

## The National Self-Detection Program for Scoliosis

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The past several decades have seen major advances in the management of spinal deformity generally and of adolescent idiopathic scoliosis (AIS) in particular. It is now well established that early detection of AIS, and treatment where indicated, result in better outcomes as might well be expected on general principles. This is the basis of screening adolescent girls for scoliosis because in the early stages of curve development the girls have no symptoms.

The screening of schoolgirls in the age range 11-13 years (Years 7 to 9 in most Australian states and territories) commenced in many countries world-wide in the 70s, but there was considerable debate about the cost-effectiveness of the programs. Apart from the not inconsiderable cost factor, there were no data to establish clearly the efficacy of brace treatment. This was later demonstrated in a suitably designed international clinical trial.

School screening was introduced sporadically in Australia and to a variable extent in most states and territories. By the early 90s the cost factor led to the abandonment of most programs in government schools and a new strategy was needed. The Spine Society of Australia, with the support of the Royal Australian College of General Practitioners, introduced **The National Self-Detection Program for Scoliosis**. In essence this entails the distribution of a simple brochure available at [www.scoliosis-australia.org](http://www.scoliosis-australia.org) for the target age group (11-13 years of age) in which the outward signs of scoliosis are described. If, after reading the brochure, a girl or her parents think she may have a curvature then follow-up with the family doctor is recommended. An education program on scoliosis for general practitioners was introduced via *The Australian Family Physician* and is available on the website. This is complemented by an educational program for radiologists, also available on the website. The specific aims of the latter program are to keep radiation exposure to a minimum when x-rays are required for assessment and to standardize reporting to assist family doctors in managing small curves (<20°) and making decisions on specialist referral.

The program is endorsed by the Paediatrics and Child Health Division of the Royal Australasian College of Physicians.

From time to time all government and non-government girls' schools will be asked via established communication channels in the school systems, and by a direct approach to school principals, to download the self-detection brochure from the website and distribute it to girls in Years 7 and 9 (11 and 13 years of age in most states and territories). This is the age range when scoliosis first appears.

The optimum time for the detection of scoliosis is just after the onset of the adolescent growth spurt and this corresponds to Year 7 for the majority of girls. It is also recommended for Year 9 girls so as to catch those whose growth pattern differs from the average. No case has ever been made for the screening of boys for scoliosis or for any other forms of spinal abnormality in both sexes.

In summary, self-detection is the way for the future. School screening, when properly conducted, is an effective method for detection but the cost of a national program will remain prohibitive. On the positive side, self-detection places more responsibility on the individual girl for her own health and this is regarded as a good move as it is for so many areas of health these days.