

ATLANTO AXIAL INFORMATION PACK

**BRITISH GYMNASTICS
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PERSONS WITH DOWN'S SYNDROME ATLANTO-AXIAL SCREENING INFORMATION SHEET

All participants who have Down's Syndrome (whether they wish to enter competitive gymnastics, trampolining or otherwise), are required to be screened under the following guidelines.

These guidelines have been prepared to assist coaches in their coaching of those who have Down's Syndrome and have received approval from British Gymnastics Medical Commission, the Joint Technical Committee and the Gymnastics and Movement for People with Disabilities Technical Committee. 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.

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

- Parent/Guardian's consent is obtained (under 18'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 not 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.

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
TW11 9PS Reg. Charity No: 265812

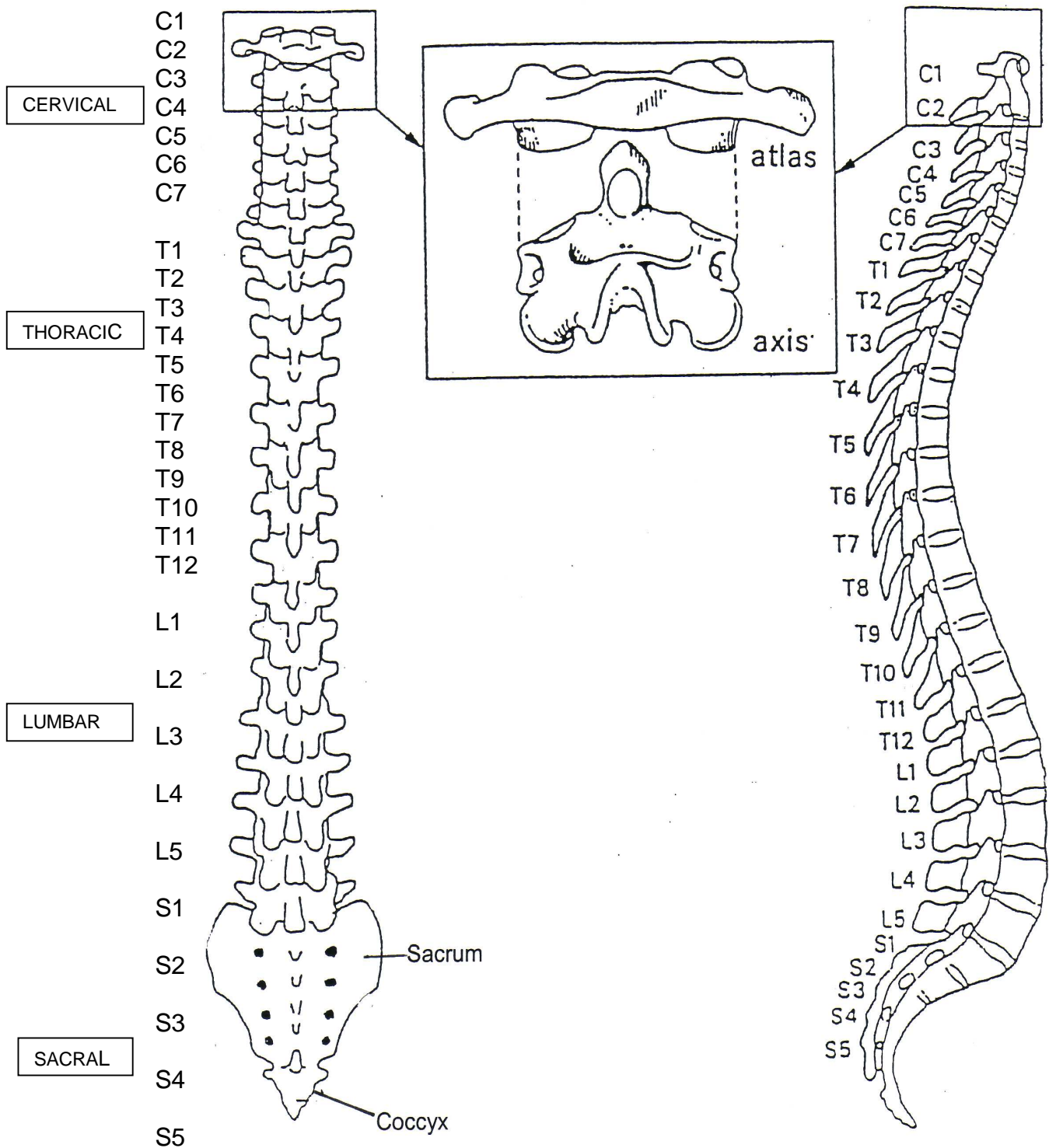
ON COMPLETION OF SCREENING, ONE COPY OF THE FULLY COMPLETED APPROVAL FORM MUST BE FORWARDED TO BRITISH GYMNASTICS. The Coach should keep a second copy on file for reference.

Please forward to:

Amy Walmsley
British Gymnastics
Ford Hall
Lilleshall National Sports Centre
Newport
TF10 9NB
Shropshire.

COACHING GYMNASTS WITH DISABILITIES

DIAGRAM SHOWING THE SPINE AND THE ATLANTO-AXIAL JOINT



If Atlanto-axial subluxation is present, there is a loss of normal flexive movement between C1 and C2 (Atlas and Axis). This is generally as a result of the small articular surface at the top of the Axis, either not being formed, or only partially formed. **Pressure on the spine in this area can result in permanent damage.**



PERSONS WITH DOWN'S SYNDROME APPROVAL FOR PARTICIPATION IN GYMNASTICS AND TRAMPOLINING

GYMNASTS DETAILS:

Name:..... **Male/Female**

Date of Birth:.....

Address:.....

Club/School:..... **Region:**.....

COACHES DETAILS:

Name:..... **BG Membership No:**.....

Address:.....

Telephone:.....

Coaching Qualifications:.....

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

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

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

Gymnast's Signature/

Guardian's Signature:.....

Where a gymnast if 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.

Gymnast Signature:.....

Parent/Guardian address:

Guardian's Signature:.....

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SCREENING

A qualified medical practitioner must complete the following tests and questions:

- 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 prevent the chin from resting on the chest? Yes/No

Name:..... Designation:.....

Address:.....

Signature:.....

If a gymnast has a positive test (Yes) on any of the above tests, there will be three possible outcomes, which will be determined by the British Gymnastics Medical Commission:

- 1. The individual will be able to participate in a limited number of disciplines within gymnastics – to be determined on a case-by-case basis by BGMC
- 2. The individual will be able to participate in a limited number of disciplines and skills within gymnastics – to be determined on a case-by-case basis by BGMC.
- 3. The individual will be excluded from all gymnastics activity.

For BG Office Use:

Received by BG Office: Date:.....

Signature:.....

Approved: Yes/No**(Delete as appropriate)

Action Required:.....

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