



SPECIAL OLYMPICS OFFICIAL POLICY AFFECTING ATHLETES WITH DOWN SYNDROME

There is now increasing evidence from medical research that up to 15% of individuals with Down syndrome have a condition known as Atlanto-axial Instability, which is a malalignment of cervical vertebrae C-1 and C-2 in the neck. This condition exposes individuals with Down syndrome to the possibility of injury if they participate in activities that hyper-extend or radically flex the neck muscles.

During the past 20 years over 500,000 individuals with Down syndrome have participated in countless Special Olympics training sessions and in local, area, chapter, national and international Special Olympics games. During that time, to the best of our knowledge, not a single individual with Down syndrome has suffered any significant injury related to the Atlanto-axial Instability condition while participating in Special Olympics training or competition.

Nonetheless, because Special Olympics is a program dedicated to improvement of the physical and mental well-being of all its participants, Special Olympics, Inc. consulted with a number of medical and legal experts to develop a policy concerning participation in Special Olympics by individuals with Down syndrome. Based on the recommendations of these experts, Special Olympics, Inc. is hereby putting into effect the following policy, effective immediately. This policy is applicable to all state and national programs.

1. Temporary restriction on participation in certain activities by athletes with Down syndrome. State and national programs may allow all individuals with Down syndrome to continue in most Special Olympics sports training and competition activities. However, such individuals shall temporarily be restricted from participation in sports training and competition activities, which by their nature, result in hyperextension, radical flexion or direct pressure on the neck or upper spine. Such Special Olympics sports training and competition activities include **Gymnastics, Diving, Pentathlon, Butterfly Stroke in Swimming, Diving Start in Swimming, High Jump, Soccer, Alpine Skiing, Equestrian, Squat Lift, Judo, Snowboarding and any warm-up exercises placing undue stress on the head and neck muscles.**

Restriction from participation by each individual with Down syndrome in these activities shall continue until he or she has been examined (including x-ray views of full extension and flexion of the neck) by a physician who has been briefed on the nature of the Atlanto-axial Instability condition and the written results of such examination demonstrates the individual does not have the Atlanto-axial condition.

2. Permanent restriction on participation in certain activities by individuals with Down

syndrome found to have Atlanto-axial Instability. With respect to any individual diagnosed as having the Atlanto-axial Instability condition, the examining physician shall:

- A. Notify parents, guardians, and other responsible parties of the nature and extent of the condition.
- B. Prohibit said individual from participating in any Special Olympics sports training or competition in Gymnastics, Diving, Butterfly Stroke in Swimming, Diving Start in Swimming, High Jump, Pentathlon, Soccer, Alpine Skiing, Equestrian, Squat Lift, Judo, Snowboarding and any warm-up exercises placing pressure on the head and neck muscles.
- C. Note such recommendations on the individual's Application Form.

The responsibility shall remain with the parent/guardian to decide whether the individual diagnosed as having Atlanto-axial Instability shall be permitted to participate in the other Special Olympics sports which are not designated in item 2b.

To assure compliance with this policy and to protect the well being of Special Olympians who may have Atlanto-axial Instability, each state and national program is hereby notified that in order to remain an accredited member of Special Olympics, each such organization must implement the foregoing policy on or before May 15, 1983.

Although Special Olympics, Inc. policy does not require an examination with x-rays for all athletes with Down syndrome, we recommend you have your athletes with Down syndrome examined. Special Examination Forms should be completed and sent to the Program office before the athlete starts training.¹

If you are in need of the Special Examination Forms, please call the Special Olympics Wisconsin Program office at (800) 552-1324.



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ATHLETES WITH DOWN SYNDROME SPECIAL EXAMINATION

ATHLETE INFORMATION

 Last name First name Date of Birth

 Street Address

 City Zip Code

 Phone Number Age Gender Race

AGENCY INFORMATION

 Agency Name Agency Number

INSURANCE INFORMATION

 Insurance co./Medical Assistance Policy number

MEDICAL RELEASE FOR INDIVIDUALS WITH DOWN SYNDROME PARTICIPATING IN DESIGNATED SPORTS AND OTHER RELATED ACTIVITIES OF SPECIAL OLYMPICS, INC.

This Form must be completed and signed by the examining physician for each individual with Down syndrome who is expected to participate in the following activities:

Alpine Skiing	Judo
Artistic Gymnastics	Pentathlon
Butterfly Stroke	Powerlifting
Diving Start	Soccer
High Jump	Squat Lift
	Snowboarding

And any warm-up exercises placing undue stress on the head and neck.

NOTE TO EXAMINING PHYSICIAN:

There is evidence from medical research that up to 15 percent of individuals with Down syndrome have a malalignment of the cervical vertebrae C-1 and C-2 in the neck. This condition exposes individuals with Down syndrome to the possibility of injury if they participate in activities that hyper-extend or radically flex the neck or upper spine. Special Olympics, Inc. requires that any athletes competing in the above listed sports must be examined for this condition. The examination must include x-ray views of full extension and flexion of the neck.

PHYSICIAN STATEMENT:

On examination of cervical spine x-rays including full flexion and full extension views, I find that the above named athlete has:

CHECK ONE:

- No evidence of Atlanto-axial Instability
- Positive or equivocal evidence of Atlanto-axial Instability

SIGNATURE OF PHYSICIAN

DATE

 Print Physician's Name & Title

 Street Address City State Zip Code

 Telephone Number