

Hot Health News

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Active Healthy Harnett and The Campbell University School of Pharmacy's
Wellness Institute Middle School Program

What is scoliosis? Scoliosis is an abnormal curve of the spine (backbone). Normally, the spine is straight. With scoliosis, the spine is crooked and curves to the side. If the spine is very crooked, the ribs or hips may stick out more on one side than the other side. Also, one shoulder may be lower than the other. Scoliosis may begin in childhood but often is not noticed until the teenage years. In most cases the exact cause isn't known. It seems to run in some families. Scoliosis is more common in girls than in boys.

How can I tell if my child has scoliosis? Look at your child's spine to see if it curves or if it is straight. Also, check to see if one shoulder is lower than the other. Many public schools check for scoliosis in the 5th or 6th grade. Your doctor may also examine your child for scoliosis at a regular check-up. Your doctor may be able to tell if your child has scoliosis just by looking at your child's back when it is in different positions. Your doctor may have your child stand and bend over to touch the toes. Sometimes x-rays help show the curve in the spine.

Does scoliosis cause any problems? In most people, the curve in the spine is so small that it causes no problems. Scoliosis doesn't usually cause back pain. In severe cases, the curve may restrict the amount of space available for lungs and heart to work.

How is scoliosis treated? In most cases, no treatment is needed. Your doctor will check your child regularly to make sure the curve isn't getting worse. Sometimes a brace is worn to keep the spine from curving any further. New braces are light and less bulky than old braces. Most braces fit under the clothes and are not visible.

Will my child need surgery? If a brace doesn't stop the spine from curving, surgery may be needed. During surgery, the bones in the spine may be moved and joined together to strengthen the spine, or a rod may be placed in the spine to straighten it.

This handout provides a general overview on scoliosis and may not apply to everyone. To find out if this handout applies to you and to get more information on this subject, talk to your family doctor. Copyright © 1996-2005. American Academy of Family Physicians. Permission is granted to print and photocopy this material for non-profit educational uses. <http://www.campbell.edu/faculty/ebloom/documents/Scoliosis.doc>

Currently, the Commonwealth of Virginia mandates that information on scoliosis be distributed to students and their families on an annual basis. Scoliosis screening is not required at this time in Virginia schools. Please feel free to call me with any questions at

Phone number

School Nurse Signature

SCOLIOSIS INFORMATION

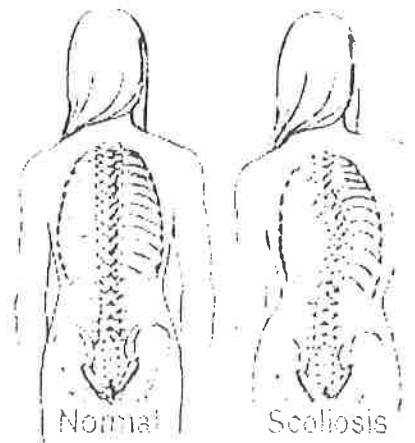


Everyone's spine has natural curves. These curves round our shoulders and make our lower back curve slightly inward. But some people have spines that also curve from side to side. Unlike poor posture these curves can't be corrected simply by learning to stand up straight.

This condition of side-to-side spinal curves is called scoliosis. On an x-ray, the spine of a person with scoliosis looks more like an "S" or a "C". Some of the bones in a scoliotic spine also may have rotated slightly, making a person's waist or shoulders appear uneven.

Scoliosis, a lateral spinal curve of 11 degrees or greater, can have adverse effects including the progressive development of poor range of motion, back pain, distortion of the position of the ribs, impaired function of the heart and lungs, unpleasant cosmetic deformities, and social and psychological problems, including poor self-image and social isolation.

Checking your child or having a health professional check your child for scoliosis is important. Early detection can prevent scoliosis from progressing and can identify those in need of treatment.



What Are Eating Disorders?

Eating disorders are real, complex, and devastating conditions that can have serious consequences for health, productivity, and relationships. They are not a fad, phase or lifestyle choice. They are potentially life-threatening conditions affecting every aspect of the person's functioning, including school performance, brain development, emotional, social, and physical well-being.

Eating disorders affect both males and females of all ages.

Eating disorders can be diagnosed based on weight changes, but also based on behaviors, attitudes and mindset. Be alert for any of these signs in your child.

Key things to look for around food:

- ☐ Eating a lot of food that seems out of control (large amounts of food may disappear, you find a lot of empty wrappers and containers hidden)
- ☐ Develops food rules—may eat only a particular food or food group, cuts food into very small pieces, or spreads food out on the plate
- ☐ Talks a lot about, or focuses often, on weight, food, calories, fat grams, and dieting
- ☐ Often says that they are not hungry
- ☐ Skips meals or takes small portions of food at regular meals
- ☐ Cooks meals or treats for others but won't eat them
- ☐ Avoids mealtimes or situations involving food
- ☐ Goes to the bathroom after meals often
- ☐ Uses a lot of mouthwash, mints, and/or gum
- ☐ Starts cutting out foods that he or she used to enjoy

Weight is NOT the only indicator of an eating disorder, as people of all sizes may be suffering.

Key things to look for around activity:

- ☐ Exercises all the time, more than what is healthy or recommended – despite weather, fatigue, illness, or injury
- ☐ Stops doing their regular activities, spends more time alone (can be spending more time exercising)

Physical Risk Factors:

- ☐ Feels cold all the time or complains of being tired all the time. Likely to become more irritable and/or nervous.
- ☐ Any vomiting after eating (or see signs in the bathroom of vomiting – smell, clogged shower drain)
- ☐ Any use of laxatives or diuretics (or you find empty packages)

Other Risk Factors:

- ☐ Believes that they are too big or too fat (regardless of reality)
- ☐ Asks often to be reassured about how they look
- ☐ Stops hanging out with their friends
- ☐ Not able to talk about how they are feeling
- ☐ Reports others are newly judgmental or “not connecting”

How to Communicate with Your Child

- Understand that eating disorder sufferers often deny that there is a problem.
- Educate yourself on eating disorders
- Ask what you can do to help
- Listen openly and reflectively
- Be patient and nonjudgmental
- Talk with your child in a kind way when you are calm and not angry, frustrated, or upset
- Let him/her know you only want the best for him/her
- Remind your child that he/she has people who care and support him/her
- Be flexible and open with your support
- Be honest
- Show care, concern, and understanding
- Ask how he/she is feeling
- Try to be a good role model- don't engage in 'fat talk' about yourself
- Understand that your child is not looking for attention or pity
- Seek professional help on behalf of your child if you have

If Your Child Shows Signs of a Possible Eating Disorder

Seek assistance from a medical professional as soon as possible; because they are so complex, **eating disorders should be assessed by someone who specializes in the treatment of eating disorders.** The earlier a person with an eating disorder seeks treatment, the greater the likelihood of physical and emotional recovery.

(School Letterhead)

Dear Parent of Students in Grades Five through Twelve:

Eating disorders are serious health problems that usually start in childhood or adolescence and affect both girls and boys. With early diagnosis, eating disorders are treatable with a combination of nutritional, medical, and therapeutic supports. Recognizing the importance of early identification of at-risk students, the 2013 Virginia General Assembly passed a law requiring each school board to provide parent educational information regarding eating disorders on an annual basis to students in the fifth through twelfth grades.

It is important to note that eating disorders are not diagnosed based on weight changes as much as behaviors, attitudes, and mindset. Symptoms may vary between males and females and in different age groups. Often, a young person with an eating disorder may not be aware that he/she has a problem or keeps the issues secret. Parents/guardians and family members are in a unique position to notice symptoms or behaviors that cause concern. Noting behaviors common to people with eating disorders may lead to early referral to the primary care provider. It is important for eating disorders to be treated by someone who specializes in this type of care.

After reviewing the information on the reverse side of this letter, if you think your child may be showing signs of a possible eating disorder, please contact your primary health care provider, school nurse, or one of the resources listed below.

- Academy for Eating Disorders (AED)
<http://www.eatingdisorderhope.com/information/help-overcome-eating-disorders/non-profits-organizations/aed>
- Families Empowered and Supporting Treatment of Eating Disorders (F.E.A.S.T.)
www.feast-ed.org
- National Eating Disorders Association
www.nationaleatingdisorders.org
Toll free, confidential Helpline, 1-800-931-2237

Additional resources may be found at:

- Virginia Department of Education
http://www.doe.virginia.gov/support/health_medical/index.shtml, under the section titled, Eating Disorders

Sincerely,

Principal