

especially in girls. Although scoliosis may be identified by observing and palpating the spine and noting a sideways displacement, more objective tests include:

- With the child standing erect, clothed only in underpants (and bra if an older girl), observe from behind, noting asymmetry of the shoulders and hips.
- With the child bending forward so the back is parallel to the floor, observe from the front and side, noting asymmetry or prominence of the rib cage.

A slight limp, a crooked hemline, or complaints of a sore back are other signs and symptoms of scoliosis.

Inspect the back, especially along the spine, for any tufts of hair, dimples, or discoloration. Mobility of the vertebral column is easy to assess in most children because of their tendency to be in constant motion during the examination. However, you can test mobility by asking the child to sit up from a prone position or to do a modified sit-up exercise.

Movement of the cervical spine is an important diagnostic sign of neurologic problems, such as meningitis. Normally movement of the head in all directions is effortless.

Nursing Alert

Hyperextension of the neck and spine, or **opisthotonos**, which is accompanied by pain when the head is flexed, is always referred for immediate medical evaluation.

Extremities

Inspect each extremity for symmetry of length and size; refer any deviation for orthopedic evaluation. Count the fingers and toes to be certain of the normal number. This is so often taken for granted that an extra digit (**polydactyly**) or fusion of digits (**syndactyly**) may go unnoticed.

Inspect the arms and legs for temperature and color, which should be equal in each extremity, although the feet may normally be colder than the hands.

Assess the shape of bones. There are several variations of bone shape in children. Although many of them cause parents concern,