



WORLD KARATE FEDERATION

Member of:

Global Association of International Sport Federations (GAISF)
International World Games Association (IWGA)

Persons with Down's syndrome

Atlanto-Axial screening information sheet

All participants who have Down's syndrome and wish to participate in WKF activities (including training), are required to be screened under the following guidelines.

Please note that this document is applicable to para-karate and WKF activities:

These guidelines have been prepared to assist coaches and para-karate stakeholders to understand the medical screening requirements for athletes with Down's syndrome. The aim of the screening is to provide access to karate training a competition for everyone who can benefit from involvement in this sport and who are at no greater risk than other athletes. **All athletes with Down's syndrome must have approval from National Federation before any participation in WKF event is permitted.**

Participation in WKF events by people with Down's syndrome is permitted, subject to the following provisos:

- Parent/Guardian's consent is obtained (under 16's)
- There is no evidence of progressive Myopathy in the person concerned
- That neck flexion to allow the chin to rest on the chest is possible.
- That the person has good head/neck muscular control.

Screening must be undertaken by a qualified medical practitioner. Those who are eligible to undertake the necessary tests include General Practitioners; Orthopaedic or Paediatric Consultants; School Medical Officers/Doctors; Chartered Physiotherapists.

RECOGNISED BY THE
**INTERNATIONAL
PARALYMPIC
COMMITTEE**

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WORLD KARATE FEDERATION

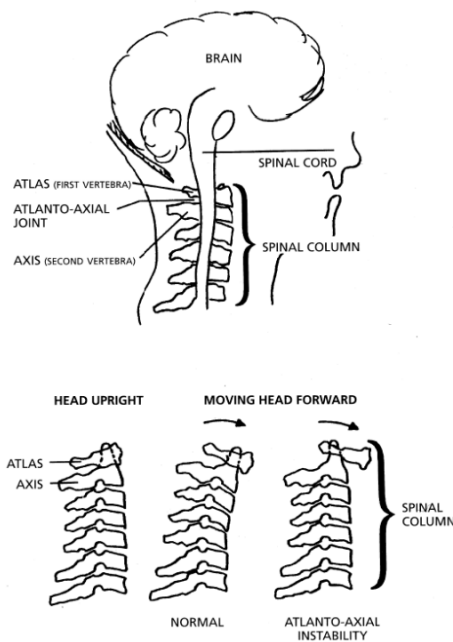
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Information:

1. There should be no sign of progressive myopathy. Some signs of progressive myopathy are:
 - a. Increase in muscle weakness
 - b. Loss of sensation
 - c. Onset of incontinence
 - d. Alteration in muscle tone
 - e. Decreasing co-ordination
 - f. Diminishing kinaesthetic awareness
 - g. Change in walking pattern
 - h. Pins and needles

NB: Not all may be present, but any one of the above requires further investigation.

2. Neck flexion to allow the chin to rest on the chest: the person should be able to bend their head forwards sufficiently so that the chin rests on the chest.
3. That the person has good head/neck muscular control: This can be tested – the person lies on their back with legs straight and they are pulled to sitting position by their hands, with the examiner pulling from the front.



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If atlanto-axial subluxation is present, there will be excessive movement between C1 and C2 (Atlas and Axis). This is generally as a result of the small peg at the top of the Axis, either not being formed, or only partially formed.

Pressure on the spine in this region can result in permanent damage.

Data protection

If you're completing this form in order to take part in WKF activity, your data will be used as outlined below.

WKF will use the information provided to confirm that it is safe for you to participate in karate. We will contact you, as necessary, if we have any questions relating to the information provided and to advise you of the screening outcome. We will not use your information for any other purposes unless it is required in connection with a legal process or insurance claim.

The screening form will be retained as long as you are a member of WKF.

The lawful bases we rely on for processing your personal data is consent (explicit consent) and legitimate interests. You can withdraw your consent at any time by contacting us at the email address below and we will delete the information contained on the screening form but will maintain the date and outcome of the screening if you are continuing to participate in WKF.

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SCREENING

Persons with Down's syndrome

Approval for participation in WKF events

Athlete's details	
Name:	
Email address:	
<i>*(if athlete is under 16, please use parent/guardian email address)</i>	
Date of birth:	Male/Female/Prefer not to say
Address:	Ms/Mrs/Mr/Miss/ Other:
National Federation:	Post Code:
Coach details	Sportdata ID:
Name:	Sportdata ID:

Athlete (16 & over) or parent/guardian consent: (Under 16's - Following medical clearance)

- I agree to my child/dependant participating in WKF events and am fully aware of the risks involved in this sport.
- I consent for the information I have provided to be used for medical screening purposes.

NB: Please insert the parents/guardian's address below if different from that of the athlete

Athletes/guardian signature:	
Parent/Guardian email address:	
Where a athlete is over 16 years of age and is unable to make an informed decision, a signature must be gained from the athlete's guardian.	
Athlete's signature:	Parent/Guardian address:
Parent/Guardian (Print Name):	
Parent/Guardian signature:	

Further information regarding atlanto-axial subluxation can be gained from:
The Down's Syndrome Association Langdon Down Centre 2a Langdon Park Teddington TW11 9PS
Tel: 0333 1212 300

e-mail: info@downs-syndrome.org.uk, Visit: <https://www.downs-syndrome.org.uk/>

Screening Form must be uploaded into the athlete's Sports ID profile.