

Name _____ Title _____

Credentials _____

Scoliosis Screening Practicum Form

Check as person named above performs the scoliosis screening process:

____ Reviews documentation form—child's name and date of birth

____ Assesses visual height of child to position self correctly (sitting or standing)

____ Instructs child to position self front standing position

____ 1. Feet in alignment

____ 2. Arms at sides

____ Verbally note physical observations

____ 1. Shoulders uneven/even

____ 2. Unequal distance between arms and body

____ 3. Hip uneven/even

____ Instructs child in Adams Forward Bend Test

____ 1. Palms together, arms out straight

____ 2. Roll down until back parallel to floor

____ Verbally notes physical observations

____ 1. Thoracic prominence

____ 2. Lumbar prominence

____ Instructs child to position self back standing position

____ 1. Feet in alignment

____ 2. Arms at sides

____ Verbally note physical observations

____ 1. Shoulders uneven/even

____ 2. Shoulder blade (scapula) more prominence

____ 3. Shoulder blade elevated

____ 4. Unequal distance between arms and body

____ 5. Waist fold deeper one side

____ Instructs child in Adams Forward Bend Test

____ 1. Palms together, arms out straight

____ 2. Roll down until back parallel to floor

____ Verbally notes physical observations

____ 1. Thoracic prominence

____ 2. Lumbar prominence

____ Instructs child to position self in side position

____ 1. Feet in alignment

____ Instructs child in Adams Forward Bend Test

____ 1. Palms together, arms out straight

____ 2. Roll down until back parallel to floor

____ Verbally notes normal C curve or more than normal roundness

____ Credentials _____ Initials _____

Print name of coach

Date _____