



Scoliosis Legislative Update

January 9, 2008

Panel participants

Dr. Kit Song

Gayle Thronson RN

Lisbeth Kaplan RN

Kathe Reed-Mckay RN

Wendy Jones RN



Current State Law

- All 5th, 7th and 9th grade public school students are annually assessed for scoliosis



Current National Data

- Currently 25 states screen for scoliosis
- Maryland and Indiana repealed in 2006
- States that are taking steps toward repealing:
 - Connecticut
 - Florida
 - North Dakota



Current OSPI Data

148,813 students screened in the 04-05 SY

- 3.39% were referred to their private practitioners
- only 0.02% of those were braced or had surgery

When are health screenings appropriate at school?

1. When screenings reveal a condition that can interfere with learning and academic success

- scoliosis is not educationally relevant

When are health screenings appropriate at school?

2. When screenings address health issues that are of concern from a public health perspective

- scoliosis does not meet this criterion
- 80% of curvatures are recognized by family, 10% by family physicians and 10% by screening

When are health screenings appropriate at school?

3. The condition should be a significant health problem

- Individuals with severe scoliosis do have significant health concern
- There is NO evidence that smaller curves result in health issues
- Back pain is no greater in those with scoliosis than those in the general population

When are health screenings appropriate at school?

4. The disease should be prevalent

- 1:1000 have definable scoliosis.
 - This is for curves greater than 20 degrees where some form of intervention such as bracing might be recommended
- Smaller curves (<30 degrees) have not been shown to progress into the adult years and curves of <50 degrees in the thorax and <40 degrees in the lumbar region are very unlikely to progress after maturity
- **Majority of curves detected (>90%) do not progress**

Why do health screenings in schools? IMPORTANT CONSIDERATIONS

There should be an effective test that will separate those likely to have the disease from those who are not likely to have it.

- The Adams Forward Bending Test has not been shown to be an effective tool
- Screening conducted without a validated screening test generates far too many false positives:
 - “A wide variability in treatment criteria exists. These false positives are a huge drain on our already stretched health care system”. Morrisey (SPINE 1999)
- Only way to diagnosis scoliosis is by radiographic testing



Why do health screenings in schools? IMPORTANT CONSIDERATIONS

The screening should not harm the individual.

- screening can invade a child's privacy
- cause anxiety
- lead to unnecessary bracing and unnecessary referral for specialty care – (USPSTF)
- Cause a loss of instructional time (est. 30+min/student)

What are the costs/benefits

Most screening is still done by a professional nurse.

- The cost of screening males was found to be greater than the benefit.
- The screening of 5th grade girls was not found to be an effective use of resources..
- The report still did recommend rescinding or changing the mandate
 - *WA DOH 2000 report*



What are the costs/benefits

- Overall, schools spend about 17,050 hours screening students, at an estimated direct personnel cost of \$438,000
- The cost of screening males was found to be greater than the benefit
 - *WA DOH 2000 report*



What are the costs/benefits

“Conservative interventions to treat curves detected through screening include spinal orthoses (braces) and exercise therapy, but they may not significantly improve back pain or the quality of life for adolescents diagnosed with idiopathic scoliosis.”

➤ **USPSTF 2004**



Concern: Potential Harm

The potential harm of screening and treating adolescents for idiopathic scoliosis include unnecessary followup visits and evaluations due to false positive test results and psychological adverse effects, especially related to brace wear.

Routine screening of adolescents for idiopathic scoliosis is not recommended.

USPSTF 2004



Concern: False positives

Morrisey (SPINE 1999) states “that screening conducted without a validated screening test generates far too many false positives. A wide variability in treatment criteria exists. These false positives are a huge drain on our already stretched health care system”.



Our professional responsibility

- Base school nurse practice on current knowledge and research
- Work within the systems to provide best practice
- Prioritize school nurse time to assure student safety and readiness to learn

Assisting students who might have scoliosis

- Educate parents, and PE teachers on how to identify signs and symptoms of scoliosis
- Continue to provide scoliosis screening by the school nurse on a referral basis
- Support American Academy of Pediatrics' (AAP) efforts to add scoliosis screening to the Washington Interscholastic Athletic Association (WIAA) sports physical
- Continue efforts to assure that all families have a medical home



Supporters

- School Nurse Organization of Washington
- OSPI
- Washington State Nurses Association
- Dr. Chris Olsen president WCAAP
- ARNPS United of Washington
- Puget Sound School Nurse Leaders
- Principal Association of Seattle and Spokane
- **SBOH?**