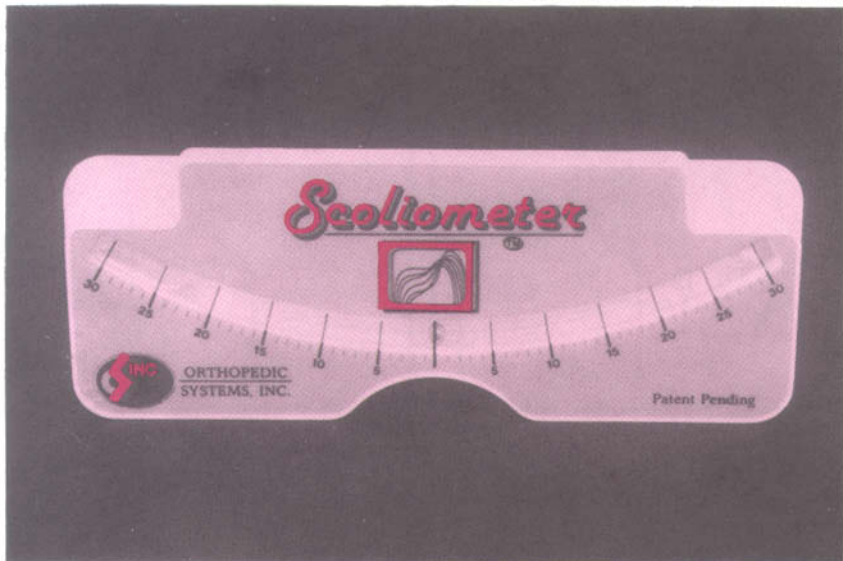


# Scoliometer™



## GUIDELINES FOR USE IN SPINAL SCREENING PROGRAMS



The OSI-Scoliometer provides a way to measure the degree of rotation of a deformity of the back found on routine spinal examination. The information obtained can be used as a guideline in deciding which persons should be referred for further medical evaluation.

This booklet is NOT intended to be a description of how to perform spinal screening. Screening for spinal deformity should be carried out in exactly the same way as described in the guidelines provided by the Scoliosis Research Society<sup>1</sup> and many state Departments of Health and/or Education.<sup>2,3</sup> If a deformity of the spine is noted, the Scoliometer should be used as described in this manual.



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## INSTRUCTIONS FOR USE

1. View the person from behind, standing erect. (See Figure 1)
2. Ask the person to extend his arms forward and place hands together with palms flat against each other, as if to dive into water. (See Figure 2)

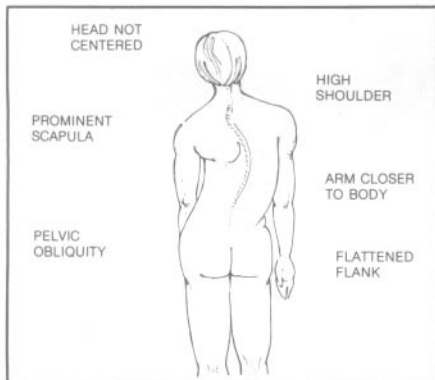


FIGURE 1

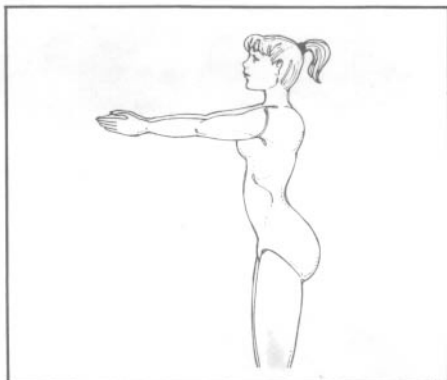


FIGURE 2

3. Ask the person to bend forward slowly, stopping when the shoulders are level with the hips. View the patient from both the front and back. For best view, your eyes should be at the same level as the back. Note any rib elevation and/or asymmetry in the flank (low back) area. (See Figure 3)

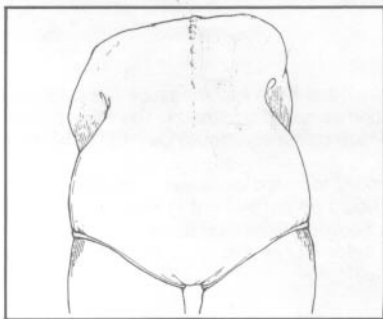


FIGURE 3

4. Before measuring with the Scoliometer, adjust the height of the person's bending position to the level where the deformity of the spine is most pronounced. This position will vary from one person to another depending upon the location of the curvature. For example, a curve low in the lumbar spine will require that the person bend further forward than one which is present in the thoracic or upper spine.

5. Lay the Scoliometer across the deformity at right angles to the body, with the "0" mark over the top of the spinous process (See Figures 4a and 4b). Let the Scoliometer rest gently on the skin; do not push down. Read the number of degrees of rotation.

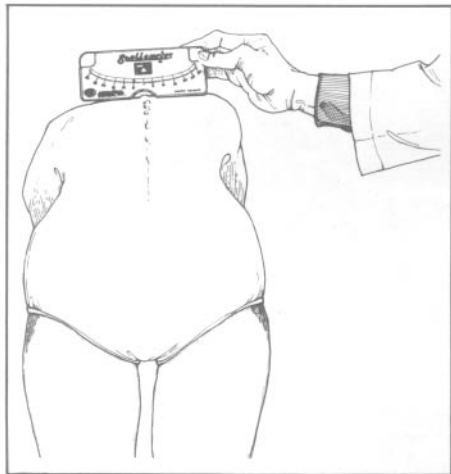


FIGURE 4a



FIGURE 4b

6. NOTE: If there is asymmetry in both the upper and lower back, two (2) Scoliometer readings will be necessary. The curves will almost always go in opposite directions with the one in the thoracic spine usually to the right and the other in the lumbar spine usually to the left. (See Figures 5a and 5b)

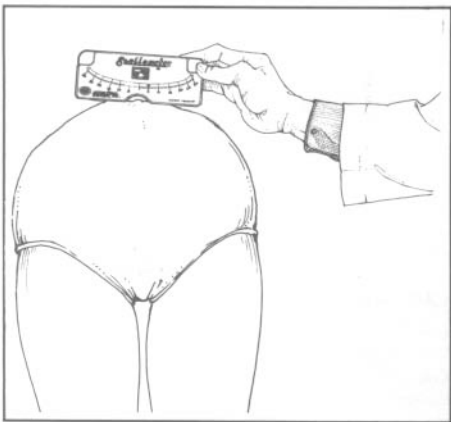


FIGURE 5a



FIGURE 5b

7. The screening examination is considered positive if the reading on the Scoliometer is 7 degrees or more at any level of the spine. Persons in this category should be referred immediately for further medical evaluation. Lesser degrees of rotation **may** or **may not** indicate a mild degree of scoliosis. Immediate referral is not necessary; however, in such cases re-screening is recommended within three to six months. Consult your local medical advisor to the program for details.

8. Record findings on the Spinal Screening Program Form which is available from the Scoliosis Research Society.

9. The Scoliometer can be used in the practitioner's office when following patients with scoliosis. A change of 3 degrees or more of a Scoliometer measurement indicates possible curve progression. A change of 2 degrees or less usually indicates only minor variation in posture. It should be noted that in some patients, curve progression may occasionally occur **without** a change in the clinical measurement.

#### REFERENCES

1. Scoliosis Research Society  
222 S. Prospect Avenue, Suite 127  
Park Ridge, IL 60068
2. The National Scoliosis Foundation, Inc.  
93 Concord Avenue  
Belmont, MA 02178
3. The Scoliosis Association, Inc.  
P.O. Box 51353  
Raleigh, NC 27609

The manufacturers thank William P. Bunnell, M.D. for his assistance in the development of the OSI-Scoliometer.

PLEASE DIRECT ANY QUESTIONS CONCERNING THE USE OF THE SCOLIOMETER OR REQUESTS FOR REPRINTS DESCRIBING DOCUMENTATION TO:

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