



## **PROVISIONAL CLASSIFICATION** **ATHLETES WITH A PHYSICAL IMPAIRMENT**

This form is to be completed for **ATHLETES WITH A PHYSICAL IMPAIRMENT** seeking a Paralympics New Zealand (PNZ) classification for sport. On returning this form to PNZ a Provisional sport specific class will be allocated to the athlete. A provisional class is valid for 12 months or earlier if a National classification is allocated.

### **PLEASE NOTE FOR SECONDARY SCHOOL STUDENTS**

A provisional classification is valid for the length of time the athlete is at secondary school or earlier if a national classification is allocated.

All provisional classifications are to be submitted to: [classification@paralympics.org.nz](mailto:classification@paralympics.org.nz)

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- **Sections 1, 4 and 5 must be completed by the athlete.**
  - **Sections 2 and 3 must be completed by a medical professional (doctor, nurse, or physiotherapist) or a PNZ approved assessor** (see page 4).
  - The assessor should ensure that the form is completed as fully as possible. If the form is not completed to a satisfactory level it will be returned to the sender.
  - The contents of this form are confidential to PNZ.
  - Athletes with a visual impairment must complete an IBSA Classification Form (contact PNZ for details).
  - Athletes with an intellectual disability must complete the provisional classification form for Athletes with an Intellectual Impairment
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### **SECTION 1 – ATHLETE DETAILS**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_  
City: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Phone (Hm): ( ) \_\_\_\_\_ Phone (Wk): ( ) \_\_\_\_\_  
Fax: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_  
Male  Female  Date of Birth \_\_\_\_\_

**Which events do you consider that you will be attending in the next 12 months?**

\_\_\_\_\_

**For NCEA Students or CCS Independence Games athletes only:**

Name of school / CCS Branch \_\_\_\_\_  
Contact person at school / CCS Branch \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## SECTION 2 – MEDICAL DEFINITION

Medical diagnosis of your disability: Cerebral Palsy in 4 limbs; more involved on left and upper right ->

Athetoid tremor -> Myoclonus -> Dystonia

Associated / Additional disability: E.g. Spinal deformity, vision impairment etc .Scoliosis -> Dysphagia -> Speech & Hearing impaired -> Suprapubic catheter -> Asthma -> Raynaud's phenomena

## SECTION 3 – FUNCTIONAL ASSESSMENT

Please complete the information below by providing as much detail as possible, as this will enable the classifier to allocate a correct and fair classification to the athlete. Where possible please describe how the athlete is affected or the movements involved.

If extra space is needed please attach an additional sheet or documentation to support this classification.

<b>Ability to walk</b>	Yes?	<b>Crutches (with supervision/support)</b>
<b>Wheelchair</b>	Yes	<b>Electric ✓ / Manual ✓</b>

<b>Ability to stand</b>	Yes	<b>Without support</b>	Yes?
		<b>With support</b> (weight bear)	Yes
<b>Standing Height</b> (Without prosthetics/ aids)	_____ 164 cm		

<b>Sitting Balance</b>	Normal	Fair ✓	Poor	None
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<b>Surgical Procedures</b>	Please Tick ✓	Please note if you have had any surgery / operations	Date of surgery	Notes
		Spinal fixation		
		Spinal rods		
		Tendon transfers		
Left leg	✓	Tendon lengthening	1967	In fixed casts for 5 weeks-> Physiotherapy
Left hand and arm	✓	Tendon surgery	1988	To Hand, Thumb, Wrist, Elbow

<b>Functional Abilities</b>	Please Tick ✓		Notes (Please describe how the athlete is affected or the movements involved)
<b>Affected limbs</b>	✓	Right arm -55%	Hand tremor -> Athetosis
	✓	Left arm -85%	↓ROM ↓Rotation ↑Athetosis ↑Dystonia
	✓	Right leg -30%	Some Athetosis
	✓	Left leg -70%	↓ROM ↑Athetosis ↑Dystonia
<b>Manual Wheelchair</b>	✓	Can self propel	Uses full capstones on push-rims
	✓	Need assistance occasionally (i.e. distance, ramps)	Poor hand control ->Tires easily ↓Stamina
		Use a wheelchair for distances only	
<b>Standing balance</b>		Can balance on left leg	
	✓	Can balance on right leg	With assistance/support
		Can stand & balance on tip toes	

<b>Dynamic balance</b>		Can hop on left leg	
		Can hop on right leg	
<b>Pushing</b> (Wheelchair users only)	✓	How many fingers grasp wheel rim when pushing?	Left hand Min – Right hand, limited use of 3 <sup>rd</sup> , 4 <sup>th</sup> and 5 <sup>th</sup> fingers -> (mainly a palm pusher when using both hands) Often uses push-mitts for better propulsion
	✓	Does the athlete follow through with arms when pushing?	Some, shoulders are tight
		Imagining the wheel is a clock face, how much of the wheel does the person use to push? i.e. from 12o'clock – 3o'clock ☹	12o'clock – 2o'clock ↓ROM Left arm
		Does the athlete use both arms symmetrically? (evenly)	Some, Depending on terrain and density of surface
<b>Trunk function</b>	✓	Can athlete sit without using a back support?	Some, for short-time -> depending on stamina and fatigue levels
	✓	On a backless bench if possible (or sitting forward from backrest) Ask athlete to complete the following <b>Forward Flexion</b> Hands on shoulders, bending forward to put chest on knees and then return to sitting position. Describe movement	Can manage to lower to chest on knees, but minimal upward lift without using his arms for upper thrust
	✓	Ask athlete to complete the following <b>Lateral Rotation</b> Hands on shoulders, bending left, return to centre, and then repeat to right. Describe movement	Has some lateral rotation -> ↓ROM -> not equal/symmetrical movements
<b>Hand Function</b>	✓	Can athlete write holding a pen in hand?	In his own way (not a conventional pen grip)
		Can athlete make 'OK' sign with thumb & index finger?	Will attempt but lacks fine motor skills in index finger
	✓	Can athlete hold a tennis ball in hand with firm grip?	Given time he can -> no use of index finger
	✓	When athlete is holding tennis ball firmly, can you remove the ball from their grasp?	Yes, can maintain small resistance
	✓	Can athlete hold tennis ball with palm up & then turn hand over and hold tennis ball with palm down?	Yes, only if tennis ball is firmly placed into his hand and given time to get a good hold. Some rotation difficulties
	✓	Can athlete throw tennis ball over arm?	Yes, his preferred throw
	✓	Can athlete throw tennis ball underarm?	Not well
		Can athlete throw with both arms?	No



Additional Information (e.g. 'how the disability affects ability to participate in the sport')

**Assessors Details:**

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Profession:	Doctor	<input type="checkbox"/>	Nurse	<input type="checkbox"/>
	Physiotherapist	<input type="checkbox"/>	PNZ Classifier	<input type="checkbox"/>
	ParaFed Staff	<input type="checkbox"/>	Halberg SOA	<input type="checkbox"/>

**SECTION 4 – DECLARATION**

I declare the information submitted on this form to be a true and accurate reflection of my functional ability in relation to my sport as far as I am aware. I understand that failure to give accurate information may result in me being ineligible or receiving an incorrect classification.

I agree to undergo the classification process as administered by Paralympics New Zealand. I understand that I will receive a classification according to the information that I submit to Paralympics New Zealand on this test sheet. I understand that information from this classification test sheet will be held by Paralympics New Zealand and that Paralympics New Zealand will share this information with other Regional and National Bodies that are interested in the development of your sport. These will be National Sporting Organisations, ParaFeds, Special Olympics NZ and Halberg Trust. Please advise Paralympics New Zealand if there are any organisations that you do not wish to be notified.

\_\_\_\_\_  
Signature of Athlete  
(or guardian if under 18)

\_\_\_\_\_  
Date



## SECTION 5 – SPORTS

Please indicate which sports you require a classification for.

Archery	<input type="checkbox"/>	Shooting	<input type="checkbox"/>
Athletics	<input type="checkbox"/>	Snowsports	<input type="checkbox"/>
Boccia	<input checked="" type="checkbox"/>	Swimming	<input type="checkbox"/>
Cycling	<input type="checkbox"/>	Table Tennis	<input type="checkbox"/>
Equestrian	<input type="checkbox"/>	Wheelchair Basketball	<input type="checkbox"/>
Lawn Bowls	<input type="checkbox"/>	Wheelchair Rugby	<input type="checkbox"/>
Sailing	<input type="checkbox"/>	Wheelchair Tennis	<input type="checkbox"/>
Other:			

*\* Please note you may not be eligible for all sports*

**Please return this form to  
Classification Coordinator, Paralympics New Zealand  
Suite 2.10, Axis Building, 1 Cleveland Road, Parnell, Auckland 1052  
Tel. (09) 526 0760  
Email. [classification@paralympics.org.nz](mailto:classification@paralympics.org.nz)  
[www.paralympics.org.nz](http://www.paralympics.org.nz)**