

## **Medical Considerations**

Some participants may present with a medical condition that in some cases may be linked to disability. If an individual has a condition where participation in gymnastics is in question, they must seek medical advice through their GP prior to participation, to ensure that the activity will not have a detrimental effect on their health or well-being. The following are examples of medical conditions where expert advice is to be sought prior to participation in gymnastics:

- Pregnancy
- Detaching Retina
- Confirmed Atlanto Axial Instability
- Rodded back
- Brittle bones

This list is by no means exhaustive.

There are also other medical conditions that may contraindicate participation. If a medical condition is disclosed, the club will seek further information from the participant and/or their parent/carer to understand the nature of the condition and the impact on the individual. Expert medical advice must be sought if there is any concern about participation, before attempting to devise or make adaptations to a training programme.

### **What is Atlanto-Axial Instability?**

In people with Down's syndrome, the ligaments which normally hold the joints stable can be very slack. This can lead to an unusually wide range of movement at some joints – much greater than in the general population.

As well as affecting the ordinary limb joints, this can affect one of the joints in the neck; the atlanto-axial joint. The joint is the highest joint in the spinal column and it lies just at the base of the skull. There is movement at this joint whenever you nod or shake your head.

In some people with Down's syndrome, in addition to a slack ligament, the actual bones of the atlanto-axial joint may be poorly developed. These differences could make the joint more unstable and more likely to dislocate than in people without Down's syndrome. (This instability is known as atlanto-axial instability).

Due to the changes within the joint, some people with Down's Syndrome who have confirmed atlanto-axial instability may be at a greater risk of whiplash type injuries (from activities such as trampolining), which could lead to paralysis. They may also be at a greater risk of serious injury arising as a result of chronic pressure

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on the neck. (Gymnastic activities such as headstands or backward rolls could cause this type of pressure on the neck)

**Screening:**

In order to safeguard the participation of gymnasts with Down's Syndrome, British Gymnastics has adopted an atlanto-axial instability screening policy for all gymnasts with Down's Syndrome.

All gymnasts with Down's Syndrome must be medically screened prior to participating in any gymnastic activity. British Gymnastics Screening Policy British Gymnastics has a policy of screening all participants with Down's Syndrome prior to them taking part in gymnastic activities.

The aim of the screening is to provide access to gymnastics and trampolining for everyone who can benefit from involvement in this sport and who are at no greater risk than other gymnasts.

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.

Once screened, if the participant does not have atlanto-axial instability, then they will be approved to participate in gymnastics.

However, if a participant is confirmed as having atlantoaxial instability, the British Gymnastics Chief Medical Officer will stipulate the level of gymnastic activity that is permitted for the participant (permitted activity will be determined on a case-by case basis and could include; total exclusion from all gymnastics activity or allowing the individual to participate in a limited number of disciplines and/or skills within gymnastics).

More information can be found within the British Gymnastics Atlanto Axial Information Pack.

**Dwarfism**

Advice regarding Dwarfism for British Gymnastics The Dwarf Sports Association advises that people with Achondroplasia or another genetic skeletal dysplasia (forms of dwarfism), should not participate in trampolining.

It is also advised that this population should not perform gymnastics skills which involve repeated jumping or rebounding.

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People with Achondroplasia and some other forms of dwarfism have an exaggerated lumbar lordosis (curvature of the lower back) and spinal stenosis\*\*; these two factors increase the jarring forces through the spine on impact. Because of the stenosis present throughout the spine and the likelihood of a malformed foramen magnum\*.

People with dwarfism should also not attempt gymnastic skills where there is the potential to put pressure on, or cause impact to the head or neck.

\*\* Spinal stenosis is narrowing of the spinal column that causes pressure on the spinal cord.

\* Malformed Foramen Magnum- This is the hole in the skull where the spinal cord enters the head. It is normally spherical, but if it is malformed, it is misshapen. Hyper-extension or pressure on the cervical vertebrae in this case (which may result from weight bearing on the head), presents a potential risk of compressing the spinal cord, causing serious injury.

### **Recommendations:**

Coaches and dwarf participants should be aware of the risks associated with participation in gymnastics for dwarfs. It is advised that dwarfs should not participate in high impact and rebounding disciplines.

Where other disciplines are concerned, British Gymnastics advise that rebounding, jumping and impact activity should be avoided to minimise the risk of injury.

Hyper-extension of the spine, pressure on the neck and weight bearing on the head should also be avoided to minimise the risk of injury.

Examples of activities regarded as non-suitable for the above reasons are:

- Forward and backward rolls
- Headstands
- Flicks and handsprings
- Bridges
- Jumping / rebounding / somersaults

Examples of skills with reduced risk for this population are:

- Log rolls
- Foot balancing
- Running / locomotion (without jumping)
- Dancing – (without impact/jumps)

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- Elements such as Cartwheels (if the participant has long enough and strong enough arms to support the bodyweight without the head coming in contact with the floor).

### **Rescue Medication**

There are some medical conditions where individuals may require the administration of rescue medication in an emergency e.g. asthma, allergic reactions, epilepsy, diabetes etc.

If a participant has a medical condition that may require the administration of emergency medication, the club will carry out a risk assessment and put in place appropriate control measures based on the likelihood of an emergency arising and its potential consequences.

Appropriate controls may include:

- Limiting exposure to potential triggers (e.g. in the case of a severe nut allergy, not permitting others to consume nuts in the club);
- Training staff to be aware of symptoms that may indicate an impending emergency;
- Training staff to administer medication in line with medical protocols (subject to appropriate consents)
- Preparing an emergency plan that covers location/storage of medication, when to call emergency services etc.

Where there are significant risks associated with incorrect administration of a medication; and where self-administration is not possible; a parent/carer (or a medical professional) must be available to administer the drug.

Whether the parent is required to remain on site will depend on the findings of the risk assessment, e.g. whether there are warning signs that will provide sufficient time for a parent or paramedic to get to the gym to administer the treatment.

### **Preventing Infectious Diseases – Blood and other Bodily Fluids**

These guidelines should be followed whenever a gymnast, coach, instructor or other person involved in training has a bleeding injury or open wound that may put others at risk of contamination with blood or other bodily fluids.

Any individual who sustains a blood injury must seek treatment immediately. It is the responsibility of the Gymnast concerned and/or their coach or instructor to

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ensure that all bleeding injuries and open wounds are dealt with appropriately in accordance with the following guidelines:

- For all minor bleeding injuries, the individual should stop the activity in which they are involved and attempt to stop the bleeding. A fresh sterile dressing should be applied to the wound before continuing with training or competition.
- All recent cuts or blisters should be covered.
- If the bleeding cannot be stopped, the individual should seek medical attention and should not continue with training or competition until advised otherwise.
- Any individual treating an injury should wear disposable gloves, which should be disposed of as clinical waste after use.
- Wherever possible, the injured individual should apply pressure to a bleeding wound with his/her own hands. Anyone applying a dressing should wash their hands both before and afterwards.
- If the casualty's blood comes into contact with someone else's mouth, eyes or broken skin use clean cold water to wash the affected area and take medical advice.
- In cases where blood or other bodily fluids are clearly visible on clothing, the individual should replace clothing before continuing with any further gymnastics activity.
- The contaminated clothing should be stored in a plastic bag and should be washed according to the guidelines on the label as soon as possible after contamination. Washing is enough to remove the contaminated substance even if the stain remains.
- Where contamination of equipment or very minor contamination of clothing has occurred, the area should be treated with a decontamination solution made up of one part household bleach to ten parts water. Solutions that are more than one day old should be disposed of. Diluted bleach that has passed its expiry date should not be used.

### **Clinical Waste**

- Wipe up spillage with heavy-duty paper and discard into a bag for incineration, including any soiled dressings or gloves.
- The contaminated area should be thoroughly soaked with the decontamination solution and left for two minutes.
- The area should then be rinsed with hot water and general-purpose detergent.
- A 0.5% solution of bleach is not considered to be hazardous, however care must be taken to ensure that the solution does not come into contact with the eyes, mouth or wounds, and should not be left on the skin for prolonged periods of time.

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- For spills of lower risk bodily fluids, e.g. urine and vomit, hot water and general-purpose detergent is sufficient.
- Any individuals who are likely to have to deal with injuries should ideally be immunised against Hepatitis B.

### Medication/Seizures information

<b>Name</b>		<b>Date of birth</b>	
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**Does the gymnast have a medical condition that requires regular medication?**

**Could this medication need to be administered during the activity?**

**Please provide any details of the medication and whether it is a controlled drug**

**Can the medication be self-administered? Please provide any relevant emergency protocols**

**Does the gymnast experience seizures?**

Yes  No

**If yes, please describe a typical seizure:**

Type of seizure (e.g. tonic-clonic, absences, drops etc)

How frequently do they take place?

How long do they typically last?

Are there any causes/triggers?

Are there any recognisable signs of a seizure?

What action is taken if the gymnast has a seizure?

Are the seizures generally well-controlled?

Please indicate when the gymnast last had a seizure and whether emergency medication was administered

### Disability/ Additional needs information

<b>Name</b>		<b>Date of birth</b>	
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<b>Please describe any additional needs the gymnast may have in detail</b>

#### Support/ assistance required

<b>What level of support do you feel the gymnast requires (adult:child)</b>			
<input type="checkbox"/> 2:1	<input type="checkbox"/> 1:1	<input type="checkbox"/> 1:1	<input type="checkbox"/> Small class
<b>Please explain your answer</b>			
<b>What type of support would be required? (e.g. behaviour management, communication, physical support)</b>			
<b>Does the gymnast require assistance with personal care?</b>			
<b>Does the gymnast use any communication aids? (e.g. sign language, lip reading, makaton, PECs)</b>			

#### Behaviour

<b>Please explain any relevant behaviour issues the gymnast displays</b>
<b>Are there any known triggers for these behaviours?</b>
<b>How would you normally respond to these behaviours? Please provide details of any techniques/ approaches that are particularly effective in encouraging the gymnast</b>
<b>Please detail any behavioural techniques that do not work for the gymnast</b>
<b>How well does the gymnast respond to other adults / children?</b>
<b>Any other useful information:</b>