CLASSIFICATION MANUAL

for

BOWLERS WITH PHYSICAL DISABILITIES

**** October 2025 ****

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1.   HOW DO YOU BECOME A WORLD BOWLS PARA CLASSIFIER?

1.1   Background and Experience

Medical Classifier (certificate of graduation needs to be provided)
- Physiotherapist
- Medical Doctor
- Occupational Therapist or other health professional with required medical knowledge, including anatomy, physiology and pathology.

Technical Classifier
- Experienced in competitive bowls, coaching, umpiring, etc.

1.2   Criteria and Requirements

- Participation in a World Bowls Para (WBPara) accredited classification seminar

- Competency evaluation (open book written test).

- Classify a wide variety of disabilities.

- Respond to correspondence

- Officially classify at least once a year. (Authorisation is lost if inactive for a period of 12 months or more)

- Forward copies or scans of all classification sheets to the WBPara Head Classifier

- Authorised classifiers are subject to ongoing evaluation

- Working knowledge and conversant in the English language

- Observe at all times the Classifier Code of Conduct

Relevant websites:

www.interdisabledbowls.org

www.paralympic.org

Links to IPC Handbook, the IPC Classification Code etc.

2.   CLASSIFICATION ADMINISTRATION

2.1   National Classifiers

National Classifiers may be appointed by the WBPara Classification Committee from suitably qualified and experienced people who have successfully completed a WBPara Classification Seminar. There are two (2) types of classifiers as stated in clause 1.1; Medical and Technical. A National Medical Classifier can issue an **N** classification; a Technical Classifier, when working alone, a **T** (Temporary Status) classification. Countries may wish to issue their own National Classification Cards.

The role of National Classifiers is to classify bowlers in their own country prior to a competition. A team consisting of one Medical Classifier and one Technical Classifier is recommended, but classifiers can work alone following the above status rules if this is impossible. Any bowler issued with a New or Temporary classification must be re-classified when attending their next WBPara sanctioned competition to verify their status and be added to the WBPara database. If a bowler is classified outside of competition, meaning that the Observation Assessment **(OA)** is not completed, the bowler is issued an **"R-NAO"** (next available opportunity) status.

2.2   International Classifiers

International Classifiers will be nominated by the WBPara Classification Committee from authorised National Classifiers who have conducted classifications in at least two (2) WBPara sanctioned international competitions under the supervision of the WBPara Classification Committee. Nominations will be confirmed and approved by the WBPara Executive Committee. They are authorised to issue **R** (Review Status) or **C** (Confirmed Status) classifications.

In addition to classifying bowlers at national and international competitions an International Classifier shall also be an instructor at a classification seminar when requested by the WBPara Classification Committee.

2.3   Regional Classifiers: are appointed from International Classifiers, they are responsible for the Sport Region that they reside in (Africa, Asia, Oceania, Europe, North America, South America)

2.4   WBPara Head Classifier

The WBPara Executive Committee will appoint a Head Classifier from the International Classifiers who will become a member of the Executive Committee, be chairperson of the WBPara Classification Committee and be an instructor at classification seminars.

2.5   Competition Classification Committee (CCC)

A Competition Classification Committee will be nominated by the WBPara Classification Committee and appointed by the Organising Committee of a WBPara sanctioned competition. The CCC will be responsible for classifying any new bowlers or bowlers with a **T**, **N** or **R-NAO,** or **R-FRD** status (where the fixed review date is current)

It is a requirement for all intending entrants to have at least an **"N"** status classification before being considered for selection to participate in a team for National and International Competition.

Where the eligibility is in any doubt (loss of only 15 points or less), the Regional or Head Classifier should be consulted.

This is to prevent unnecessary expense and disappointment should a bowler be found to be ineligible to play. It also is to ensure that this player does not take the place of another bowler who is eligible and entitled to compete.

3. CLASSIFICATION IN SPORT

Who needs to be classified?
- Athletes competing in sports involving different weight divisions
  e.g. weight lifting, boxing, martial arts.
- Junior athletes, who are classified according to their age.
- Athletes competing in sports where gender is separated
  e.g. swimming, golf, tennis
- Athletes with a disability.

Why classify athletes with a disability?
- Classification systems provide for fair and equitable competition at all levels.

Different disability groups
- Athletes with a visual disability
- Athletes with a physical disability
- Athletes with an intellectual disability

Disabilities included in physical disability category
(See appendix I, J and K for WBPara classification rules as to which conditions are eligible and which are not.) Eligible impairments are referred to as **Underlying Health Conditions (UHC)**

Generally:
- Spinal cord injuries
- Polio
- Amputations
- Cerebral palsy
- Head injuries
- Progressive disorders, e g. multiple sclerosis
- Les autres i.e. achondroplasia, arthrogryposis
- Any locomotor disability

Disabilities not included in the physical disability system
- Transplants
- Deaf
- Visual impairment
- Mental impairment
- Diabetes
- Epilepsy
- Developmental delay
- ADD

History of classification in disabled sport
Competitions were devised for specific medical groups
 i.e. amputees, polio, spinal injuries, cerebral palsy.

Each disability group had their own classification system:
- CPISRA for cerebral palsy and head injuries
- ISMWSF for spinal cord injuries
- ISOD for orthopaedic conditions and amputees
- IBSA for blind athletes

This resulted in lots of small competitions, often with low numbers of entrants.

4. DEVELOPMENT OF A SPORT SPECIFIC SYSTEM

Emphasis has been taken away from the medical diagnosis, and placed directly onto function(s) specific to a particular sport.

Athletes are put into classes according to their level of function, rather than according to their diagnosis.

Athletes are assessed using measures of:
- Muscle strength
- Range of joint movement (ROM)
- Co-ordination
- Limb length
- Body height
- Balance

The importance of these various factors will differ with each sport, thus classification becomes sport specific, e.g. the ability to grip a bowl is a different function than being able to 'catch' the water in swimming The length of an amputated leg is more important in swimming, where no prosthesis is worn, than in lawn bowls, where the athlete wears a prosthesis.

In the sport specific classification system, a class will usually include a variety of different medical diagnoses.

Advantages of a Sport Specific Classification System
- Reduces the number of events thus increasing the opportunities for participation.
- Looks at residual ability, not disability
- By looking at the factors important for each sport, it makes the competition fairer.
- Helps each sport to develop elite athletes who can then progress to competition in high profile events such as the World Championships

Sport Specific Classification system for Bowls
Adopted at the Sports Assembly held in June 2004 at the World Championships in Kuala Lumpur, Malaysia.

WBPara have a classification Master list (database) on which all bowlers are listed

5.   FUNCTION

The main sensory and physical functions of bowling have been identified as:

- **Vision:**
  Ability to see a jack and bowls on a full-length end

- **Grip:**
  Ability to hold and release a bowl

- **Balance:**
  In the stance and during delivery

- **Step and Bend:**
  Forward movement and lowering of the body to deliver a bowl.

- **Arm Swing:**
  Back and forward movement of the arm during delivery.

- **Upper body strength:**
  Ability to play a full-length end.

With these functions identified, the system consists of 4 classes for athletes with a vision impairment and 4 classes for athletes with a physical disability, each with a mixture of ambulant and wheelchair athletes (except the B8 class where all bowlers are ambulant).

Codes used by IPC and WBPara in Compliance with the 2025 IPC Classification Code

- **UHC** Underlying Health Condition
- **EI** Eligible Impairment
- **MIC** Minimal Impairment Criteria

Sport Class status codes:

- Confirmed **(C)**

- Review at the Next Available Opportunity **(R–NAO)**

- Review with a Fixed Review Date **(R–FRD)**

- Expired **(E)**

- Classification Not Completed **(CNC)**

- Not eligible, underlying health condition **(NE-UHC)**

- Not eligible, eligible impairment **(NE-EI)**

- Not eligible, minimal impairment criteria **(NE-MIC)**

(See **WBPara Classification Rules** available on our website)

www.interdisabledbowls.org

5.1   UHC

A bowler must provide evidence of their medical condition, which leads to the functional limitations

A **WBPara Certificate of Diagnosis Form,** to be filled in by the doctor involved, is available on the WBPara website:

www.interdisabledbowls.org

This medical information is provided confidentially to the **UHC Assessor** at least 1 week prior to a classification session. The UHC assessor is the medical classifier involved in the session. If the condition is deemed ineligible, the UHC assessor verifies this with a senior medical classifier.
The bowler is informed as to why they are not eligible, so that there is no unnecessary travel or cost involved.
The bowler will be listed on the Database as **NE-UHC**

In the case of no medical information, or inadequate medical information, the classification process cannot be completed.

5.2   MIC

- A bowler must have lost at least 10 points to be eligible for classification. This is called the **Minimal Impairment Criteria (MIC)**

- Bowlers are eligible to compete in WBPara sanctioned competitions if they have a vision impairment
or physical disability that causes or ought to cause a noticeable impairment of function while bowling.

- Physical Disability is any birth defect, injury, surgery, or disease process, which causes a medically evident permanent and irreversible impairment of physical function, which is measurable.

- Disability solely due to mental or psychological causes, or to disorders which could be corrected by the bowler, such as obesity, is not considered eligible for competition, even if it causes noticeable impairment of function while bowling.

5.3   Physical Impairment

Limb Length (Amputees)
A minimum of 10 points must be lost from either leg or the bowling arm. 30 points must be lost from the non-bowling arm. In the case of change of dominance due to amputation, the original dominant arm is assessed and needs to have lost 10 points.

In the case of severe leg length shortening with no corrective surgery or prosthesis available (as in untreated fractures) a shortening of 7 cms equates to the loss of 10 points.

In the case of all fingers of the bowling arm being absent (as in dysmelias) the functional test becomes all important.

If the bowler needs a splint to hold the bowl, he is eligible. (Loss of fingers in the non-bowling arm does not make the bowler eligible, unless change of dominance has occurred).

The balance and strength tests are applied in the normal way to determine which class the bowler should be in.

Body height
For bowlers with Achondroplasia or Growth Disorders, a maximum height of 137cms for males and 130 cms for females makes them eligible in the B8 class. If there are other disabilities, this may change their class.

Range of Motion (joint stiffness)
A minimum of 10 points must be lost from either leg, the trunk, or the bowling arm. (The points may come from various limbs).

However, if only the non-bowling arm is affected, a minimum of 30 points must be lost. A condition resulting in the bowler having to bowl with the non-dominant arm (such as shoulder fusion), counts as a loss of 10 points in the bowling arm.

Ankle ROM is not measured, as it is felt where one stiff ankle is present, the bowler can compensate functionally with ROM in other joints. In the case of 2 fused ankles, the bowler could be assessed for loss of muscle power, and thus be eligible.

Muscle power and co-ordination
A total of 10 points must be lost from all limbs, excluding the non-bowling arm. 30 points must be lost from the non-bowling arm if this is the only part of the body affected. A condition resulting in the bowler having to bowl with the non-dominant arm (such as hemiplegia), counts as a loss of 10 points in the bowling arm.

When they exist with no other physical impairment, the following conditions <u>do</u> <u>not</u> <u>make</u> a person eligible for IBD competitions:

> a) wear and tear due to advancing age,
> b) general debilitating disease,
> c) obesity,
> d) osteochondritis,
> e) psychiatric conditions (including conversion disorder)
> f) skin diseases,
> g) haemophilia,
> h) epilepsy,
> i) cystic fibrosis,
> j) fibromyalgia,
> k) myalgic encephalitis,
> l) internal organ dysfunction or absence
> m) complex regional pain syndrome

6. **<u>WBPara Classes</u> B1-B4 are for Visually Disabled (VI) bowlers**

   B1   No light perception in either eye up to light perception but no recognition of hand movements at any distance or any direction.

   B2   From the ability to recognize hand movements up to a visual acuity of 2/60 (Snellen).

   B3   From a visual acuity of better than 2/60 (Snellen) up to a visual acuity of 6/60

   B4   A visual acuity of better than 6/60 (Snellen) up to a visual acuity of worse than 6/24 (Snellen) and/or a visual field of less than 20 degrees.

Classes B5- B8 are for Physically Disabled (PD) bowlers

B5   Wheelchair bowlers who can only use a very small bowl
(size OO) due to limitation of upper limb function.

Ambulant and wheelchair bowlers with restricted grip and
upper body limb function, poor balance and co-ordination,
unable to bowl a full-length end or needing a splinting device
to do so. (Not including the bowling arm as used in Australia)

B6   Ambulant and wheelchair bowlers with reduced balance
function (loss of 5 points or more) but able to bowl a full length
end.

B7   Ambulant and wheelchair bowlers with minor balance problems
(loss of less than 5 points).

B8   Ambulant bowlers, who have a permanent and irreversible
disability, have lost 10 points on the bench test, but have
minimal impairment of function (loss of 0-1 points).

7. <u>CLASSIFICATION PROCEDURE</u>

In order for the classification process to occur, a bowler must have an eligible condition
(see Appendices I, J and K).

Classification will not occur without evidence of an eligible condition, as seen on the
Certificate of Diagnosis form. Bowlers are given a **"NE-UHC"** status, and recorded on the database.
The bowler is given the opportunity to be reviewed by another UHC assessor. If this is requested,
they are recorded as **"NE-UHC review",** and another UHC assessor is asked to review the medical
information. If the second assessor agrees that the bowler is **NE**, the bowler is then recorded on the
database as **"NE-UHC"** with details of both UHC assessors.

7.1   **Stage 1**   **UHC Assessment (Occurs before classification session by UHC Assessor)**
Medical classifier assesses all Certificates of Diagnosis (**CoD)** to decide who is and who isn't
eligible, according to their **UHC** (as above)

7.2   **Stage 2**   **MIC.** Ideally, this occurs in-competition, the day before the competition starts.
The medical classifier(s) determine if the MIC has been reached. If "yes" then stage 3 of
the classification occurs. If "no" the bowler is deemed **"NE- MIC".** The bowler is given the
opportunity to be assessed by another classification panel (when available). They are then
given a status of **"NE- MIC review".** If there is another classification panel available at the
competition, they will be assessed by that panel. If not, they will be given the opportunity for
review at the next available opportunity. If the second assessor also deems the bowler **"NE-
MIC"**, then this status is recorded on the database, with details of both medical classifiers.

WHAT DO YOU ASSESS
Choose one of the following;
- Muscle strength
- Co-ordination
- Limb length or body height
- Range of motion (ROM)

In some athletes, the choice may be obvious e.g. amputees, spinal cord injury,
cerebral palsy. However, sometimes the choice is not so clear. In these

circumstances, choose the criteria that most disadvantages the athlete.
This may be a different category for different parts of the body e.g. ROM in a stiff shoulder, but muscle power in the lower limbs.
If the bowler reaches the **MIC,** he/she will proceed to Stage 3.

7.3   Stage 3   On-green assessment to determine bowler's class.

The bowler is assessed on the green, to ascertain their bowling functional limitations, by the technical classifier(s). The medical classifier may also be involved in this stage. The assessment forms for Ambulant and Wheelchair bowlers are different, but both aim to asses the same functions. (See WBPara classification form)

7.4   Stage 4   Observation Assessment (OA)

The bowler is observed during their first performance in competition. The observation forms for either ambulant, or wheelchair bowlers are used. Both medical and technical classifiers combine to decide on the final class outcome, and the resulting status of the bowler. The bowler is then informed. A list of all classification outcomes is published (in an International Competition) or given to the Organising committee at a national event.
In the unlikely event that this affects the drawer, the classifiers discuss the issue with the organising committee. The bowler must compete in the final class that he/she has been classified in. However, they may bowl in a higher class if requested, but not a lower class.
E.g. in the case of pairs, if one bowler is a B6, and one is a B7, they must compete in the B7 class.
The classification results are then sent to the WBPara Head Classifier who updates the WBPara database on the website.

Bowler's responsibility for classification
It is the bowler's responsibility to be sure that they are properly classified before competing in a WBPara sanctioned competition.

The team manager should submit a list of all proposed competitors, with their relevant classification status, highlighting which bowler's will need to classified.

This should be done when registering to enter a competition.

Bowlers must be informed of the need to have the **WBPara Certificate of Diagnosis Form** completed by a doctor, and submitted to the medical classifier **prior** to classification.
The **Consent to Classification form** must also be signed. This absolves the classifiers from any pain or discomfort caused during the classification process. It is also an agreement that the bowler consents to their name being added to the WBPara Database.

This is a minimum requirement.

If possible, x-rays etc. would also be useful.

Bowlers not on the database, or with a "**T"** or **"N",** status must be classified
prior to commencement of a competition by an International panel.

Bowlers with an **R -NAO** status require classification
Bowlers with an **R-FRD** must be seen if their review date is up.

8. **Stage 2** __BENCH TEST PROCEDURE__

Note: Medical classifiers **only** perform these tests. Technical classifiers are not qualified to conduct bench tests and are only permitted to observe tests conducted by, and with the approval of a medically qualified classifier.

When bench testing an athlete, <u>one</u> of the following tests must be selected:

1) Muscle strength testing
2) Co-ordination testing
3) Measurement of limb length (amputees) or body height in the case of achondroplasia (max height of 130cms for females and 137cms for males).
4) Range of motion testing

In the situation of an athlete having deficits in more than one criterion (e.g. muscle weakness plus contractures), the criterion which loses the most points is measured and recorded.

The aim of the bench test is purely to ascertain that the bowler has reached the **MIC (loss of 10 points).**
The sport specific tests are recorded in addition to this, for every athlete.

NB: Bowlers must present for classification in the chair, and/or with the adaptive equipment that they would use to bowl. If they do not have their equipment or bowling chair, they must be sent away to get it before being assessed.

8.1 Muscle strength testing
Where muscle weakness is the primary disability use muscle strength testing e.g. spinal cord injury, polio, muscular dystrophy, etc

The world-wide recognised 0-5 scale is used:

Adapted Research Council (MRC) Scale

0	=	no muscle contraction
1	=	flicker of muscle contraction
2	=	movement through range with gravity eliminated
3	=	movement through range against gravity
4	=	movement through range against gravity and some resistance
5	=	normal muscle power

- No + or – should be given, so a true grade can be assessed

- Keep to order of testing to prevent too much movement around the bench. Some muscle tests can be done in the wheelchair (tetraplegics, trunk control)

- Watch for some conditions where the muscle power may be good, but the range of movement not full, thereby affecting the grade. (Spina bifida)

- Athletes will sometimes not give maximum effort, making observation on the green and in competition very important

- Always keep in mind how the alteration in function will affect the action of bowling.

- Muscle testing is vitally important for borderline eligibility e.g. an athlete with only a common peroneal nerve palsy will not be eligible, since they will only have lost 5 points.

8.2 Co-ordination testing

When the primary disability arises from the central nervous system (CNS)
e.g. cerebral palsy, head injury, brain lesion, multiple sclerosis etc. then the co-ordination test is used.

Spasticity
Unable to relax and/or contract muscles fluently. Movements look jerky and awkward.
Muscle tone is hypertonic or hypercontractile (often associated with contractures)

Athetosis
Voluntary movements are spasmodic without control, and sometimes trembling is evident.

Ataxia

Unco-ordinated and difficult gait, unbalanced. Unable to use proper strength and/or direction when doing a movement.

For functional classification, a Co-ordination Testing Scale has been developed similar to the muscle strength testing.

Co-ordination Testing Scale

0   No functional movement at all

1   Very severely restricted range of movement due to severe hypertonic muscle stiffness and/or minimally co-ordinated movements

2   Severely restricted range of movements with severe spasticity. Hypertonic muscle stiffness present and/or severe co-ordination problems

3   Moderate range of movement, moderate spasticity with tone restricting movement and/or moderate co-ordination problems.

4.   Almost full range of movement with slight spasticity and slight increase in muscle tone and/or slight co-ordination problems.

5.   Normal

In the context of Bowls, the most important factors to note are:

- Does the athlete have enough loss of function to be eligible? **(MIC)**

- How does the co-ordination affect hand function? (see separate hand function test)

- How does the co-ordination affect balance for bowl and jack delivery?

Co-ordination Test Scoring:

0 = No functional movement at all.

1 = Very severely restricted range of movement (ROM) due to severe hypertonic muscle tone and /or minimally coordinated movement.

2 = Severely restricted ROM with severe spasticity. Hypertonic muscle stiffness present and/or severe co-ordination problems.

3 = Moderate ROM, moderate spasticity with tone, movement and/or moderate co-ordination problems

4 = Almost full ROM with slight spasticity and slight muscle tone and/or slight co-ordination problems

5 = Normal

	Left	Right
Sitting: 1) Ask bowler to place hands on thighs, palms down. Then turn hands over to palm up position. Give the bowler a practice trial, then get them to repeat fast for 10secs. Alternate hands so one is up, one down. Increase speed.		
2) Both hands together, make a fist, then stretch fingers as wide as possible 10secs Repeat as fast as possible 10secs Repeat alternating hands gripping and stretching 10secs		
3) Arms held out in front. Flex and extend elbows through full ROM 10secs Repeat as fast as possible 10 secs Repeat alternating arm action 10secs		
4) Repeated sit-stand test, with arms folded across chest. Perform test for 30 secs. (10 repeats or more is normal, with no assistance / help from hands)		
Supine: 5) Bowler lifts one foot to touch the examiner's hand. Move hand around to make the bowler follow. Repeat with other foot.		
6) Bend one leg up and slide heel down the shin of the other leg. Repeat as fast as possible 10secs Repeat with the other leg 10 secs		
7) Legs flat on couch. Ask bowler to dorsiflex/plantarflex ankles through full ROM 10 secs Repeat as fast as possible 10 secs Repeat with feet action alternating 10secs		
Gait: 8) High stepping on the spot for 30 secs, alternating legs, as fast as possible.		
9) Standing on one leg, no support 10 secs Repeat with other leg 10 secs		
10) Timed up and go. Bowler starts in sitting. Ask him/her to stand up, walk 3 metres, turn, walk back, then sit down. (Normal speed is 10 secs or less)		

TOTAL:
        Possible score for each side = 50
        To be eligible to play in IBD system, <u>10 points</u> must be lost.		

8.3 Measurement of Limb Length

In the case of athletes who have been born with short limbs, or who have experienced an amputation, the bench test involves measurement of the affected limb.

The body chart on the assessment form is used to highlight the portion of limb(s) missing.

Each limb scores a total of 30 points. This is made up of the following:

    <u>**Legs**</u>

Below ankle	**= 10 points**
Knee to ankle	**= 10 points**
Hip joint to knee	**= 10 points**
Total	**= <u>30 points</u>**

    <u>**Arms**</u>

Below wrist	**= 10 points**
Elbow to wrist	**= 10 points**
Below shoulder joint to elbow	**= 10 points**
Total	**= <u>30 points</u>**

To be eligible for WBPara classification, the athlete must have lost at least 10 points in either lower limb, or in the bowling arm.

- **In the non-bowling arm, at least 30 points must be lost, unless the bowler has had to change dominance due to disability. Where the bowler has lost most of the non-bowling arm (just below the shoulder) this counts as a loss of 30 points. The bowler would be in a B8 class, unless other disabilities are present**

- **Change of dominance equates to loss of 10 points, so the bowler would be eligible.**

8.4   Joint Mobility Testing

Joint mobility testing is used on athletes who have reduced range of motion in one or more joints e g severe Perthe's disease, hip fusion, arthrogryposis etc.

The degrees of movement available to each joint is converted to a 0 – 5 scale

Range of Motion / Joint Mobility Scale

0	**No functional range of motion (FROM)**
1	**Slight FROM**
2	**25% FROM**
3	**50% FROM**
4	**75% FROM**
5	**Normal FROM**

A goniometer is used to assess joint range of motion.
Note: if there are any contractures and only record the functional range e g. :

- a knee with a fixed flexion deformity of 30', that flexes to 90',
  has a **FROM of 60' = 2 points**

- a knee with no fixed flexion deformity that flexes to 90'
  has a **FROM of 90' = 3 points**

- To be eligible for IBD classification, the athlete must have lost **at least 10 points in either lower limb, or in the bowling arm** e g. loss of wrist FROM, or Elbow FROM.

- In the **non-bowling arm, at least 30 points must be lost**

9.   SPORT SPECIFIC TESTS

9.1   Hand Function Guide
Use the following as a guide only to determine bowlers hand function.

1)   Observe hands for signs of wasting

2)   Athlete puts forearms on the table, palms down, have athlete tap fingers digits 1-5, as if playing the piano

3)   Have athlete make O's with each digit and thumb. Classifier to try to break pinch grip.

4)   Observe athlete's ability to pick up an object and then release it again (e.g. pencil case) in quick succession x 10

5)   Is athlete able to hold a standard size bowl?
(Note: standard bowls range in size from 00 (117.4mm diameter to size 7 (130.2mm diameter)

6)   Is athlete able to bowl without assistance of a splint or other apparatus to assist in hand func

CLASSIFICATION FOR LAWN BOWLS: <u>AMBULANT</u> <u>BOWLER</u>

NAME: …………………………………..………………… **BOWL SIZE:** ….……

> Requires own set of bowls and chalk/chalk spray/chalk pen as regularly used.
>
> **Additional Equipment Needed:** …………………….………………………………….……………...……

★ ★ ★ Before the welcoming explanation & assessment, a minimum of a **2-end roll-up** should be allowed for the bowler to become familiar with the playing surface. ★ ★ ★

a. <u>FUNCTIONAL</u> <u>STRENGTH</u> <u>TEST</u>

Ask bowler to deliver 1 jack and 4 bowls full length of the rink (2 Forehand and 2 Backhand)

Each successful attempt scores 2:

☐	☐	☐	☐	☐
Jack	1st Forehand	2nd Forehand	1st Backhand	2nd Backhand

SCORE

i.	Able to achieve 5 times		=	10	…………….
ii.	Able to achieve 4 times (Considered average strength)		=	8	…………….
iii.	Able to achieve 3times or less (Indicates reduced strength, bowler should be in B5 Class)		=	6	…………….

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b. <u>BALANCE</u> <u>TESTING</u> <u>FOR</u> <u>AMBULANT</u> <u>BOWLERS</u>

1. **Observe bowler's delivery and balance etc during Functional Strength Test**
  No imbalance = 2
  Slight imbalance = 1
  Marked imbalance = 0
  Score: ………..

2. **How did the bowler descend to/ascend from the green:**
  Able to easily step down/up using either foot = 2
  Needed to use portable ditch steps = 1
  Required rail to hold onto = 0
  Score: ………..

3. **Ask bowler to pick up mat and walk full length of rink to lay mat on the T position:**
  No imbalance = 2
  Slight imbalance (marked limp) = 1
  Marked imbalance (very unstable) = 0
  Score: ………..

4. **Ask bowler to kick back bowls (2 L foot, 2 R foot) as they would at the completion of an end:**
  No imbalance or difficulty with either foot = 2
  Slight imbalance or difficulty with one foot = 1
  Unable to do with either foot = 0
  Score: ………..

5. **Ask bowler to mark a bowl as if it is a toucher. Then pick bowls up and put them back into their bag:**
  No difficulty with hands = 2
  Difficulty with 1 hand = 1
  Marked difficulty with both hands = 0
  Score: ………..

TOTAL SCORE: ………..

Result Indicator:	5 or less	= B6 Class	
	6 - 8	= B7 Class	**CLASSIFICATION:**
	9 - 10	= B8 Class	

9.2.2 Wheelchair Bowlers

CLASSIFICATION FOR LAWN BOWLS: <u>WHEELCHAIR</u> <u>BOWLER</u>

NAME: …………………………….…..…………………… **OWN BOWL SIZE:** ……….

★ ★ ★ Before the welcoming explanation & assessment, a minimum of a **2-end roll-up** should be allowed for the bowler to become familiar with the playing surface. ★ ★ ★

a. <u>FUNCTIONAL</u> <u>STRENGTH</u> <u>TEST</u>

Ask bowler to deliver 1 jack and 4 bowls full length to the ditch of the rink (2 Forehand and 2 Backhand)

Each successful attempt scores 2:

☐	☐	☐	☐	☐
Jack	1st Forehand	2nd Forehand	1st Backhand	2nd Backhand

SCORE

i.	Able to achieve 5 times	=	10	……………
ii.	Able to achieve 4 times (Considered average strength)	=	8	……………
iii.	Able to achieve 3times or less	=	6	……………
	(Indicates reduced strength, bowler should be in B5 Class)			

****

b. <u>BALANCE</u> <u>TESTING</u> <u>FOR</u> <u>WHEELCHAIR</u> <u>BOWLERS</u>: (Conducted at the far end after jack & bowl deliveries)

1. Can bowler sit independently without back support?
     (Ask bowler to shuffle bottom forward so he/she is sitting independently of the back rest)

Easily	= 2	
With difficulty (unbalanced)	= 1	
Completely unable	= 0	_____

2. Can bowler rotate from side to side, arms folded across chest, sitting forward in chair, away from back of chair?

Easily	= 2	
With difficulty (one side only)	= 1	
Completely unable	= 0	_____

3. Can bowler bend forward as far as possible without risk of falling out of chair?

Easily	= 2	
With difficulty (unbalanced)	= 1	
Completely unable	= 0	_____

4. Can bowler return to upright position without assistance of using hands?
     (Ask bowler to hold arms out to the side, then sit up)

Easily	= 2	
With difficulty (uses a lot of effort)	= 1	
Completely unable	= 0	_____

5. Can bowler reach down and pick up a jack & then a bowl from both R & L sides
     using only 1 hand & not holding on for balance?

Easily	= 2	
One side only	= 1	
Completely unable	= 0	_____

TOTAL SCORE (MAX 10)   _____

Result Indicator:	**5 or less**	= **B6 Class**		
	6 - 10	= **B7 Class**	**CLASSIFICATION:**	☐

10.   Classification Forms and Information

The following pages are a compilation of forms and required documentation to assist in the classification process.

International Bowls for the Disabled Inc.

Registered Office: 2a First Avenue, Forestville S.A. 5035, Australia
ABN 86 790 300 272

Certificate of Diagnosis
(Physical Disabilities only, not VI or ID)

The person below is required to undergo Classification to compete in IBD Competitions at National or International level. To assist the classification process a confirmation of the medical diagnosis in required.

PERSONAL DETAILS OF BOWLS PLAYER

FULL NAME: ....

DATE OF BIRTH: ..../ ..../ ....   MALE ☐   FEMALE ☐

ADDRESS: ....

.... STATE:..................... POST CODE: ....

COUNTRY: .... TELEPHONE NO: ………………………………………………

EMAIL ADDRESS: ....

APPLICANT'S SIGNATURE: ....
(Consenting for doctor to release information to IBD)

MEDICAL DETAILS
THIS SECTION TO BE COMPLETED BY A DOCTOR OF MEDICINE ONLY

NAME OF APPLICANT: ....

DIAGNOSIS: Please explain the physical disability that the bowler experiences .A general health summary is not acceptible

....

MEDICATION: ....

ANY OTHER RELEVANT FACTORS, e.g. EPILEPSY, DIABETES, HEART DISEASE, HAEMOPHILIA

I HEREBY CERTIFY THAT I HAVE FOLLOWED THIS PATIENT FOR ..... YEARS AND CERTIFY THAT THE ABOVE NAMED PATIENT HAS THE DIAGNOSIS SPECIFICED ABOVE.

SIGNATURE OF DOCTOR: ....

PRINTED NAME: ....

ADDRESS OF DOCTOR: ....

....

N.B. Information disclosed on this form will be dealt with according to the IPC code of ethics for Classification.

International B🎳wls for the Disabled Inc.

Registered Office: 2a First Avenue, Forestville S.A. 5035, Australia
ABN 86 790 300 272

INTERNATIONAL BOWLS for the DISABLED
World Governing Organisation for Para Bowls

Consent for World Bowls Para Classification

Consent & Classification Process Information:

1. For a bowler to be eligible to participate in a WBPara Bowling competition, the bowler must be classified by World Bowls Para authorised Medical and Technical Classifiers.

2. The WBPara classification process involves bench (medical) test and bowling action (technical) testing and observation of first performance in competition.

3. To perform the bench (medical) test, the WBPara Medical Classifier must examine all relevant movements and muscle groups.

4. In addition to the Certificate of Diagnosis submitted prior to the Classification date, bowlers are requested to bring any relevant medical documentation and/or radiology reports with them (preferably not more than 12 months old). The Medical Classifier may not be able to complete a classification without all relevant up-to-date information.

5. The bowler is to agree to a full classification test regardless of any due pain. If the bowler is unable to conform, cooperate and/or continue with the WBPara Classifiers, because of intense pain, further classification procedures can be declined and/or ceased.

6. Failure to conform and cooperate with the Classifiers or an inability to complete a classification will lead to ineligibility to compete in any events sanctioned by the WBPara Committee.

7. The following is the Consent Agreement by the bowler to undergo Classification Testing, including medical (bench) and technical (bowling action) components plus observation in first performance in competition.

CONSENT AGREEMENT

I consent and agree

to undertake the appropriate classification tests for WBPara competition

that the Classifiers are indemnified from any pain and suffering that I may experience in the course of the test and caused by such testing

to the Medical Classifier being able to share information with other medical personal involved in my case, should further clarification of my condition be required. A status of "CNC" (Classification Not Complete) may be issued until such information is received.

to any relevant classification information being collated and added to the WBPara database for future reference

Full Name of Bowler: ……………………………………………………………….………
(Please print clearly)

Signature of Bowler: …………………………………………………………..………

Date: ………………………

Witness signature of Guardian/Manager/Coach……………………… …………………………

Please note: The 3rd part of the Classification Process is observation of the bowler's first performance in competition. The classification decision is not finalised until this component is completed.

International B⬤wls for the Disabled Inc.

Registered Office: 2a First Avenue, Forestville S.A. 5035, Australia
ABN 86 790 300 272

WORLD BOWLS PARA CLASSIFICATION FORM

Please complete only the details below highlighted in yellow.

Family Name: . . . .

Given Name(s): . . . .

Date of Birth: . . . . . / . . . . / . . . .   **Gender: M / F**

Address: . . . .

Country: . . . .

Home Phone: . . . .   **Mobile Phone:** . . . .

Email address: (please print clearly): . . . .

. . . .

Place of Testing: . . . .   **Date of Testing:** . . . . / . . . . / . . . .

Diagnosis/Disability: . . . .

Progressive: Yes / No

Medical Classifier: . . . .   **Signature:** . . . .

Technical Classifier: . . . .   **Signature:** . . . .

Athlete's Class: . . . .   **Status:** . . . .   **Signature:** . . . .

Process to follow when classifying a bowler (Please highlight appropriate class)

1)	Medical classifier performs bench test Has bowler lost 10 or more points?	**NO = Not eligible** **YES = Proceed**
2)	Can bowler deliver a standard size bowl over a full-length end consistently without the use of a splint (other than a bowling arm)?	**NO = B5 class** **YES = Proceed**
3)	Can bowler deliver a standard size bowl over a full-length end and has scored 5 or less on the balance tests?	**YES = B6 class**
4)	Has ambulant bowler scored between 6 and 9 points on balance test? Has wheelchair bowler scored 6 to 10 points on the balance test?	**YES = B7 class**
5)	Has ambulant bowler lost 10 points on bench test but minimal points (0-1) in the functional test?	**YES = B8 class**

Tick tests used:

BENCH TESTS: ☐ **Muscle power**   ☐ **Limb length**   ☐ **Co-ordination**   ☐ **Range of Movement**

BENCH TEST

Upper Limbs		Muscle Power		Coordination		Full ROM	Range of Motion	
		L	R	L	R		L	R
SHOULDER								
Flexion	5					170°		
Extension	5					40°		
External rot	5					70°		
ELBOW								
Flexion	5					150°		
Extension	5					0°		
Supination	5					90°		
WRIST								
Flexion	5					60°		
Extension	5					60°		
Hand Digits (1pt each)								
Flexion	5					90°		
Extension	5					0		
Total Points 50 pts for Upper Limbs						**Total 40 Points For ROM Upper Limbs**		

Trunk		Cervical Spine	Lumbar Spine	Full ROM	Range of Motion
Flexion	5			C x 45° L x 90°	
Extension	5			C x 45° L x 30°	
Lateral flex L	5			C x 45° L x 30°	
Lateral flex R	5			C x 45° L x 30°	
Rotational L	5			C x 80° L x 30°	
Rotational R	5			C x 80° L x 30°	
Total Points 30 pts for Trunk					

Lower Limbs		L	R	L	R	Full ROM	L	R
HIP								
Flexion	5					130°		
Extension	5					10°		
KNEE								
Flexion	5					130°		
Extension	5					10°		
ANKLE								
Dorsiflex	5					10°		
Plantaflex	5					90°		
Total Points 30 pts for Lower Limbs								

Co-ordination Test Scoring:

0 = No functional movement at all.

1 = Very severely restricted range of movement (ROM) due to severe hypertonic muscle tone and /or minimally coordinated movement.

2 = Severely restricted ROM with severe spasticity. Hypertonic muscle stiffness present and/or severe co-ordination problems.

3 = Moderate ROM, moderate spasticity with tone, movement and/or moderate co-ordination problems

4 = Almost full ROM with slight spasticity and slight muscle tone and/or slight co-ordination problems

5 = Normal

	Left	Right
Sitting: 1) Ask bowler to place hands on thighs, palms down. Then turn hands over to palm up position. Give the bowler a practice trial, then get them to repeat fast for 10secs. Alternate hands so one is up, one down. Increase speed.		
2) Both hands together, make a fist, then stretch fingers as wide as possible 10 secs Repeat as fast as possible 10 secs Repeat alternating hands gripping and stretching. 10 secs		
3) Arms held out in front. Flex and extend elbows through full ROM 10 secs Repeat as fast as possible 10 secs Repeat alternating arm action. 10 secs		
4) Repeated sit-stand test, with arms folded across chest. Perform test for 30 secs. (10 repeats or more is normal, with no assistance or help from hands)		
Supine: 5) Bowler lifts one foot to touch the examiner's hand. Move hand around to make the bowler follow. Repeat with other foot.		
6) Bend one leg up and slide heel down the shin of the other leg. Repeat as fast as possible. 10 secs Repeat with the other leg 10 secs		
7) Legs flat on couch. Ask bowler to dorsiflex/plantarflex ankles through full ROM 10 secs Repeat as fast as possible. 10 secs Repeat with feet action alternating 10 secs		
Gait: 8) High stepping on the spot for 30 secs, alternating legs, as fast as possible.		
9) Standing on one leg, no support. 10 secs Repeat with other leg 10 secs		
10) Timed up and go. Bowler starts in sitting. Ask him/her to stand up, walk 3 metres, turn, walk back, then sit down. (Normal speed is 10 secs or less)		
TOTAL **Possible score for each side = 50** **To be eligible to play in IBD system, <u>10 points</u> must be lost.**		

Height Measurement

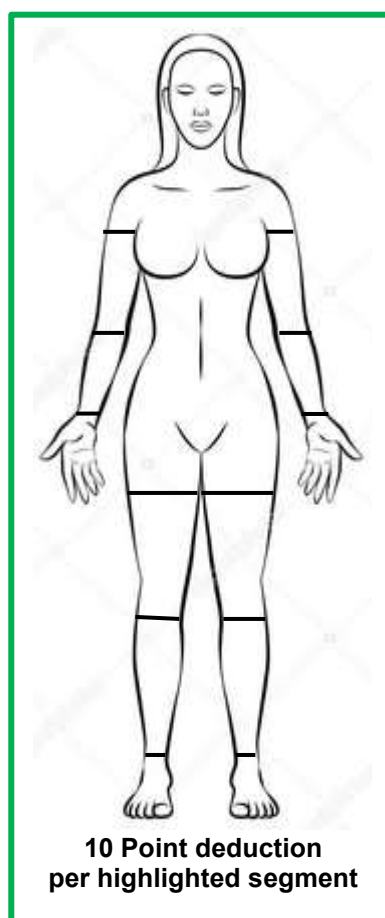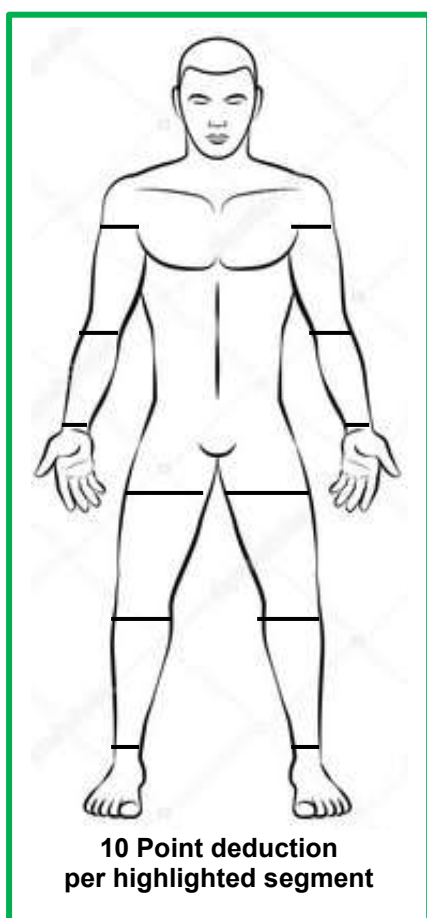for Achondroplasia or Growth defects:

a maximum height of 130cms for women
a maximum height of 137cms for males

results in eligibility

Limb Measurement

Amputees

Highlight missing segment of limb(s) on body chart

10 Point deduction
per highlighted segment

10 Point deduction
per highlighted segment

Number of points deducted:

Arms: --------

Legs: --------

TOTAL: =====

Upper limbs: maximum 60 pts
Lower limbs: maximum 60 pts

WBPara ON GREEN TESTS

CLASSIFICATION FOR LAWN BOWLS: <u>AMBULANT</u> <u>BOWLER</u>

NAME: .... BOWL SIZE: ....

<div style="background:yellow">

Requires own set of bowls and chalk/chalk spray/chalk pen as regularly used.

Additional Equipment Needed: ....…

</div>

★ ★ ★ Before the welcoming explanation & assessment, a minimum of a **2-end roll-up** should be allowed for the bowler to become familiar with the playing surface. ★ ★ ★

a. <u>FUNCTIONAL</u> <u>STRENGTH</u> <u>TEST</u>

Ask bowler to deliver 1 jack and 4 bowls full length of the rink (2 Forehand and 2 Backhand)

Each successful attempt scores 2:

☐	☐	☐	☐	☐
Jack	1st Forehand	2nd Forehand	1st Backhand	2nd Backhand

<u>SCORE</u>

i.	Able to achieve 5 times		=	10	……………
ii.	Able to achieve 4 times (Considered average strength)		=	8	……………
iii.	Able to achieve 3times or less		=	6	……………
	(Indicates reduced strength, bowler should be in B5 Class)				

****

b. <u>BALANCE</u> <u>TESTING</u> <u>FOR</u> <u>AMBULANT</u> <u>BOWLERS</u>

1. Observe bowler's delivery and balance etc during Functional Strength Test

No imbalance	=	2
Slight imbalance	=	1
Marked imbalance	=	0

Score: ………..

2. How did the bowler descend to/ascend from the green:

Able to easily step down/up using either foot	=	2
Needed to use portable ditch steps	=	1
Required rail to hold onto	=	0

Score: ………..

3. Ask bowler to pick up mat and walk full length of rink to lay mat on the T position:

No imbalance	=	2
Slight imbalance (marked limp)	=	1
Marked imbalance (very unstable)	=	0

Score: ………..

4. Ask bowler to kick back bowls (2 L, 2 R) as they would at the completion of an end:

No imbalance or difficulty with either foot	=	2
Slight imbalance or difficulty with one foot	=	1
Unable to do with either foot	=	0

Score: ………..

5. Ask bowler to mark a bowl as if it is a toucher. Then pick bowls up and put them back into their bag:

No difficulty with hands	=	2
Difficulty with 1 hand	=	1
Marked difficulty with both hands	=	0

Score: ………..

TOTAL SCORE: ………..

Result Indicator:	**5 or less**	= **B6 Class**		
	6 - 8	= **B7 Class**	**<u>CLASSIFICATION:</u>**	☐
	9 - 10	= **B8 Class**		

CLASSIFICATION FOR LAWN BOWLS: <u>WHEELCHAIR BOWLER</u>

NAME: ………………………………………………………   **OWN BOWL SIZE:** …..……

Additional Equipment Needed:

……......................................……

★ ★ ★   Before the welcoming explanation & assessment, a minimum of a **2-end roll-up** should be allowed for the bowler to become familiar with the playing surface.   ★ ★ ★

a. <u>FUNCTIONAL STRENGTH TEST</u>

Ask bowler to deliver 1 jack and 4 bowls full length to the ditch of the rink (2 Forehand and 2 Backhand)

Each successful attempt scores 2:

☐   ☐   ☐   ☐   ☐

Jack   1st Forehand   2nd Forehand   1st Backhand   2nd Backhand

<u>SCORE</u>

i.	Able to achieve 5 times	=	10	…………….
ii.	Able to achieve 4 times (Considered average strength)	=	8	…………….
iii.	Able to achieve 3times or less	=	6	…………….

(Indicates reduced strength, bowler should be in B5 Class)

****

b. <u>BALANCE TESTING FOR WHEELCHAIR BOWLERS</u>: (Conducted at the far end after jack & bowl deliveries)

1. Can bowler sit independently without back support?
(Ask bowler to shuffle bottom forward so he/she is sitting independently of the back rest)

Easily	= 2	
With difficulty (unbalanced)	= 1	
Completely unable	= 0	_____

2. Can bowler rotate from side to side, arms folded across chest, sitting forward in chair, away from back of chair?

Easily	= 2	
With difficulty (one side only)	= 1	
Completely unable	= 0	_____

3. Can bowler bend forward as far as possible without risk of falling out of chair?

Easily	= 2	
With difficulty (unbalanced)	= 1	
Completely unable	= 0	_____

4. Can bowler return to upright position without assistance of using hands?
(Ask bowler to hold arms out to the side, then sit up)

Easily	= 2	
With difficulty (uses a lot of effort)	= 1	
Completely unable	= 0	_____

5. Can bowler reach down and pick up a jack & then a bowl from both R & L sides using only 1 hand & not holding on for balance?

Easily	= 2	
One side only	= 1	
Completely unable	= 0	_____

TOTAL SCORE (MAX 10)   _____

Result Indicator:	5 or less	= B6 Class	
	6 - 10	= B7 Class	**CLASSIFICATION:**

Form to be used when a bowler is seen only by a

National Medical Classifier or a National Technical Classifier.

(i.e. not yet eligible to be on the WBPara Database)

Classification Information

Medical Classifier: ………………………..　　　**Signature:** ……………………………..

Technical Classifier: ……………..………　　　**Signature:** ……………………………..

Bowler's name: ……………………..…..　　　**Signature:** ……………………………..

Class: …………….　　　**Status:** …………………　　　**Date:** ……/………/………...

This form is to be retained by the Bowler and a copy emailed to:

The Head WBPara Classifier

June McIntyre: juneash@mweb.co.za

Classification Information (physically disabled bowlers only)

B5　Ambulant and wheelchair bowlers with restricted grip and upper body limb function, poor balance and co-ordination, unable to bowl a full-length end and/ or needing a splinting device to do so (other than a bowling arm).

B6　Ambulant and wheelchair bowlers with reduced balance function (loss of 5 points or more) but able to bowl a full-length end.

B7　Ambulant and wheelchair bowlers with minor balance problems: (loss of less than 5 points).

B8　Ambulant bowlers, who have a permanent and irreversible disability, have lost 10 points on the bench test, but only a minimal loss (0-1) points on the functional (or green) test.

Status Information

T　=　assessed by a Technical classifier only. The starting point prior to any further classification.

N　=　National classification – eligible to compete in National Competition only.

C　=　Permanent classification, issued by International Classifiers.
　　　Bowler is entered onto the database and is eligible for international selection.

R- FRD　=　Review status with fixed review date. Issued by an International Classifier to bowlers whose condition may change. Bowler is added to the database with review date stated.

R-NAO　=　Classification has not been completed. Bowler to be seen at next available opportunity

INTERNATIONAL BOWLS for the DISABLED
World Governing Organisation for Para Bowls

WBPara CLASSIFICATION PROTEST FORM

National Body registering the protest:

Name: …………………………………………………… Country: …………………………..

Person whose classification is being protested:

Name: ………………………………………………….. Country: ………………… ……...

Classification: B ………. Events entered: …………………………………………

Details of protest

…………………………………………………………………………………………………

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…………………………………………………………………………………………………

……………………………………………………………………………………….…………

Date received: /   /

Protest fee ($100 US) paid: ………………………..

Signature of person presenting form: ………………………………………………..

Signature of person receiving form: ……………………………………………………

Protest Procedure
Please see WBPara Classification Rules on IBD website, section 6. IPC have determined that a bowler cannot protest their own classification.

The National or State Body has to put in a protest on their behalf. Also, if a bowler, or team, want to challenge another bowler's classification, it must be done through the National Body.

As WBPara complies with the IPC Classification Code, this rule is followed.

Requirements in the Classification Room for
Lawn Bowls Classification

For lawn Bowls classification the following requirements are necessary:

An adequate number of classification forms and consent forms for the bowlers being classified.

Bowlers are to present in the chair, or with the equipment, with which they will bowl. They cannot be properly assessed without this.
Their own bowls are required for the functional tests.

A bowler can bring 1 support person with him/her
e.g. (team manager or an interpreter etc).

3 or 4 chairs and a table in the room.

A massage type bench with room to move around either side of it.

A pillow and some paper towel type material to cover (for hygiene)

The consent form and personal details section of the classification form can be completed in the waiting area, with the help of an administrative type support person, whilst the bowler is awaiting his/her turn to be classified.

After the classification process is complete, access to a printer and laminator is required, to complete the classification cards whilst at the games.

ESSENTIAL EQUIPMENT REQUIRED FOR ON-GREEN CLASSIFICATION

PLAYER:
Player's own bowls playing equipment; e.g. 4 bowls, chair, walking aids, bowling arm, bowls lifter, etc

Before proceeding to classification, a player is entitled to at least a 2 end roll-up to become familiar with the playing surface.

HOST BOWLING CLUB:
One reserved Classification rink with at least an additional rink on either side
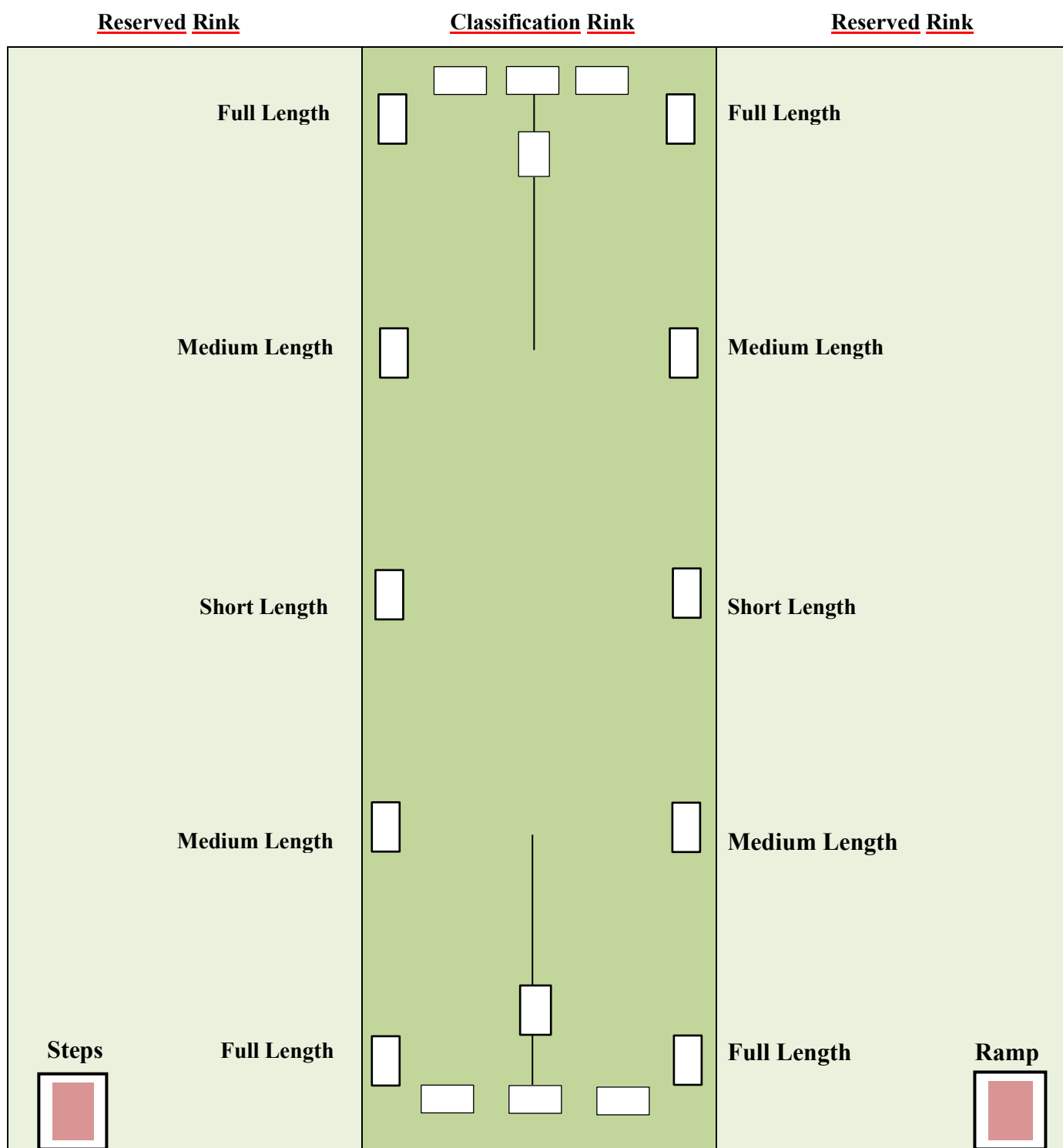A sign indicating that the rinks are specifically reserved for Classification purposes
Steps for getting onto and from green
Wheel Chair ramps with safety sidings
3 x jacks and 1 x mat
16 x On Green Markers (e.g. additional mats, cones, sports markers, Frisbees) set out as below

Reserved Rink	Classification Rink	Reserved Rink
Full Length		Full Length
Medium Length		Medium Length
Short Length		Short Length
Medium Length		Medium Length
Steps Full Length		Full Length Ramp

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INTERNATIONAL BOWLS for the DISABLED

World Governing Organisation for Para Bowls

Registered Office: 2a First Avenue, Forestville S.A. 5035, Australia
ABN 86 790 300 272

CODE OF CONDUCT AND ETHICS
AUTHORISED CLASSIFIER

I, ..., the undersigned, in my role as an authorised classifier for World Bowls Para hereby agree to abide by the following conditions:

1.   I shall abide by the rules and regulations of WBPara

2.   I shall always maintain a courteous attitude towards all athletes and team officials during the classification process and competition.

3.   I shall respect the privacy and confidentially of all athletes and not discuss or disclose any information regarding any individual outside of authorised meetings.

4.   I shall maintain my competency in classification methods, procedures and policy and provide to the WBPara Head Classifier, annually or when requested, details of all classifications undertaken by me.

5.   I shall maintain high standards of respect, ethics and morality, including the non-use of illegal substances.

6.   I recognise that all forms of sexual abuse, assault or harassment are illegal and unethical.

7.   I shall act in an objective manner at all times and not allow any decision or comment made by me to be influenced by any national, racial, political, religious or gender bias.

8.   I shall respect the discussions and decisions of the WBPara Executive and sub-committees and avoid public criticism of other officials.

9.   I shall not make or submit any statements, which contain false, misleading, deceptive or fraudulent content.

10.   I acknowledge that the WBPara President, Tournament Director or Chief Classifier shall be the spokesperson on any relevant officiating, technical and/or classification issues.

NAME: . . . .
(PLEASE PRINT)

SIGNATURE: . . . .

DATE: . . . .

GLOSSARY OF MEDICAL TERMINOLOGY

Joint Movement Definition

Shoulder
Flexion - Moving the upper arm forwards from by the side
Extension - Moving the upper arm backwards from by the side
Abduction - Moving the upper arm sideways away from the side
Adduction - Moving the upper arm sideways towards the side
External Rotation - Twisting the upper arm, with the elbow bent at 90 degrees, so that the hand moves away from the body
Internal Rotation - Twisting the upper arm, with the elbow bent at 90 degrees, so that the hand moves towards the body

Elbow
Flexion - Bending the elbow
Extension - Straightening the elbow
Pronation - Twisting forearm/wrist from palm up to palm down
Supination- Twisting forearm/wrist from palm down to palm up

Wrist
Flexion - From the neutral position, moving the hand in the direction of the palm
Extension - From the neutral position, moving the hand in the direction away from the palm

Hand
Flex. Finger- Bending or closing the fingers
Ext. Finger - Straightening the fingers
Flex. Thumb - Bending the thumb towards the fingers
Ext. Thumb - Straightening the thumb away from the fingers

Trunk
Flx. Upper- Bending the upper part of the trunk forwards
Flx. Lower- Bending the lower part of the trunk forwards
Ext. Upper- Bending the upper part of the trunk backwards
Ext. Lower- Bending the lower part of the trunk forwards
Rotation - Twisting the shoulders around the axis of the spine

Hip
Flexion - Bending the thigh forwards towards the abdomen (belly)
Extension - Straightening the thigh back towards the buttocks
Abduction - Moving the thigh sideways away from the other leg
Adduction - Moving the thigh sideways towards the other leg
Ext. Rot. - With the knee bent at 90 degrees, twisting the thigh so that the foot moves towards the other leg
Int. Rot. - With the knee bent at 90 degrees, twisting the hip so that the foot moves away from the other leg

Knee
Flexion - Bending the knee
Extension - Straightening the knee

Ankle
Dorsiflex - Moving the ankle so that the foot moves up away from the floor
Plantaflex - Moving the ankle so that the foot moves down towards the floor

Other Medical Terms You May Encounter

* indicates the word is elsewhere in the list

Abdomen - belly, stomach
Achondroplasia - a defect of cartilage formation leading to a type of dwarfism
Amelia - congenital* absence of a limb or limbs
Amputation - surgical or accidental removal of a limb or part of a limb
Amputee - person who has had an amputation*
Amyotrophic Lateral Sclerosis (ALS) - a disease in which the nerve cells slowly die, resulting in
      progressive weakness and loss of muscle
Ankylosing Spondylitis - a form of arthritis* in which the spine becomes completely stiff
Arteries - blood vessels carrying oxygenated blood from the heart to the tissues
Arthritis - pain and stiffness of the joints. This takes many forms:
Rheumatoid Arthritis - inflammation that can destroy the joints.
Osteoarthritis - degeneration of the joints, "wear and tear" usually associated with ageing, gout,
        ankylosing spondylitis*
Arthrogryposis Multiplex - contraction of many joints.
Athetosis - a form of involuntary movement, writhing in type, usually associated with cerebral palsy*
Bechterew's disease - ankylosing spondylitis*
Bilateral - on both sides
Brachial plexus - a complex junction of nerves leading into the arm from the neck
Cerebral Palsy - damage to part of the brain, present at birth, usually affecting the legs more than
      the arms and resulting in spasticity*, athetosis*, chorea* and often severe speech difficulties.
      It is important to realise that many such people who may have very severe disabilities and
      with whom it is extremely difficult to communicate because of their speech problems have
      normal intellect.
Chorea - involuntary movements which are twitchy and jerky.
Congenital - present at birth.
Contractility - the ability of muscle to shorten
Cubitum (cubital fossa) - the groove at the front of the elbow
Dystonia - abnormality of the resting tone or tension of muscles. A disease where this is very
       abnormal resulting in involuntary movement and deformity.
Forearm - the part of the arm between the elbow and wrist
Fragilitas Osseum - Osteogenesis imperfecta. A hereditary disease where the bones are very
       fragile and break very easily and frequently, resulting in deformities.
Hemilateral - down one side
Hemiplegia - paralysed or weak down one side. Usually the result of a stroke*
Hemiplegic - a person with hemiplegia*
Inflammation - a tissue reaction resulting in swelling, stiffness, pain and sometimes redness
Leg - technically, the part of the lower limb between the knee and ankle. In common use for the
      whole lower limb.
Lesion - any abnormality or injury to tissue or loss of function of a part.
Lumbar plexus - a complex junction of nerves between the spine and the lower limb
Monoplegia - weakness or paralysis of one limb.
Multiple Sclerosis (MS) - in some countries DS, Disseminated Sclerosis. A disease affecting young
      and middle-aged adults, with patchy, variable, and sometimes fluctuating damage to many
      different parts of the nervous system. This can result in many different symptoms, affecting
      vision speech, strength, co-ordination balance etc.
Muscular Dystrophy - a hereditary disorder of muscle fibres resulting in slowly progressive
        weakness. There are several different varieties of it.
Myasthenia Gravis - a disease of the junction between nerve and muscle resulting in fluctuating
       weakness of various muscles.
Myopathy - any disease process of the muscle fibres
Myositis - an inflammatory myopthy*
Neuromuscular disorders - the large group of disorders of the nerves and the muscles which they
         supply
Osteogenesis Imperfecta* - see fragilitas osseum
Paraplegia - weakness or paralysis of both legs. Most often caused by injury to the spine

Paraplegic - a person with paraplegia*

Parkinson's Disease - a disease of the nervous system resulting in rigidity*, tremor* and slowness or lack of movement

Phocomelia - congenital* absence of the part of a limb nearest to the trunk

Poliomyelitis (Polio) - a viral disease which affects the nerve cells within the spinal cord which move the muscles. This results in weakness and loss of muscle in a patchy form. The post-polio syndrome is a situation seen in a few polio sufferers 30 –50 years after the disease, in which further weakness and loss of muscle occurs

Prosthesis - an artificial limb.

Quadriplegia - weakness or paralysis of all four limbs. Usually the result of injury to the neck.

Quadriplegic - a person with quadriplegia*.

Rigidity - a type of stiffness of the muscles, different from spasticity*.

Sciatic nerve - the largest nerve going into the lower limb.

Snellen Chart - a chart with letters of diminishing size, used to test visual acuity*.

Spasicity - a type of stiffness of the muscles, different from rigidity, which can be very variable and sometimes painful. Most commonly seen in spinal injury, MS* and cerebral palsy*.

Spina bifida - failure of the lower part of the spinal canal to close off properly during development and often associated with paraplegia* without spasticity*.

Stroke - blockage of an artery to the brain often resulting in hemiplegia*.

Thigh - the part of the lower limb between the hip and the knee.

Thorax - chest

Tremor - rhythmic shaking of a limb

Unilateral- one sided

Upper arm - the part of the upper limb between the shoulder and the elbow.

Visual acuity - sharpness of vision.

(This list is not comprehensive. Any items missing that you think should be there, notify the Medical committee and they will include them in the next reprint.)

11.

<u>ADDITIONAL</u> <u>FORMS</u> <u>THAT</u> <u>MAY</u> <u>PROVE</u> <u>USEFUL</u>

CLASSIFIERS' CHECKLIST

1. **Name** ☐

2. **Address** ☐

3. **Certificate of Diagnosis** ☐

4. **Consent for WBPara Classification** ☐

5. **WBPara Classification Form** ☐

6. **Classification Information** ☐

7. **Bench Test** ☐

8. **Functional Strength Test** ☐

9. **On Green Confirmation of Assessed Classification: Ambulant** ☐

10. **On Green Confirmation of Assessed Classification: Wheelchair** ☐

11. **Client Confirmation of Classification** ☐

12. **Protest Form**

ON GREEN PLAYING CONFIRMATION OF ASSESSED CLASSIFICATION

Name: ………………………………………………... **Preliminary Classification:** …………..

Observation of an <u>Ambulant</u> <u>Bowler</u> *performing the following during play:*
(Tick appropriate achievement level)

a. FUNCTIONAL STRENGTH

	Short Length	Medium Length	Full Length
i. Rolling Jack:	☐	☐	☐
ii. Forehand Delivery:	☐	☐	☐
iii. Backhand Delivery:	☐	☐	☐

b. BALANCE

i. Pick up the jack & lay the mat for next end:

☐	☐	☐
Able to perform	Slight imbalance	Marked Imbalance

ii. Delivery of jack and/or placement on Centre Line:

☐	☐	☐
Able to perform	Slight Imbalance	Marked imbalance

iii. Delivery of bowls forehand and/or backhand:

☐	☐	☐
Able to perform	Slight Imbalance	Marked imbalance

iv. Walk up the green at the conclusion of an end:

☐	☐	☐
Able to perform	Slight Imbalance	Marked imbalance

v. Kick back bowls at the conclusion of the end:

☐	☐	☐
Good balance using with both feet	Able to perform with one foot	Unable to perform either foot

c. ADDITIONAL BALANCE OBSERVATIONS

Consideration may be also given to other actions during play such as the bowler being able to:

i. Pick up bowls:

☐	☐	☐
Able to perform	Slight Imbalance	Marked imbalance

ii. Walk about the head:

☐	☐	☐
Able to perform	Slight Imbalance	Marked imbalance

iii. Provide instructions and directions at the head:

☐	☐	☐
Able to perform	Slight Imbalance	Marked imbalance

iv. Show position of shot bowls:

☐	☐	☐
Able to perform	Slight Imbalance	Marked imbalance

v. Watch and avoid approaching shots:

☐	☐	☐
Able to perform	Slight Imbalance	Marked imbalance

vi. Give support and encouragement:

☐	☐	☐
Able to perform	Slight Imbalance	Marked imbalance

vii. Maintain scoring card and/or board:

☐	☐	☐
Able to perform	Slight Imbalance	Marked imbalance

viii. Carry bowls at end of game:

☐	☐	☐
Able to perform	Slight Imbalance	Marked imbalance

ix. Place bowls in bag

☐	☐	☐
Able to perform	Slight Imbalance	Marked imbalance

x. Return to bank:

☐	☐	☐
Able to perform	Slight imbalance	Marked imbalance

Confirmation of Classification: Yes   No   **(Please circle one)**

Updated Classification if amendment required: …………………..

Medical Classifier: ………………………..   **Technical Classifier:** ………………………..

ON GREEN PLAYING CONFIRMATION OF ASSESSED CLASSIFICATION

Name: ………………………………………………… **Preliminary Classification:** …………..

Observation of a __Wheelchair__ Bowler performing the following during play:
(Tick appropriate achievement level)

a. FUNCTIONAL STRENGTH

	Short Length	Medium Length	Full Length
i. Rolling Jack:	☐	☐	☐
ii. Forehand Delivery:	☐	☐	☐
iii. Backhand Delivery:	☐	☐	☐

b. BALANCE

i. Able to sit independently without back support:

☐	☐	☐
Easily	With Supervision	Completely Unable

ii. Able to bend forward to touch toes without risk of falling out of chair:

☐	☐	☐
Easily	With Supervision	Completely Unable

iii. Able to return to upright position without assistance:

☐	☐	☐
Easily	With Supervision	Completely Unable

iv. Able to touch the ground at both sides and return to upright, without using hands:

☐	☐	☐
Easily	With Supervision	Completely Unable

v. Able to rotate from side to side, arms folded across chest, sitting away from chair:

☐	☐	☐
Easily	With Supervision	Completely Unable

c. ADDITIONAL BALANCE OBSERVATIONS

Consideration may be also given to other actions during play such as the bowler being able to:

i. Pick up bowls independently:

☐	☐	☐
Easily	With Supervision	Completely Unable

ii. Move about the head unassisted:

☐	☐	☐
Easily	With Supervision	Completely Unable

iii. Provide instructions and directions at the head:

☐	☐	☐
Easily	With Supervision	Completely Unable

iv. Show position of shot bowls:

☐	☐	☐
Easily	With Supervision	Completely Unable

v. Watch and avoid approaching shots:

☐	☐	☐
Easily	With Supervision	Completely Unable

vi. Give support and encouragement:

☐	☐	☐
Easily	With Supervision	Completely Unable

vii. Travel up and down the rink independently:

☐	☐	☐
Easily	With Supervision	Completely Unable

viii. Transport bowls at end of game:

☐	☐	☐
Easily	With Supervision	Completely Unable

ix. Place bowls in bag:

☐	☐	☐
Easily	With Supervision	Completely Unable

x. Return to bank without assistance:

☐	☐	☐
Easily	With Supervision	Completely Unable

Confirmation of Classification: Yes No **(Please circle one)**

Updated Classification if amendment required: ………………..
Medical Classifier: ……………………….. **Technical Classifier:** ………………………..

Appendix I

Athletes with Physical Impairment

Eligible Impairment	Examples of Health Conditions
Impaired Muscle Power Athletes with Impaired Muscle Power have a health condition that either reduces or eliminates their ability to voluntarily contract their muscles in order to move or to generate force	Examples of an Underlying Health Condition that can lead to Impaired Muscle Power include spinal cord injury (complete or incomplete, tetra- or paraplegia or paraparesis), muscular dystrophy, post-polio syndrome and spina bifida.
Limb Deficiency Athletes with Limb Deficiency have total or partial absence of bones or joints as a consequence of trauma.	Examples of an Underlying Health Condition that can lead to limb Deficiency include: traumatic amputation, Illness (for example amputation due to bone cancer) or congenital limb deficiency (for example dysmelia).
Leg Length Difference Athletes with Leg Length Difference have a difference in the length of their legs.	Examples of an Underlying Health Condition that can lead to Leg Length Difference include: dysmelia and congenital or traumatic disturbance of limb growth
Short Stature Athletes with Short Stature will have a reduced length in the bones of the upper limbs, lower limbs and/or trunk.	Examples of an Underlying Health Condition that can lead to Short Stature include achondroplasia, growth hormone dysfunction and osteogenesis imperfecta.
Hypertonia Athletes with hypertonia have an increase in muscle tension and a reduced ability of a muscle to stretch caused by damage to the central nervous system.	Examples of an Underlying Health Condition that can lead to Hypertonia include cerebral palsy, traumatic brain injury and stroke.
Ataxia Athlete with Ataxia have uncoordinated movements caused by damage to the central system.	Examples of an Underlying Health Condition that can lead to Ataxia include: cerebral palsy, traumatic brain injury, stroke and multiple sclerosis.

Athetosis Athletes with Athetosis have continual slow involuntary movements.	Examples of an Underlying Health Condition that can lead to Athetosis include cerebral palsy, traumatic brain injury and stroke
Impaired Passive Range of Movement Athletes with Impaired Passive Range of Movement have a restriction or lack of passive movement in one or more joints.	Examples of an Underlying Health Condition can lead to Impaired Passive Range of Movement include arthrogryposis and contracture resulting from chronic joint immobilisation or trauma affecting a joint

Minimum Impairment Criteria (MIC)

World Bowls Para requires that an athlete must have at least 10 points on the bench test, due to one of the above eligible conditions.

Assessment Methodology:

a. Once an athlete is determined to have an eligible condition by the UHC assessor (via the Certificate of Medical Diagnosis), they are assessed in the classification room by the Medical Classifier(s). If they have lost 10 or more points, they then proceed to:

b. The on-green functional test. This is performed by the Technical Classifier(s) in consultation with the Medical Classifier(s). A sport class and sport class status is identified. This is not confirmed until:

c. The athlete is observed during first appearance in competition. Once the Classifiers are happy with the decision, the athlete is issued with a form stating their National Classification Class and Status. If seen by International Classifiers, then the bowler is added to the International Database of WBPara, found on the website.

Appendix J

Athletes with Vision Impairment

1. Eligible Impairment Types

Eligible Impairment	Examples of Health Conditions
Vision Impairment Athletes with Vision Impairment have reduced or no vision caused by damage to the eye structure, optical nerves or optical pathways, or visual cortex of the brain.	Examples of an Underlying Health Condition that can lead to Vision Impairment include retinitis pigmentosa and diabetic retinopathy

2. Minimum Impairment Criteria

Minimum Impairment Criteria for Athletes with a vision impairment have been set based on the Athlete's corrected vision. (The difference in approach for Athletes with vision impairment must be see within the historical context of Classification for these Athletes, which is an assessment with "best correction" as used in the context of medical diagnostics for visual acuity.)

Appendix K

1   Non-Eligible Impairment Types for all Athletes

Examples of Non-Eligible Impairments include, but are not limited to the following:

- Pain

- Hearing Impairment

- Low muscle tone

- Hypermobility of joints

- Joint instability, such as unstable shoulder joint, recurrent dislocation of a joint

- Impaired muscle endurance

- Impaired motor reflex functions

- Impaired cardiovascular functions

- Impaired respiratory functions

- Impairment of metabolic functions

- Tics and mannerisms, stereotypes and motor perseveration

2   Health Conditions that are not Underlying Health Conditions for all Athletes

A number of Health Conditions do not lead to an Eligible Impairment and are not Underlying Health Conditions. An Athlete who has a Health Condition (including, but not limited to, one of the Health Conditions listed in the above Appendix K) but who does not have an Underlying Health Condition will not be eligible to compete in Parasport.

Health Conditions that primarily cause pain; primarily cause fatigue; primarily cause joint hypermobility or hypotonia; or are primarily psychological or psychosomatic in nature, do *not* lead to an eligible Impairment.

Examples of Health Conditions that primarily causes pain include myofascial pain-dysfunction syndrome, fibromyalgia or complex regional pain syndrome.

An example of a Health Condition that primarily causes fatigue is chronic fatigue syndrome.

An example of a Health Condition that primarily causes hypermobility or hypotonia is Ehlers-Danlos syndrome.

Examples of Health Conditions that are primarily psychological or psychosomatic in nature include conversion disorders or pos-traumatic disorders.