

Atlanto-Axial Screening Information

It is recommended by the special olympics committee that people who have Down's Syndrome should follow the guidelines below, before undertaking trampolining activities.

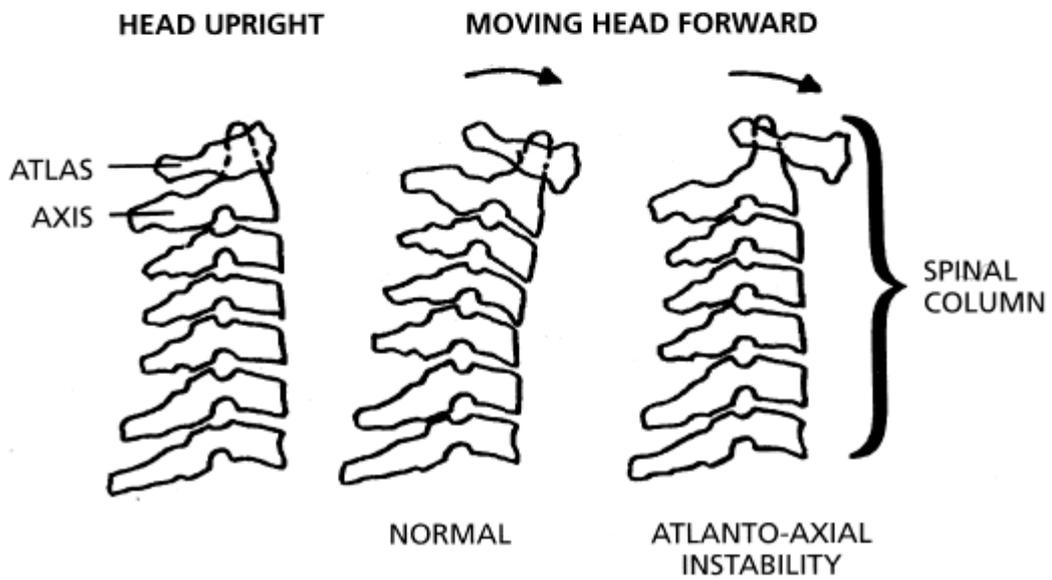
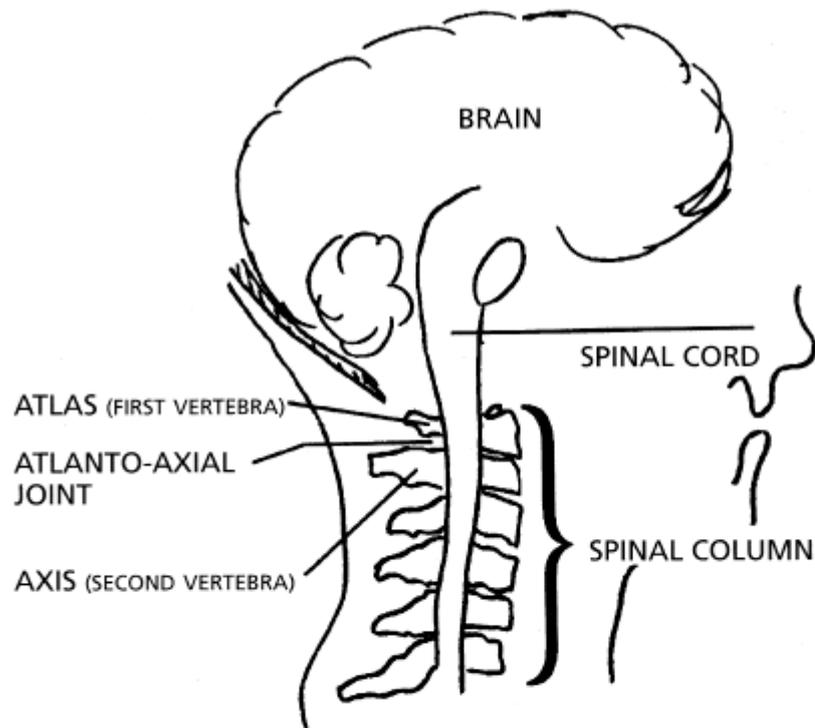
- Parent/Guardian's consent is obtained (for those under 18 years of age)
- There is no evidence of progressive Myopathy in the person concerned ¹
- That neck flexion to allow the chin to rest on the chest is possible ²
- That the person has good head/neck muscular control ³
- Screening is undertaken by a suitably qualified person. Those regarded as suitably qualified include General Practitioners, Orthopaedic or Paediatric Consultants, School Medical Officers/Doctors, Chartered Physiotherapists.

Further Information:

1. There should be no signs of progressive myopathy.
Some signs of progressive myopathy are:
 - Pain at a spot near the hard bump behind the ear
 - A stiff neck which doesn't get better quickly
 - Deterioration in a person's ability to manipulate things with his/her hands
 - Incontinence developing in a person who has previously had no problems
 - Increase in muscle weakness
 - Loss of sensation
 - 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. 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.



Persons with Down's Syndrome

Approval for Participation in Rebound Therapy and Trampoline activities

Learner's Name:

Male / Female

Date of birth:

Address:

School or Club

Learner (over 18) or parent/guardian consent: (under 18's) (Following medical clearance)

I agree to my child/ward participating in Rebound Therapy and trampoline related activities and am fully aware of the risks involved.

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N.B: Please insert the parents/guardian's address below if different from that of the learner

Learner / Guardian signature:

Where a learner is over 18 years of age and is unable to make an informed decision, a signature must be gained from both the gymnast and their guardian.

Parent/Guardian signature:

Learner signature

Parent/Guardian address

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
1. Does the person have poor head/neck muscular control? Yes/No
1. Does the person's neck flexion allow the chin to rest on their chest? Yes/No

If a learner has a positive test (Yes) for any of the first two questions or a negative test (No) for question three, it is recommended that trampoline related activities are not undertaken.

Name of person carrying out the screening.....

Occupation.....

Date.....

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

The Down's Syndrome Association Tel: 0845 230 0372

Langdon Down Centre **Fax:** 0845 230 0373

2a Langdon Park **e-mail:** info@downs-syndrome.org.uk

Teddington **Web:** www.downs-syndrome.org.uk

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