Atlanto-Axial Instability

Information pack 2021

British Gymnastics

Persons with Down's syndrome

Atlanto-Axial screening information sheet

All participants who have Down's syndrome and wish to participate in gymnastics activity (including trampoline), are required to be screened under the following guidelines. Please note that this document is applicable to Gymnastics and Trampoline activities that are registered to British Gymnastics:

These guidelines have been prepared to assist coaches to understand the medical screening requirements for gymnasts with Down's 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's 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's 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.

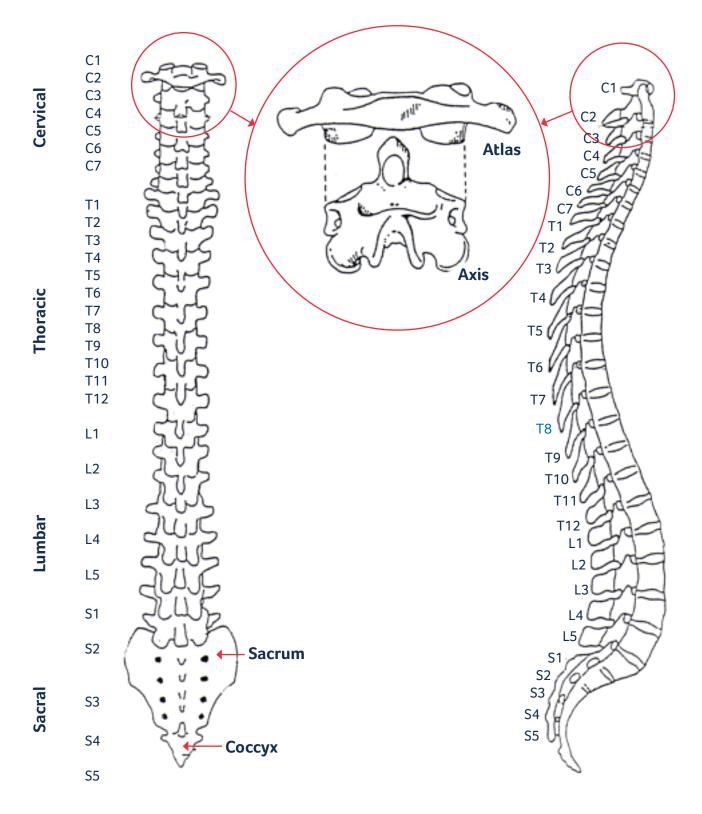
Information:

- 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.

Data protection

If you're completing this form in order to take part in gymnastics/trampolining activity within a British Gymnastics registered environment, your data will be used as outlined below.

If you have been given this form via a non British Gymnastics registered provider (for example, if the British Gymnastics form is being used as a template) please check how your data will be processed/used by the provider.

British Gymnastics will use the information provided to confirm that it is safe for you to participate in gymnastics. We will contact you, as necessary, if we have any questions relating to the information provided and to advise you of the screening outcome. We will not use your information for any other purposes unless it is required in connection with a legal process or insurance claim.

The screening form will be retained as long as you are a member of British Gymnastics. If you do not become a member or your membership lapses, we will delete the screening form after 12 months unless there is a legitimate and lawful reason to retain this information.

The lawful bases we rely on for processing your personal data is consent (explicit consent) and legitimate interests. You can withdraw your consent at any time by contacting us at the email address below and we will delete the information contained on the screening form but will maintain the date and outcome of the screening if you are continuing to participate in gymnastics.

data.protection@british-gymnastics.org

Please see our **membership privacy notice** for more information including details about your other data protection rights.

British Gymnastics Privacy Notice - Membership



Persons with Down's syndrome

Approval for participation in gymnastics and trampoline gymnastics

Gymnast details:					
Name:					
Email address:*					
* (If gymnast is under 16, please use parent/guardian email address)					
Date of birth:	Male / Female / Prefer not to say		Ms / Mrs / Mr / Miss / Other:		
Address:					
		Post code:			
British Gymnastics Membership No: (ifapplicable)		Telephone:			
Gymnastics environment:		Region:			
Coach details:					
Name:					
British Gymnastics 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.					
I consent for the information I have provided to	be us	sed for medica	l screening purposes.		
NB: Please insert the parents/guardian's address below if different from that of the gymnast					
Gymnast/Guardian signature:					
Parent/Guardian email address:					
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:	Pare	nt/Guardian addı	ress:		
Parent/Guardian (Print Name):					
Parent/Guardian signature:					

Screening

A qualified medical practiti tests and questions (delete		nerapist must complete	the following			
1. Does the person show ev	idence of progressive Myopa	Yes / No				
2. Does the person have poo	or head/neck muscular contr	Yes / No				
3. Does the person's neck flo	exion allow the chin to rest o	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 British Gymnastics Office Use:						
Received by British Gymnastics 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

Visit:

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 (forms should only be returned to British Gymnastics if it is for British Gymnastics registered activity/provider).

Please forward to:

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

Upon receiving your form, British Gymnastics will respond within 30 days of receiving it. Please allow for this timescale.

