



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



## WORLD BOWLS PARA CLASSIFICATION FORM

**Family Name:** .....

**Given Name :** .....

**Date of Birth:** ..... / ..... / .....

**Gender:** M / F / Other

**Address:** .....

**Country:** .....

**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

# BENCH TEST

Muscle Power

Coordination

Range of Motion

Upper Limbs	L	R	L	R	Full ROM	L	R
<b><u>SHOULDER</u></b>							
Flexion	5				170°		
Extension	5				40°		
External rot	5				70°		
<b><u>ELBOW</u></b>							
Flexion	5				150°		
Extension	5				0°		
Supination	5				90°		
<b><u>WRIST</u></b>							
Flexion	5				60°		
Extension	5				60°		
<b>Hand Digits (1pt each)</b>							
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
<b><u>HIP</u></b>							
Flexion	5				130°		
Extension	5				10°		
<b><u>KNEE</u></b>							
Flexion	5				130°		
Extension	5				10°		
<b><u>ANKLE</u></b>							
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

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

## Height Measurement

for Achondroplasia or Growth defects:

a maximum height of 130cms for women

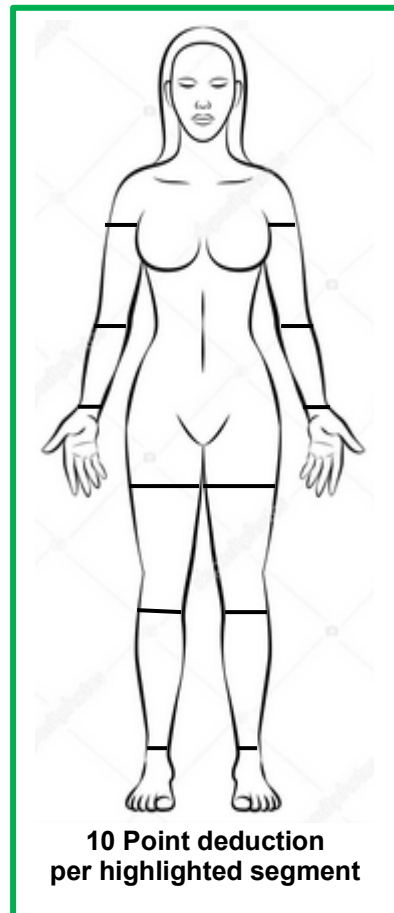
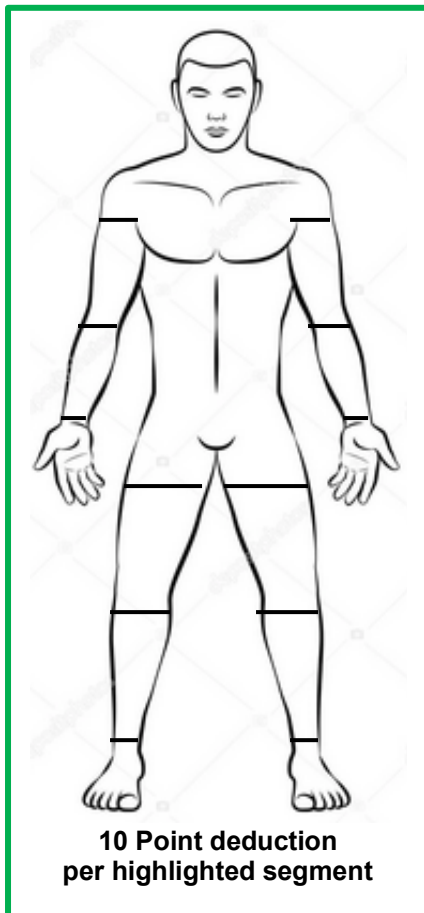
a maximum height of 137cms for males

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

# WBPara ON GREEN TESTS

## CLASSIFICATION FOR LAWN BOWLS: AMBULANT BOWLER

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

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**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:** .....

- |                          |           |   |          |
|--------------------------|-----------|---|----------|
| <b>Result Indicator:</b> | 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 (Considered average strength)  | = | 8  | ..... |
| iii. | Able to achieve 3times or less<br>(Indicates reduced strength, bowler should be in B5 Class) | = | 6  | ..... |

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**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:**



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

**National Medical Classifier and National Technical Classifier.**

(i.e. not yet eligible to have an International Classification)

**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](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)



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## 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

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

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

