

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.

