Resource Corner
For more information go to:
www.scoliscore.com
www.allaboutbackandneckpain.com
www.scoliosis.org
www.depuy.com
www.axialbiotech.com

As your doctor, I look forward to answering any questions you have about your child’s scoliosis.

Indications for Use:
The SCOLISCORE® Test is intended for use in adults and children. The SCOLISCORE® Test is indicated for determining the likelihood of progression of the adolescent idiopathic scoliosis (AIS) curve in pediatric patients of all genotypes. The SCOLISCORE® Test is intended to be used in conjunction with existing treatment guidelines. The results of a SCOLISCORE® Test should never be used as the sole basis for making clinical decisions about treatment or follow-up care. The SCOLISCORE® Test may also be used to predict the progression of AIS curves when the patient is 18 years old. The SCOLISCORE® Test should not be used for diagnosis or classification of bony growth following surgery. Results of the SCOLISCORE® Test should be utilized in conjunction with the patient’s clinical, radiologic, and genetic information. The SCOLISCORE® Test is intended to serve as a supplemental tool in the clinician’s decision-making process. The SCOLISCORE® Test is not intended to replace clinical judgment.

Limitations
The SCOLISCORE® Test is designed to assess the likelihood of progression of the AIS curve in pediatric patients of all genotypes. The SCOLISCORE® Test is not intended to be used for diagnosis or classification of bony growth following surgery. Results of the SCOLISCORE® Test should be utilized in conjunction with the patient’s clinical, radiologic, and genetic information. The SCOLISCORE® Test may also be utilized for other indications as determined by the treating physician. However, the SCOLISCORE® Test is not intended to replace clinical judgment.

Use:
The SCOLISCORE® Test is intended to be used by healthcare professionals in conjunction with the patient’s clinical, radiologic, and genetic information. The SCOLISCORE® Test is not intended to replace clinical judgment.

Interpretation:
The SCOLISCORE® Test results range from 0 to 100, with lower scores indicating a lower likelihood of progression. The SCOLISCORE® Test results should be interpreted in conjunction with the patient’s clinical, radiologic, and genetic information. The SCOLISCORE® Test may also be used to predict the progression of AIS curves when the patient is 18 years old. The SCOLISCORE® Test results should be utilized in conjunction with the patient’s clinical, radiologic, and genetic information. The SCOLISCORE® Test is not intended to replace clinical judgment.

Questions to ask your child’s physician:
• How severe is my child’s scoliosis?
• What’s the likelihood that my child’s scoliosis is going to progress?
• Should I have my child tested for likelihood of curve progression with the SCOLISCORE® Test?
• Are there any risks associated with the SCOLISCORE® Test for scoliosis?
• How long do I need to wait until I receive the results?
• How was I informed when the test results are received?
• How often should I bring my child back for follow-up x-rays and visits based on his/her SCOLISCORE® Test results and clinical information?
Resource Corner
For more information go to:

- www.scoliscore.com
- www.axialbio.com
- www.scolfish.org
- www.depuy.com
- www.axialbiostrch.com

As your doctor, I look forward to answering any questions you have about your child's scoliosis.

Indications for Use:
The DF24-01-000™ AIS Prognostic Test is intended for in-vitro use only. The DF24-01-000™ Test is intended for use in conjunction with a physician's evaluation of an adolescent patient aged 10 years or older to help determine the likelihood of curve progression (increasing of ≥5°) in idiopathic scoliosis (AIS) and to help determine the need for further evaluation by a healthcare provider. This test is not intended to diagnose, identify, confirm, or differentiate scoliosis or any other pathology. This test does not relieve the need for a physician's interpretation and help in the management of patients with scoliosis. The results should be interpreted in conjunction with the patient's medical history and physical examination. The DF24-01-000™ Test is not intended to replace, duplicate, or serve as a substitute for a physician's diagnosis. The DF24-01-000™ Test is not intended to be used as a diagnostic tool or as a risk assessment tool for any other condition or disease.

Questions to ask your child's physician:

- How severe is my child's scoliosis?
- What's the likelihood that my child's scoliosis is going to progress?
- Should I have my child tested for likelihood of curve progression with the SCOLISCORE™ test?
- Are there any risks associated with the SCOLISCORE™ test for scoliosis?
- How long do I need to wait until I receive the results?
- How will I know when the test results are received?
- How often should I bring my child back for follow-up exams and tests based on her/his SCOLISCORE™ test results and clinical information?
Questions to ask your child's physician:

- How aware is my child's scoliosis?
- What's the likelihood that my child's scoliosis is going to progress?
- Should I have my child tested for likelihood of curve progression with the SCOLISCORE™ Test?
- Are there any risks associated with the SCOLISCORE Test for scoliosis?
- How long do I need to wait until I receive the results?
- How much will I know when the test results are received?
- How often should I bring my child back for follow-up x-rays and visits based on their SCOLISCORE Test results and clinical information?

Understanding Adolescent Idiopathic Scoliosis

As your doctor, I look forward to answering any questions you have about your child's scoliosis.
Q: What are the treatment options?
A: Treatment options for AIS typically vary and depend on many factors including your child’s age and curve size. While the vast majority of AIS patients require nothing more than routine doctor’s appointments and x-rays to monitor their curve, some physicians will recommend bracing or even surgery as appropriate treatment options for curves that progress significantly. Your child’s physician can administer a simple and pain-free test, the SCOLISCORE™ Test, to help determine whether your child’s AIS might progress.

Q: How does the SCOLISCORE Test work?
A: Sample collection for AIS progression is quick, and can take place right in the physician’s office. Your child will be asked to provide a saliva sample, which will then be sent for analysis at a lab. From your child’s saliva, the lab will analyze his/her DNA for markers associated with the likelihood for scoliosis progression. The SCOLISCORE™ Test has the ability to distinguish between patients who are likely to progress to a severe curve, and those who might not. The test performed on your child’s saliva is strictly confidential, and only your child’s physician will receive the results. Clinical studies, conducted over several years, have verified that the SCOLISCORE Test provides accurate information so you and your child’s physician can make informed decisions.

Q: What will testing for AIS tell my child’s physician and me?
A: The SCOLISCORE Test may help to reduce the uncertainty and concern for parents and their children about the likelihood of AIS curve progression. With the results of the SCOLISCORE Test, combined with other factors, your child’s physician will be better able to recommend the appropriate treatment and follow up, if any treatment is necessary at all.

Terms to know
Adolescent - children between the ages of 9 and 13.
Idiopathic - cause unknown.
Most adolescent scoliosis is idiopathic.
Spinal fusion – surgery that joins together two or more vertebral bones to stabilize the spine and correct an abnormal spinal curve.
DNA - the chemical alphabet spelling out our bodies' instruction manual. A complete set of instructions that make each of us unique.

www.scoliosis.org

Understanding
Adolescent Idiopathic
Scoliosis

Common signs & symptoms of scoliosis include:
- One shoulder or hip higher than the other
- One shoulder blade sticks out
- Rib hump at the back of the waist or on the back of the rib
- One arm hangs lower than the other

Q: What is Adolescent Idiopathic Scoliosis?
A: Scoliosis [sko-lee-O-sis] occurs when the spine twists and develops an S- or C-shaped sideways curve. Of every 1,000 children, 3 to 5 develop abnormal spinal curves large enough to require treatment. Typically, scoliosis that occurs between the ages of 9 and 13, whose cause is unknown, is called adolescent idiopathic scoliosis, or AIS. This is the most common type of scoliosis in adolescents, occurring more often in girls than in boys.

Q: What causes Adolescent Idiopathic Scoliosis?
A: The cause of AIS is largely unknown, however it has been shown to run in families. It is not caused by anything that the child or the child's parents did, or did not do. Diet, exercise, posture, or carrying a backpack do not cause AIS.* In fact, AIS often develops in children who are otherwise healthy. Studies have shown that there may be a genetic link to the development and progression of scoliosis. Now there is a painless test that your child’s doctor can perform which may help your better understand whether or not your child’s AIS might progress.

Q: What are the symptoms of Adolescent Idiopathic Scoliosis?
A: AIS rarely causes pain. In fact, AIS often goes undiagnosed until the curve has progressed and is more visibly noticeable.

Q: What will testing for AIS tell my child’s physician and me?
A: The SCOLISCORE Test may help to reduce the uncertainty and concern for parents and their children about the likelihood of AIS curve progression. With the results of the SCOLISCORE Test, combined with other factors, your child’s physician will be better able to recommend the appropriate treatment and follow up, if any treatment is necessary at all.
Q: What are the treatment options?
A: Treatment options for AIS typically vary and depend on many factors including your child’s age and curve size. While the vast majority of AIS patients require nothing more than routine doctor’s appointments and x-rays to monitor their curve, some physicians will recommend bracing or even surgery as appropriate treatment options for curves that progress significantly. Your child’s physician can administer a simple and pain-free test, the SCOLISCORE™ Test, to help determine whether your child’s AIS might progress.

Q: How does the SCOLISCORE Test work?
A: Sample collection for AIS progression is quick, and can take place right in the physician’s office. Your child will be asked to provide a saliva sample, which will then be sent for analysis at a lab. From your child’s saliva, the lab will analyze his/her DNA for markers associated with the likelihood for scoliosis progression. The SCOLISCORE Test has the ability to distinguish between patients who are likely to progress to a severe curve, and those who might not. The test performed on your child’s saliva is strictly confidential, and only your child’s physician will receive the results. Clinical studies, conducted over several years, have verified that the SCOLISCORE Test provides accurate information so you and your child’s physician can make informed decisions.

Q: What will testing for AIS tell my child’s physician and me?
A: The SCOLISCORE Test may help to reduce the uncertainty and concern for parents and their children about the likelihood of AIS curve progression. With the results of the SCOLISCORE Test, combined with other factors, your child’s physician will be better able to recommend the appropriate treatment and follow up, if any treatment is necessary at all.

Q: What is Adolescent Idiopathic Scoliosis?
A: Scoliosis [sko-lee-O-sis] occurs when the spine begins and develops an S- or C-shaped sidesway curve. Of every 1,000 children, 3 to 5 develop abnormal spinal curves large enough to require treatment. Typically, scoliosis that occurs between the ages of 9 and 13, whose cause is unknown, is called adolescent idiopathic scoliosis, or AIS. This is the most common type of scoliosis in adolescents, occurring more often in girls than in boys.

Q: What are the symptoms of Adolescent Idiopathic Scoliosis?
A: AIS rarely causes pain. In fact, AIS often goes undiagnosed until the curve has progressed and is more visibly noticeable.

Q: What is Adolescent Idiopathic Scoliosis?
A: Adolescent Idiopathic Scoliosis (AIS) is a condition that affects the spine of children between the ages of 9 and 13. The cause of AIS is largely unknown, however it has been shown to run in families. It is not caused by anything that the child or the child’s parents did, or did not do. Diet, exercise, posture, or carrying a backpack do not cause AIS. In fact, AIS often develops in children who are otherwise healthy. Studies have shown that there may be a genetic link to the development and progression of scoliosis. Now there is a painless test that your child’s doctor can perform which may help you better understand whether or not your child’s AIS might progress.

Q: What are the treatment options?
A: Treatment options for AIS typically vary and depend on many factors including your child’s age and curve size. While the vast majority of AIS patients require nothing more than routine doctor’s appointments and x-rays to monitor their curve, some physicians will recommend bracing or even surgery as appropriate treatment options for curves that progress significantly. Your child’s physician can administer a simple and pain-free test, the SCOLISCORE™ Test, to help determine whether your child’s AIS might progress.

Q: What will testing for AIS tell my child’s physician and me?
A: The SCOLISCORE Test may help to reduce the uncertainty and concern for parents and their children about the likelihood of AIS curve progression. With the results of the SCOLISCORE Test, combined with other factors, your child’s physician will be better able to recommend the appropriate treatment and follow up, if any treatment is necessary at all.

Common signs & symptoms of scoliosis include:
- One shoulder or hip higher than the other
- One shoulder blade sticks out
- Rib hump at the back of the waist or on the back of the ribs
- One arm hangs lower than the other

Terms to know
- Adolescent - children between the ages of 9 and 13.
- Idiopathic - cause unknown.
- Spinal fusion - surgery that joins together two or more vertebral bones to stabilize the spine and correct an abnormal spinal curve.
- DNA - the chemical alphabet spelling out our bodies’ instruction manual. A complete set of instructions that make each of us unique.

Studies have shown there is a genetic link to AIS.
Q: What is Adolescent Idiopathic Scoliosis?
A: Scoliosis [sko-lee-O-sis] occurs when the spine twists and develops an S- or C-shaped sideways curve. Of every 1,000 children, 3 to 5 develop abnormal spinal curves large enough to require treatment. Typically, scoliosis that occurs between the ages of 9 and 13, whose cause is unknown, is called adolescent idiopathic scoliosis, or AIS. This is the most common type of scoliosis in adolescents, occurring more often in girls than in boys.

Q: What are the treatment options?
A: Treatment options for AIS typically vary and depend on many factors including your child's age and curve size. While the vast majority of AIS patients require nothing more than routine doctor's appointments and x-rays to monitor their curve, some physicians will recommend bracing or even surgery as appropriate treatment options for curves that progress significantly. Your child's physician can administer a simple and pain-free test, the SCOLISCORE™ Test, to help determine whether your child's AIS might progress.

Q: How does the SCOLISCORE Test work?
A: Sample collection for AIS progression is quick, and can take place right in the physician's office. Your child will be asked to provide a saliva sample, which will then be sent for analysis at a lab. From your child's saliva, the lab will analyze his/her DNA for markers associated with the likelihood for scoliosis progression. The SCOLISCORE Test has the ability to distinguish between patients who are likely to progress to a severe curve, and those who might not. The test performed on your child's saliva is strictly confidential, and only your child's physician will receive the results. Clinical studies, conducted over several years, have verified that the SCOLISCORE Test provides accurate information so you and your child's physician can make informed decisions.

Q: What are the symptoms of Adolescent Idiopathic Scoliosis?
A: AIS rarely causes pain. In fact, AIS often goes undiagnosed until the curve has progressed and is more visibly noticeable.

Q: What will testing for AIS tell my child's physician and me?
A: The SCOLISCORE Test may help to reduce the uncertainty and concern for parents and their children about the likelihood of AIS curve progression. With the results of the SCOLISCORE Test, combined with other factors, your child's physician will be better able to recommend the appropriate treatment and follow up, if any treatment is necessary at all.

www.scoliosis.org

Understanding Adolescent Idiopathic Scoliosis

Common signs & symptoms of scoliosis include:

- One shoulder or hip higher than the other
- One shoulder blade sticks out
- Rib hump at the back of the waist or on the back of the ribs
- One arm hangs lower than the other

Q: What will testing for AIS tell my child's physician and me?
A: The SCOLISCORE Test may help to reduce the uncertainty and concern for parents and their children about the likelihood of AIS curve progression. With the results of the SCOLISCORE Test, combined with other factors, your child's physician will be better able to recommend the appropriate treatment and follow up, if any treatment is necessary at all.

Studies have shown there is a genetic link to AIS.

Terms to know

Adolescent - children between the ages of 9 and 13.
Idiopathic - cause unknown.
Most adolescent scoliosis is idiopathic.
Spinal fusion - surgery that joins together two or more vertebrae bones to stabilize the spine and correct an abnormal spinal curve.
DNA - the chemical alphabet spelling out our bodies' instruction manual. A complete set of instructions that make each of us unique.

*www.scoliosis.org
Q: What are the treatment options?
A: Treatment options for AIS typically vary and depend on many factors including your child’s age and curve size. While the vast majority of AIS patients require nothing more than routine doctor’s appointments and x-rays to monitor their curve, some physicians will recommend bracing or even surgery as appropriate treatment options for curves that progress significantly. Your child’s physician can administer a simple and pain-free test, the SCOLISCORE™ Test, to help determine whether your child’s AIS might progress.

Q: How does the SCOLISCORE Test work?
A: Sample collection for AIS progression is quick, and can take place right in the physician’s office. Your child will be asked to provide a saliva sample, which will then be sent for analysis at a lab. From your child’s saliva, the lab will analyze higher DNA for markers associated with the likelihood for scoliosis progression. The SCOLISCORE Test has the ability to distinguish between patients who are likely to progress to a severe curve, and those who might not. The test performed on your child’s saliva is strictly confidential, and only your child’s physician will receive the results. Clinical studies, conducted over several years, have verified that the SCOLISCORE Test provides accurate information so you and your child’s physician can make informed decisions.

Q: What will testing for AIS tell my child’s physician and me?
A: The SCOLISCORE Test may help to reduce the uncertainty and concern for parents and their children about the likelihood of AIS curve progression. With the results of the SCOLISCORE Test, combined with other factors, your child’s physician will be better able to recommend the appropriate treatment and follow up, if any treatment is necessary at all.

*www.scoliosis.org

Understanding Adolescent Idiopathic Scoliosis

Q: What is Adolescent Idiopathic Scoliosis?
A: Scoliosis (sko-lee-O-sis) occurs when the spine twists and develops an S- or C-shaped sideways curve. Of every 1,000 children, 3 to 5 develop abnormal spinal curves large enough to require treatment. Typically, scoliosis that occurs between the ages of 9 and 13, whose cause is unknown, is called adolescent idiopathic scoliosis, or AIS. This is the most common type of scoliosis in adolescents, occurring more often in girls than in boys.

Q: What causes Adolescent Idiopathic Scoliosis?
A: The cause of AIS is largely unknown, however it has been shown to run in families. It is not caused by anything that the child or the child’s parents did, or did not do. Diet, exercise, posture, or carrying a backpack do not cause AIS.* In fact, AIS often develops in children who are otherwise healthy. Studies have shown that there may be a genetic link to the development and progression of scoliosis. Now there is a painless test that your child’s doctor can perform which may help you better understand whether or not your child’s AIS might progress.

Q: What are the symptoms of Adolescent Idiopathic Scoliosis?
A: AIS rarely causes pain. In fact, AIS often goes undiagnosed until the curve has progressed and is more visibly noticeable.

Q: What will testing for AIS tell my child’s physician and me?
A: The SCOLISCORE Test may help to reduce the uncertainty and concern for parents and their children about the likelihood of AIS curve progression. With the results of the SCOLISCORE Test, combined with other factors, your child’s physician will be better able to recommend the appropriate treatment and follow up, if any treatment is necessary at all.

The SCOLISCORE Test may help to reduce the uncertainty and concern for parents and their children about the likelihood of AIS curve progression. With the results of the SCOLISCORE Test, combined with other factors, your child’s physician will be better able to recommend the appropriate treatment and follow up, if any treatment is necessary at all.

Terms to know

Adolescent - children between the ages of 9 and 13.
Idiopathic - cause unknown.
Most adolescent scoliosis is idiopathic.
Spinal fusion - surgery that joins together two or more vertebral bones to stabilize the spine and correct an abnormal spinal curve.
DNA - the chemical alphabet spelling out our bodies’ instruction manual. A complete set of instructions that make each of us unique.

Studies have shown there is a genetic link to AIS.

Common signs & symptoms of scoliosis include:
- One shoulder or hip higher than the other
- One shoulder blade sticks out
- Rib hump at the back of the waist or on the back of the rib
- One arm hangs lower than the other
Resource Corner
For more information go to:
• www.scoliscore.com
• www.allaaboutbackandneckpain.com
• www.scoliscore.org
• www.depuy.com
• www.axialbiotech.com

As your doctor, I look forward to answering any questions you have about your child's scoliosis.

Understanding Adolescent Idiopathic Scoliosis

Questions to ask your child's physician:

• How severe is my child's scoliosis?
• What's the likelihood that my child's scoliosis is going to progress?
• Should I have my child tested for likelihood of curve progression with the SCOLISCORE™ Test?
• Are there any risks associated with the SCOLISCORE™ Test for scoliosis?
• How long do I need to wait until I receive the results?
• How will I know when the test results are received?
• How often should I bring my child back for follow-up x-rays and visits based on her/his SCOLISCORE Test results and clinical information?