

**The American Academy of Pediatrics and the Committee on Sports Medicine recommends the following:**

1. When an individual is shown, upon X-ray examination, to have a distance exceeding **4.5 mm** between the odontoid process of the 2<sup>nd</sup> cervical (neck) vertebra (C2) and the arch of the 1<sup>st</sup> cervical vertebra (C1), he or she should restrict sport activities and undergo regular clinical evaluation to monitor the stability.
2. It is not mandatory to regularly examine individuals who have previously been shown, on X-ray examination, to have a normal atlanto-axial joint.
3. People with Down Syndrome who have no evidence of Atlanto-Axial Instability, may participate in all sports. Medical follow-up is not required unless an individual experiences musculo-skeletal or neurological signs or symptoms of Atlanto-Axial Instability.

It is worthwhile noting that over a 17-year period, more than 500,000 individuals with Down Syndrome have participated in competitive sports with no reported incidents of Atlanto-Axial dislocation.

Extensive studies such as the one reported in the August 1993 Edition of the Medical Periodical, **The Lancet**, have shown that there has been no increased incidence of neurological damage in those who participate in sports, including riders.

### **CanTRA's Atlanto-Axial Instability Policy**

All rider candidates who have Down Syndrome should have a detailed neurological examination before being accepted into the Therapeutic Riding Program.

Persons diagnosed with Down Syndrome cannot be accepted for riding instruction without proof of a negative diagnostic X-ray for Atlanto-Axial Instability.

The form must be accompanied by a signed and dated statement from a qualified Physician giving the day and result of the diagnostic X-ray.