

## U.S. Preventive Services Task Force Issues Draft 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. – May 30, 2017 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement and draft evidence review 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 towards one side of the body. Adolescent idiopathic scoliosis is the most common form of scoliosis. It develops in children and adolescents ages 10 to 18 and has no known cause. Approximately 1 to 3 percent of children and adolescents in the U.S. have this type of scoliosis.

### Grade in this recommendation:

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

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Screening tests can detect scoliosis. Screening usually involves looking at a patient's back for any unevenness of the shoulders, spine, and hips. There are several ways to screen for scoliosis. The most common way is the forward bend test, where a patient bends forward so that his or her spine is parallel with the floor, making it easier to see any unevenness.

"The major gap in knowledge is whether screening and early treatment of teens without symptoms leads to benefits that last into their adulthood," says Task Force member Alex R. Kemper, M.D., M.P.H., M.S.

Previously, the Task Force recommended against screening for adolescent idiopathic scoliosis in children and adolescents with no signs or symptoms. Based on a review of the current evidence, the Task Force found that the balance of benefits and harms of screening is unclear. There is not enough known about the short-term effects of screening and treatment in adolescence or the long-term effects on health in adulthood.

"This I statement is a call for more research to address the uncertainty in evidence about screening," says John W. Epling, Jr., M.D., M.S.Ed. "In the meantime, primary care clinicians should use their clinical judgment when deciding which patients to screen."

The Task Force's draft recommendation statement and draft evidence review have posted for public comment on the Task Force Web site at [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org). Comments can be submitted from May 30 to June 26 at [www.uspreventiveservicestaskforce.org/tfcomment.htm](http://www.uspreventiveservicestaskforce.org/tfcomment.htm). All public comments will be considered as the Task Force develops its final recommendation and final evidence review.

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

Dr. Kemper is a board-certified pediatrician and professor of pediatrics at Duke University Medical School. He serves as the associate division chief for research in the Division of Children's Primary Care at Duke University. Dr. Kemper 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, medical director of employee health and wellness for the Carilion Clinic, and maintains an active clinical primary care practice.

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