

Scoliosis Screening

Students will be screened for **Scoliosis** in **Scoil Mhuire Community School, Clane** on **Thursday 12th March 2020**. Students between the age of 11-16 (Transition Year included) can be screened. 2 out of every 100 show signs of Scoliosis and early detection is vital. Over the last 24 years, the school has had approx. 10 surgeries.

Scoliosis, also known as curvature of the spine can be a serious deforming condition. It may start to develop at any time while the spine is growing but most commonly affects adolescent growth spurt, (up to age approximately 16). It is frequently not detected until quite advanced when surgery may be required. If it is diagnosed early, severe deformity can be prevented. By examining in the 11-16 age group, it is possible to identify those with mild curvature.

These can be observed more closely and treatment given if the condition worsens.

The Screening examination will be done by a specifically trained specialist. (Please contact the school directly for the details in your child's case, if you are in doubt). The test consists of an inspection of the child's back while standing and bending forwards. Only students who have Consent Forms completed will be screened.

As many as 5 children in one hundred may be called for a second examination. Some of these will be kept under observation but we expect 1 or 2 in 100 will require follow on treatment.

If you wish to have your student screened, the fee is **€5 per student**. Please complete **Consent Form** below which will detail age, date of birth, address and family doctor. Please bring completed **Consent Form & €5** with you on day of screening to be handed to Frances McDevitt, Orthopaedic Scoliosis Education Specialist on **Thursday 12th March 2020**. Form can be downloaded from the School App or will be available in the School Office.

CONSENT FORM

PLEASE COMPLETE IN BLOCK CAPITALS

Child's Name-----

Child's Address-----

Date of Birth-----Class/Form-----

I have read the explanation of the Scoliosis Consent Form.

I hereby consent to have my child examined for spinal deformity.

Parent's Signature-----

Parent's name and contact no-----

Has your child been examined for scoliosis before?

No:----- Yes:----- School:-----Date:-----

Family Doctor Name-----

Address: -----
