

ATLANTOAXIAL MISALIGNMENT

Health Services Department Lincoln Public Schools

Dear Parent/Guardian:

School records indicate that your child, _____, has been diagnosed as Trisomy 21 (Down Syndrome). The possibility of Atlantoaxial misalignment occurs in approximately 15 percent of those diagnosed with Down Syndrome. If the condition is not recognized, it can lead to spinal cord injury. This may result in a variety of symptoms including progressive weakness and gait disturbance, loss of sensation to the arms and legs, changes in bowel and bladder function and limitation in neck movement.

Activities that cause concern for these students are those that may place pressure on the head and neck muscles when the neck is hyperextended or radically flexed.

Please discuss this condition with your medical doctor and request that a report of your child's condition be sent to the school health office.

Participation in physical activity will be restricted until the physician's recommendations for acceptable activities are received.

You will be asked to provide this clearance for your student one time only, unless your physician has other recommendations. We appreciate your assistance. If you have any questions, please call the school nurse at _____.

Thank you,

School Nurse

EXAMINER'S REPORT

Date of cervical spine x-ray: _____

Please write a brief summary of your findings: _____

Recommendation for the school: _____

Examiner: _____ Date: _____

PLEASE RETURN THIS TO SCHOOL HEALTH OFFICE