

### Clinical Summary: Screening for Adolescent Idiopathic Scoliosis

<b>Population</b>	Children and adolescents aged 10 to 18 y
<b>Recommendation</b>	<b>No recommendation.</b> <b>Grade: I (insufficient evidence)</b>

<b>Excluded Populations</b>	This recommendation does not apply to children and adolescents presenting for evaluation of back pain or obvious deformities in spinal curvature.
<b>Screening Tests</b>	Adequate evidence indicates that currently available screening tests can accurately detect adolescent idiopathic scoliosis when used in combination. Radiography is used to confirm the diagnosis and also to quantify the degree of curvature (ie, the Cobb angle); the Risser sign (the stage of ossification of the iliac apophysis) is used to monitor curve progression.
<b>Treatments</b>	Information about the benefits or harms of treatment of screen-detected adolescent idiopathic scoliosis is inadequate. Treatment is determined by the degree of spinal curvature and the potential for further skeletal growth, and may include observation, exercise, bracing, or surgery.

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to <https://www.uspreventiveservicestaskforce.org>.