

SEE OTHER SIDE FOR INSTRUCTIONS & LATE EXAM RESULTS



### SPINAL SCREENING REPORT (form M-51)

**NUMBER** \_\_\_\_\_ (10 DIGIT PEIMS/TEA IS NUMBER)

**NAME OF SCHOOL DISTRICT OR SCHOOL** \_\_\_\_\_

**CITY** \_\_\_\_\_ **COUNTY** \_\_\_\_\_

**CONTACT (name/title/phone)** \_\_\_\_\_

<b>STUDENT SPINAL SCREENING</b>				
<b>Grade(G)/Age(A) Sex (F or M)</b>	<b>Under Prior Treatment (Do not screen)</b>	<b>Screened</b>	<b>Rescreened</b>	<b>Referred</b>
G5F				
G7F				
G8M				
A10F				
A12F				
A13M				
A14M				
Totals				
	A	B	C	D

### RESULTS OF REFERRALS ONLY

<b>PHYSICIAN DIAGNOSIS</b>				<b>TREATMENT PLAN</b>					
<b>Normal</b>	<b>Scoliosis</b>	<b>Kyphosis</b>	<b>Other</b>	<b>Observation Only</b>	<b>Orthosis Bracing</b>	<b>Operation Surgery</b>	<b>Other</b>	<b>Results Unavailable</b>	
	E	F	G	H	I	J	K	L	M

**Date** \_\_\_\_\_

**SUBMIT COMPLETED FORM TO DSHS BY JUNE 30**

For questions about completing this form contact the DSHS Spinal Screening Program at 512-776-7420

### INSTRUCTIONS FOR THE SPINAL SCREENING REPORT (FORM M-51)

**School districts, private school systems, and charter schools:** use this form to report cumulative totals of the spinal screenings conducted at each of your campuses.

**Individual public/private school campuses within a district/system:** this form is useful for reporting campus totals to main office. The main office enters cumulative totals of all campuses onto one form and submits that form to DSHS.

#### STUDENT SPINAL SCREENING (Columns A - D)

- Age:** Enter numbers under the respective students' grade(G) or Age(A) and sex (F or M).
- (A) **Under prior treatment:** Enter number of students who have already received professional treatment for a spinal abnormality. Do not screen these students and do not enter their diagnosis or treatment on the report form.
- (B) **Students screened:** Enter number of students screened.
- (C) **Rescreened:** Enter number of students that received a second screening as result of a possible abnormal finding during the initial screening.
- (D) **Referred:** Enter number of rescreened students above whose parents were given a spinal screening parent notification and referral for a professional examination.

#### RESULTS OF REFERRALS ONLY (Columns E - M)

This section is for recording the results of the professional exams of those students referred. Do not enter your assessment of the condition. If results are not available, indicate that in Column M.

#### PHYSICIAN DIAGNOSIS (Columns E - H)

- (E) Normal: Number of students determined by their physician to have normal curvature.
- (F) Scoliosis: Number of students that received a diagnosis of scoliosis from their physician.
- (G) Kyphosis: Number of students that received a diagnosis of kyphosis from their physician.
- (H) Other: Number of students that received a diagnosis for a condition not listed above.

#### TREATMENT PLAN (Columns I - M)

- Mark only one treatment for each student. If a student receives multiple treatments, mark only the treatment that appears furthest to right on this form's treatment columns.
- (I) Observation only: Enter number of students to be observed only at this time.
- (J) Bracing: Enter number of students for whom a brace has been prescribed.
- (K) Surgery: Enter number of students for whom surgery has been indicated.
- (L) Other: Enter number of students receiving a treatment not indicated above.
- (M) Results unavailable: Enter number of referred students for whom professional exam results are unavailable. Results should be submitted next year on the LATE EXAM RESULTS table.

**DOUBLE CHECK YOUR MATH:** Sum of Columns E, F, G, H, & M should equal sum of Column D. Make sure you **did not** enter diagnosis/treatment for students under prior treatment (Column A).

### LATE EXAM RESULTS

Use this table to record the results of referrals (if any) that were made the last school year, but returned too late to be included on last year's spinal screening report form.

Grade(G)/Age(A) Sex (F or M)	DIAGNOSIS				TREATMENT			
	Normal	Scoliosis	Kyphosis	Other	Observation	Bracing	Surgery	Other
G5F								
G7F								
G8M								
A10F								
A12F								
A13M								
A14M								
Totals								
	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	<b>L</b>