July 20, 2017

John W. Hellerstedt, MD
Commissioner
Texas Department of State Health Services
1100 West 49th Street
Austin, Texas 78756

Re: Spinal Screening Draft Rule

Dear Commissioner Hellderstedt:

I am writing on behalf of the Texas Orthopaedic Association (TOA) to provide stakeholder comments for the Department's proposed rule related to spinal screening, in accordance with HB 1076, 85th Legislature, Regular Session, 2017. TOA was founded in 1936 with a mission to provide outstanding musculoskeletal care to Texas patients. The voluntary association represents over 1,400 Texas orthopaedic surgeons.

Groundbreaking research published in 2013 provided the strongest evidence to date that brace treatment works for adolescents with scoliosis who are at risk of curve worsening to the point of needing surgery.[1] However, it is critical to ensure that scoliosis is caught in an early stage for the bracing to be effective. As a result, the spinal screenings are a valuable tool to help prevent surgery.

TOA strongly supported HB 1076's efforts to update the ages for spinal screening in Texas schools to reflect the latest science. HB 1076 is important because the state's previous screening ages, which were set in statute, may be too late for bracing to be effective and do not account for the fact that adolescent females are more likely than males to have idiopathic scoliosis. Spinal deformity tends to progress rapidly during the onset of puberty, and females tend to mature at a younger age than males. In addition, females are seven to ten times more likely to develop scoliosis curves that would benefit from treatment.

[1] Effects of Bracing in Adolescents with Idiopathic Scoliosis; Stuart L. Weinstein, M.D., Lori A. Dolan, Ph.D., James G. Wright, M.D., M.P.H., and Matthew B. Dobbs, M.D.; N Engl J Med 2013; 369:1512-1521; October 17, 2013.

TOA strongly encourages DSHS to adopt screening standards that reflect the findings in the September 2, 2015 joint position statement by the Scoliosis Research Society, American Academy of Orthopaedic Surgeons, Pediatric Orthopaedic Society of North America, and American Academy of Pediatrics that screenings should be performed for females at age 10 and 12 years, and males once at age 13 or 14 years. To create greater efficiencies for schools, we recommend that the screening for males be conducted at 13 years.

We also support HB 1076's decision to transfer the authority to define the ages at which adolescents are screened from the Legislature to DSHS. As a result, DSHS can address any future scientific developments that call for changes in the screening ages by utilizing the regulatory process, which is faster than the statutory process.

Thank you for your consideration of this important matter. TOA's executive director, Bobby Hillert, may be reached at Bobby@toa.org or 214.728.7672 m.

Sincerely,

David E. Haynes, MD
TOA President