

## **Title 6. Education**

### **Chapter I. Division of Elementary and Secondary Education**

#### **Subchapter F. Student Screening and Medical**

#### **Part 152. Scoliosis Screening**

##### **Subpart 1. Generally**

###### **6 CAR § 152-101. Purpose.**

The purpose of this part is to provide a method to ensure that:

- (1) All school-age children shall be screened for scoliosis; and
- (2) All children who fail the screening are referred for appropriate medical follow-up.

###### **6 CAR § 152-102. Definitions.**

As used in this part:

(1)(A) "Certified scoliosis screening instructors" means individuals who train the screeners.

(B) These shall be licensed health practitioners who have successfully completed the Department of Health Instructor Training Course in Scoliosis Screening;

(2)(A) "Forward bend technique" means a technique used to determine the presence or absence of an abnormality of the spine.

(B) It involves observing the person being screened from the rear, front, and side while the person is bending forward;

(3)(A) "Screeners" means individuals who perform the actual scoliosis screening.

(B) These shall be:

- (i) Licensed physicians;
- (ii) Individuals who have been trained to perform scoliosis screening by a certified scoliosis screening instructor; or
- (iii) Individuals who can:

(a) Document completion of a scoliosis screening workshop within the past five (5) years; and

(b) Demonstrate competence to a certified scoliosis screening instructor;

(4) "Scoliosis" means a lateral curvature of the spine, resembling an S-curve or C-curve;

(5) "Scoliometer" means an instrument that measures the degree of rotation of a deformity of the back found on a routine scoliosis screening; and

(6)(A) "Scoliosis screening procedure" means the procedure used to examine a child for scoliosis.

(B) It consists of evaluating the child in six (6) positions.

(C) The forward bend technique is included in three (3) of these positions.

#### **6 CAR § 152-103. Screening program.**

(a) Parental notification shall be done at least seven (7) days prior to screening.

(b)(1) Screeners shall be:

(A) Licensed physicians;

(B) Individuals trained by a certified scoliosis screening instructor to perform scoliosis screening; or

(C) Individuals who can:

(i) Document completion of a scoliosis screening workshop within the past five (5) years; and

(ii) Demonstrate competence to a certified scoliosis screening instructor.

(2) 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.

(3) A school is not required to hire personnel on a full-time, part-time, or consultant basis to conduct the screening, but shall utilize:

(A) School health personnel;

(B) Volunteers; and

(C) Other school employees who:

(i) Are not classroom teachers; and

(ii) Meet the qualifications prescribed by this part.

(c)(1) Girls shall receive a scoliosis screening in grades six (6) and eight (8).

(2) Boys shall receive a scoliosis screening in grade eight (8).

(d)(1) The scoliosis screening procedure shall be used as the first stage of screening.

(2) If the scoliosis screening procedure indicates positive findings for possible scoliosis, the scoliometer shall be used as the second stage of screening.

(e)(1) A child with an abnormal screening, scoliometer reading of greater than or equal to seven degrees ( $\geq 7^\circ$ ), or both, shall be referred to a licensed physician.

(2) A child with a scoliometer reading of greater than eight degrees ( $> 8^\circ$ ) should be referred to an orthopedist in addition to a referral to a licensed physician.

(f) 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; and

(3) Discuss the need for referral to a licensed physician and/or the need for referral or orthopedist.

(g) The school shall provide a scoliosis screening report to the parent to take to the licensed physician or orthopedist.

(h) The school shall schedule students who were not screened because of absence within ninety (90) days after the missed screening.

(i)(1) The reason for a student's exclusion from the screening shall be documented.

(2) A child is not screened if his or her 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.

(j)(1) The school shall recontact the parents of students who:

(A) Failed the screening; and

(B) Were referred to a licensed physician or an orthopedist, but then missed that appointment.

(2) This contact shall be made by letter, telephone call, or in person at least one (1) additional time to discuss the importance of follow-up.

**6 CAR § 152-104. Training program.**

(a)(1) The Department of Health shall provide an instructor training course in scoliosis screening.

(2) This workshop shall be designed to teach the principles and proper technique for scoliosis screening.

(b) Any graduate of this course:

(1) Shall be a certified scoliosis screening instructor; and

(2) Is qualified to teach persons to be scoliosis screeners.

(c) The certification shall be valid for a period of five (5) years, after which time an update course in scoliosis screening shall be required for recertification.

(d) Recertification shall be again for a five (5) year period, and this cycle shall continue.

**6 CAR § 152-105. Records.**

(a) The Department of Health, the Division of Elementary and Secondary Education of the Department of Education, and private healthcare providers shall maintain confidentiality of those individuals screened as authorized by law.

(b)(1) The division shall collect statistics on scoliosis screening activities in the state.

(2) The following information shall be reported annually:

(A) The target population eligible for screening;

(B) The number of children screened;

(C) The number of children referred;

(D) The number of children seen by a physician; and

(E) The number of children diagnosed with scoliosis by a physician.

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

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