



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

**Tick tests used:**

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



## 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

<b>Sitting:</b>	<u>Left</u>	<u>Right</u>
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)		
<b>Supine:</b>		
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		
<b>Gait:</b>		
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)		
<b>TOTAL:</b> 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:

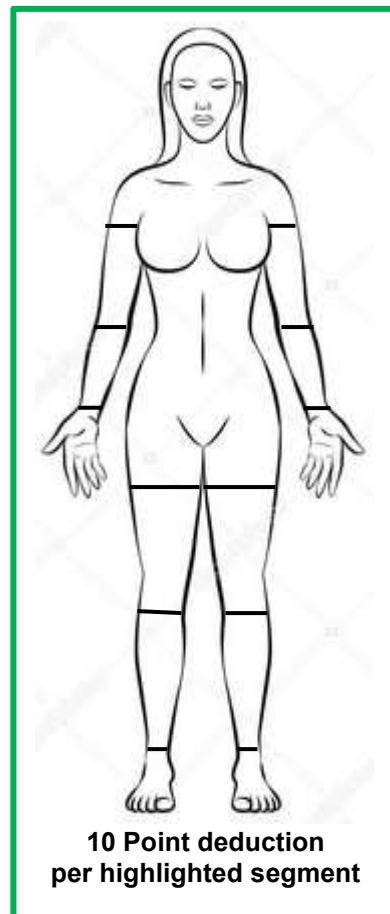
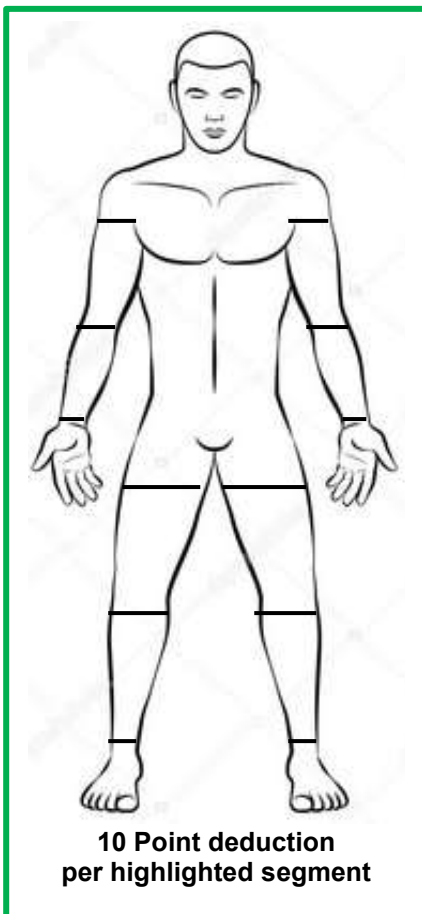
a maximum height of 130cms for women  
a maximum height of 137cms for males

results in eligibility

## Limb Measurement

### Amputees

Highlight missing segment of limb(s) on body chart



Number of points deducted:

Arms: -----

Legs: -----

**TOTAL: =====**

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

# IBD ON GREEN TESTS

## CLASSIFICATION FOR LAWN BOWLS: AMBULANT BOWLER

NAME:

BOWL SIZE:

DATE: / /

**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. FUNCTIONAL STRENGTH TEST**

**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



1<sup>st</sup> Forehand



2<sup>nd</sup> Forehand



1<sup>st</sup> Backhand



2<sup>nd</sup> Backhand

**SCORE**

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

\*\*\*\*\*

**b. BALANCE TESTING FOR AMBULANT BOWLERS**

**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
9 - 10	=	B8 Class

**CLASSIFICATION:**

**CLASSIFICATION FOR LAWN BOWLS: WHEELCHAIR BOWLER**

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. FUNCTIONAL STRENGTH TEST**

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



1<sup>st</sup> Forehand



2<sup>nd</sup> Forehand



1<sup>st</sup> Backhand



2<sup>nd</sup> Backhand

**SCORE**

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

\*\*\*\*\*

**b. BALANCE TESTING FOR WHEELCHAIR BOWLERS: (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 recorded on the Master list)

**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 IBD Classifier  
June McIntyre: [juneash@mweb.co.za](mailto: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**

- 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)

# ON GREEN PLAYING CONFIRMATION OF ASSESSED CLASSIFICATION

Name:

Preliminary Classification: .....

*Observation of an Ambulant Bowler performing the following during play:*

(Tick appropriate achievement level)

**a. FUNCTIONAL STRENGTH**

	Short Length	Medium Length	Full Length
i. Rolling Jack:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Forehand Delivery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Backhand Delivery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**b. BALANCE**

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to perform	Slight imbalance	Marked Imbalance

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to perform	Slight Imbalance	Marked imbalance

iii. Delivery of bowls forehand and/or backhand:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to perform	Slight Imbalance	Marked imbalance

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to perform	Slight Imbalance	Marked imbalance

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to perform	Slight Imbalance	Marked imbalance

ii. Walk about the head:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to perform	Slight Imbalance	Marked imbalance

iii. Provide instructions and directions at the head:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to perform	Slight Imbalance	Marked imbalance

iv. Show position of shot bowls:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to perform	Slight Imbalance	Marked imbalance

v. Watch and avoid approaching shots:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to perform	Slight Imbalance	Marked imbalance

vi. Give support and encouragement:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to perform	Slight Imbalance	Marked imbalance

vii. Maintain scoring card and/or board:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to perform	Slight Imbalance	Marked imbalance

viii. Carry bowls at end of game:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to perform	Slight Imbalance	Marked imbalance

ix. Place bowls in bag

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to perform	Slight Imbalance	Marked imbalance

x. Return to bank:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Forehand Delivery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Backhand Delivery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### b. BALANCE

i. Able to sit independently without back support:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily	With Supervision	Completely Unable

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily	With Supervision	Completely Unable

iii. Able to return to upright position without assistance:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily	With Supervision	Completely Unable

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily	With Supervision	Completely Unable

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily	With Supervision	Completely Unable

ii. Move about the head unassisted:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily	With Supervision	Completely Unable

iii. Provide instructions and directions at the head:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily	With Supervision	Completely Unable

iv. Show position of shot bowls:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily	With Supervision	Completely Unable

v. Watch and avoid approaching shots:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily	With Supervision	Completely Unable

vi. Give support and encouragement:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily	With Supervision	Completely Unable

vii. Travel up and down the rink independently:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily	With Supervision	Completely Unable

viii. Transport bowls at end of game:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily	With Supervision	Completely Unable

ix. Place bowls in bag:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily	With Supervision	Completely Unable

x. Return to bank without assistance:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily	With Supervision	Completely Unable

Confirmation of Classification:

Yes                      No                      (Please circle one)

Updated Classification if amendment required:

.....

Medical Classifier: .....

Technical Classifier: .....

# ESSENTIAL EQUIPMENT REQUIRED FOR ON-GREEN CLASSIFICATION

**PLAYER:**

Player's own bowls playing equipment; eg 4 bowls, chair, walking aids, bowling arm, bowls lifter, etc

**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

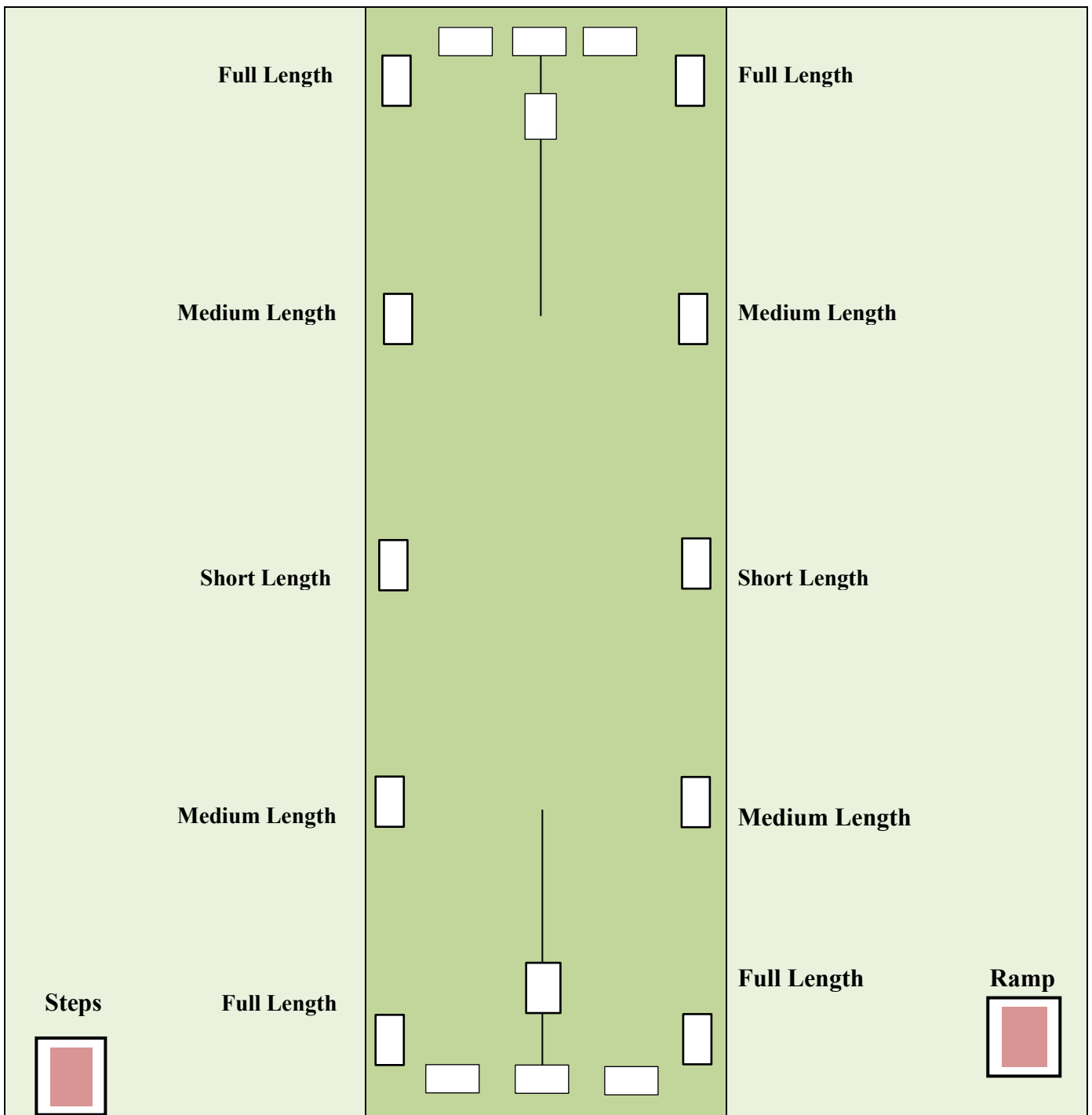
3 x jacks and 1 x mat

16 x On Green Markers (eg additional mats, cones, sports markers, Frisbees) set out as below

Reserved Rink

Classification Rink

Reserved Rink



## CLASSIFIERS' CHECKLIST

1. Name
2. Address
3. Certificate of Diagnosis
4. Consent for IBD Classification
5. IBD 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



**INTERNATIONAL  
BOWLS for the  
DISABLED**  
World Governing Organisation for Para  
Bowls



## IBD 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

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Date received:    /    /

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

Signature of person presenting form: .....

Signature of person receiving form: .....

**Protest Procedure**

Please see IBD Classification Rules on IBD website, Chapter 3. 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 IBD complies with the IPC Classification Code, this rule is followed.