

This form is to be completed for all Down Syndrome athletes training and competing in the following sports: gymnastics diving, pentathlon, butterfly stroke and/or diving start in swimming, powerlifting, alpine skiing, high jump, soccer, floor hockey, and any warm-up exercises placing undue stress on the head and neck muscles.

ATLANTO-AXIAL INSTABILITY EXAMINATION

This is to certify that _____
(Athlete's Name - Please Print)

Special Olympics Ontario Region _____
who has Down Syndrome, has had the requested x-rays taken (full extension and flexion of the neck) to determine a pathological displacement of C1 on C2.

RESULTS

Positive – C1 - C2 gap distance equal to or greater than .5
Negative – C1 - C2 gap distance less than .5
Results: (Please circle) Positive / Negative

Indicate gap distance _____cm

Physician's Name: _____
(Please Print)

Address: _____

Tel. No.: (____) _____ Date: _____
Physician's Signature: _____

After your examination, return this form to the athlete's coach. The coach will be responsible for keeping a copy and forwarding the original to the Registrar who in turn also keeps a copy on file and forwards the original to the Provincial Office.

