

Referrals will only be considered if BOTH of these apply (please check off):

- The patient presents with one or more of the following:
- Scoliosis: The coronal curve is **> 10 degrees** (Scoliosis is defined as a coronal Cobb of > 10 degrees)
 - Kyphosis: The sagittal curve is **> 40 degrees** (Kyphosis is defined as a sagittal Cobb of > 40 degrees)
 - Back pain: Radiculopathy/red flags present **or** must have failed conservative measures (physiotherapy)
 - Other spine related injury/condition (Ex. C-spine instability, spondylolisthesis, etc.)
- Images were taken at a local hospital and available on Care Connect **OR** CD of the images has been included

PATIENT INFORMATION

Name of Child: _____ Date of birth: _____ Age: _____
 PHN: _____ Home Address: _____
 Contact Numbers: _____ Menses date of onset (if applicable): _____
 Interpreter needed: No Yes Language: _____

DIAGNOSIS (Check all that apply)

- Scoliosis Kyphosis Lordosis Back Pain (See criteria above) Other (Spine): _____
 Other pre-existing medical conditions: No Yes _____
 Family history of scoliosis: Yes No When curve first noticed or diagnosed: _____

PHYSICIAN'S FINDINGS (Check all that apply)

- Diagnosis confirmed by x-ray **preferably taken at hospital** (Standing AP and Lateral):
 Degree of curve (Cobb angle): _____ Radiology report (included): Yes No
 Imaging (**Must check one for referral to be considered**):
 CD attached to referral **OR** Digital images available on Care Connect (Name of hospital): _____

Physician Signature: _____ **Office Stamp or Printed Name:** _____ **Date:** _____

Upon receipt of the above complete and accurate information you will be faxed an acknowledgement and recommendation by one of our Orthopedic Spine Surgeons.

RECOMMENDATION (Based on the referral above, one of the following will be recommended)

1. Provide additional information on this patient and resubmit with films and reports of:
 X-rays MRI CT Consult letters OR reports and/or _____
2. Continue to observe & X-ray _____ until curve magnitude (cobb angle) is > _____ then re-refer.
3. Consider re-referring should the patient's clinical history and/or imaging change. Given the age of the child and the small curve size, an appointment is not warranted at this time.
4. Consider referring this patient to _____ given the information provided.

About Scoliosis and the BC Children's Spine Clinic



All referrals sent to our clinic are seen by a spine clinic healthcare provider and triaged (deciding if a clinic appointment is needed and how quickly). We review all images before making a recommendation about your referral

What is scoliosis? Scoliosis is a condition that causes the spine to curve and rotate as you grow. The most common type of scoliosis is idiopathic scoliosis which means there is no known cause. You might be able to see the curve in your back or you might notice that there is a change in the level of your shoulders, waist, or pelvis. 2-3% of children/teens develop scoliosis and more females develop scoliosis than males. Scoliosis is usually noticed around puberty because that is when you have a growth spurt.

How is scoliosis diagnosed? Your doctor will have taken an X-ray to look at your spine. We can measure the angle of your curve from the X-ray. Your doctor sends in your X-rays with your referral to the spine clinic and one of the spine team healthcare providers reviews your images and decides whether your curve can be monitored by your family doctor or whether you should come to clinic for an assessment.

About curve size:

- Small curves are 20 degrees or less
- Medium curves are between 20 – 40 degrees
- Large curves are over 50 degrees

Treatment: The treatment strategy chosen is based on how likely your curve is to progress over time. Generally curves progress during a period of rapid growth. We take into account a number of things when triaging your referral such as; curve size, bone maturity, whether girls have started their menstrual cycles and others. These are all indicators of how much growth you have left. The 3 main treatment strategies are observation, bracing and surgery.

- **Small curves** can generally be observed over time by your family doctor or paediatrician.
- **Medium curves** may be observed overtime in our clinic or a brace may be recommended.
- **Large curves** may require surgery to prevent progression.

Do I need a brace? We will let you know at your appointment. Bracing is recommended to prevent curve progression, not improve the curve size. Bracing is generally recommended for curves between 20-40 degrees in a child with growth potential left. If you are done growing (2 years post menses for females, mature bone age on X-rays, etc.) then research has shown that a brace is unlikely to be helpful. Example: in gardening you brace a growing tree to help it grow straight but we generally don't brace full grown trees because they are done growing.

Will my curve progress? As stated above there are a number of factors that contribute to curve progression. Generally research shows that if your curve stays below 50 degrees by the time you finish growing, it is unlikely to progress.

Are there any restrictions because I have scoliosis? NO! You should be active and keep your muscles strong and healthy! Scoliosis is generally not a painful condition but it can become painful if our muscles become tight and/or weak. Staying active and strong will help with lifelong good back health! 😊