



PROVISIONAL ATHLETICS CLASSIFICATION

Information for Physiotherapists, General Practitioners, Paediatricians and other Neuro Specialists

What is classification?

Athletes (8 years or older) with an eligible physical impairment can compete in their school athletics carnivals/local athletics club with a classification. Classification involves an assessment of impairments and how this affects running, throwing, and jumping for athletics.

Eligible physical impairments are hypertonia (eg. Cerebral palsy, acquired brain injury), ataxia (e. Cerebral palsy), athetosis (eg. Cerebral palsy), impaired muscle power (eg. Spinal cord injury, muscular dystrophy), impaired range of motion (eg. Arthrogyrosis), limb deficiency (eg. Amputation, dysmelia), leg length difference (eg. Trauma to growth plate) and short stature. Please note there is an established minimal impairment criteria that a child must meet to be eligible.

What is the process?

Step 1: Complete SECTION 1

The athlete (or parent guardian if under 18 year of age) completes the athlete details and agrees to the terms in the Informed Consent form in the attached.

Pg 1: Background information

Pg 2: Get the child and parents to complete the consent form

Pg 3: Complete the top section/ athlete details; especially the email address

Pg 4: Complete the athlete personal details, training and competition history (what sports they play) and medical professional details (your details)

Step 2: Complete SECTION 2

Athletics Athlete Evaluation Sheet (Provisional Athletics Classification Form). Any GP, Physiotherapist or specialist can complete Section 2 of the Provisional Classification form.

You **DO NOT** need to complete all the pages. Only complete the relevant sections that apply to the athlete's condition.



Step 3: Complete SECTION 3

Medical Diagnostics Section: The family can either provide a medical letter from a doctor with confirmation of the health condition OR they can ask a doctor to complete pages 8-9.

STEP 4: Application Submission

Submit application to classification@athletics.org.au

Feel free to get in touch with the Para Athletics Coordinator from Australian Athletics for more guidance and support - classification@athletics.org.au

Eligible Impairment Types and Relevant Pages to Complete

In addition to all pages in Section 7 and Section 9 plus the left hand side of the page of page 8 in Section 8 please complete the pages in Section 8 for each impairment type as below;

Hypertonia/ ataxia/ athetosis

Pg 3: Complete the left hand side of the page. You need to complete the Ashworth Spasticity Grade and then any other hypertonia/ ataxia/ athetosis tests that add further detail to your clinical assessment of the child. For example, don't need to complete the upper extremity tests for a child with diplegia.

Ashworth Scale:

- Grade 0- No increase in tone
- Grade 1- slight increase in tone, giving a catch when limb is flexed or extended
- Grade 2- More marked increase in tone, but limb is easily flexed or extended
- Grade 3- Considerable increase in tone and passive movement is difficult
- Grade 4- Limb is rigid in flexion



For Frame Running Only: Complete the right hand side of page 3.

Assess spasticity using the Australian Spasticity Assessment Scale (ASAS). Spastic hypertonia is scored as follows:

- Grade 0: No catch on rapid passive movement ("RPM") (i.e., no spasticity).
- Grade 1: Catch occurs on RPM followed by release. There is no resistance to RPM throughout the rest of the range.
- Grade 2: Catch (R1) occurs in the second half of the reference range (after halfway point) during RPM and is followed by resistance throughout the remaining range.
- Grade 3: Catch (R1) occurs in the first half of the reference range (up to and including halfway point) during RPM and is followed by resistance throughout the remaining range.
- Grade 4: When attempting RPM, the body part appears fixed but moves on slow passive movement.

Spastic hypertonia is assessed for the following four muscle groups in left and right lower limb: knee flexors, knee extensors, hip adductors, and plantar flexors. Each muscle group is scored using a grading system of 0 to 4. The scores for both lower limbs are summed to arrive at a total spasticity score, where the maximum possible total spasticity score is 32.

Short Stature Pg 2: Complete the Short Stature box on the right hand side of the page.

Leg Length Difference Pg 2: Complete the Athletes with Leg Length Difference Only box on the bottom right hand side of the page.

Limb Deficiency Pg 2: Complete the Athletes with Limb Deficiency and Dysmelia-boxes on the right hand side of the page.

Impaired Muscle Power Pg 4: Complete then entire page.

Impaired Passive Range of Motion Pg 4: Complete then entire page.

What to do if the child has another physical impairment type or are complicated or you are unsure? Have a try based on the assessment form. If you have any questions, please reach out to classification@athletics.org.au