

**ASSUMPTION SCHOOL**

**SCOLIOSIS EXAMINATION PERMISSION**

The State of New Jersey requires each school to conduct an annual scoliosis (curvature of the spine) detection program for students between the ages of 10 and 18. Spinal variations have been detected in about four percent of the adolescent population. The purpose of this program is to recognize the problem at its earliest stages so that the need for treatment can be determined by your own personal physician.

The school nurse or other designated medical personnel will examine each child in a private setting and you will be notified if any deviation is detected.

Please check the appropriate box, sign below, and return to the school nurse by April 20, 2021.

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

\_\_\_\_\_ Yes, I give permission for my child to be examined for scoliosis. Please fill out the attached page and sign.

\_\_\_\_\_ No, I do not want my child to be examined for scoliosis.

\_\_\_\_\_  
Parent's signature

**This form must be returned to school before April 20, 2021.**

Dear Parent,

Exam #: \_\_\_\_\_

This year's spinal screenings are scheduled for Tuesday, April 27, 2021. Please fill in the following information if you would like your child screened. These screenings should be performed every year. Return this form, with your signature, to the school nurse/teacher.

YEARLY SPINAL CHECK UP and SCOLIOSIS SCREENING

Child's Name (print) \_\_\_\_\_ School: ASSUMPTION

Address \_\_\_\_\_ Phone #: \_\_\_\_\_

Age \_\_\_\_\_ Male/Female, Birth Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Please list any accident, broken bone, significant fall/jolt that may have affected your child's spine or posture (since their last spinal exam).

\_\_\_\_\_

\*Parent's signature \_\_\_\_\_

Do NOT write below this line - For office use only

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Head Tilt: Normal \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_

Ear Level: Normal \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_

Shoulder Level: Normal \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_

Hip Level: Normal \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_

Foot Turn Out: Normal \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_

Cervical Curve: Normal \_\_\_\_\_ Increased \_\_\_\_\_ Decreased \_\_\_\_\_

Dorsal Curve: Normal \_\_\_\_\_ Increased \_\_\_\_\_ Decreased \_\_\_\_\_

Lumbar Curve: Normal \_\_\_\_\_ Increased \_\_\_\_\_ Decreased \_\_\_\_\_

Adam's Test: Mid Back \_\_\_\_\_ Low Back \_\_\_\_\_ Rt. High \_\_\_\_\_ Lt. High \_\_\_\_\_

Prone Raised Muscle Groups: Mid Back \_\_\_\_\_ Low Back \_\_\_\_\_ Rt. High \_\_\_\_\_ Lt. High \_\_\_\_\_

Functional Short Leg: Rt. \_\_\_\_\_ Lt. \_\_\_\_\_

Examinations performed and analyzed by:

J. Bartley Martinez, DC, DABCO. (Board Certified Chiropractic Orthopedist)  
230 South St. (Blair House), Morristown, NJ. 07960. ([morrisfamilychiro.com](http://morrisfamilychiro.com))  
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