**EXAMPLES OF SUPPORTING MEDICAL EVIDENCE FOR IWBF ELIGIBILITY APPLICATION**

Below are examples of the information that must be sent **with the MDF application and Agreement forms**. The documents must be completed by a medical professional (for example a doctor, physio or occupational therapist). **All documents must be in English.**

The table details the eligible impairments, the usual health conditions that will cause this impairment and the usual documents required to show the extent of the impairment.

*This list is not exhaustive and there may be other causes of impairment. It is important to give as much information as possible about the cause of the impairment.*

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| IMPAIRMENT TYPE | HEALTH CONDITION | SUPPORTING MEDICAL EVIDENCE |
| Impaired Muscle Power (IMP) | Spinal Cord Injury  Spina Bifida | Results on the ASIA Scale  **Or**  A document describing the results of manual muscle testing of lower extremity muscle groups on the Clarkson Scale (click here for a sample document)  Important: The level of spinal cord injury **and** mention of complete/incomplete lesion must be included in the Medical Diagnostic Form or included with the MMT results. |
| Poliomyelitis  Arthrogryposis | A document describing the results of manual muscle testing of lower extremity muscle groups on the Clarkson Scale (click here for a sample document). |
| Peripheral nerve damage | A document describing the results of manual muscle testing of lower extremity muscle groups on the Clarkson Scale (click here for a sample document).  **And**  EMG results for the affected lower extremity. |

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| IMPAIRMENT TYPE | HEALTH CONDITION | SUPPORTING MEDICAL EVIDENCE |
| Impaired Passive Range of Motion (IPROM) | Arthrogryposis  Osteogenesis Imperfecta | A document describing the results of passive range of motion of lower extremity joints (click here for a sample document). |
| Contracture as a result of trauma or illness | A document describing the results of passive range of motion of lower extremity joints (click here for a sample document).  **And**  Radiological images of the affected joint (X-Ray / CT Scan / MRI)  Important: Each image must be clearly identified with player name and date of birth |
| Leg Length Difference (LLD) | Disturbance of limb growth due to injury or illness | A document describing the difference in leg length as measured from the Anterior Superior Iliac Spine to the Medial Malleoli (click here for a sample document)  **Or**  A standing X-Ray (\*image or results must be clearly identified with player name and date of birth). |
| Limb Deficiency / Loss | Congenital, traumatic or surgical Amputation | Full body photo of player (face and lower limbs showing). Copy of identification card with photo. |
| Congenital limb deficiency | Full body photo of player (face and lower limbs showing). Copy of identification card with photo.  **And**  Radiologic image of the affected lower extremity if the deformation is not clearly visible on the photo (\*image must be clearly identified with player name and date of birth). |

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| IMPAIRMENT TYPE | HEALTH CONDITION | SUPPORTING MEDICAL EVIDENCE |
| Hypertonia | Central Nervous System lesion such as Cerebral Palsy, Traumatic Brain Injury, Multiple Sclerosis, Cerebral Vascular Accident, etc. | A document describing the results of lower extremity muscle hypertonia on the Ashworth Scale (click here for a sample document). |
| Ataxia | Central Nervous System lesion such as Cerebral Palsy, Traumatic Brain Injury, Multiple Sclerosis, Cerebral Vascular Accident, etc. | A document describing the results of lower extremity muscle ataxia on the SARA Scale (click here for a sample document). |
| Athetosis | Central Nervous System lesion such as Cerebral Palsy, Traumatic Brain Injury, Multiple Sclerosis, Cerebral Vascular Accident, etc. | A document describing the results of lower extremity muscle athetosis on the DIS Scale (click here for a sample document). |