

To Parents:

NOTIFICATION OF SCREENINGS

Speech, language, motor development, hearing, and vision are all vital in ensuring school success. The Commonwealth of Virginia requires the following screenings to take place within 60 days of a student's initial enrollment in a public school:

1. Hearing and vision screenings will be conducted on all **newly** enrolled students.
2. Speech-language and motor screening will be completed on all **newly** enrolled students through grade three.

To complete this requirement, Richmond Public Schools will conduct speech-language, hearing, vision and motor development screenings during the first few months of school. Height, weight, and dental screenings will be completed on students in grades **Pre-K, K, 1, 3, 5, 7, and 9**. Vision screenings will be completed on all students in grades **Pre-K, Selected Grades within K-5, 7 and 10**. The speech pathologist, school nurse and other appropriate school personnel will complete these screenings. It is through this screening process that potential problems can be identified and addressed prior to any adverse effect on school performance. You will be notified of the screening process results only if the need for further evaluation is indicated.

Parents may request a vision and/or hearing screening at any time. If teachers request a vision and/or hearing screening and the student is not in a screening year, written parental permission must be obtained.

In accordance with the Code of Virginia, Richmond Public Schools provides educational material on scoliosis to parents of students in grades 5 through 10. The Scoliosis Fact Sheet is included on the back of this document.

For more information, please call School Health Services:

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119 W Leigh Street, 3rd Floor
Richmond, VA 23220
(804) 780-7801

SCOLIOSIS FACT SHEET

Overview

Scoliosis is the abnormal curvature of the spine. While the normal spine has gentle natural curves that round the shoulders and make the lower back curve inward, scoliosis involves a deformity of the spinal column and rib cage. To varying degrees, the spine curves from side-to-side, and some of the spinal bones may rotate slightly, making the hips or shoulders appear uneven. This curving of the spine cannot be corrected by practicing good posture.

It occurs in healthy school-age children, showing signs usually during the ages of 10-14 when a growth spurt may occur. The majority of scoliosis cases are caused from an unknown source.

This condition may run in families and is seen more often in girls than boys. A large number of young people have minor curves that will not progress. Early screening and treatment may prevent scoliosis from progressing to a stage where it interferes with mobility or activities.

EARLY SCREENING

Scoliosis can go unnoticed in a child because it is rarely painful in the developmental years. Early detection is important to make sure the curve does not progress. If detected early, many cases if needed can be controlled by a brace and exercise program. If surgery is indicated, the best results are obtained if it is completed before the curve is severe.

Parents should watch for the following symptoms of scoliosis beginning when their child is about 8 years of age:

A tilted head that does not line up over the hips

Uneven shoulders or a protruding shoulder blade

Uneven waist

One hip that is higher than the other causing an uneven hem or shirt line

Leaning more to one side than another

The family doctor, pediatrician, or orthopedist should examine your child when any one of these signs is present.

TREATMENT

The type of treatment used depends on the cause and how severe the curve. Spinal curvature is measured by degree. Most curves remain small and need only to be watched by a doctor for any signs of progression.

If a curve does progress, your physician may use an orthopedic brace to prevent it from getting worse. Children who require treatment with orthopedic braces can continue to participate in the full range of physical and social activities.

If a scoliosis curve is severe when it is first seen, or if treatment with a brace does not control the curve, surgery may be necessary. In these cases surgery has been found to be highly effective and safe treatment.

MORE INFORMATION:

American Academy of Orthopedic Surgeons (www.aaos.org), Call 800-346-AAOS

National Scoliosis Foundation (www.scoliosis.org), Call 800-673-6922

The Scoliosis Association, Inc. (www.scoliosis-assoc.org), Call 800-800-0669

Scoliosis Research Society (www.srs.org), Call 847-823-7186