

# GUIDELINES FOR COMPLETING THE MEDICAL DIAGNOSTIC FORM

The **Medical Diagnostic Form** is required for all athletes. It must be completed in English by a **medical or paramedical person**. It must be signed by the medical or paramedical person, the athlete and the person proposing the classification. **All the fields must be completed.**

## PART 1

Fill in all the boxes. Do not forget to include the passport number (if available) as well as the proposed Sport Class (1.0 to 4.5)

PLAYER INFORMATION:				
Last Name:				
First Name:				
Date of birth (DD/MM/YYYY):				
Place of Birth:				
Nationality:				
Gender:	Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>
Passport No.		Proposed Sport Class:		

## PART 2

Indicate the **main health condition** of the player. Examples of eligible health conditions are: Amputation, Spinal Cord Injury, Spina Bifida, Poliomyelitis, Cerebral Palsy, Arthrogryposis, Trauma affecting a joint, etc. Examples of non-eligible impairments include: pain, hypermobility or instability of joints, low muscle tone, impaired muscle endurance, etc. For more information on eligible and non eligible impairments please consult the 2016 International Standard for Eligible Impairments available on the IPC web site of the ([www.paralympic.org](http://www.paralympic.org)).

PERMANENT HEALTH CONDITION & RESULTING IMPAIRMENT:
Health Condition / Diagnosis

## PART 3

Indicate the main impairment of the player. The impairment identified on the form must be a direct result of the player's health condition. It is usually **easier to select only one** since **measurable, objective evidence documenting the extent of each impairment will need to be submitted**. The impairment indicated here will be the one tested against the Minimal Impairment Criteria during Stage 2a of Player Classification.

Resulting impairment					
Ataxia	<input type="checkbox"/>	Athetosis	<input type="checkbox"/>	Hypertonia	<input type="checkbox"/>
Limb deficiency / loss	<input type="checkbox"/>	Leg length difference			<input type="checkbox"/>
Impaired muscle power	<input type="checkbox"/>	Impaired passive range of movement			<input type="checkbox"/>

Please see below **to ensure the correct impairment box is identified**:

**Ataxia:** Athletes with Ataxia have uncoordinated movements caused by damage to the **central nervous system**. Examples of health conditions that may lead to Ataxia include: Cerebral palsy, Traumatic brain injury, Stroke and Multiple Sclerosis.

**Athetosis:** Athletes with Athetosis have continual slow involuntary movements caused by damage to the **central nervous system**. Examples of health conditions that may lead to Athetosis include Cerebral palsy, Traumatic brain injury and Stroke.

**Hypertonia:** Athletes with hypertonia have an increase in muscle tension and a reduced ability of a muscle to stretch **caused by damage to the central nervous system**. Examples of a health conditions that may lead to Hypertonia include Cerebral Palsy, Traumatic Brain Injury and Stroke.

**Limb Deficiency / loss:** Athletes with Limb Deficiency or Loss have total or partial absence of bones or joints as a consequence of trauma, illness or congenital limb deficiency.

**Leg Length Difference (LLD):** Athletes with Leg Length Difference have a difference in the length of their legs as a result of a disturbance of limb growth, or as a result of trauma.

**Impaired Muscle Power (IMP):** Athletes with Impaired Muscle Power have a reduced or absent capacity to voluntarily contract their muscles in order to move or to generate force. Examples of health conditions that lead to IMP include Spinal Cord Injury, Myelomeningocele (Spina Bifida), Muscular Dystrophy, Sequelae of Poliomyelitis or nerve damage resulting from a Trauma.

**Impaired Passive Range of Movement (IPROM):** Athletes with Impaired Passive Range of Motion have a restriction or a lack of passive movement in one or more joints. Examples of Health Conditions that lead to IPROM include Arthrogryposis, contracture resulting from chronic joint immobilization or trauma.

## PART 4

For the player to be eligible the health condition must be identified as “**Permanent**”. The health condition should also be identified as either “**Stable**” or “**Progressive**”.

The year of onset (**or** the box “congenital”) is identified on the next line.

In the next section the medical or para medical professional needs to provide a short resume of the health condition from the moment of diagnosis (if it is a trauma the mechanism of injury must be specified) to the current situation. Any significant surgery (for example scoliosis surgery) should be noted here.

Health condition is					
Permanent	<input type="checkbox"/>	Stable	<input type="checkbox"/>	Progressive	<input type="checkbox"/>
Year of onset:				Congenital (birth):	<input type="checkbox"/>
Chronology of Health Condition					


## PART 5

Each attachment must be **clearly identified with the player’s full name and date of birth**. For information on which attachments are typically needed for which impairment type please click [here](#).

ATTACHMENTS:
<p>The Player’s health condition as stated on this form and the resulting impairment must fully explain the loss of function exhibited by the player during player evaluation.</p> <p>Therefore, supporting medical documentation must be attached to this form.</p> <p>IWBF may ask for further information to be submitted depending on the individual player’s health condition and impairment.</p>

## PART 6

The full name, credentials, date and signature of the medical or paramedical person must be completed. The box "I can confirm the above information is accurate" **must be checked**.

<i>I can confirm that the above information is accurate</i>				
Name:				
Role/Occupation:				
Date:		Signature:		

## PART 7

The name of the person (ideally a certified classifier) is identified, followed by their signature.

Sport Class Proposed by:	
Signature:	

## PART 8

The name of the player is identified on the first line. The player (or legal guardian if the player is under age) must sign and dates the form. *Electronic signatures are not accepted (?)*

I, **Name of player**, hereby acknowledge and agree to the following:

1. I certify that the information provided is correct.
2. I give permission to store this form and any additionally submitted medical information by IWBF on a secured server.
3. I give permission to IWBF to use this information to evaluate my "eligibility" and facilitate player evaluation for the purpose of awarding a Sport Class and Sport Class Status as wheelchair basketball player.
4. If necessary, to complete my evaluation, I consent to a private physical examination by members of the tournament classification panel.

\_\_\_\_\_  
 Signature of player (or, if a minor, signature of legal guardian)

\_\_\_\_\_  
 Date



## HOW TO FILL IN THE MEDICAL DIAGNOSTIC FORM

### TO REGISTER A PLAYER FOR IWBF – COMPLETION OF THE MEDICAL DIAGNOSTICS FORM (MDF)

All players must send the Medical Diagnostics Form (MDF) to IWBF to be able to get the player evaluation of eligibility. The form must be filled in ticking all the necessary boxes and detailing the health condition and the chronology of the medical history.

### IMPORTANT INFORMATION TO BE INCLUDED

#### HEALTH CHRONOLOGY SECTION

In this section it is important to understand the cause of the injury and treatments performed. If a medical report is attached with this information is also important to mention in this section.

In the MDF it is very important to include the name and signature of the person filling in the form, name and signature of the player and also name and signature of the person who proposed the sport class.

#### **Example**

**Health condition/diagnosis:** *T10 complete paraplegia from spinal cord injury.*

**Chronology reads:** *2005 - Fell from scaffold at work and fractured spine. Surgery to stabilize fracture at this time. Complete paraplegia below level of T10. No muscle recovery since.*

#### SUPPORTING EVIDENCE

Documents supporting the players' MDF are very important. Below is a list of the information that should be sent with the MDF application. The documents must be completed by a medical professional such as doctor or physiotherapist. All documents must be in English.

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

**TABLE OF SUPPORTING EVIDENCE**

IMPAIRMENT	DOCUMENTS	HEALTH CONDITION
Impaired muscle power (IMP)	<ul style="list-style-type: none"> <li>Medical report confirming the diagnosis, the date of onset and that it is permanent.</li> <li>Results of manual muscle test of the lower limbs or ASIA scale results.</li> <li>For nerve damage an EMG is also very helpful.</li> </ul>	Spinal Cord Injury Spina Bifida Poliomyelitis Peripheral nerve damage Cerebral palsy Diplegia Arthrogryposis
Impaired passive range of movement (IPROM)	<ul style="list-style-type: none"> <li>Passive range of movement test results</li> </ul>	Arthrogryposis Limb/joint trauma Congenital deformity
Hypertonia, Ataxia, Athetosis, IMP	<ul style="list-style-type: none"> <li>Ashworth scale results</li> <li>SARA scale results</li> <li>DIS scale results</li> <li>Manual muscle test results</li> </ul>	Cerebral Palsy
Limb deficiency/loss Leg length discrepancy	<ul style="list-style-type: none"> <li>Full body photo where it's possible to see the face of the player and the lower limbs with note confirming that this is a photo of the player.</li> <li>X-ray showing limb deficiency/loss with the identification of the player visible.</li> <li>Test results of passive range of movement or manual muscle test (may also be required) in case the malformation is not clearly visible to confirm the eligibility.</li> <li>For leg length difference a measure of the leg lengths and/or a standing x-ray showing the difference in leg lengths.</li> </ul>	Amputees Congenital malformations