

Spinal Screenings

California law requires school districts provide spinal screenings for 7th grade girls and 8th grade boys. The purpose of spinal screening is to detect signs of abnormal spinal curvature so that the need for treatment can be determined.

Detection of spinal abnormalities at an early stage is essential. Early discovery of abnormal curves may be effectively treated through routine check-ups and bracing. However, if left undetected, curves may progress and the patient is more likely to require surgery.

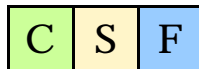
The procedure for screening is simple. The examination will be completed by a certified healthcare professional or trained certificated employees. A special instrument called a "scolimeter" may be moved down the center of the back to help identify subtle spinal abnormalities.

Children who are found to have a possible spinal curvature are then referred to a physician for appropriate care.

Enclosed are brief descriptions of abnormalities for which children are screened.

The Children's Spine Foundation has also partnered with the UCR Alpha Center in support of the Healthy Body-Health Mind project. This weeklong program for middle school students focuses on developing well-rounded individuals by balancing the role of health education, fitness, nutrition and positive mental attitude.

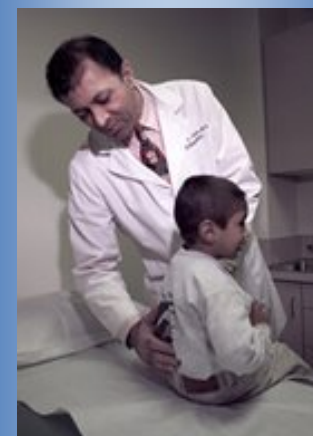
Below are pictures taken during some of the physical activities the students learned during the summer course.



**Children's
Spine
Foundation**

PO Box 20962
Riverside, California 92516
Phone: 951-656-4160
Web: www.childspine.us

Screening and Treatment for Spinal Abnormalities in Children



**Children's
Spine
Foundation**

Spinal Abnormalities

KYPHOSIS:



Kyphosis refers to the forward curvature of the spine when viewed from the side. It is an uncommon, often painless disorder found in teenage boys (rarely in girls) thought to have “bad posture.”

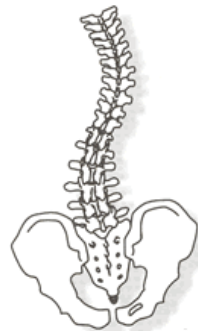
Treatment usually consists of observation during the teenage growth spurt, but may involve bracing and rarely, surgery in the more severe curves.

SCOLIOSIS:

Scoliosis is a lateral or sideways curvature of the spine. A curve may be functional or structural in nature. Functional scoliosis develops secondary to another abnormality, usually in the hip or lower extremity. A common cause of functional scoliosis is unequal leg length. The most common cause of structural scoliosis is “idiopathic scoliosis,” which means there is no known cause. Idiopathic scoliosis occurs in two to three percent of the population. Sex prevalence is equal during early adolescence, but progression (increase in curve magnitude) is far more common in girls.

Scoliosis is usually a non-painful condition often detected during a routine physical exam or during a school or health fair spinal screening.

Treatment can range from routine checkups, to bracing, to surgery—depending on the size of the curve and its progression during teenage growth spurt.



HYPERLORDOSIS: Spondylolisthesis



Spondylolisthesis (spon-di-lo-lis-thesis) is an acquired condition wherein an inherently weak portion of the spine breaks. This allows one vertebrae to slip forward over the other. A severe slip can give the clinical appearance of swayback (hyperlordosis).

Treatment is aimed at healing the broken segment and halting progression of the slip. Treatment may include activity restrictions, bracing and occasionally surgery.