A) Under prior treatment: Enter number of students who have already received professional treatment for a spinal abnormality. Do not screen these students and do not enter their diagnosis or treatment on the report form.

(B) Students screened: Enter number of students screened.

(C) Rescreened: Enter number of students who received a second screening as result of a possible abnormal finding during the initial screening.

(D) Referred: Enter number of rescreened students above whose parents were given a spinal screening parent notification and referral for a professional examination.

RESULTS OF REFERRALS ONLY (COLUMNS E - M)

This section is for recording the results of the professional exams of those students referred. Do not enter your assessment of the condition. If results are not available, indicate that in Column M.

PHYSICIAN DIAGNOSIS (COLUMNS E - H)

(E) Normal: Number of students determined by their physician to have normal curvature.

(F) Scoliosis: Number of students who received a diagnosis of scoliosis from their physician.

(G) Kyphosis: Number of students who received a diagnosis of kyphosis from their physician.

(H) Other: Number of students who received a diagnosis for a condition not listed above.

TREATMENT PLAN (COLUMNS I - M)

Mark only one treatment for each student. If a student receives multiple treatments, mark only the treatment that appears furthest to right on this form's treatment columns.

(I) Observation only: Enter number of students to be observed only at this time.

(J) Bracing: Enter number of students for whom a brace has been prescribed.

(K) Surgery: Enter number of students for whom surgery has been indicated.

(L) Other: Enter number of students receiving a treatment not indicated above.

(M) Results unavailable: Enter number of referred students for whom professional exam results are unavailable. Results should be submitted next year on the LATE EXAM RESULTS table.

DOUBLE CHECK YOUR MATH: Sum of Columns E, F, G, H, and M should equal the sum of Column D. Make sure you did not enter diagnosis/treatment for students under prior treatment (Column A).

CHIEF ADMINISTRATOR'S NAME: The completed form should be submitted to the Texas Department of State Health Services.

LATE EXAM RESULTS

Use this table to record the results of referrals (if any) that were made in the last school year, but returned too late to be included on last year's spinal screening report form.