

ARKANSAS STATE BOARD OF HEALTH

ARKANSAS DEPARTMENT OF HEALTH AND
HUMAN SERVICES,
DIVISION OF HEALTH

RULES AND REGULATIONS
FOR
SCOLIOSIS SCREENING

Promulgated Under the Authority of (Act 41 of 1987
And
Act 95 of 1989, As Amended)

Effective: August 4, 1988; Revisions February 6, 1989, and
February 11, 1998

This Revision Effective: December 01, 2007

By the Arkansas State Board of Health

Arkansas Division of Health

Little Rock, Arkansas

Paul K. Halverson, Dr.PH, MSHA

Director and State Health Officer

RULES AND REGULATIONS FOR SCOLIOSIS SCREENING
Table of Contents

I. PURPOSE.....	1
II. AUTHORITY.....	1
III. DEFINITIONS.....	1-2
IV. RESPONSIBILITY	2
V. SCREENING PROGRAM	3-4
VI. TRAINING PROGRAM.....	4
VII. CONFIDENTIALITY OF INFORMATION.....	4
VIII. NOTIFICATION OF SCREENING.....	4
IX. EXCLUSIONS TO SCREENING.....	4
X. QUALITY ASSURANCE.....	5

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 of 1987 as amended by Act 95 of 1989, "An act to protect the health and welfare of Arkansas children by requiring the Department of Health [and Human Services, Division of Health] to institute scoliosis screening programs; and for other purposes."

III. DEFINITIONS

A. Certified Instructors: Individuals who train the screeners. These shall be licensed health practitioners who have successfully completed the Arkansas Department of Health and Human Services, Division of Health Instructor Training Course in Scoliosis Screening.

B. Screeners: 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. Scoliosis: A lateral curvature of the spine, resembling an S-curve or C-curve.

D. Scoliometer: An instrument that measures the degree of rotation of a deformity of the back found on a routine scoliosis screening.

E. 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. Forward Bend Technique: 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. Screening Program

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 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 Rules and Regulations promulgated by the Arkansas State Board of Health. ~~Department of Health.~~

C. Training Program

The Arkansas Department of Health and Human Services, Division 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. Qualifications 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 in the sixth grade and the eighth grades, every year. Boys shall receive a scoliosis screening ~~every other year beginning in the eighth sixth grade. and through the tenth grade.~~

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:

1. 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. Follow-Up

The School shall 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 recontact 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 and Human Services, Division 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 and Human Services, Division 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. QUALITY 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 and Human Services, Division of Health on an annual basis for purposes of program evaluation.