

ATHLETES NAME: _____

APPENDIX 1 - ATLANTOAXIAL INSTABILITY (AAI) – This page to be completed by the athletes doctor/physician

Virtus & Paralympic Sport Eligibility Application for Athletes with Intellectual Impairments

DOCTOR AAI RELEASE ONLY REQUIRED FOR ATHLETES WITH DOWN SYNDROME

To be completed by a qualified medical practitioner. Please place a ✓ in the appropriate box :

	example	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the athlete have a known diagnosis of symptomatic AAI?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the person show evidence of progressive Myopathy?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the person have poor head/neck muscular control?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the person's neck flexion allow the chin to rest on their chest?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Copy of neck x-ray report is attached (mandatory)	Yes <input type="checkbox"/>	
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This can be a previous scan the athlete already has in their records.

STATEMENT: In my professional opinion I confirm the athlete is free from symptomatic AAI and is safe to participate in competitive sport. I confirm the athlete and their family/guardians have been made aware of the risk and that Virtus: World Intellectual Impairment Sport accepts no responsibility in the event of injury arising from AAI.

I confirm that I am a physician/doctor qualified in the assessment and diagnosis of AAI.

Practitioners Name	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> (Last Name or Family Name) (First Name or Given Name) </div>	
Qualification/Profession		Official Stamp:
Address		
Phone Number	+1 Country code/number	
Email Address		
Signature		
Date		

Please visit athleteswithoutlimits.org/contact for any questions.