SOUTH DURHAM GYMNASTICS

AAI Screening Form

At South Durham Gymnastics, we want every gymnast to have the opportunity to enjoy gymnastics in a safe, supportive and inclusive environment.

Atlanto-Axial Instability (AAI) relates to the stability of the upper spine and can affect some people with Down syndrome. Certain gymnastics activities may place additional stress on the neck and spine, so it is important that any potential risks are carefully considered before participation.

To help us support your child's safety and wellbeing, we ask that the accompanying AAI screening form is completed by an appropriate medical professional before your child participates in gymnastics at South Durham Gymnastics.

This screening process helps us understand your child's individual needs and identify any concerns, activity restrictions or additional precautions that may need to be considered. This allows us to work together with you and your child's healthcare professionals to help make their experience in the gym as safe, positive and enjoyable as possible.

We believe every child deserves the opportunity to feel included and supported and we are committed to working with families to help each gymnast enjoy gymnastics in a way that takes their individual needs and wellbeing into account.

AAI Screening Form

CONSENT – completed by Parent /Guardian/Carer

Child/adults Name _____

Date of birth _____ Male / Female
Address

_____

Post Code _____

Parent/Guardian/Carer consent
I give consent for the above-named participant to take part in gymnastics activities at South Durham Gymnastics, subject to the appropriate medical screening being completed and any recommendations or restrictions being taken into account.

I understand that participation in gymnastics activities involves risks and that the purpose of the screening process is to help us consider the participant's individual needs and safety.

Signed _____ Date _____

SCREENING - To be completed by a suitably qualified medical practitioner or chartered physiotherapist. All questions must be answered.

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

Medical Professional's Recommendation
□ Participation in gymnastics activities is recommended without restrictions.
□ Participation is recommended with the following restrictions or precautions:

□ Further assessment or advice is required before participation can be recommended.

Name (please print) _____

Signature _____

Position _____ Date _____

Practice or Hospital stamp or address here: