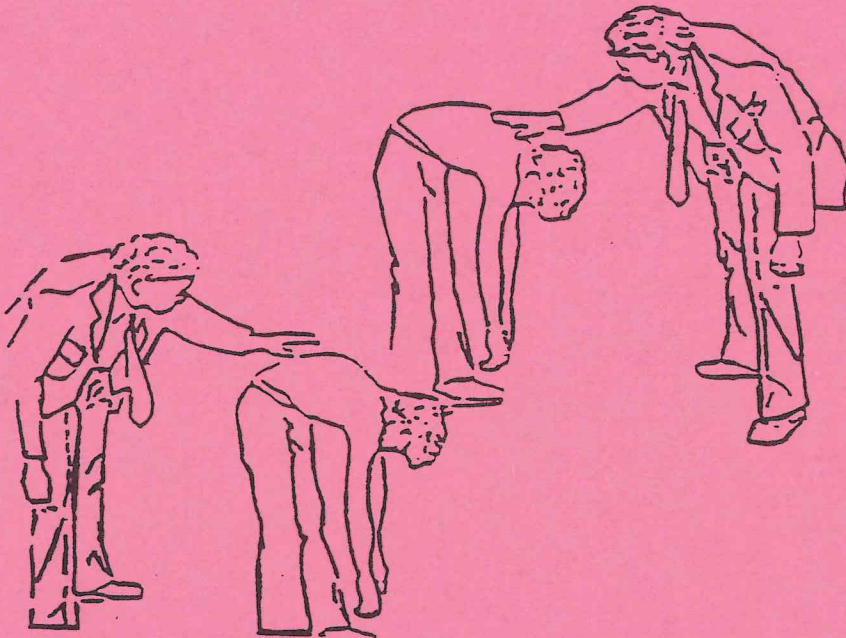


Dear Physician:

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

By using the method depicted below, please note your findings on the checklist below.



OBSERVATIONS AT SCREENING

1. Rib/Hump Lumbar Rotation

- ___ Right Thoracic Rib Hump (RT)
- ___ Left Thoracic Rib Hump (LT)
- ___ Right Lumbar Rotation (RL)
- ___ Left Lumbar Rotation (LL)

2. Other Orthopedic Conditions

- ___ Pelvic Level
- ___ Right iliac crest higher (HR)
- ___ Left iliac crest higher (HL)
- ___ Kyphosis (K)
- ___ Lordosis (L)
- ___ Other

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 (o)
- 2. Recommended bracing (B)
- 3. Recommend surgery (S)
- 4. Discharged (D)
- 5. Comments _____

Signature _____

Physician(print) _____

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

