



AAI SCREENING FORM

Version 1.0



AAI Screening Form

Approval for participation in gymnastics and trampolining for persons with Down's Syndrome

Atlanto Axial Instability is a condition that can affect some people with Down's syndrome and can restrict their access to some sporting activities including gymnastics, trampolining and rebound therapy. As part of rebound therapy users are required to be screened before they take part in these activities

PART 1 – completed by Parent /Guardian/Carer
(Delete as necessary)

Child/adults Name.....
Date of birth..... Male Female
Address.....
..... Post Code.....

Does this person participate in sporting activities? **Yes/No**
Is this at school? **Yes/No**
Do they belong to a Club? **Yes/No**

Parent/Guardian/Carer consent

I agree to the participant taking part in sporting activities/rebound therapy and am fully aware of the risks involved in the activities.

Signed.....date.....

SCREENING

Part 2 -The following tests and questions **MUST** be completed by a qualified medical practitioner or chartered physiotherapist. Please delete the incorrect answer

- 1. Does the above person show evidence of progressive myopathy? **Yes/No**
- 2. Does the above person have poor head/neck muscular control? **Yes/No**
- 3. Does the above persons' neck flexion allow the chin to rest on the chest? **Yes/No**

Name (please print)**Signature**
Position **Date**.....

Practice or Hospital stamp or address here: