

## **BEFORE YOU BEGIN**

### **What is Classification?**

Classification is an assessment process, which allows us to group athletes whose disability causes similar limitations in a particular sport in order to allow for meaningful competition.

### **What is Provisional National Athlete Evaluation?**

This process has been designed to allow athletes (8 years or older) who do not have access to a full Classification panel, to gain an indication of whether they are eligible and where they may fit within the national Athletics classification system. The assessment of a provisional classification can be conducted by the athlete's physiotherapist or specialist.

The assessment form is then returned to Australian Athletics where by a certified medical classifier issues an outcome based off the assessment which is conducted in line with International classification rules for Athletics.

A provisional classification is valid for competition up to and including state championships. If you wish to compete at an Australian Championships, you will need a current National Level Classification Athletes who obtain a provisional classification should attend a face to face classification with a national panel at the next available opportunity.

### **What if I do not agree with my provisional athlete evaluation?**

If you disagree with a Provisional Athlete Evaluation outcome, the usual process would be to present for a face to face athlete evaluation before a full classification panel. Provisional athlete evaluation, while endeavouring to be an accurate indication of class, is a general guide only and may change upon face to face assessment by a full classification panel.

## **STEP 1.**

Complete SECTION 1: Athlete Details and Informed Consent

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.

**STEP 2.** Complete SECTION 2: Athletics Athlete Evaluation Sheet (National Provisional Athletics Classification Form)

Athletes are to make an appointment with a local physiotherapist or medical doctor to complete the attached forms in SECTION 2. The Physiotherapist or Medical Doctor is to fill in SECTION 2.

**STEP 3.** Complete SECTION 3: Medical Diagnostics form. Your treating Specialist or medical doctor is to complete the medical diagnostics form.

**STEP 4.** Application Submission: submit application to [classification@athletics.org.au](mailto:classification@athletics.org.au)

## SECTION 1 ATHLETE TO COMPLETE

I \_\_\_\_\_ (print full athlete name):

Understand that:

- Classification is a process that requires me to answer a series of questions about my disability and training; complete activities and sport skills; and may require me to be observed during competition.
- Should I not be able to complete the classification fully due to pain, injury or other reason, my classification may not be able to be completed.
- Classifiers may require medical documentation to complete my classification.
- National classification is for the purposes of Australian domestic competition only. International competition requires an International classification and any classification changes supersede any national classification.

Agree:

- To answer all questions fully, truthfully and to the best of my knowledge.
- To attempt all activities to the best of my abilities and that failure to give my best effort may be considered cheating. I understand this may result in termination of the classification process.
- 

Am aware that as an outcome to my classification being completed:

- My classification data will be stored in a confidential database.
- Relevant information about my classification will be shared with classifiers and relevant Paralympics Australia and Australian Athletics Classification personnel.
- My name, state, date of birth, class and status will be made available on the Australian Athletics and Paralympics Australia website.

I understand that, as an athlete, I have the following rights during classification:

**The right to withdraw:** My participation in the classification process is voluntary and I have the right to withdraw from the classification process at any time. Signing this form does not change my right to withdraw at any time. I understand that if I withdraw from the classification process I will not be able to be classified and will not be able to compete in Para-Athletics competitions.

**The right to respect and confidentiality:** Evaluations will be conducted respectfully and information obtained during the classification process will be treated confidentially.

**The right to challenge a classification decision or process:** This should be done The Right to challenge a classification decision or process

I allow my data and any video recordings collected during the classification process to be used for research and educational purposes by my sport. I understand that I may withdraw this consent at any time.

Athlete Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Athlete Signature: \_\_\_\_\_

**Where athlete is under 18 years:**

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## SECTION 1 CONT

Athlete Details (Athlete to complete)		
Surname:		First Name:
Address:		
Suburb:	State:	Postcode:
Phone:		
E-mail:		
Date of Birth: ____/____/____		Gender: M / F
Classification Summary (Office Use ONLY)		
<b>Sport</b>	<b>ATHLETICS</b>	
<b>Class</b>	<b>Track (T) (Running/Jumps)</b>	<b>Field (F) (Throws)</b>
	<b>Eligible:</b> Class: _____ <b>Not Eligible (NE)*</b>	<b>Eligible:</b> Class: _____ <b>Not Eligible (NE)*</b>
<b>Status</b>	<b>Track Status</b>	<b>Field Status</b>
	Provisional Review  Year of review: _____ (Provisional classifications are allocated 1 year review)	Provisional Review  Year of review: _____ (Provisional classifications are allocated 1 year review)
	NOTE: Athletes are to attend face to face opportunity at earliest availability for National Level Classification.	
<b>Diagnosis</b>		
<b>Impairment Type</b>	<ul style="list-style-type: none"> <li>• Hypertonia</li> <li>• Ataxia</li> <li>• Limb Deficiency</li> <li>• Leg Length Difference</li> <li>• Impaired range of movement</li> <li>• Athetosis</li> <li>• Short Stature</li> <li>• Impaired muscle power</li> </ul>	
<b>Classifiers (Print Name)</b>		

**Note** \*NE evaluations. All NEs are allocated Review status

### Office Use Only

- ☐ Consent Form signed
- ☐ Athlete provided with copy of this result sheet on \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ Entered on Masterlist on \_\_\_\_/\_\_\_\_/\_\_\_\_



**SECTION 2: MEDICAL PROFESSIONAL to complete this section for all athletes**

<b>NAME</b>	<b>STATE</b>
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**HEALTH CONDITION/DIAGNOSIS AS STATED/DESCRIBED BY ATHLETE**

This condition is:	Congenital	Acquired	Date	Day	Month	Year
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Progressive/ Changing	Yes	No	
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**ATHLETE'S DESCRIPTION OF HOW IMPAIRMENT(S) IMPACT ON SPORT**
**Eligible Impairment Types** — circle which impairments the athlete identifies:

1. Hypertonia 2. Ataxia 3. Athetosis 4. Limb Deficiency 5. Impaired Passive Range of Movement  
6. Impaired Muscle Power 7. Leg Length Difference 8. Short Stature

**ARE IMPAIRMENTS  
CONSISTENT WITH HEALTH CONDITION  
AS STATED BY ATHLETE?**

Yes	No	IF NOT, WHAT IS THE INCONSISTENCY?
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Secondary conditions (circle)

Epilepsy	Asthma	Autonomic Dysreflexia	
Other			

Previous surgery

Botulinum injections

(when and which muscle groups)

Current medications used routinely

Assistive devices used in sport e.g. strapping, prosthesis, brace, shoe raise, wheelchair, throwing frame, frame runner etc.

Uses a wheelchair (circle)

Always	Sometimes	Never
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**SECTION 2: MEDICAL PROFESSIONAL to complete this section for athletes where limb deficiency/ Dysmelia, short stature or leg length difference are primary impairments**
**ATHLETES WITH LIMB DEFICIENCY AND DYSMELIA—LOWER LIMB ONLY**
**Description:**
**FOR ALL ATHLETES**
**LENGTH (in cms)**

	<b>Right</b>	<b>Left</b>
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Femur (greater trochanter to lateral joint line)

Tibia (medial jt line to medial malleoli)

Foot (posterior aspect calcaneus to most distal point)

Point of the elbow to tip of the middle finger (cm):

**ATHLETES WITH LIMB DEFICIENCY AND DYSMELIA—UPPER LIMB ONLY**
**Description:**
**UNILATERAL**
**Affected Arm (circle):**

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**Unaffected Arm (circle):**

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 All Running  
Events/Jumps

Acromion to Wrist crease (cm)

 Length of un affected Humerus=  
(Acromion to superior head of radius)

 100m-400m /  
Jumps / Throws

Acromion to longest fingertip (cm)

 Length of unaffected arm =  
(Acromion to radial styloid)

If full extension is not available in unaffected arm, use Length of Humerus + Length of radius =

**BILATERAL DYS**

Acromion to longest finger tip:

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 All Running  
Events/Jumps

≤

0.646

X

Standing height (cm):

=

 100m-400m /  
Jumps

≤

0.674

X

Standing height (cm):

=

**SHORT STATURE ONLY**

Full standing height (cm):

Predicted adult height (under 18 yrs):

 Arm length -Acromion to tip of longest finger (cm):  
Right:

Left:

Sum of Standing Height and Arm Length:

**FOR ATHLETES WITH LEG LENGTH DIFFERENCE ONLY**

ASIS to inferior tip of medial malleolus

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Difference

**SECTION 2: MEDICAL PROFESSIONAL to complete**

**This page to be completed for athletes with health conditions where hypertonia (spasticity, dystonia, rigidity), ataxia or athetosis are the primary impairments**

NAME

STATE

**HYPERTONIA, ATAXIA, ATHETOSIS**

Clear uni or bilateral Babinski	No	Yes	Right	Left
Clear unilateral or bilateral clonus (4 beats or more)	No	Yes	Right	Left
Noticeably brisk reflexes or clear difference in reflexes				
Biceps	No	Yes	Right	Left
Triceps	No	Yes	Right	Left
Wrist	No	Yes	Right	Left
Knee	No	Yes	Right	Left
Ankle	No	Yes	Right	Left
Clear evidence of athetosis or ataxia	No	Yes		
Stiffness or rigidity in one or more limbs	No	Yes	Right	Left
Mild atrophy or shortening of a limb	No	Yes	Right	Left

ASHWORTH SPASTICITY GRADE	Right		Left	
Arms	Proximal	Distal	Proximal	Distal
Legs	Proximal	Distal	Proximal	Distal

Static Trunk Control	Good	Fair	Poor
Dynamic Trunk Movements	Good	Fair	Poor

**COORDINATION TESTS — LOWER EXTREMITY**

**Complete tasks below, circle any applicable. Describe symmetry or other variation from norms.**

Gait (describe)

Tiptoe Walking                      Symmetrical    Asymmetrical

Heel Walking                        Symmetrical    Asymmetrical

Single Leg Stance (secs)                      L                      R

Single Leg Hopping on spot (number)                      L                      R

Tandem Walk                      Symmetrical    Asymmetrical    Smooth    Evidence of Ataxia

Heel-shin Ataxia Test                      Symmetrical    Asymmetrical    Smooth    Evidence of Ataxia

**COORDINATION TESTS — UPPER EXTREMITY**

**Complete tasks below, circle any applicable. Describe symmetry or other variation from norms.**

Finger-Nose Finger                      Symmetrical    Asymmetrical    Smooth    Evidence of Ataxia

Fast Hand Rubbing                      Symmetrical    Asymmetrical    Smooth    Incoordination

**ASAS SPASTICITY- FRAMERUNNING ONLY**

Muscle Group	L	R	Total
Knee Flexors			
Plantarflexors			
Hip Adductors			
Knee Extensors			
			Total

**COORDINATION TESTS - FRAMERUNNING ONLY****Ataxia (tests done without shoes and/or orthoses)**

1. Can athlete sit with trunk and feet unsupported (not touching the floor), arms outstretched in front, and eyes open without sway for more than 10 seconds?	Yes	No
2. A) Can athlete stand unsupported (without any aids or assistance) in a natural position for more than 10 seconds?	Yes	No
If Yes--> 2. B) Can athlete stand unsupported (without any aids or assistance) with their feet together, eyes open, without sway for more than 10 seconds?	Yes	No
3. A) Can athlete walk unsupported (without any aids or assistance) for 10 or more steps?	Yes	No
If Yes--> 3. B) Can athlete tandem walk unsupported (one foot directly in front of the other) for 10 or more steps?	Yes	No

**DYSKINESIA IMPAIRMENT SCALE- FRAMERUNNING ONLY**

Task	Body Region	Are involuntary movements present during the movement (Y/N)?	If yes, are they present greater than 10% of the time (Y/N)?	If yes, are they present greater than 10% of the range of motion (Y/N)?
Alternate heel/toe tapping in sitting	Trunk			
	Right arm			
	Left arm			
	Right leg			
	Left leg			
Alternate toe tapping of a target in supine lying	Trunk			
	Right arm			
	Left arm			
	Right leg			
	Left leg			

**Additional comments relevant to impairment e.g. scoliosis, contracture, reactionary hypertonia**

**SECTION 2: MEDICAL PROFESSIONAL to complete**

**This page to be completed for athletes with health conditions where Passive range of Movement, or muscle strength are the primary impairments**

NAME STATE

TRUNK MUSCLE ACTIVITY	Upper			Lower		
	Left		Right	Left		Right
Abdominals	None	Some	Full	None	Some	Full

**SPINE MOVEMENTS (Compared to Functional Norms )**

Upper Thoracic extension	None	Some	Full
Entire Trunk flexion	None	Some	Full
Entire Trunk extension	None	Some	Full
Trunk rotation	None	Some	Full
Side flexion to left	None	Some	Full
Side flexion to right	None	Some	Full

**SPINAL / RIB CAGE DEFORMITIES**

Detailed description based on observation, including location, severity, type and extent of fusion if present (eg, severe thoracolumbar kyphoscoliosis, convex to left with apex T10)

**Additional comments relevant to impairment**

MUSCLE POWER			IMPAIRED PASSIVE RANGE OF MOVEMENT		
	Muscle Strength (Grade 0-5 using Oxford scale)		Passive Joint Range		Normal Range
Shoulder	Right	Left	Right	Left	
Flexion - Forward					180
Extension					50
Abduction					180
Adduction					
Flexion – Horizontal					130
Extension – Horizontal					45
Ext Rotation					80
Int Rotation					80
<b>Elbow</b>					
Flexion					150
Extension					0
<b>Wrist</b>					
Flexion					80
Extension					70
<b>Fingers</b>					
PIP Flexion					
PIP Extension					
MCP Flexion					90
MCP Extension					0
<b>Thumb</b>					
Opposition					
Extension					

Wasting of intrinsic muscles of the hand Yes No

Is it functionally significant? Yes No

	Muscle Strength (Grade 0-5 using Oxford scale)		Passive Joint Range		Normal Range
Hip	Right	Left	Right	Left	
Flexion					120
Extension					20
Abduction					45
Adduction					20
<b>Knee</b>					
Flexion					135
Extension					0
<b>Ankle</b>					
Dorsiflexion					20
Plantar Flexion					45
Inversion					35
Eversion					25



## MEDICAL DIAGNOSTICS FORM FOR ATHLETES WITH PHYSICAL IMPAIRMENT

The form is to be completed by the athlete's medical doctor, if the athlete does not have relevant medical information. In the case that you have a current medical letter stating the diagnosis, impairment and physical from a specialist you may submit it in place of this form.

The completed form must be sent to Australian Athletics no later than 2 weeks before the athlete undergoes classification. Depending on the athlete's health condition and impairment, additional medical information is to be attached to this form (see page 2).

### Athlete Information

Athlete name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Gender: ☐ Female ☐ Male Date of Birth: \_\_\_\_\_

### Medical Information

Athlete's Medical Diagnosis:

Primary impairment/s (tick those that apply):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Hypertonia                   | <input type="checkbox"/> Ataxia                | <input type="checkbox"/> Athetosis     |
| <input type="checkbox"/> Impaired Passive Joint Range | <input type="checkbox"/> Impaired Muscle Power | <input type="checkbox"/> Short Stature |
| <input type="checkbox"/> Limb deficiency              | <input type="checkbox"/> Leg length difference | <input type="checkbox"/> Other: _____  |

Impact of how medical diagnosis affects Athletic performance:

Health condition is: ☐ progressive ☐ stable

### Medical history:

Health condition is: ☐ acquired ☐ congenital  
(Year: \_\_\_\_\_ )

Anticipated future procedure(s): \_\_\_\_\_





Medication:

## Attachments

The athlete's health condition as stated on this form and associated impairment must fully explain the loss of function exhibited by the athlete during classification.

Otherwise no sport class can be allocated by the classification panel, as stipulated in the IPC Athletics classification rules.

Additional, recent and relevant medical documentation has to be attached to this form if the athlete has\*

- an impairment or diagnosis that cannot be ascertained by clear signs and symptoms;
- a complex or rare health condition, or multiple impairments;
- limb deficiency (amputation or dysmelia) at the level of the wrist (X-rays for the respective joints to be enclosed);
- a spinal cord injury (recent ASIA scale results to be enclosed, within 2 years);
- hypertonia (Modified Ashworth Scale scores to be enclosed).

Other reports by physicians, physiotherapists and other health professionals are welcomed, where relevant, to complement the medical diagnostic information.

Australian Athletics and the Classification Panel may ask for further information to be submitted depending on the individual athlete's health condition and impairment.

☐ **I confirm that the above information is accurate.**

Name: \_\_\_\_\_

Health care  
profession: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

# Athletics Provisional Classification Data and Consent Form Athletes with a Physical Impairment

March 2024

## SECTION 3. Application Submission

### Submission Checklist

- ☐ Completed Athlete Details and Informed Consent form (Section 1)
- ☐ Completed Athletics Classification Evaluation Sheet (Section 2)
- ☐ Attach medical documentation from your medical specialist that outlines your diagnosis

### Please return application to:

Submit completed forms via email or post to

#### Australian Athletics

#### Para-Athletics Classification Team

Athletics House, Level 2, 31 Aughtie Drive, Albert Park, VIC 3206

Phone (03) 8646 4577

Email [classification@athletics.org.au](mailto:classification@athletics.org.au)

Your completed application will be reviewed by an accredited National Athletics Classifier.

Please allow 3 to 6 weeks for your application to be processed. Any incomplete or missing information may delay the provisional classification process.

You will be contacted by the Australian Athletics confirming your Provisional Classification outcome. Your outcome will also be added to the Australian Athletics Classification Masterlist

<http://athletics.com.au/Participate/Para-athletics/Classification/Classification-Masterlist>

### For further information and enquiries please contact:

<b>Australian Athletics</b>
Para-Athletics Classification Team
Phone: 03 8646 4577
Email: <a href="mailto:classification@athletics.org.au">classification@athletics.org.au</a>
Website: <a href="http://www.athletics.com.au">www.athletics.com.au</a>