



Atlantoaxial Instability Screening Form

This form is valid for one year from the date signed by a medical physician unless hospitalization or other specification is listed below by physician or parent.

Child's Name _____ Child's Date of Birth _____

Kinetic Kids provides sports and fine arts programs for children with special needs. The child named above is interested in participating in one or more programs with Kinetic Kids.

If this child has received cervical spine x-rays including neutral, flexion, and extension, I find this child has:

No evidence of Atlantoaxial Instability per x-ray

OR

POSITIVE or equivocal evidence of Atlantoaxial Instability per x-ray (*see below)

*If Atlantoaxial Instability is present, please state recommendations, including precautions and exclusions, concerning participation in sports and recreation activities. Not that activities may include, but are not limited to: gymnastics (i.e. trampoline and forward roll), headfirst diving and contact sports.

If this child has NOT received cervical spine x-rays, my physical examination, neurological assessment, and professional judgement finds this child:

IS appropriate for Kinetic Kids sports and activities

-or-

IS NOT appropriate for Kinetic Kids sports and activities

PHYSICIAN INFORMATION

Physician's Signature _____ Date completed _____

Physician's Name (Printed) _____ Phone _____

Address _____

Please submit this completed form by logging in to your PlayMetrics account. Select your player and click Resources tab. Select upload and save as: "date - last name - first name" then click Add. Or email to info@kinetickidstx.org.

Be sure to keep a copy for your records. This form must be submitted by the first day of programs for participation.