



Owensboro Catholic Middle School  
2540 Christie Place  
Owensboro KY 42301

June 2011

8<sup>th</sup> Grade Scoliosis Screening Program

Scoliosis is an abnormally S-shaped curvature of the spine. In the early stages it is painless and appears gradually, especially during the years of rapid teenage growth. It can be confused with poor posture. Some cases of scoliosis are mild, needing only minimal medical intervention. Detected in its early stages, specific exercises or a brace may be all that is needed to prevent further curvature. Other cases may become progressively more severe as the adolescent grows. If not detected and treated early, the curvature can become severe enough that it can affect one's health.

As an early detection/early intervention health assessment, a Scoliosis Screening will be conducted by Registered Nurses at OCMS for our 8<sup>th</sup> grade students this fall. The screening is private, simple, non-invasive, & only takes a minute. The RNs will observe the spine & shoulder blades of the student in the standing position and as he/she bends forward from the hips.

The student will need to remove his/her shirt in order for the assessment to be conducted. It is recommended that girls wear a sports bra since it will not need to be removed for the screening. Each screening will be performed in complete privacy and results will be kept confidential. If you prefer to be with your child while he/she is screened, please contact me to make arrangements. I may be contacted by phone (270-852-8005) or by e-mail at [sherry.krampe@owensborocatholic.org](mailto:sherry.krampe@owensborocatholic.org).

You will be notified if your child's screening results indicate a need for follow up with your pediatrician or family physician.

Please sign the screening consent form below and submit it at registration.

Thank you!

Sherry Krampe, RN, BSN  
School Health Coordinator & School Nurse

---

**Scoliosis Screening Consent Form**

***Please check one:***     **I DO**         **I DO NOT**

give my consent for my child to participate in the OCS Scoliosis Screening Program as described above for early detection/early intervention for possible curvature of the spine.

**Name of Student (PRINT)** \_\_\_\_\_

**Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_