

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on screening for adolescent idiopathic scoliosis. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from May 30 to June 26. The Task Force welcomes your comments.

Screening for Adolescent Idiopathic Scoliosis

The Task Force has issued a **draft recommendation** statement on *Screening for Adolescent Idiopathic Scoliosis*. The Task Force concludes that there is not enough evidence to make a recommendation for or against this screening.

This draft recommendation applies to children and adolescents ages 10 to 18 who do not have any signs or symptoms of scoliosis.

What is adolescent idiopathic scoliosis?

Scoliosis is when the spine curves towards one side of the body. Adolescent idiopathic scoliosis is a type of scoliosis that develops in children and adolescents ages 10 to 18 and has no known cause.

Facts about Adolescent Idiopathic Scoliosis

Idiopathic scoliosis is a kind of scoliosis that has no known cause. About 1 to 3 percent of children and adolescents ages 10 to 16 develop idiopathic scoliosis. Depending on how much the spine is curved, scoliosis can impact physical looks and cause back pain, disability and physical limitations, negative social and emotional experiences, reduced quality of life, and lung problems.

Girls are more likely than boys to have scoliosis and are ten times more likely to have more severe scoliosis. Children who have a close relative (such as a sibling or parent) with scoliosis are also more likely to develop scoliosis.

Clinicians usually screen for scoliosis by looking at the patient's back for any unevenness of the shoulders, spine, and hips. There are several ways a clinician can do this. A common way involves the child bending forward so his or her spine is parallel with the floor—this makes it easier to see any unevenness.

There are several different ways to treat scoliosis. Treatment includes periodic check-ups with a clinician to see if the spinal curve is increasing, exercise, wearing a back brace to correct the curve and prevent it from getting worse, and surgery. The type of treatment depends on how large the curve is in the patient's spine.

Potential Benefits and Harms of Screening for Adolescent Idiopathic Scoliosis

The Task Force reviewed studies about the benefits and harms of screening for scoliosis in children and adolescents ages 10 to 18. The Task Force found very little research on the benefits and harms of screening children and adolescents who do not have signs or symptoms of scoliosis. Importantly, there also is not enough information about what happens later, in adulthood, after being treated as a child or adolescent.

Based on the limited research available, the Task Force determined that, for children and adolescents ages 10 to 18, there is not enough evidence to recommend for or against screening for scoliosis.

The Draft Recommendation on Adolescent Idiopathic Scoliosis: What Does It Mean?

Here is the Task Force's draft recommendation on screening for scoliosis in children and adolescents ages 10 to 18. It is based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. It also is based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When there is not enough evidence to judge benefits and harms, the Task Force does not make a recommendation for or against—it issues an **I Statement**.

Before you send comments to the Task Force, you may want to read the full [draft recommendation statement](#). The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for [adolescent idiopathic scoliosis](#) in children and adolescents ages 10 to 18 years. **(Grade I)**

Notes

[adolescent idiopathic scoliosis](#)

A type of scoliosis with no known cause that develops in children and adolescents ages 10 to 18.

What is the U.S. Preventive Services Task Force?

The Task Force is an independent, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a [draft recommendation statement](#). All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force Web site](#).

USPSTF Recommendation Grades

Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

Click Here to Learn More about Adolescent Idiopathic Scoliosis



What Is Scoliosis?

(National Institute of Arthritis and Musculoskeletal and Skin Diseases, NIAMS)



Scoliosis

(Medline Plus)



Questions and Answers about Scoliosis in Children and Adolescents
(NIAMS)

[Click Here](#) to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between May 30 and June 26, 2017.



All comments will be considered for use in writing final recommendations.