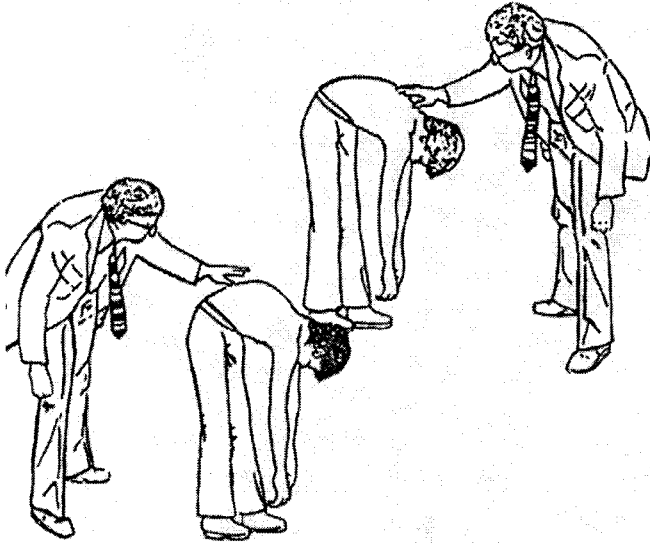


Dear Physician:

Pennsylvania Department of Health regulations require each child in grades 6 and 7 and age-appropriate children (11 and 12 years of age) in ungraded classes to be screened for scoliosis.

By using the method depicted below, a possible spinal curvature was noted on this student. Please note your findings on the checklist below.



OBSERVATIONS AT SCREENING

- 1. Rib/Hump Lumbar Rotation
 - _____ Right Thoracic Rib Hump
 - _____ Left Thoracic Rib Hump
 - _____ Right Lumbar Rotation
 - _____ Left Lumbar Rotation

- 2. Other Orthopedic Conditions
 - _____ Pelvic Level
 - _____ Right iliac crest higher
 - _____ Left iliac crest higher
 - _____ Kyphosis
 - _____ Lordosis

PHYSICIAN'S FINDINGS

EXAMINATION (Please check)

- 1. Scoliosis confirmed.....
 * X-ray taken
 Degree of curve (specify)_____
- 2. Possible scoliosis.....
 No X-ray taken
- 3. No scoliosis.....
 X-ray taken
- 4. No scoliosis.....
 No X-ray taken
- 5. Other orthopedic conditions.....
 Confirmed

RECOMMENDATIONS (Please check)

- 1. Will observe.....
- 2. Recommend bracing.....
- 3. Recommend surgery.....
- 4. Discharged.....
- 5. Comments _____

Signature _____

Physician (print) _____

Date _____

**Single erect AP X-ray for baseline recommended by the American Academy of Orthopedic Surgeons.*