DOWN'S SYNDROME

Practical guidance for clubs and instructors

ENGLISH KARATE FEDERATION

A person who has Down's syndrome is a karateka first. Down's syndrome does not tell you what somebody can achieve. Good coaching starts by speaking directly to the person, understanding how they learn and removing barriers that do not need to be there.

Insight

INDIVIDUAL FIRST

People who have Down's syndrome differ in personality, ability and support needs. Some benefit from demonstrations, repetition or more time; others need little adjustment.

NHS, Down's Syndrome Association and DSMIG UK

Karate can suit many people who have Down's syndrome because it combines movement, visual demonstration, repetition, individual progression and community.

Physical activity can also support fitness, confidence, communication, friendships and a positive relationship with being active.

Keep expectations high. Adapt the route, not the person's right to progress.

Barriers

- **Low expectations**
  Being underestimated can be a bigger barrier than the activity itself. Do not assume a karateka cannot grade, compete, coach or progress because of a diagnosis.
- **Communication pace**
  Long explanations, abstract language or several instructions at once can make learning harder. Some people benefit from shorter, more concrete prompts.
- **Hearing and vision**
  Hearing or sight differences are more common in people who have Down's syndrome and can affect how clearly instructions or demonstrations are received.
- **Motor skills and joints**
  Low muscle tone, hypermobility or other musculoskeletal needs may affect balance, range, speed or stability. Technique and load may need to build progressively.
- **Memory and sequency**
  Some karateka may need more repetition or visual cues to retain a sequence. Forgetting something is not the same as lacking ability to learn it.
- **Health assumptions**
  Down syndrome is associated with additional health needs, but the diagnosis alone is not a reason to exclude someone from sport. Use health information, not blanket restrictions.

ASK THIS INSTEAD

"What helps this karateka understand, move safely and take part fully?"

FROM PRINCIPLE TO PRACTICE

Use these prompts as a starting point. The right response will always depend on the individual and the activity.

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Breaking down barriers

Ask what works
Speak to the karateka. For children or people who want support, parents or carers can add useful information without speaking over the individual.

Keep communication clear
Use short, concrete instructions and allow time to respond. Repeat key information when needed, but avoid talking down to the person.

Show as well as tell
Demonstrate clearly, break techniques or kata into manageable sections and link the pieces together gradually. Floor markers or simple visual cues can help where useful.

Use repetition positively
Revisit techniques and sequences without making the session monotonous. Familiar patterns can build confidence while variety keeps training engaging.

Adapt movement safely
Build strength, balance, contact and technical range progressively. Where there are known joint, heart or other health considerations, follow the individual's existing professional advice.

Plan for progression
Include grading, kata, kumite, competition, volunteering and leadership in the conversation where appropriate. Inclusion should create routes forward, not just access to the first lesson.

Put it into practice

"They don't hear or follow an instructions across the dojo."
Move closer, get their attention, face them, keep the instruction concise and demonstrate it. If hearing or vision is a known factor, position them where communication is clearest.

"They learned the sequence, but cannot remember it today."
Revisit it without treating this as failure. Use the same cue words, break the sequence into sections and add visual markers or a simple practice record if that helps.

"A parent mentions hypermobility or a heart condition."
Ask what medical or professional guidance is already in place and adapt the session around that information. Coaches should not diagnose or invent restrictions of their own.

"They want to try kumite."
Do not exclude them because of Down's syndrome. Consider their skill, confidence and relevant health information, then introduce controlled partner work progressively and safely.

Quick club check

- ☐ Speak directly to them and treat them according to their age.
- ☐ Demonstrations and visual cues are available where useful.
- ☐ Known sensory or mobility needs are considered in the session.
- ☐ Adjustments preserve meaningful challenge and progression.
- ☐ We ask what communication or learning approach works best.
- ☐ People have enough time and repetition to learn securely.
- ☐ Use health information rather than diagnosis-based assumptions.
- ☐ Grading, competition and club roles are considered.

Health note: coaches should not screen or diagnose medical conditions. Current DSMIG guidance says people who have Down's syndrome should not be barred from sport solely because of the diagnosis; individual symptoms, known conditions and professional advice should guide any restrictions.

Further resources

DSActive - inclusive activity and sport Open >

Information, support and training Open >

Down syndrome - health and support Open >

Evidence-based health guidance Open >