Following early reports of atlantoaxial dislocation in Down syndrome, many doctors and organisations recommended routine radiological screening and subsequent restriction of activities for those with atlantoaxial laxity. There was, then, no prevalence information and little clarity on the nature of the condition, its natural history, or precipitating factors. These early guidelines have been questioned in the light of further information and some have been revised. At the current state of knowledge, clinical vigilance is more appropriate than radiological screening. There is no data which justifies screening for the detection of high risk individuals or restriction of activities.