

APPENDIX B

FORMS FOR SPINAL SCREENING CERTIFICATION WORKSHOPS



SPINAL SCREENING CERTIFICATION: FREQUENTLY ASKED QUESTIONS

CAN I BECOME CERTIFIED TO CONDUCT SPINAL SCREENINGS?

To become a certified screener, you must:

- Be trained and certified according to the program rules.
- Have a high school diploma or GED.
- Be trained directly by DSHS or by an instructor who has been trained and authorized by DSHS.
- Have passed the post-training test.

HOW LONG WILL MY CERTIFICATION LAST?

- Spinal screening certification is valid for five years.
- Certification may be renewed by attending and passing another certification training.
- The training must be completed by December 31st of the fifth year of previous certification.

CAN I BECOME A SPINAL SCREENING INSTRUCTOR?

Occasionally DSHS identifies the need for additional Spinal Screening instructors. Before taking the instructor certification course, individuals must meet the following qualifications:

- (1) Have a current valid department screening certificate, and have experience performing screenings.
- (2) Have experience conducting trainings to groups of adults; and
- (3) Be a physician (MD/DO), physician assistant, chiropractor, nurse practitioner, registered nurse, or physical therapist with applicable Texas license, and be current and in good standing under Texas law.

Instructors must use training materials obtained from DSHS. In addition, all proposed screening training sessions must be approved by DSHS at least 15 working days prior to the training session. Instructors must provide all information sought by DSHS by the deadlines given, including participant rosters and evaluations. Instructors in good standing may also teach screening refresher courses.

Texas Department of State Health Services (DSHS) instructor training courses authorize individuals to conduct spinal screening courses and issue screening certificates for five years. Department authorization for instructors to conduct trainings is valid until December 31 of the fifth year from the date certification was issued. Certified instructors must update their instructor status with DSHS by submitting an updated instructor application within the required time. It is the responsibility of the instructor to request an application from DSHS.

For more information about becoming a certified spinal screener, visit <http://www.dshs.state.tx.us/spinal/default.shtm> or **call 512-776-7420 (toll-free at 800-252-8023, ext. 7420) Monday through Friday from 8 a.m. to 5 p.m. Central Time.**

SPINAL SCREENING CERTIFICATION WORKSHOP AGENDA (SAMPLE)

INTRODUCTION

Spinal Screening Workshop Pre-Test

Spinal Screening Program Requirements

Causes, Consequences, and Management of Abnormal Spinal Curvature

BREAK

Forward Bend Test—Discussion and Demonstration Practicum

Organizing the Spinal Screening Program

Spinal Screening Certification Workshop Post-Test

Evaluation of Workshop

OBJECTIVES OF SPINAL SCREENING WORKSHOP AGENDA

At the conclusion of the workshop, participants will be able to:

1. Discuss the responsibilities of schools in the area of spinal screening.
2. Define abnormal spinal curvature.
3. Describe the population at risk for developing abnormal spinal curvature.
4. List the causes, consequences, and management of abnormal spinal curvature.
5. Perform the forward bend test according to DSHS guidelines.
6. Describe the mechanisms for referral and follow-up for students with abnormal spinal curvatures.

SPINAL SCREENING WORKSHOP PRE-TEST

Name: _____

In front of each statement, place a T for True or an F for False.

- _____ 1. Boys and girls have an equal chance of developing scoliosis, but curves that progress occur mostly in girls.
- _____ 2. Most cases of scoliosis are usually detected during early adolescence.
- _____ 3. Kyphosis is an exaggerated arch or roundness of the spine during early adolescence.
- _____ 4. One problem with scoliosis is that no one can predict for sure which curves will progress, so it requires monitoring to see if it is getting worse.
- _____ 5. A brace to treat a spinal problem is usually worn day and night for best results.
- _____ 6. Scoliosis is a side-to-side curve of the spine.
- _____ 7. Kyphosis is often mistaken for poor posture.
- _____ 8. Diseases with well-known causes are known as “idiopathic.”
- _____ 9. Although scoliosis may be present in 2 to 3 percent of the adolescent population, the number of cases requiring bracing or surgery is very small.
- _____ 10. The state law requiring spinal screening is optional.
- _____ 11. Screener certification is valid indefinitely.
- _____ 12. Tracking referrals to assure that a proper diagnosis is made when abnormalities are suspected is part of an effective screening program.
- _____ 13. Children who were not screened because of absence may wait until the following year to be screened.
- _____ 14. The recommended test for the detection of spinal deformity is known as the forward bend test.
- _____ 15. All children adapt easily to the use of the brace.
- _____ 16. According to Texas law, a parent may choose to take his or her child to a doctor for a professional evaluation in lieu of screening.
- _____ 17. There are resources for an orthopedic evaluation if the family has no money.
- _____ 18. A referral is considered complete when the outcome of the student’s professional examination (referral results) has been recorded in the student’s school health record.

END OF PRE-TEST

PRACTICUM CHECKLIST

SCREENER:

- _____ 1. Greets student
- _____ 2. Gives clear instructions for Position 1
 - a. Checks for shoulder height
 - b. Checks for unequal space between arms and flanks
 - c. Checks for uneven hips
- _____ 3. Gives clear instructions for Position 2
 - a. Checks for chest cage hump
 - b. Checks for lumbar hump
- _____ 4. Gives clear instructions for Position 3
 - a. Checks for exaggerated roundness in upper back
 - b. Checks for exaggerated arch in lower back
- _____ 5. Gives clear instructions for Position 4
Checks for exaggerated roundness on upper back or between lower rib cage and small of the back
- _____ 6. Gives clear instructions for Position 5
 - a. Checks head alignment
 - b. Checks shoulder height
 - c. Checks for asymmetry of shoulder blades (one stands out more or is higher than the other)
 - d. Checks for spine curve
 - e. Checks for unequal spaces between arm and flanks on either side of body
- _____ 7. Gives clear instructions for Position 6
 - a. Checks for chest cage hump
 - b. Checks for lumber hump

Screener's Name: _____ Date: _____

Evaluator: _____

SPINAL SCREENING PROGRAM

SPINAL SCREENING CERTIFICATION WORKSHOP POST-TEST

FOR QUESTIONS 1-9:

Circle "T" for true statements or "F" for false statements.

- | | | |
|---|---|---|
| 1. The goal of spinal screening in the school is to identify spinal curves early and refer to prevent progression. | T | F |
| 2. Carrying a heavy load such as books on one side can cause idiopathic scoliosis. | T | F |
| 3. To get the best results from a spinal orthosis (brace), the student needs to wear it 16 hours a day. | T | F |
| 4. If positive findings are present after the first spinal screening, the next step is to notify the parents. | T | F |
| 5. An appearance of a curve means you have identified scoliosis. | T | F |
| 6. In compliance with Health and Safety Code, Chapter 37, all children shall undergo screening for abnormal spinal curvature in accordance with the the following schedule: | T | F |
| • Girls will be screened two times, once at age 10 (or fall semester of grade 5) and again at age 12 (or fall semester of grade 7). | | |
| • Boys will be screened one time at age 13 or 14 (or fall semester of grade 8). | | |
| 7. A child who is home ill on screening day should be rescheduled for screening within two weeks of the missed screening. | T | F |
| 8. Serious progression of a spinal curve is most likely to occur during the rapid growth spurt of adolescence. | T | F |
| 9. If a family has no financial resources for an orthopedic evaluation, no referral can be made or treatment received. | T | F |

Name: _____

FOR QUESTIONS 10 – 20:

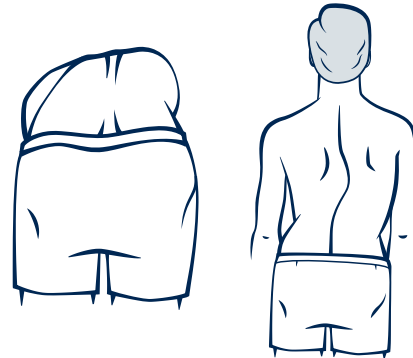
Match each statement with the correct response. Circle R for Rescreen/Refer or N for Normal Finding.

- R N 10. One shoulder higher than the other
- R N 11. Head centers directly above pelvis
- R N 12. One shoulder blade higher or more prominent than the other
- R N 13. Equal space between the arms and the body on both sides
- R N 14. One hip higher than the other
- R N 15. Space between the arms and the body is greater on one side than the other
- R N 16. Excessive roundness of the thoracic spine seen in the side view
- R N 17. Upper body appears to lean to one side even when the student stands up straight
- R N 18. Head is not centered directly above pelvis

19. The drawing to the right illustrates a student who you would

R – Rescreen/Refer

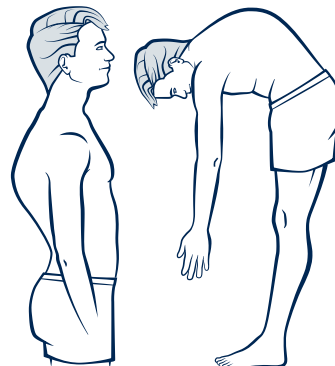
N – Consider Normal



20. The drawing to the right illustrates a student who you would

R – Rescreen/Refer

N – Consider Normal



Post-Test Page 2 of 3

QUESTIONS 21 – 25:

Circle the correct answer for each question. There is only one correct answer per question.

21. What is the most important factor in the treatment of spinal problems?

- a. Bracing only
- b. Surgery and a brace
- c. Surgery following exercise
- d. Early detection

22. When screening, the student will be viewed both standing and bending over

- a. From the front and back
- b. From the back only
- c. From the side and back
- d. From the front, side, and back

23. When is a referral considered complete?

- a. When the family is notified to see a physician
- b. When the child is evaluated by the physician
- c. When the physician decides to start treatment
- d. When the physician's evaluation is recorded on the child's health record

24. How can the screener help students who have been diagnosed with a spinal deformity?

- a. Tell them they should never participate in any sports
- b. Encourage them to follow their treatment plan
- c. Tell them surgery is always needed
- d. Encourage them to see you monthly for rescreening

25. What is the cause of idiopathic scoliosis?

- a. Participating in heavy contact sports
- b. Slouching while watching television
- c. Carrying a heavy book bag over one shoulder
- d. The actual cause is unknown

END OF POST-TEST

SPINAL SCREENING CERTIFICATION WORKSHOP

POST-TEST ANSWER SHEET

Name: _____

- | | | | | | | | |
|-----|---|---|-----|---|---|---|---|
| 1. | T | F | 21. | a | b | c | d |
| 2. | T | F | 22. | a | b | c | d |
| 3. | T | F | 23. | a | b | c | d |
| 4. | T | F | 24. | a | b | c | d |
| 5. | T | F | 25. | a | b | c | d |
| 6. | T | F | | | | | |
| 7. | T | F | | | | | |
| 8. | T | F | | | | | |
| 9. | T | F | | | | | |
| 10. | R | N | | | | | |
| 11. | R | N | | | | | |
| 12. | R | N | | | | | |
| 13. | R | N | | | | | |
| 14. | R | N | | | | | |
| 15. | R | N | | | | | |
| 16. | R | N | | | | | |
| 17. | R | N | | | | | |
| 18. | R | N | | | | | |
| 19. | R | N | | | | | |
| 20. | R | N | | | | | |

SCORING KEY

Each question = 4 points / 100 points possible

-1 = 96

-2 = 92

-3 = 88

-4 = 84

-5 = 80

-6 = 76

-7 = 72

-8 or more: additional review and training needed
before certification, or repeat workshop