

Wood County Board of Mental Retardation and Developmental Disabilities

PROCEDURE

Procedure #: 02-ALL-ALL-0048 (CR) Subject: Atlantoaxial Instability
Effective Date: 08-14-85 Last Revision: 01-01-18
Person Responsible: Registered Nurse/Children's Services, RN

Approvals/Date:

Brent Cohen 1-4-18
Superintendent, WCBDD Date

Jeanne Hayward 1/2/18
Department Director Date

The following definitions will apply:

Atlantoaxial Subluxation/Instability (AAD) - A malalignment of cervical vertebrae C-1 & C-2 in the neck, making Down Syndrome individuals susceptible to injury/paralysis/possibly death if involved in hyperextension or flexion of the neck.

"High Risk" Activities - Those that flex or hyper extend the neck muscles. These include but are not limited to: gymnastics, diving, butterfly stroke (swimming), high jump (track), soccer, exercises, and/or activities placing pressure on head/neck in classroom/work areas and therapy treatment.

AAD Evaluation - Medical examination including cervical x-rays, views of full extension and flexion laterals of the neck.

1. All individuals served with Down Syndrome will be restricted from high risk activities until a medical doctor's AAD evaluation has been completed with negative result. Cost of this evaluation will be borne by individual served or their care provider. All children from birth to five years of age will be restricted from high risk activities. AAD evaluations will not be completed until six years of age.
2. All potential new individuals served (6 years or older) diagnosed with Down Syndrome will be informed of need for written results of AAD evaluation, prior to admission. New individuals served five years or younger will be informed of restrictions of high risk activities and need for AAD evaluation at six years of age for that restriction to be lifted.
3. Failure to provide written negative findings will result in continued restriction of high risk activities.
4. Insuring the receipt of AAD evaluation results and follow-up will be monitored by Nurse, or designated staff if no nurse, who will inform other staff of approval or restriction of high risk activity.
5. Restriction from high-risk activities will continue for enrollees diagnosed with Atlantoaxial Instability. Re-evaluation frequency to be determined by individual's physician.
6. Any individual who exhibits symptoms of spinal cord compression will be restricted from high risk activities and an evaluation completed by that individual's physician. Resumption of restricted activities will begin only after receiving written approval from that physician. Those symptoms include neck pain, unusual posturing of head and neck, change in gait, loss of upper body strength, and change in bowel and bladder functioning.

References: Johns Hopkins University School of Medicine
Joseph P. Kenney Foundation
Ohio Department of DD - Dr. R. Bilenker, M.D.
Ohio Special Olympics Association
Down's Syndrome Association

mms\procedure\cr0048