

March 6, 2020

Chapter 97 of Laws of New Jersey 1978 mandates that a school system provide an examination of every pupil between the ages of 10 and 18 for the condition known as Scoliosis. This is defined as a condition of the spine in which the spine may curve left or right. If not treated in its earliest stages; it may cause deformity and disability. It is most commonly found during the time of rapid growth and may progress if not treated.

This year's spinal screening for Scoliosis will be conducted by Dr. J. Bartley Martinez, DC, DABCO (Board Certified Chiropractor Orthopedist), with Mrs. Barbara K. McKenna BSN, RN and Mrs. Joanne Morro RN, on April 21st, 2020 at 815am. A parent may be present for the examination if so desired. The purpose of the screening program is to recognize scoliosis in its earliest stages. The procedure for screening is a very simple one. The spine is observed as the pupil stands and bends forward. If further consultation is recommended, you will be referred to your family physician.

Please fill in the following information and sign the form giving permission to have your child screened and RETURN by April 7th, 2020.

If you have any questions, please contact the health office at 973-584-0812 ext. 104. Thank you!

Stay Healthy,

Barbara K. McKenna BSN, RN

Joanne Morro RN

Timothy Dunnigan, Principal

Please return this form to school IMMEDIATELY

**YEARLY SPINAL CHECK UP AND SCOLIOSIS SCREENING**

Student Name (print): \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Age \_\_\_\_\_  Male  Female Birth date \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

No, I do not want my child to participate in the spinal screening.

Yes, my child may participate in the spinal screening

\_\_\_\_\_  
Signature of Parent or Guardian

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

~~~~~  
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

\_\_\_\_\_  
Lumber 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 Street (Blair House), Morristown, NJ 07960  
973-455-1660 -