

Atlanto-Axial Instability

Information pack 2018

Persons with Down Syndrome

Atlanto-Axial screening information sheet

All participants who have Down Syndrome and wish to participate in gymnastics activity (including trampoline), are required to be screened under the following guidelines:

These guidelines have been prepared to assist coaches to understand the medical screening requirements for gymnasts with Down Syndrome. The aim of the screening is to provide access to gymnastics and trampolining for everyone who can benefit from involvement in this sport and who are at no greater risk than other gymnasts. All gymnasts with Down Syndrome **must** have approval from British Gymnastics before **any** participation in gymnastics or trampoline is permitted.

Participation in gymnastics and trampolining by people with Down Syndrome is permitted, subject to the following provisos:

- Parent/Guardian's consent is obtained (under 16's)
- There is no evidence of progressive Myopathy in the person concerned
- That neck flexion to allow the chin to rest on the chest is possible.
- That the person has good head/neck muscular control.

Screening must be undertaken by a qualified medical practitioner. Those who are eligible to undertake the necessary tests include General Practitioners; Orthopaedic or Paediatric Consultants; School Medical Officers/Doctors; Chartered Physiotherapists.

Information:

1. There should be no sign of progressive myopathy.

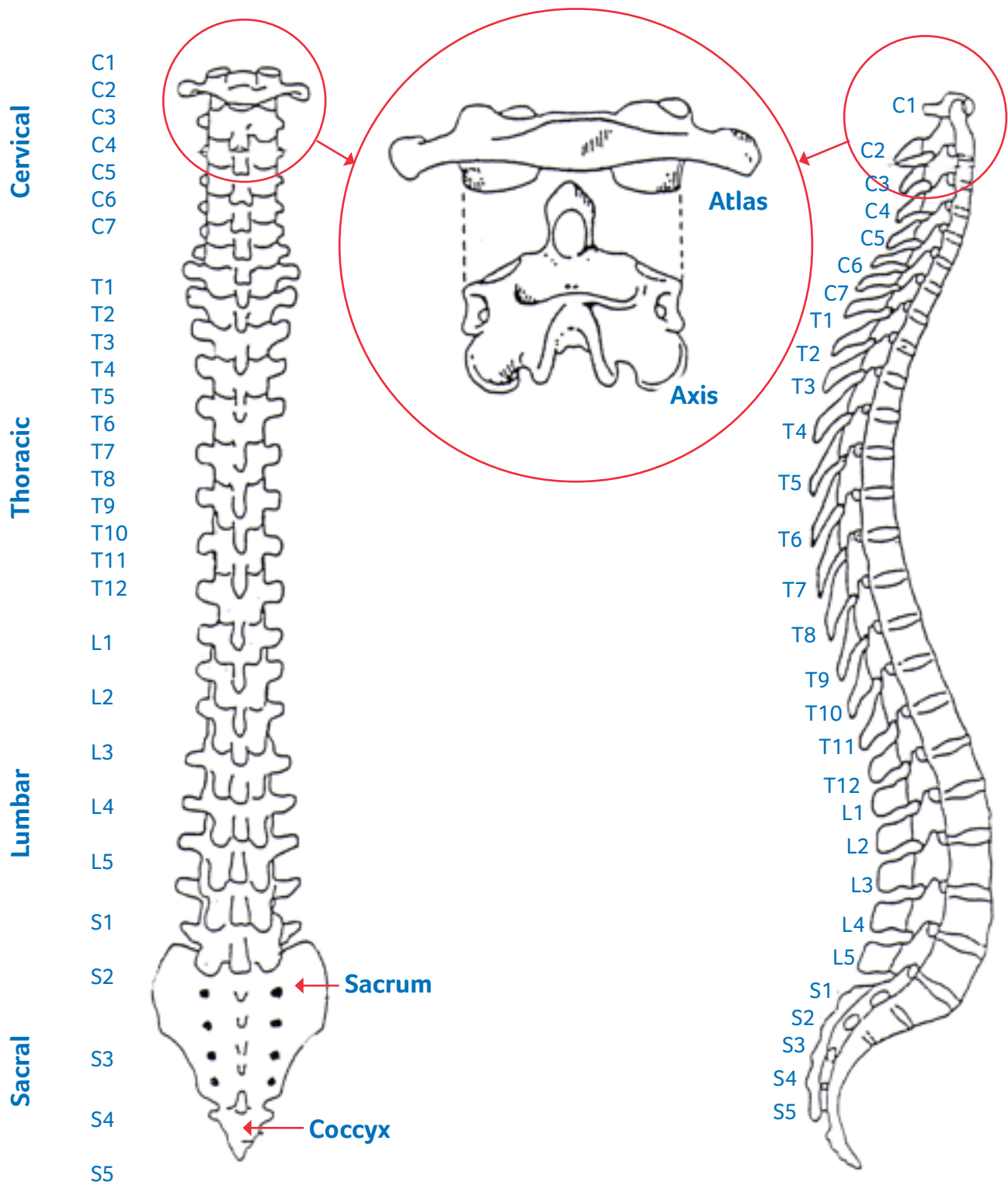
Some signs of progressive myopathy are:

- Increase in muscle weakness
- Loss of sensation
- Onset of incontinence
- Alteration in muscle tone
- Decreasing co-ordination
- Diminishing kinaesthetic awareness
- Change in walking pattern
- Pins and needles

NB: Not all may be present, but any one of the above requires further investigation.

2. Neck flexion to allow the chin to rest on the chest: the person should be able to bend their head forwards sufficiently so that the chin rests on the chest.
3. That the person has good head/neck muscular control: This can be tested – the person lies on their back with legs straight and they are pulled to sitting position by their hands, with the examiner pulling from the front.

Diagram showing the spine and the atlanto-axial joint



If atlanto-axial subluxation is present, there will be excessive movement between C1 and C2 (Atlas and Axis). This is generally as a result of the small peg at the top of the Axis, either not being formed, or only partially formed.

Pressure on the spine in this region can result in permanent damage.

Persons with Down Syndrome

Approval for participation in gymnastics and trampoline gymnastics

Gymnast details:

Name:		
Email address:		
Date of birth:	Male / Female	Ms / Mrs / Mr / Miss
Address:		Post code:
BG Membership No: (if applicable)	Telephone:	
Club/School:	Region:	

Coach details:

Name:	
BG Membership No:	

Gymnast (16 & over) or parent/guardian consent: (under 16's) (Following medical clearance)

I agree to my child/dependant participating in gymnastics and am fully aware of the risks involved in this sport.

NB: Please insert the parents/guardian's address below if different from that of the gymnast

Gymnast/Guardian signature:	
Where a gymnast is over 16 years of age and is unable to make an informed decision, a signature must be gained from the gymnast's guardian.	
Gymnast signature	Parent/Guardian address
Parent/Guardian (Print Name)	
Parent/Guardian (Signature)	

Screening

A qualified medical practitioner or chartered physiotherapist must complete the following tests and questions (delete as appropriate):

1. Does the person show evidence of progressive Myopathy? Yes / No
2. Does the person have poor head/neck muscular control? Yes / No
3. Does the person's neck flexion allow the chin to rest on their chest? Yes / No

Name:

Designation:

Address:

Practice stamp:

Signature:

If a gymnast has a positive test (Yes) for any of the first two questions or a negative test (No) for question three, the individual will be excluded from participation in all gymnastics activity within British Gymnastics recognised environments.

For BG Office Use:

Received by BG Office:

Date:

Signature:

Approved:

Yes

No

(Tick appropriate)

Action required/notes:

Further information regarding atlanto-axial subluxation can be gained from:

The Down's Syndrome Association

Langdon Down Centre
2a Langdon Park
Teddington
TW11 9PS

Tel: 0333 1212 300

e-mail: info@downs-syndrome.org.uk

Web: www.downs-syndrome.org.uk

Reg. Charity No: 1061474

On completion of screening, one copy of the fully completed approval form must be forwarded to British Gymnastics.

Please forward to:

AAI Medical Screening
British Gymnastics
Lilleshall National Sports Centre
Newport
Shropshire
TF10 9AT