



Persons with Down's syndrome

Atlanto-Axial screening information sheet

All participants who have Down's syndrome and wish to participate in the Karatedo Federation of Hong Kong, China Limited ("KFHKCL") activities (including training), are required to be screened under the following guidelines.

Please note that this document is applicable to para-karate and KFHKCL 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 KFHKCL's specified Non-Governmental Organizations ("NGO") and designated special schools ("School"). before any participation in KFHKCL event is permitted.**

Participation in KFHKCL 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.

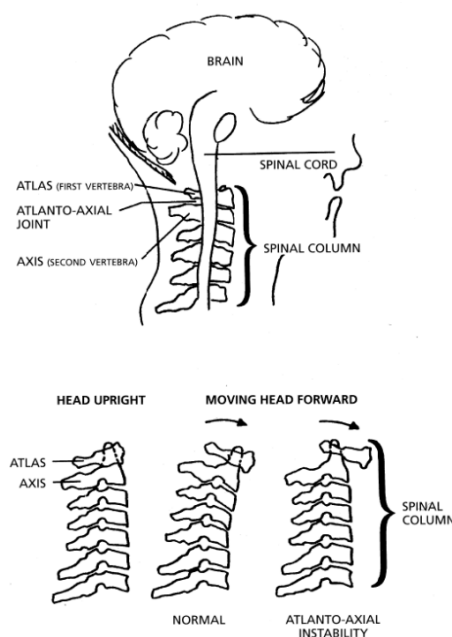
Screening must be undertaken by a qualified medical practitioner. Those who are eligible to undertake the necessary tests include General Practitioners; Orthopaedic or Paediatric Consultants; School Medical Officers/Doctors; Chartered Physiotherapists.

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.



DSMIG(UK) 2012 www.dsmig.org.uk



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 KFKCL activity, your data will be used as outlined below.

KFKCL 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 KFKCL.

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 (kfhkc@hkkaratedo.com.hk) 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 KFKCL.



SCREENING

Persons with Down's syndrome

Approval for participation in KFHKCL events

Athlete's details

Name:

Email address:

**(if athlete is under 16, please use parent/guardian email address)*

Date of birth: Male/Female/Prefer not to say

Address:

Name of NGO or School:

Coach details

Name:

Signature of NGO or School representative:

Name of NGO or School representative:

Sportdata ID:

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

- ☐ I agree to my child/dependant participating in KFHKCL 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 sent as a PDF to the KFHKCL.



唐氏綜合症患者

寰樞椎篩檢資訊表格

所有患有唐氏綜合症並希望參加中國香港空手道總會有限公司（“總會”）活動（包括培訓）的參與者都必須根據以下準則進行篩檢。

請注意本文件適用於殘疾人空手道和總會活動：

這些指引旨在幫助教練和殘疾人空手道持份者去了解患有唐氏綜合症的運動員的醫療篩檢要求。篩檢的目的是為了每位能夠參與這項運動中所受的風險不比其他運動員多。所有患有唐氏綜合症的運動員在參加總會活動之前必須獲得與總會合作的非政府組織（“NGO”）或特殊學校（“學校”）的批准。

可允許唐氏綜合症患者參加總會活動，但須符合以下條件：

- 獲得家長/監護人的同意（16歲以下）
- 沒有證據顯示相關人士是患有進步性的肌肉病患者(Myopathy)
- 頸部彎曲可以讓下巴靠在胸部上
- 該人的頭部/頸部肌肉具有良好控制能力

篩檢必須由香港註冊的專業醫療人員進行。有資格進行測試的專業醫療人員包括全科醫生；骨科或兒科顧問；學校醫務人員/醫生；特許物理治療師。

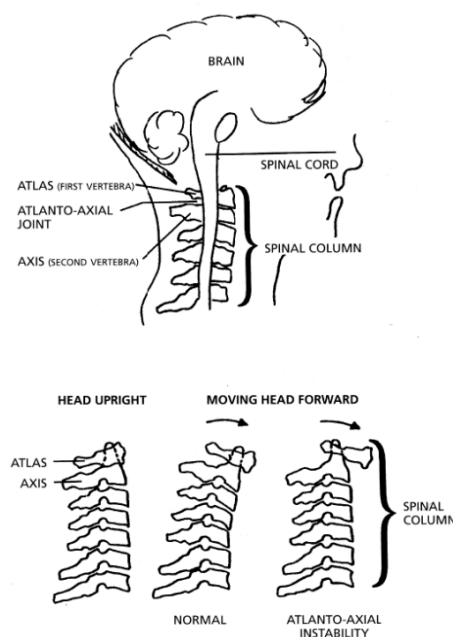
資訊：患有進步性的肌肉病患者(Myopathy)

1. 不應有進步性的肌肉病變的跡象。這裏有一些「進步性的肌肉病變」的跡像是：

- a. 肌肉無力增加
- b. 感覺喪失
- c. 開始失禁
- d. 肌張力的改變
- e. 協調性下降
- f. 肌肉運動知覺的意識逐漸減弱
- g. 改變了步行的方式
- h. 如坐針氈

注意：並非所有情況都存在，但上述任何一項都需要進一步調查。

2. 頸部彎曲，可使下巴靠在胸部上：病患者應該能夠充分向前彎曲頭部，使下巴靠在胸部上。
3. 該人的頭部/頸部肌肉具有良好控制能力：這是可以測試的--患者仰臥，雙腿伸直，用手將其拉至坐姿，檢查者從前面拉動。



DSMIG(UK) 2012 www.dsmig.org.uk



如果存在寰樞椎半脫位，C1 和 C2（寰椎和樞軸）之間將會出現過度運動。這通常是由於軸頂部的小釘子未形成或僅部分形成的結果。

在該區域的脊椎施壓力可能會導致永久性損傷。

資料保護

如果您填寫此表格是為了參加總會活動，您的資料將如下所述使用。

總會將使用所提供的資訊來確認您參加空手道活動是安全的。如果我們對所提供的資訊有任何疑問，我們將在必要時與您聯繫並向您告知篩檢結果。我們不會將您的資訊用於任何其他目的，除非法律程序或保險索賠需要。

只要仍然是總會的會員，篩檢表格就會被保留。

我們處理個人資料是依據您的合法同意（明確同意）和合法利益。您可以隨時透過以下電子郵件地址(kfhkc@hkkaratedo.com.hk)聯絡我們撤回您的同意，我們將刪除篩檢表格內的信息，但如果您繼續參加總會，我們便將保留篩檢的日期和結果。



寰樞椎篩檢

唐氏綜合症患者

批准參加中國香港空手道總會有限公司活動

運動員 詳細資料

姓名：

電郵地址：

*(如果運動員未滿16歲，請使用家長/監護人的電郵地址)

男/女

出生日期：

地址：

與總會合作的非政府
組織(NGO)或學校的
名稱：

NGO或學校代表簽名：

NGO或學校代表的姓名：

教練詳細資料

姓名：

Sportdata帳號：

運動員（16歲以上）和家長/監護人同意：（16歲以下 – 經過正常體檢後）

- ☐ 我同意我的孩子/家眷參加總會活動，並充分意識到這項運動涉及的風險。
- ☐ 我同意我提供的資料用於醫療篩檢目的。

注意：如果與運動員的地址不同，請在下面填寫父母/監護人的地址

運動員/監護人簽名：

父母/監護人的電郵地址：

如果運動員已年滿 16 歲但無法做出知情決定，則必須獲得運動員監護人的簽名。

運動員/監護人簽名：

父母/監護人地址：

父母/監護人姓名：

父母/監護人簽名：

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/>

此篩檢表格必須以 PDF 格式傳送至中國香港空手道總會有限公司