

Your student, _____, had spine surgery for scoliosis on _____.

We would like to ask for your cooperation with special accommodations for the first 12 months after surgery. Please notify teachers that this student may need special accommodations related to the surgery and the recovery period.

_____ will need home schooling instruction following his/her surgery because of the required care and limitations following spine surgery. He/she will need home schooling beginning _____ and beyond, until cleared by the Orthopaedic Surgeon to return to her normal school routine.

The student is not allowed to participate in active P.E. for 6-12 months from the date of surgery. After the first post-operative year, the student may participate in P.E., but will not be able to bend the spine in the area of fusion. This limits the child in his/her ability to bend forward, and backward, and twist the waist or hips. This may limit the child's apparent abilities in learning or becoming competent in some sports or activities. The student is not allowed to participate in gymnastics, contact sports, or sports with a high risk of impact or falls for 12 months following spinal fusion. After 12 months, the student may participate in any P.E. and sports are also permitted.

If you have any questions, please don't hesitate to contact us.

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