

# 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.

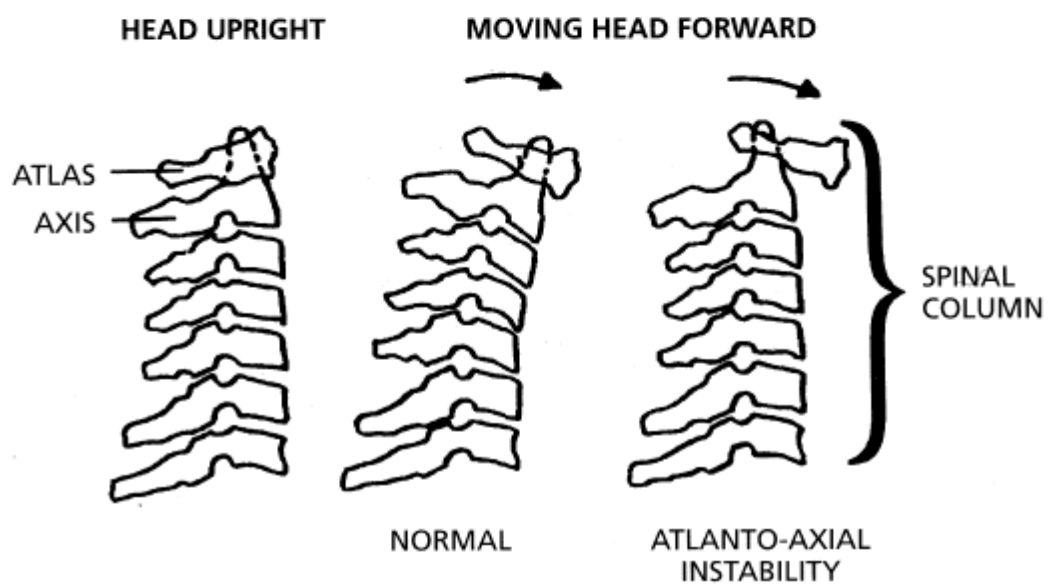
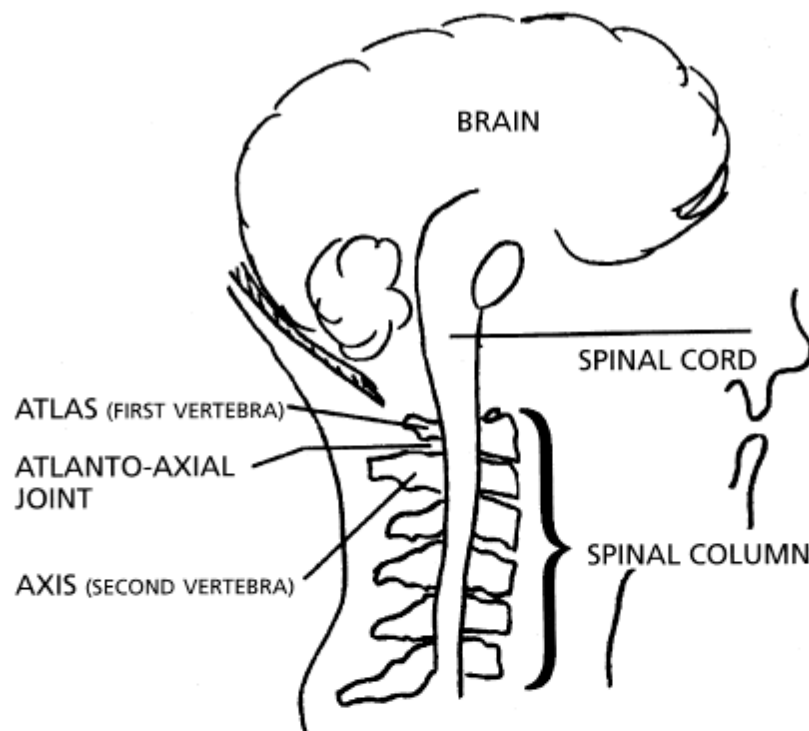
- Parent/Guardian's consent is obtained (for those under 18 years of age)
- There is no evidence of progressive Myopathy in the person concerned <sup>1</sup>
- That neck flexion to allow the chin to rest on the chest is possible <sup>2</sup>
- That the person has good head/neck muscular control <sup>3</sup>
- 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](mailto:info@downs-syndrome.org.uk)

Teddington **Web:** [www.downs-syndrome.org.uk](http://www.downs-syndrome.org.uk)

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