

PROVISIONAL POWERLIFTING CLASSIFICATION FORM



What is Classification?

Classification is an assessment process, which groups athletes whose impairment causes similar limitations in a particular sport in order to allow for fair competition. Classification is not required for general participation in sport.

What is Provisional National classification?

This process has been designed to allow athletes 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 Para-Powerlifting classification system. This provisional classification form must be completed by the athletes physiotherapist or specialist, and is conducted in line with International classification rules for Para-Powerlifting.

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 classification?

If you do not agree 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 classification, 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.

Steps to Completing the Provisional process

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 Section 1 attached.

2. Complete SECTION 2: Athlete Evaluation (Provisional Powerlifting Classification Form)

Athletes are to make an appointment with a local Physiotherapist or Medical Doctor to complete the attached form in section 2 and conduct the appropriate testing. This must be submitted along with Sections 1 and 3 to PA.

3. Complete SECTION 3: Attach Medical Report / Letter

Your treating specialist or medical doctor is to provide a report confirming diagnosis. This should include comprehensive medical history and results from any relevant examinations, investigations or imaging studies.

4. Athlete to return submission (SECTIONS 1, 2 & 3) to:

Email: classification@paralympic.org.au

OR

Normal post:

Paralympics Australia - Classification Services
PO Box 596
Sydney Markets NSW 2129
classification@paralympic.org.au

When PA has received all the required documentation, it will be reviewed by a classifier. The classification result will be sent via email. Please allow at least 2 months for this process to be completed. If you have any questions on this process, please contact PA Classification Services on 02 9704 0500 or classification@paralympic.org.au

SECTION 1: Athlete Details and Informed Consent

Athlete to complete (To be completed by parent/guardian where athlete under 18 years)

Athlete Details (Athlete to complete)		
Surname:	First Name:	
Address:		
Suburb:	State:	Postcode:
Phone:		
E-mail:		
Date of Birth: ___ / ___ / _____	Gender: M / F	

Classification Summary (Classifier to complete)	
Sport	Para-Powerlifting
Class	<input type="checkbox"/> Eligible (Class): _____ <input type="checkbox"/> Athlete is Not Eligible (NE)
Level	Provisional
Status	Review
Medical Evidence	<input type="checkbox"/> Athlete has provided medical evidence <input type="checkbox"/> Athlete is required to provide further medical evidence Please detail: _____
Impairment Type	<input type="checkbox"/> Hypertonia (spasticity / dystonia) <input type="checkbox"/> Ataxia <input type="checkbox"/> Athetosis <input type="checkbox"/> Limb Deficiency <input type="checkbox"/> Impaired range of movement <input type="checkbox"/> Impaired muscle power <input type="checkbox"/> Leg Length Difference <input type="checkbox"/> Short Stature

Classifiers (Name & Signature)	Date

<p>Office Use Only</p> <p><input type="checkbox"/> Consent Form signed</p> <p><input type="checkbox"/> Athlete provided with copy of this result sheet on ___/___/_____</p> <p><input type="checkbox"/> Entered on Para-Powerlifting Masterlist on ___/___/_____</p>

SECTION 1 (continued): Informed Consent (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.

I agree to:

- 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.

I agree and consent to:

- My personal classification data being stored in any format by Paralympics Australia (PA) as required for classification purposes.
- My classification being completed:
 - My classification data including supporting documentation will be stored in a confidential database
 - Relevant information about my classification may be shared with third parties for the purposes of classification only (including but not limited to classifiers, PA and National Federation Classification personnel, International Federation classification personnel)
 - My name, state, date of birth, class and status will be made available on the PA 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-Powerlifting 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:

Any dispute, such as a protest or appeal, should be done through the appropriate channels in line with the classification rules.

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 2: INSTRUCTIONS FOR COMPLETION (Athlete Evaluation)

This form is for powerlifters with a physical impairment seeking a provisional level classification in Australia. It is used to collect sports specific information that will assist a PA authorised powerlifting classifier to determine a provisional powerlifting classification.

The form is marked where the athlete or medical professional are required to complete relevant sections.

1. Athlete to complete:

Section 2a	Athlete to complete their personal details and training history
------------	---

2. Approved Medical Professional to complete:

The form is marked where the approved medical professional (Physiotherapist or Medical Doctor) is to complete.

The approved medical professional will complete a range of physical measures and tests and record the results on the sheet where required.

This form is divided into sections relevant to an athlete's specific impairment.

Medical Professionals should **only** complete the parts of the form that relate to the athlete's impairment.

Section 2b	To be completed for ALL athletes
Section 2c	Complete for athletes with Limb Deficiency / Dysmelia / Leg Length Difference
Section 2d	Complete for athletes with impairment in Muscle Power or Passive Range of Movement
Section 2e	Complete for athletes with Hypertonia / Ataxia / Athetosis
Section 2f	Complete for athletes with Short Stature

3. Medical Letter / Report Attachment (provided by medical doctor)

4. Sections to leave blank.

All sections highlighted in yellow and marked for the authorised classifier to complete should be left blank.

Any questions about completing this form should be directed to:

Paralympics Australia

Classification Services

Phone: 02 9704 0500

Email: classification@paralympic.org.au

Website: www.paralympic.org.au

SECTION 2a Athlete Personal and Sport Details (to be completed by the Athlete)

Surname:	First Name:
Date of Birth: ___/___/_____	Gender: M / F

TRAINING AND COMPETITION HISTORY:

Years involved in the sport:	
Training sessions per week (Powerlifting):	
Training sessions per week (other, cross training):	
Other sport history:	
Strapping:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes:	One <input type="checkbox"/> Two <input type="checkbox"/>

SECTION 2b: Medical/Impairment Information (to be completed by Medical Professional for all athletes)

MEDICAL PROFESSIONAL DETAILS

Name:			
Profession:			
Address:			
Phone:			
Signature:		Date of assessment	___/___/___

Is the condition: Acquired Date: ___/___/___ Congenital

Is the condition: Stable Deteriorating /Progressive

Circle the eligible impairment(s) types impacting the athlete's ability to lift:

Hypertonia (Dystonia/Rigidity/Spasticity)	Limb Deficiency/Dysmelia	Impaired Muscle Power	Short Stature
Ataxia	Leg Length Difference	Impaired Passive ROM	
Athetosis			

Any other medical history (including surgeries, Botox injections etc)

Medication/s:

Does the athlete have:

Scoliosis (please describe) _____

Kyphosis _____

Other _____

SECTION 2c: Medical Professional to complete this information for Athletes with Limb Deficiency/Dysmelia/Leg Length Difference

Please document length of unaffected and affected limbs. Measurement should be from the highest point of the anterior superior iliac spine to the mid-point of the medial malleolus.

Lower Limb	Left	Above knee	_____ cm
		Below knee	_____ cm
	Right	Above knee	_____ cm
		Below knee	_____ cm

SECTION 2d: Medical Professional to complete this section for Athletes with an impairment in Muscle Power or Passive Range of Movement

Please document Muscle Power (MRC scale) & passive range of movement (PROM).

Lower Limbs		Muscle Strength (1-5)*		Range of Movement PROM (Degrees)	
Hip	Flexion				
	Extension				
	Abduction				
	Adduction				
Knee	Flexion				
	Extension				
Ankle	Dorsiflexion				
	Plantarflexion				
	Eversion				
	Inversion				
TOTAL				Max 50 points each lower limb	

Additional Remarks						
Range of Elbows	Left	Full range		Right	Full range	
		Range of:	deg		Range of:	deg
Fixed knee angle			deg			deg

*MRC scale for Muscle Power	
0	No muscle contraction is visible
1	Muscle contraction is visible but there is no movement of the joint
2	Active joint movement is possible with gravity eliminated
3	Movement can overcome gravity but not resistance from the examiner
4	The muscle group can overcome gravity and move against some resistance from the examiner
5	Full normal power against resistance

SECTION 2e: Medical Professional to complete this section for Athletes with Hypertonia/Ataxia/Athetosis

Athletes with Hypertonia (Dystonia/Spasticity/Rigidity) /Ataxia/Athetosis:

Clonus		Left	Present	Absent
		Right	Present	Absent
Reflexes	Knee jerk (L3,4)	Left	Present	Absent
		Right	Present	Absent
	Ankle jerk (S1)	Left	Present	Absent
		Right	Present	Absent
Spasticity** (Ashworth)	Lower limbs	Left	Present	Absent
		Right	Present	Absent

****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 difficult

Grade 4 Limb is rigid in flexion

Lower limb co-ordination tests	Description	
Heel-shin test (circle any applicable)	Symmetrical	Asymmetrical
	Smooth	Evidence of Ataxia
Heel / toe alternate tapping	Symmetrical	Asymmetrical
	Smooth	Evidence of Ataxia
Toe to testers finger	Symmetrical	Asymmetrical
	Smooth	Evidence of Ataxia
Heel-toe walking on a line (circle any applicable)	Smooth	Evidence of Ataxia

SECTION 2f: Medical Professional to complete this section for Athletes with Short Stature

Current standing height	_____cm
Predicted terminal height (please provide predicted growth charts)	_____cm

SECTION 3: MEDICAL DIAGNOSTIC REPORT / LETTER (Please Attach)

Submitting athlete to attach letter/report from treating doctor, confirming diagnosis. This should include comprehensive medical history and results from any relevant examinations, investigations or imaging studies.

CLASSIFICATION DECISION

(to be completed by Authorised Powerlifting Classifier):

Has supporting medical documentation been provided? YES / NO

Eligible impairment type:

- Hypertonia (spasticity, dystonia or rigidity)
- Athetosis
- Ataxia
- Limb deficiency
- Leg length difference
- Impaired muscle power
- Impaired Passive ROM
- Short Stature

Powerlifting Class:

- E - Eligible
- NE – Not Eligible

Sport Class Status:

- Provisional Review (1 classifier) Review Year* _____

Rationale for Class Allocated:

Paralympics Australia Classifier

Name: _____

Signature: _____

Date: ____ / ____ / _____