ATLANTO-AXIAL INSTABILITY STATUS FORM

FOR ATHLETES WITH DOWN SYNDROME

Special Olympics Mississippi

AREA: _____ **SCHOOL/AGENCY:** _____

ATHLETE NAME: Last: _____ First: _____

DATE OF BIRTH: ____/____/____
month day year

A cervical vertebrae x-ray study shows that the above athlete (check one)

❑ does have ❑ does not have

evidence of Atlanto-Axial Instability.

Physician Comments: _____

_____

_____

Physician Name (please print): _____

Physician Signature: _____

Physician Title/Certification: _____ Date: _____

If the above athlete does have Atlanto-Axial Instability then they will be restricted from the sports/events listed below unless they submit a "Special Release for Athletes with Atlanto-Axial Instability Form". This form details any restrictions an athlete may have, the name, address and signature of two examining physicians and the signature of the adult athlete and witness or the parent/guardian of a minor athlete. Restricted sports training and competition activities include: butterfly stroke, diving starts in swimming, diving, pentathlon, high jump, equestrian sports, artistic gymnastics, football (soccer), squat lift, alpine skiing and any warm-up exercise placing undue stress on the head and neck.