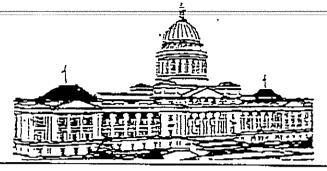
ARKANSAS REGISTER



Transmittal Sheet

Sharon Priest Secretary of State State Capitol Rm. 01 Little Rock, Arkansas 72201-1094

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For Office Use Only: Effective Date	21/96 Code Number 007.13,98-00						
Varne of Agency Arkansas Department of Health							
Department Division of Child & Adolescent Health							
Contact Person Jo Ann Bolick Phone661-2827							
Statutory Authority for Promuigating Rules Ark. Code Ann. §20-15-801 through §20-15-803							
•	- Date						
Intended Effective Date	Legal Notice Published 11-19-97						
	Final Date for Public Comment 12-19-97						
xi 10 Days After Filing	Filed With Legislative Council. 11-14-97						
] Other	Reviewed by Legislative Council						
	Adopted by State Agency						
CERTIFICATION OF AUTHORIZED OFFICER							
Hereby Certify That The Attached Rules Were Adopted							
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ARKANSAS REGISTER



Transmittal Sheet

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	Other Reviewed by Legislative Council							
		Adopted by State Agency 01-22-98						
	CERTIFICATION OF AUTHORIZED OFFICER							
	I Hereby Certify That The Attached Rules Were Adopted In Compliance with Act 434 of 1967 As Amended							
	Joann Bolik							
	66)-2827 Proces Number							
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Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000 Sandra B. Nichols, M.D., Director • Mike Huckabee, Governor

CERTIFICATION

This will certify that the Rules and Regulations for Scoliosis Screening were amended pursuant to Act 41 of 1987 and Act 95 of 1989. A public hearing was held on the 19th day of December, 1997.

Dated at Little Rock, Arkansas this 6th	_day of <u>February</u> , 1998.
	Director,
	Arkansas Department of Health

Secretary, Arkansas State Board of Health

The foregoing Amended Rules and Regulations for Scoliosis Screening, a copy of which has been filed in my office, are hereby in compliance with the Administrative Procedures Act on this <u>6th</u> day of <u>February</u>, 1998.

Governor State of Arkansas

RULES AND REGULATIONS FOR SCOLIOSIS SCREENING

I. PURPOSE

Scoliosis is a lateral curvature of the spine. Eighty-five percent of all cases have an unknown cause and are referred to as "idiopathic scoliosis". This condition can be detected in children during the growth spurt period between the ages of 10 and 15 years. Girls are affected more often than boys. About 2 in 100 people will have a mild form of scoliosis. Scoliosis can be relatively easily detected by performing a 30 second scoliosis screen. If scoliosis is detected early, then treatment can be started before it becomes a physical or emotional disability. These Rules and Regulations provide a method to assure that all school age children shall be screened for scoliosis, and to assure that all children who fail the screening are referred for appropriate medical follow-up.

II. AUTHORITY

ACT 41 1987 - "AN ACT TO PROTECT THE HEALTH AND WELFARE OF ARKANSAS CHILDREN BY REQUIRING THE DEPARTMENT OF HEALTH TO INSTITUTE SCOLIOSIS SCREENING PROGRAMS; AND FOR OTHER PURPOSES."

III. <u>DEFINITIONS</u>

- A. <u>Certified Instructors</u>: Individuals who train the screeners. These shall be licensed health practitioners who have successfully completed the Arkansas Department of Health Instructor Training Course in Scoliosis Screening.
- B. <u>Screeners</u>: Individuals who perform the actual scoliosis screening. These shall be licensed physicians, individuals who have been trained to perform scoliosis screening by a Certified Scoliosis Screening Instructor, or individuals who can document completion of a Scoliosis Screening Workshop within the past five years and demonstrate competence to a Certified Scoliosis Screening Instructor.
- C. <u>Scoliosis</u>: A lateral curvature of the spine, resembling an S-curve or C-curve.
- D. <u>Scoliometer</u>: An instrument that measures the degree of rotation of a deformity of the back found on a routine scoliosis screening.

 Expectation of the back found on a routine scoliosis screening.

 The procedure used to examine a

Scoliosis Screening Procedure: The procedure used to examine a child for scoliosis. It consists of evaluating the child in six positions. The forward bend technique is included in three of these positions.

F. <u>Forward Bend Technique</u>: A technique used to determine the presence or absence of an abnormality of the spine. It involves observing the person being screened from the rear, front, and side while the person is bending forward.

IV. RESPONSIBILITY:

A. <u>Screening Program</u>

According to Act 41 of 1987, "every public elementary and secondary school in this State and every other institution supported by State funds which provides education to our minor children and all private institutions which provide education to our minor children *and all private institutions which provide education to our minor children shall, as soon as possible, institute a continuing scoliosis screening program to be conducted in accordance with regulations promulgated by the State Board of Health." "Schools shall not be required to hire personnel on a full-time, part-time, or consultant basis to conduct the screenings."

B. Rules and Regulations

The Scoliosis Screening Program shall be conducted in accordance with the Rules and Regulations promulgated by the Arkansas Department of Health.

C. Training Program

The Arkansas Department of Health shall provide an Instructor Training Course in Scoliosis Screening. Graduates of this course shall be certified to teach individuals to be screeners.

V. SCREENING PROGRAM

A. Oualifications of Screeners

Screeners shall be licensed physicians, individuals trained by a Certified Scoliosis Screening Instructor to perform scoliosis screening, or individuals who can document completion of a Scoliosis Screening Workshop within the past five years and demonstrate competence to a Certified Scoliosis Screening Instructor. School health personnel, volunteers, and other school employees who are not classroom teachers shall screen if they have been trained in scoliosis screening by a Certified Scoliosis Screening Instructor (CSSI).

B. Guidelines for Screening

Girls in the fifth grade through the tenth grade shall receive a scoliosis screening every year. Boys shall receive a scoliosis screening every other year beginning in the sixth grade and through the tenth grade.

*Revision by Act 95, 1989

C. Screening Procedure

The Scoliosis Screening Procedure shall be used as the first stage of screening. If the Scoliosis Screening Procedure indicates positive findings for possible scoliosis, the Scoliometer shall be used as the second stage of screening.

D. Recommendation for Referral

Refer a child with an abnormal screening and/or scoliometer reading of $\geq 7^\circ$ to a licensed physician. It is highly recommended that a child with a scoliometer reading of $> 8^\circ$ be referred to an orthopedist.

E. Referral System

A Certified Scoliosis Screening Instructor or School Health Nurse shall contact the parents of a child who fails the screening by letter, telephone call, or in person to:

- explain the findings
- 2. define and discuss scoliosis
- 3. discuss the need for referral to a licensed physician

The School shall provide a Scoliosis Screening Report to the parent to take to the licensed physician.

F. <u>Follow-Up</u>

Schedule students, who were not screened because of absence, within 90 days after the missed screening. Any reason for exclusion from the screening shall be documented. The School shall re-contact the parents of students who failed the screening and were referred, but then missed that appointment. This contact shall be made by letter, telephone call, or in person at least one additional time to discuss the importance of follow-up.

VI. TRAINING PROGRAM

The Arkansas Department of Health shall provide an Instructor Training Course in Scoliosis Screening. This workshop shall be designed to teach the principles and proper technique for scoliosis screening. Any graduate of this course shall be a Certified Scoliosis Screening Instructor and is qualified to teach persons to be scoliosis screeners. The certification shall be valid for a period of five years, after which time an update course in Scoliosis Screening shall be required for recertification. Recertification shall be again for a five year period and this cycle shall continue.

VII. CONFIDENTIALITY OF INFORMATION

The Arkansas Department of Health, the Arkansas Department of Education, and private health care providers shall maintain confidentiality of those individuals screened as authorized by law.

VIII. NOTIFICATION OF SCREENING

Parental notification shall be done at least seven days prior to screening.

IX. EXCLUSIONS TO SCREENING

Act 41 of 1987 states that "no child shall be screened if its parent or guardian objects to the screening in writing stating as the basis of the objection that it is contrary to the parent's or guardian's religious beliefs."

X. OUALITY ASSURANCE

The Arkansas Department of Education shall collect statistics on Scoliosis Screening activities in the state. The following information shall be reported annually:

- 1. the target population eligible for screening
- 2. the number of children screened
- 3. the number of children referred
- 4. the number of children seen by a physician
- 5. the number of children diagnosed with scoliosis by a physician

(Note: Each category shall be listed by grades and by sex.)

These findings shall be made available to the Arkansas Department of Health on an annual basis for purposes of program evaluation.

ARKANSAS DEPARTMENT OF HEALTH

Cover Summary of Proposed Administrative Rules/Regulations

DIVISION Child and Adolescent Health

ADDRESS 4815 W Markham, Slot 17, Little Rock, AR 72205

CONTACT PERSON

Jo Ann Bolick and Bob West

PHONE NUMBER 661-2827

SHORT TITLE OF THIS RULE: Scoliosis Screening Rules and Regulations

- 1. The subject of the proposed rule is <u>Scoliosis Screening</u>.
- 2. If this is a new rule or repeal or amendment of an existing rule? This is an amendment to an existing rule.

Section V. Screening Program, D. Recommendation for Referral that currently reads:

"refer a child with an abnormal screening and/or scoliometer reading of ≥ 5 ° to a licensed physician. It is highly recommended that a child with a scoliometer reading of > 8° be referred to an orthopedist" is hereby amended to read, "refer a child with an abnormal screening and/or scoliometer reading of ≥ 7 ° to a licensed physician. It is highly recommended that a child with a scoliometer reading of > 8° be referred to an orthopedist."

- 3. What State or Federal law or regulation grants the authority for this proposed rule? State: Act 41, 1987 and Act 95 1989
- 4. What is the purpose of this proposed rule: Why is it necessary? The purpose of the Scoliosis Screening Rules and Regulations is to provide a method to ensure that all school age children are screened for scoliosis and that all children who fail the screening are referred for appropriate medical follow-up. Dr. Richard McCarthy, Orthopedist in Little Rock, who is the medical advisor to the ADH Scoliosis Screening Training Program for School Nurses supports the change in referral criterion.
- 5. Will this proposed rule be controversial? If yes, explain nature of controversy. No
- 6. What is the financial impact of this proposed rule? The amendment will reduce costs to the health care system due to a reduction in unnecessary referrals.
- 7. Was a public hearing held on this proposed rule? If yes, state the date, time, and location of such hearing. If no, state the date the public comment period ends. The public hearing was held in Little Rock on December 19, 1997 at 1:30 p.m. in the Auditorium, at the State Health Department, 4815 West Markham.
- 8. What is the proposed effective date of this proposed rule? February 15, 1998.

FINANCIAL IMPACT STATEMENT



DEPARTMENT		<u>Arkansas De</u> r	partment of Heal	th garroll Magaz-			
DIVIS	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Div. of Chil	d_&_Adolescent_l	Health 1:07 Air 9:00			
PERS	SON COMPLETING	THIS STATEM	ENT JoAnn Bolic	k Stideracci			
PHO	VE NUMBER	(501) 661-28					
				BYNARPHSAS			
SHOR	RT TITLE OF THIS	RULE <u>Scolic</u>	sis Screening Ru	ıles & Regulations			
1.	Does this propose financial impact?	d, amended, or i		egulation have a			
2.	Please estimate the cost of compliance (to regulated entities & others outside the department). Identify any financial impact on municipalities or counties.						
3.	If you believe that the development of a financial impact statement is so speculative as to be cost prohibitive, please explain.						
4.	If the purpose of this Rule or Regulation is to implement a federal Rule or Regulation, please give the incremental cost for implementing the Regulation.						
	199 - 9 Fisca	al Year	<u> 199 </u>	9_ Fiscal Year			
Fede Cash	ral Funds Funds ial Revenue		General Revenu Federal Funds Cash Funds Special Revenue Other Total				
5	What is the total es proposed, amended 199 - 9 Fis	d, or repealed R	fiscal year to any pule or Regulation? 199 - 9 Fis	-			
6.	What is the total es this Regulation? 199 - 9 Fis		fiscal year to the a	gency to implement			
7.	Does the Proposed Rule impose a cost on state or local school districts? If yes then file a fiscal impact statement.						
Refere	nces: Act 884 of 1	995. A.C.A. ८ 10	-3-309				

S: Act 884 of 1995, A.C.A. ζ 10-3-309 Act 1104 of 1995, A.C.A. ζ 25-15-204 Act 221 of 1977, A.C.A. ζ 19-1-302