



SCOLIOSIS SPECIALTY CENTER

973-628-1300

TOTOWA, PRINCETON, AND MANHATTAN



www.scoliosisspecialtycenter.com

SSE/SCHROTH REFERRAL

NAME: _____

DOB: _____

DX/ONSET/SURGERY DATE: _____

CURVE CATEGORY: _____

AIS/Kyphosis

- Schroth SSE evaluation and treatment
- Modified SSE evaluation and treatment due to: _____
- Scheuermann's
- 3-Dimensional Preliminary Education and Home Program (Cobb < 20)

Adult Scoliosis/Kyphosis

- Schroth SSE evaluation and treatment
- Modified SSE evaluation and treatment due to presence of:

Pain: _____	Degenerative Spine: _____
Arthritis: _____	Disc: _____
Listhysis: _____	Spondylolysis: _____
Stenosis: _____	Other: _____

Early Onset Scoliosis

- Modified Schroth SSE evaluation and treatment (0-5yrs old)
- Modified Schroth SSE evaluation and treatment (6-10 yrs old)

OTHER MODIFIED DUE TO

- Neuromuscular
- Genetic/Congenital
- Learning Disabilities
- Dual Conditions: Scoliosis and _____



Surface Topography

- Scoliosis Screening
- Static Standing Scan
- Dynamic 4D Motion Scan
- Gait Analysis
- Sport Specific 4D Motion Scan

Scoliosis Progression Monitoring

- 1x Month
- 3x Month
- 6x Month
- 1x Year

BRACING

- Brace evaluation/consult
- 3-Dimensional WCR
- TLSO/Boston
- Other _____

REFERRING PHYSICIAN: _____