

Provisional Classification Form

This form is to be completed by a doctor or physiotherapist
(Please print all details clearly)

SECTION 1: Athlete Details

NAME: _____ DATE OF BIRTH: ____/____/____ M / F

ADDRESS: _____

STATE: _____ POSTCODE: _____

PHONE: H (__) _____ M _____ W (__) _____

Email: _____

For Junior athletes: Name of School: _____

Person to contact on behalf of athlete: _____

Phone: H (__) _____ M _____ W (__) _____

Email: _____

Permission to use Classification video/DVD footage:

The DVD/video footage of _____ (name) made and sent to Sporting Wheelies and Disabled Association is for the purpose of issuing a sports classification. International Classifiers, who classify on behalf of the Association, have requested permission to use this video DVD/video footage for research in classification and for educational purposes.

I _____ (name) and my parent / guardian (if under 18 years of age) _____ (name of guardian) give permission for International Classifiers to use this footage for the purposes described. By signing this form I / we are indicating that we understand the following:

- a) The footage will be used by the International Classifier in good faith for the purposes described;
- b) There may be no material benefit for the person in the footage;
- c) The person in the footage will be recognisable to people watching it;
- d) We can request that the name of the person in the footage be withheld when it is shown (see below);
- e) We can contact Sporting Wheelies and Disabled Association at any time to withdraw his permission to use the footage;
- f) Signing this permission form does not change our right to withdraw permission to use the footage.

Would you like the person's real name withheld whenever the video is shown? YES / NO

_____/_____/_____
Name of athlete Signature Date

_____/_____/_____
Name of Guardian Signature Date
(if person is under 18 years of age)

PLEASE NOTE: Interstate athletes are charged \$25 for classification by our Association.

OFFICE USE ONLY
Date Rec'd ____/____/____ Amt Rec'd: \$ _____ Rect No.: _____ Account Code: **4-4200 Classification**

MEDICAL DIAGNOSIS: _____

DESCRIPTION OF PRIMARY DISABILITY: _____

ASSOCIATED / ADDITIONAL DISABILITY: _____

Eg. Spinal deformity, intellectual disability

Ability to walk: Y / N Crutches / Aids: Y / N Wheelchair: Y / N Electric / Manual

CHOSEN SPORT(S): Please list in order of priority (limit of 3)

1. _____ 2. _____ 3. _____

How long have they been involved in these sports?

1. _____ 2. _____ 3. _____

Does the athlete have an accredited coach/trainer in any of these sports? Yes / No

If yes, details: _____

Number of Training Sessions / week during regular season: _____

Average length of each Training Session: _____ Cross Training: Yes / No

Type of Cross Training: _____

Number of competitions within past 12 months:

Competitions for Athletes with a Disability: _____ Able bodied competitions: _____

SECTION 2: Therapist Details

TESTED BY: Signature: _____ Date: ____ / ____ / ____

NAME: _____

CONTACT DETAILS: PHONE H (__) _____ W (__) _____

FAX (__) _____ E MAIL _____

ADDRESS: _____

SECTION 3: General Information

Please list any orthopaedic or surgical procedures that may be relevant eg. Spinal fusion, tendon transfer, tendon release:

Medication (please list including dosage): _____

SECTION 4: Sitting Balance

Please circle: NORMAL FAIR POOR NONE

SECTION 5: Muscle Testing (Ref: Daniels & Worthingham 1980 - Muscle Grade 0 – 5)

For people whose principal impairment is loss of muscle power, such as people with spinal cord injury, muscular dystrophy or post-Polio syndrome, complete the muscle power chart below and video the tasks at the bottom of the chart. **NOTE:** For people whose main impairment is poor motor control, eg. ataxia, athetosis, hypertonus of cerebral origin, complete section 9 (not this section). This includes people with cerebral palsy, acquired brain injury or stroke.

| | Right | Left | | Right | Left |
|--------------------|-------|------|-------------------|-------|------|
| Shoulder | | | Thumb | | |
| *Flexion | | | Opposition | | |
| *Extension | | | Extension | | |
| *Abduction | | | Trunk | | |
| *Adduction | | | *Flexion Upper | | |
| External Rotation | | | *Flexion Lower | | |
| Internal Rotation | | | Extension Upper | | |
| Horizontal Flexion | | | Extension Lower | | |
| Protraction | | | *Rotation | | |
| Elbow | | | Legs / Hip | | |
| *Flexion | | | *Flexion | | |
| *Extension | | | *Extension | | |
| Pronation | | | Abduction | | |
| Supination | | | Adduction | | |
| Wrist | | | External Rotation | | |
| *Flexion | | | Internal Rotation | | |
| *Extension | | | Knee | | |
| Ulna Abduction | | | *Flexion | | |
| Radius Abduction | | | *Extension | | |
| Finger | | | Ankle | | |
| *Flexion | | | *Dorsiflexion | | |
| *Extension | | | *Plantarflexion | | |
| Abduction | | | Pronation | | |
| Adduction | | | Supination | | |

DVD/video footage tasks for Section 5

With the athlete sitting in their regular wheelchair, or in an office chair if they don't use a wheelchair, please video them demonstrating active range of movement for each of the movements marked with a (*) in the table above. Ask the athlete to do each movement three times with each limb. Use your professional judgment and do not ask athletes to attempt any task you feel is unsafe or inappropriate.

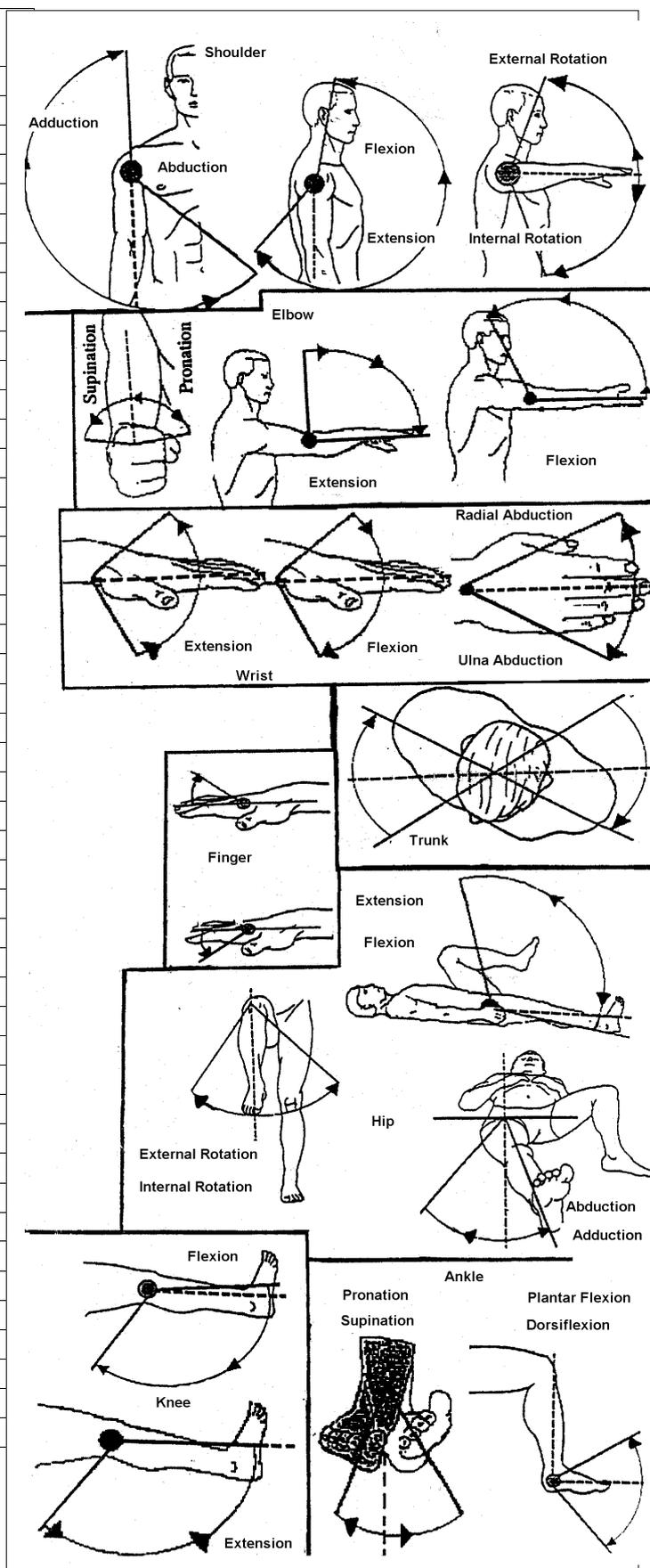
Please note:

- Trunk flexion, extension and rotation should be full range of movement done away from the backrest;
- Athletes that are able to walk (with or without assistance) should walk 10m away from the camera and 10m towards.

SECTION 6: Range of Movement

Only complete this section for joints with loss of range. Please tick only normal range. **Mark on each diagram the start and end position of the available active range.**

| | Full ROM | Right | Left |
|------------------------|----------|-------|------|
| Shoulder | | | |
| Flexion | 170 | | |
| Extension | 40 | | |
| Abduction | 180 | | |
| Adduction | 40 | | |
| Ext. Rotation | 70 | | |
| Int. Rotation | 70 | | |
| Elbow | | | |
| Flexion | 150 | | |
| Extension | 10 | | |
| Pronation | 90 | | |
| Supination | 90 | | |
| Extension | 60 | | |
| Wrist | | | |
| Flexion | 60 | | |
| Uln Abduction | 40 | | |
| Rad Abduction | 25 | | |
| Finger | | | |
| Flexion | | | |
| Extension | | | |
| Abduction | | | |
| Adduction | | | |
| Thumb | | | |
| Opposition | | | |
| Extension | | | |
| Trunk | | | |
| *Flexion Upper | | | |
| *Flexion Lower | | | |
| *Ext Upper | | | |
| *Ext Lower | | | |
| Rotation | 60 | | |
| Legs / Hip | | | |
| Flexion | 130 | | |
| Extension | 10 | | |
| Abduction | 40 | | |
| Adduction | 30 | | |
| Ext. Rotation | 45 | | |
| Int. Rotation | 35 | | |
| Knee | | | |
| Flexion | 135 | | |
| Extension | 5 | | |
| Ankle | | | |
| Dorsiflexion | 30 | | |
| Plantarflexion | 50 | | |
| Pronation | 30 | | |
| Supination | 50 | | |
| *No Diagrams available | | | |

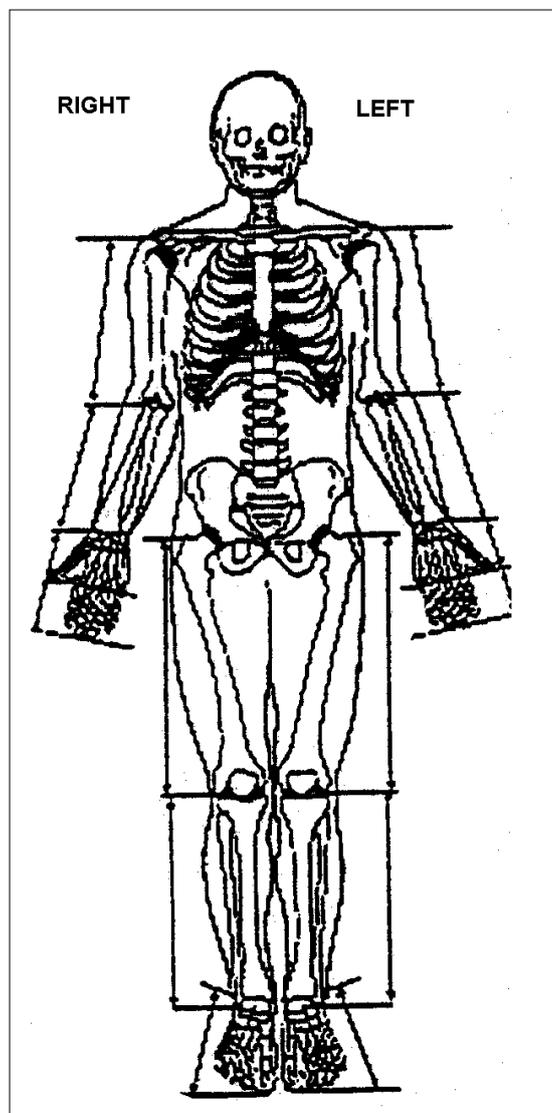


SECTION 7: Amputations

On the diagram below, please fill in the length, in cms of the amputated limb as well as the corresponding part of a limb on the other side. Indicate the limb fraction.

Highlight the amputated limb/s (with highlighter) and draw in particular features.

Leg length discrepancy in cms: _____ (ASIS – med. malleous)



SECTION 8: Standing Height

Standing Height in cms: _____

SECTION 9: Motor Control

If the motor control of the athlete is impaired such that it affects balance or co-ordination (e.g., brain injury, cerebral palsy or stroke) **please read the instructions on the next page.** Fill in the table below as per instructions.

| Activity Number | Comments |
|-----------------|----------|
| | |

SECTION 9: Motor Control (cont.)

To assist the classifiers assess the balance and/or co-ordination of the athlete, please video the athlete performing the following tasks (please provide the video in DVD format or video footage):

- g) For athletes who use a wheelchair as their primary means of locomotion, DVD tasks 1 – 14.
If an athlete is able to stand or weight-bear, please include this on video.
- h) For athletes who walk DVD tasks 3 – 8 and 10 – 22.

Write any comments (relating to reported pain, restricted movement, recent injury, footwear, tiredness or any other factors which may affect the execution of these movements) in the space provided on the previous page and use numbers to identify which tasks the comments relate to.

Use your professional judgement and do not ask athletes to attempt any task you feel is unsafe or inappropriate for the athlete, or will cause them undue pain or discomfort (but be sure to record your reasons in the Comments space). Movements that require a warm-up are marked with an asterisk (*).

Video/record the movement as soon as you believe the person understands the task (ie don't allow the person to practice the movement to improve proficiency). Where possible, keep the whole body in frame at all times (eg use the zoom to keep the person maximum size in the frame as they walk away, but don't use the zoom to focus on their legs). The athlete should wear shorts and t-shirt and whatever footwear they wear in competition, including aids.

| General Movement Description | View(s) required | Movement Specifics (amount of footage, speed of movement, location etc.) |
|--|-------------------------|---|
| 1. Pushing wheelchair (including stopping, turn and push back) | Front and Back | 10m away, 10m towards, normal locomotion, self select speed. |
| *2. Rapid Push (no stop and return, the athlete should be at full speed at the 10m line) | Front and Back | As above, above average speed; not as fast as possible but up to 80% max speed |
| 3. Touch each fingertip with thumb (start at index and move to 5 th digit and back again) | Front | Two complete cycles each hand, slow; two complete cycles each hand, fast. |
| 4. Flick fingers one finger at a time | | Once for each finger on each hand |
| 5. Rub hands together as if cold | Front | 5 at self-selected/comfortable; 5 as fast as possible |
| 6. Touch nose from crucifix position | Front only | Assume crucifix position in wheelchair, eyes straight ahead. Touch nose with one index finger and return to start. Repeat on other side. |
| 7. Full shoulder abduction (from sides to above head) | Front and Side | On backless bench/chair if possible (otherwise sitting forward from backrest); feet on floor, two front view, two side. |
| 8. Holding arms and fingers still | Front | Standing or sitting, hold arms out at shoulder height, fingers extended. Hold arms and fingers as still as possible for 10 seconds. |
| 9. Trunk forward flexion | Side only | On backless bench/chair if possible (otherwise sitting forward from backrest). Hands on shoulders, bending forward to put chest on knees and then return to sitting position. |

| | | |
|--|----------------|--|
| 10. Trunk Lateral Flexion | Front | On backless bench/chair if possible (otherwise sitting forward off backrest). Hands on shoulders, bending left, return to centre, then repeat to right. |
| 11. Alternating elbow flexion/extension | Front and side | Left arm supinated and on left knee, right arm supinated and fully flexed (to right shoulder). Flex left elbow as right is extended, then flex right and extend left (they are now back in the start position). Video 5 slow cycles and 5 fast. |
| 12. Pick up tennis ball from lap and then drop back into lap | | two times each hand or until function clearly demonstrated |
| 13. Rotate tennis ball in one hand | | Two full revolutions each hand or until function clearly demonstrated |
| 14. Tennis Ball throw | Front and side | This is a throw for maximum distance. Athlete to throw overhand if possible, but if not, whatever technique they are comfortable with. Two throws with preferred hand and two with non-preferred. |
| 15. Walking (including stop and turn around) | Front and back | 10m away, 10m towards; normal locomotion, self-select speed. |
| 16. Sit to stand | Front and side | Athlete required to stand in front of standard chair, feet shoulder width apart, sit down until buttocks just touch the surface of the seat and then stand up again (do not sit down fully on the chair – body weight should be borne by the legs at all times). |
| 17. Jog (including stop and turn around) | Front and back | As for 15 but doing easy run at self-selected speed. |
| 18. Shuttle run (including stop and turn around) | Front and back | Running at above average speed to a line 10m away, stopping to bend down and touch the line with left hand and running back; repeat, touching the line with the right hand. Not as fast as possible, but up to 80% max speed. Two times on each side. |
| 19. Stand on one leg | Front and side | 15 seconds max; two times each leg |
| 20. Hopping | Front and side | On the spot; 5 – 10 hops each leg. If this is easy, some footage of side-to-side hopping and backwards/forwards hopping would be useful |
| 21. Walk on toes/walk on heels | Front and side | Walk on toes for 5m; walk on heels for 5m |
| *22. Jog with high knees | Front and side | Jog on spot until the athlete is comfortable doing the exercise, then do 8 – 10 seconds with high knees. |

SECTION 10: Additional DVD/video footage requirements

To ensure the most accurate assessment possible through the temporary classification process, please include DVD/video footage of the athlete performing in their chosen sport or sports. Ensure that the entire range of the activity is captured clearly.

For a sport such as cycling, the classifier needs to see the athlete's pedalling movement, so having the cyclist on a wind-trainer is more helpful than videoing a cyclist around a track.

Please return to:

Joe Moynihan, Sport Development Coordinator
60 Edmondstone Road, Bowen Hills, Qld 4006.

Ph (07) 3253 3333 Fax (07) 3253 3322

Email: mailbox@sportingwheelies.org.au

| For Classifier(s) Use only | | | | | |
|-----------------------------------|--------------------------|-------------------------------|--------------|------------------|-------------------|
| Date | Classifier's Name | Classifier's Signature | Sport | Class(es) | Prov/ Perm |
| | | | | | |
| | | | | | |
| | | | | | |