## **Delaware Department of Education**

## **Postural/Gait Screening**

## **Phase II Referral Form**

This form is a permanent part of the student's health record. The Physical Therapist will need a copy of this form completed for each referral and will reuse the student's original form each year for Phase II Screening.

			Phase I Screening	C		
		To be co	mpleted by the Sc	hool Nurse		
Student Name: _ School: School Nurse Ex					Gemale Male	
RI	Q	Q				
Elevated Shoulder	Shoulder blade (scapular) prominence	Unequal distance between arm and body		Rib Prominence (Upper back)	Lumbar Prominence (Lower back)	More than normal roundness (kyphosis)
			Phase I Screening <sup>1</sup> –School			
			Left (describe prn)		Right (describe prn)	
* Adam's Forward Bend Test						
* Shoulder Elev						
* Rounded Shou						
* Shoulder Blad						
* Unequal Distance between Arm and Body						
* Uneven Hips						
* Rib Prominen						
* Lumbar Pron	ninence					
Chest						
Kyphosis Increa					1	
Irregular Gait -						
Upper/Lower E						
contracture, red						
Musculature – weakness, poor muscle tone, other						
asymmetries AN	D a positive Ada	am's forward be			rate two or more po	ostural
Scoliosis Family	history					
☐ Mother ☐ Fa	ather Sibling	Other:				

**Phase II Screening** *To be completed by the Physical Therapist* 

For Females: Age of onset of Menses Age 8 9 10 11 12 13 14 15 Other:
Date:  Age 9 10 11 12 13 14 15 16 17 Other:  Grade: 5 6 7 8 9 10 11 12
Angle of Trunk Rotation: Findings:
Recommendation: Refer Re-Check No future check needed Examiner: Dawson Novick Turner-Bare
Date:
Angle of Trunk Rotation: Findings:
Recommendation: Refer Re-Check No future check needed Examiner: Dawson Novick Turner-Bare
Date: Age 9 10 11 12 13 14 15 16 17 Other : Grade: 5 6 7 8 9 10 11 12
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