



SPINAL SCREENING PROGRAM

LETTER TO PARENTS

EARLY DETECTION IS THE KEY TO OPTIMAL TREATMENT

Dear TCAPS Parent:

TCAPS in cooperation with Northern Michigan Helping Hands will be conducting a free **Spinal Screening Program** for 6th grade females, 7th graders, and 8th grade males at your child's school registration to find students with possible curvature of the spine (Scoliosis, Kyphosis, or Lordosis), or other abnormalities (such as leg length differences).

Scoliosis develops gradually, especially during the early teen years of rapid growth. It is often confused with poor posture. Approximately 7% to 10% of youngsters in this age group develop Scoliosis and 2% to 3% will require active treatment. Untreated, it could produce chronic pain, difficulty breathing, and heart problems. But if the condition is detected early and treated, further spinal deformity can be prevented.

The procedure for screening is simple, private, and takes only a few minutes. The nurse screener looks at the student's front and back in the standing position and in the bending position, and will lightly place a special non-harmful tool on their back to take some quick measurements. On the day of the screening, students need to tie up long hair and wear appropriate clothing (removable shirts, and for girls: a bra, sports bra, cami, tank top, or a bathing suit top) so the back is viewable by the screening nurse, otherwise the nurse will not be able to screen your child.

Nurses can not make a diagnosis, but if the screener detects any significant abnormalities, you will be notified by letter and asked to take your child to your family health care provider for further examination.

Screening does not replace the need for a regular physical exam. Scoliosis or other spinal abnormalities may occur at any time, especially during major growth years.

We hope you recognize the importance of this program by allowing your child to be screened. **Please sign the permission slip below if you want your child screened.** If you have any questions about the screening program, please contact me at 231-922-2349.

Deborah L. Roth, NMHH Program Director
www.nmhelpinghands.org

Screening Dates: **August 24, 25 & 26, 2015**

Grade: 6 / 7 / 8
(circle)

TCAPS 2015 PERMISSION SLIP

Gender: F / M
(circle)

My child, (print clearly) _____, has permission to be screened for possible spinal disorders.

Signature of Parent/Guardian: _____

Date: _____