

# WORLD PARAVOLLEY MEDICAL DIAGNOSTIC FORM COMPLETION GUIDE (for NPC/NFs and Physicians Completing Form)

This guide has been developed to assist NPC/NFs and doctors in completing the Medical Diagnostic Form. Please also complete the checklist at the end of the form for a final check.

## 1. ATHLETE INFORMATION

**(Completed by National Federation or National Paralympic Committee)**

**Athlete Information** (to be completed by the NPC/NF)

Family Name:			
Given Name(s):			
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Date of Birth: <input type="text" value="dd/mm/yyyy"/>
NPC/NF:		PVSAS ID:	

Please write Athlete Family Name and Given Name as it is written into their passport. Click on correct gender. Date of birth should be written in the format dd/mm/yyyy. If athlete is new and has not been entered into PVSAS, the PVSAS field will remain blank.

## 2. MEDICAL INFORMATION

**(Completed by Registered Medical Doctor or Medical Specialist)**

### a) Athlete's Medical Diagnosis & Description:

**Medical history** (to be completed **typed**, in English by a registered Medical Doctor, M.D.)

Athlete's Medical Diagnosis (Health Condition):	
Include description of body parts affected and limitations:	
<b>Primary Impairment/s arising from the Medical Diagnosis (Health Condition):</b>	
<input type="checkbox"/> Limb Deficiency/loss <input type="checkbox"/> Leg length Difference <input type="checkbox"/> Impaired muscle power <input type="checkbox"/> Ataxia <input type="checkbox"/> Athetosis <input type="checkbox"/> Impaired passive range of motion <input type="checkbox"/> Hypertonia	
Medical condition is: <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Progressive <input type="checkbox"/> Fluctuating	
Year of onset: <input type="text" value="(yyyy)"/> <input type="checkbox"/> Congenital (birth)	

Details of the medical diagnosis (health condition) must be provided, including a description of body parts affected, side of involvement (right/left), and the limitations experienced due to the health condition.

*Example:*

*Medical diagnosis : motor vehicle trauma 2005 –fractured left tibia/fibula with associated tibial nerve injury left leg*

*Description of body parts affected and limitations: Left leg weakness affecting all muscles over ankle*

**b) Primary Impairment from the Medical diagnosis:**

**Medical history** (to be completed **typed**, in English by a registered Medical Doctor, M.D.)

Athlete's Medical Diagnosis (Health Condition):	
Include description of body parts affected and limitations:	
<b>Primary Impairment/s arising from the Medical Diagnosis (Health Condition):</b> <input type="checkbox"/> Limb Deficiency/loss <input type="checkbox"/> Leg length Difference <input type="checkbox"/> Impaired muscle power <input type="checkbox"/> Ataxia <input type="checkbox"/> Athetosis <input type="checkbox"/> Impaired passive range of motion..... <input type="checkbox"/> Hypertonia	
Medical condition is: <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Progressive <input type="checkbox"/> Fluctuating	
Year of onset:                      (yyyy)..... <input type="checkbox"/> Congenital (birth)	

The first decision the classification team must make is whether the athlete has an eligible type of impairment. There are seven eligible types of impairment in World ParaVolley Sport and these are listed in the box. An athlete who does not have at least one of the eligible impairment types is not eligible to compete in international ParaVolley Sport. If an athlete has more than one Eligible Impairment, then more than one box can be ticked, but diagnoses and medical documents must be included to support both Eligible Impairments.

*For the above Example : tick off "Impaired Muscle Power" (nerve injury leading to impaired muscle power)*

**c) Medical Condition is permanent/stable/progressive/fluctuating:**

**Medical history** (to be completed **typed**, in English by a registered Medical Doctor, M.D.)

Athlete's Medical Diagnosis (Health Condition):	
Include description of body parts affected and limitations:	
<b>Primary Impairment/s arising from the Medical Diagnosis (Health Condition):</b> <input type="checkbox"/> Limb Deficiency/loss <input type="checkbox"/> Leg length Difference <input type="checkbox"/> Impaired muscle power <input type="checkbox"/> Ataxia <input type="checkbox"/> Athetosis <input type="checkbox"/> Impaired passive range of motion..... <input type="checkbox"/> Hypertonia	
Medical condition is: <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Progressive <input type="checkbox"/> Fluctuating	
Year of onset:                      (yyyy)..... <input type="checkbox"/> Congenital (birth)	

Please note if the Athlete's current presentation is stable or whether it is likely to change over time (progressive or fluctuating). The condition must be permanent (i.e. no chance of complete recovery), but the degree of impairment may be fluctuating (e.g. multiple sclerosis). Indicate the year of onset or tick the congenital box.

## d) Diagnostic Evidence to be attached:

<p><b>Diagnostic Evidence to be attached:</b></p> <p>Evidence to support the above diagnosis MUST be attached typed, in English for ALL athletes:</p> <p><input type="checkbox"/> Medical Diagnostic Report and Physical Examination results (for example X-rays for Athletes with <u>dysmelia</u>, photo for Athletes with amputation, Ashworth Scale for Athletes with Cerebral Palsy, EMG/Nerve Conduction studies for Athletes with peripheral nerve injury), photo and measurements for Athletes with leg length difference, X-rays or CT Scan for Athletes with Impaired passive range of motion from a trauma/disease).</p> <p>WPV holds the right to request additional diagnostic evidence as per article 7.5 and 7.6 in WPV Classification rules and Regulations, including but not limited to:</p> <p><input type="checkbox"/> Report(s) from additional diagnostic testing (for example, EMG, MRI, CT Scan) <u>and</u> recommends they be provided if available.</p>
<p><b>Treatment History:</b></p> <p> </p>
<p><b>Anticipated Future Treatments:</b></p>
<p><b>Regular Medication – List dosage and reason:</b></p>
<p><b>Presence of additional medical conditions/diagnosis:</b></p> <p><input type="checkbox"/> Vision impairment      <input type="checkbox"/> Impaired respiratory function      <input type="checkbox"/> Joint Hypermobility/instability</p> <p><input type="checkbox"/> Impaired metabolic functions      <input type="checkbox"/> Impaired muscle endurance (e.g. Chronic fatigue)</p> <p><input type="checkbox"/> Hearing impairment      <input type="checkbox"/> Impaired cardiovascular functions</p> <p><input type="checkbox"/> Psychological diagnoses      <input type="checkbox"/> Pain      <input type="checkbox"/> Other: _____</p>

Supporting Medical documentation **MUST** be provided to support the diagnosis (Underlying Health Condition) and the Eligible Impairment. For the example of a tibial nerve injury, a medical report describing the injury and signed by the physician, and EMG report outlining the tibial nerve involvement would be appropriate to support the diagnosis and impairment (*tick off medical report and include report in uploaded documents*).

For dysmelia and amputation impairments, photographs or description of the amputation level (in some cases, xrays may be needed) should be provided. For “Impaired Passive Range of Motion”, surgical or other medical reports, and xrays may be appropriate to provide to confirm the underlying health condition. Passive ROM measurements would also be helpful.

## e) Treatments, Medications & other conditions:

<p><b>Diagnostic Evidence to be attached:</b></p> <p>Evidence to support the above diagnosis MUST be attached typed, in English for ALL athletes:</p> <p><input type="checkbox"/> Medical Diagnostic Report and Physical Examination results (for example X-rays for Athletes with <u>dysmelia</u>, photo for Athletes with amputation, Ashworth Scale for Athletes with Cerebral Palsy, EMG/Nerve Conduction studies for Athletes with peripheral nerve injury), photo and measurements for Athletes with leg length difference, X-rays or CT Scan for Athletes with Impaired passive range of motion from a trauma/disease).</p> <p>WPV holds the right to request additional diagnostic evidence as per article 7.5 and 7.6 in WPV Classification rules and Regulations, including but not limited to:</p> <p><input type="checkbox"/> Report(s) from additional diagnostic testing (for example, EMG, MRI, CT Scan) <u>and</u> recommends they be provided if available.</p>
<p><b>Treatment History:</b></p>
<p><b>Anticipated Future Treatments:</b></p>
<p><b>Regular Medication – List dosage and reason:</b></p>
<p><b>Presence of additional medical conditions/diagnosis:</b></p> <p><input type="checkbox"/> Vision impairment      <input type="checkbox"/> Impaired respiratory function      <input type="checkbox"/> Joint Hypermobility/instability</p> <p><input type="checkbox"/> Impaired metabolic functions      <input type="checkbox"/> Impaired muscle endurance (e.g. Chronic fatigue)</p> <p><input type="checkbox"/> Hearing impairment      <input type="checkbox"/> Impaired cardiovascular functions</p> <p><input type="checkbox"/> Psychological diagnoses      <input type="checkbox"/> Pain      <input type="checkbox"/> Other: _____</p>

Please list any past and current treatments.  
 Please list any anticipated future treatments.  
 List all medications, dosage, and the reason for the prescription.  
 Please tick any other additional medical conditions/diagnosis that are present.

**3. PHYSICIAN IDENTIFICATION AND CREDENTIALS  
 (Completed by Physician/Medical Specialist)**

<input type="checkbox"/> I confirm that the above information is accurate.	
Doctors Name:	
Medical Specialty:	Registration Number:
Address:	
City:	Country:
Phone:	E-mail:
Signature:	Date:

Please tick the confirmation box and complete **EACH** box. The form **MUST** be signed and dated by the Physician. If incomplete, the form will be returned.

**The completed form and supporting documents must be uploaded to the online ParaVolley Sport Administration System (PVSAS).**

**PLEASE CHECK THIS LIST TO ENSURE INFORMATION IS COMPLETE:**

All athlete identification fields are completed and correct	<input type="checkbox"/>
Medical diagnosis field has been completed with side of impairment (right/left) listed, level of amputation (if applicable), and other details.	<input type="checkbox"/>
An eligible impairment field (or fields) has been identified correctly	<input type="checkbox"/>
All additional documents that support the eligible impairment have been attached with this form to be uploaded to PVSAS	<input type="checkbox"/>
The identification and contact fields for the physician identification area are fully completed	<input type="checkbox"/>
The form is signed by the physician	<input type="checkbox"/>