

## U.S. Preventive Services Task Force Issues Final Recommendation Statement on Screening for Adolescent Idiopathic Scoliosis

*Task Force finds insufficient evidence to recommend for or against screening in children and adolescents ages 10 to 18 who don't have any signs or symptoms*

WASHINGTON, D.C. – January 9, 2018 – The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement and evidence summary on screening for adolescent idiopathic scoliosis in the primary care setting. The Task Force looked at whether screening children and adolescents ages 10 to 18 who do not show any signs or symptoms of scoliosis affects health outcomes in childhood and adulthood. The Task Force concluded that there was not enough evidence to determine the benefits and harms of screening for scoliosis in this age group. **This is an I statement.**

Scoliosis is a condition in which the spine curves toward one side of the body. Adolescent idiopathic scoliosis is the most common form of scoliosis. Approximately 1 to 3 percent of children and adolescents in the United States have this type of scoliosis. It develops in children and adolescents ages 10 to 18 and has no known cause.

Screening usually involves looking at a patient's back for any unevenness of the shoulders, spine, and hips.

This update is a change from the Task Force's 2004 recommendation, which recommended against screening for idiopathic scoliosis in children and adolescents with no signs or symptoms. New research since 2004 suggests that one type of treatment—using a back brace—may be beneficial. However, more research is still needed on other types of treatment, as well as short- and long-term effects of screening and treatment.

“Our review of the current evidence has pointed to more questions than answers about the benefits and harms of screening children and teenagers with no symptoms of scoliosis,” says Task Force member Alex R. Kemper, M.D., M.P.H., M.S. “We know that screening can accurately detect scoliosis, but it's unclear what effects scoliosis screening and treatment have on children's health in adolescence and into adulthood.”

“These gaps in the current body of evidence have led the Task Force to issue an I statement, which is a call for more research to address the uncertainty in evidence about scoliosis screening,” says Task Force member John W. Epling, Jr., M.D., M.S.Ed. “Until more conclusive evidence is available, primary care clinicians should continue to use their clinical judgment when deciding which patients to screen for this condition.”

This recommendation statement has been published online in the *Journal of the American Medical Association*, as well as on the Task Force Web site at: <http://www.uspreventiveservicestaskforce.org>. A draft version of the recommendation statement was available for public comment from May 30, 2017 to June 26, 2017.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based

### Grade in this recommendation:

**I:** The balance of benefits and harms cannot be determined.

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recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Kemper is a board-certified pediatrician and chief of the Division of Ambulatory Pediatrics at Nationwide Children's Hospital. He is also the deputy editor of *Pediatrics*.

Dr. Epling is a professor of Family and Community Medicine at the Virginia Tech Carilion School of Medicine in Roanoke, VA. He is the Medical Director of Research for Family and Community Medicine, is the Medical Director of Employee Health and Wellness for the Carilion Clinic, and maintains an active clinical primary care practice.

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