

## CONSENT FOR FISA PARA-ROWER CLASSIFICATION

### Explanation:

For a rower to be eligible to compete in FISA and Paralympic events, the rower must be classified under the FISA Classification guidelines.

Failure to cooperate with or misrepresent him/herself to the Classifiers, or failure to complete the classification procedure may lead to ineligibility to compete in the FISA event, the Paralympic Qualification regatta or the Paralympic Games in addition to any penalties stated in the Classification Regulations and Bye Laws.

The Classification process will be conducted with all due care to limit any discomfort to individual rowers. However, failure to complete the classification process, regardless of pain and/or discomfort, will result in the rower not being classified and therefore not being eligible to compete in FISA or Paralympic events. The rower may withdraw their consent at any time but the process will then not be undertaken and the rower will not be classified and will also not be eligible to compete in FISA or Paralympic events.

By signing this consent form the rower agrees to waive his/her rights to make any claim against the Classifiers, FISA or anyone who might then claim against the Classifiers or FISA, for indemnification for any damages or claims of personal injury or any other claim arising from or in any way related to the classification procedure of the rower. The rower agrees to fully indemnify FISA and the Classifiers should any claim be made against them in any way related to the classification of the rower.

The following is an agreement by the rower, and the rower's parent/legal guardian where appropriate; consenting that the rower agrees to fully participate in the FISA identified eligibility criteria and classification procedure.

By signing below the rower agrees to complete the test honestly to the best of his/her ability.

I, \_\_\_\_\_ (printed name) of \_\_\_\_\_ (Federation)  
consent to be classified under the FISA identified eligibility criteria and classification procedure for FISA and Paralympic events.

I \_\_\_\_\_ (printed name of Parent/legal guardian) of \_\_\_\_\_ (printed name of rower) consent to the above on behalf of \_\_\_\_\_ (printed name of rower).

Signature of Rower: \_\_\_\_\_ Date: \_\_\_\_\_.

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_.

(Note: Confirmation of guardianship status may be required).

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_.

Print witness name and address: \_\_\_\_\_

\_\_\_\_\_

DECLARATION OF MEDICAL CONDITIONS THAT MAY REQUIRE EMERGENCY MEASURES

*[Please print all information and complete in English]*

Name: \_\_\_\_\_

National Federation: \_\_\_\_\_

I, \_\_\_\_\_, wish to compete in FISA adaptive rowing events.

**[PLEASE PRINT FULL NAME]**

I understand that FISA requires me to state any known medical conditions that may compromise my safety on the water. I understand that I must state the current management for my condition[s].

*(Please print N/A if there are no associated medical conditions)*

PERTINENT MEDICAL HISTORY:

Diabetes Heart Disease Cancer Stroke Recent Fracture Asthma Hypertension (high blood pressure)

Autonomic Disreflexia Dehydration Seizures Other \_\_\_\_\_

Possible Medical Complications:

\_\_\_\_\_  
\_\_\_\_\_

Steps that must be taken should this arise: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

All medication is as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand that if I fail to state any known medical conditions and if this condition results in having to perform a rescue, I will automatically be deemed ineligible for the present competition. I also understand that if a condition becomes evident for the first time during competition and is diagnosed at the time, e.g. dehydration, I will still be eligible to compete as long as I observe the recommended management for the condition.

**SIGNATURE OF ROWER:** \_\_\_\_\_

**SIGNATURE of PARENT/GUARDIAN/WARD [UNDER AGE 18]:** \_\_\_\_\_

**SIGNATURE OF WITNESS:** \_\_\_\_\_

**PRINTED NAME OF WITNESS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# FISA PARA-ROWING CLASSIFICATION APPLICATION FORM

Please complete in English

Family Name: \_\_\_\_\_ Federation: \_\_\_\_\_  
Given Name \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: (dd/mm/yyyy): \_\_\_\_\_  
Passport Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Please attach the following documentation as appropriate to the application:

LTA-VI: diagnostic test documentation (including FISA vision qualification form signed by an ophthalmologist or optometrist).

LTA-PD, TA, AS: Letter from a medical physician with the rower's diagnosis, date of injury, and cause and extent of disability, and other pertinent information, in clear English language.

=====  
**For Classifier's Use Only**

Diagnosis+ Associated Diagnosis+ other Comments:

Visual Impairment: \_\_\_\_\_ IBSA number: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_

**Physical Disability:**

Amputee \_\_\_\_\_ since \_\_\_\_\_

Spinal Level Impaired \_\_\_\_\_ Complete / Incomplete since \_\_\_\_\_

Others \_\_\_\_\_

Documentation of Disability Attached (Mandatory)

Progressive: Yes / No

Seizures: Yes / No

Asthma: Yes / No

Ability to Walk: Yes / No

Crutches/Aids: Yes / No

Wheelchair: Yes / No

Testing Place & Date: \_\_\_\_\_ Recommended Class: LTA- \_\_\_\_\_ TA AS

Classifiers' Comment: \_\_\_\_\_  
\_\_\_\_\_

**Length of time rowing as a para rower:** \_\_\_\_\_ Years \_\_\_\_\_ Months

**Para Rowing Competition Experience:** \_\_\_\_\_ Years **Number of events:** \_\_\_\_\_

Final Classification:  New  Review  Confirmed

If R (Review) Status, provide reasons: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature, FISA Classifier (Medical)

\_\_\_\_\_  
Signature, FISA Classifier (Technical)

\_\_\_\_\_  
Signature, Rower

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

Time Rower informed of Classification: \_\_\_\_\_

## FISA PARA-ROWING FUNCTIONAL CLASSIFICATION ASSESSMENT CHART

**Rower Name:** \_\_\_\_\_ **Federation:** \_\_\_\_\_

Functional Classification Test	Muscle Strength or Coordination (0-5 scale, no +/- scale)		Range of Movement (0-10 scale)	
	Right	Left	Right	Left
<b>UPPER LIMBS</b>				
<b>Shoulders</b>				
Flexion				
Extension				
<b>Elbows</b>				
Flexion				
Extension				
<b>Wrists</b>				
Flexion				
Extension				
<b>Fingers</b>				
Flexion				
Extension				
<b>TOTAL UPPER: R (80) L (80)</b>				
<b>LOWER LIMBS</b>				
<b>Hips</b>				
Flexion				
Extension				
<b>Knees</b>				
Flexion				
Extension				
<b>Ankles</b>				
Flexion (Plantarflexion)				
Extension (Dorsiflexion)				
<b>TOTAL LOWER: R (60) L (60)</b>				

**Scales for Muscular strength**

**Total number of points:**        /280

- 0 No muscle contraction
- 1 Flicker or trace of contraction
- 2 Active movement with gravity eliminated
- 3 Active movement against gravity through the full range of movement
- 4 Active movement against gravity and resistance through the full range of movement
- 5 Normal power through the full range of movement

**Scales for Coordination**

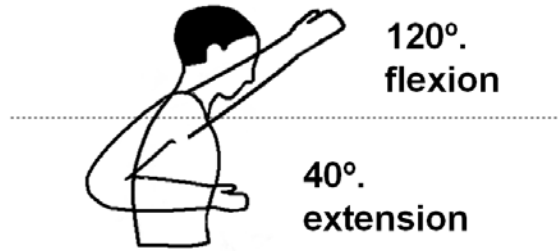
- 0 No functional movement at all
- 1 severely restricted ROM due to severe hypertonic muscle stiffness and/or very minimally coordinated movements
- 2 Severely restricted ROM, severe spasticity-hypertonic muscle stiffness present and/or severe coordination problems
- 3 Moderate ROM, moderate spasticity, with tone restricting movement and/or moderate coordination problems
- 4 Almost full ROM, with slight spasticity and slight increase in muscle tone and/ or slight coordination problems
- 5 Able to move from start to end positions fluidly and consistently, maintaining full ROM of this movement

**Rower Name:** \_\_\_\_\_ **Federation:** \_\_\_\_\_

*Refer to ROM numbers below for completion of this page.*

**Score scale for Shoulder's AFROM**

- 0°-80° = 0 points
- 81°-100° = 2 points
- 101°-120° = 4 points
- 121°-140° = 6 points
- 141°-159° = 8 points
- 160° = 10 points



**Rower's Flexion AFROM**

R \_\_\_\_\_ L \_\_\_\_\_

**Rowers Extension AFROM**

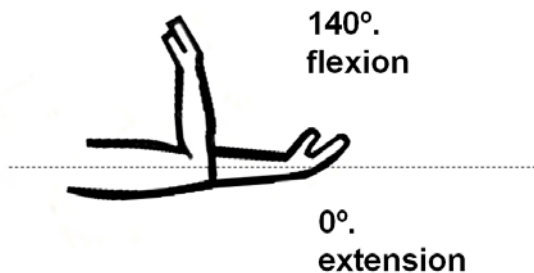
R \_\_\_\_\_ L \_\_\_\_\_

**Total Shoulder AFROM**

R \_\_\_\_\_ L \_\_\_\_\_

**Score scale for Elbow's AFROM**

- 0°-70° = 0 points
- 71°-89° = 2 points
- 90°-107° = 4 points
- 108°-124° = 6 points
- 125°-139° = 8 points
- 140° = 10 points



**Rower's Flexion AFROM**

R \_\_\_\_\_ L \_\_\_\_\_

**Rowers Extension AFROM**

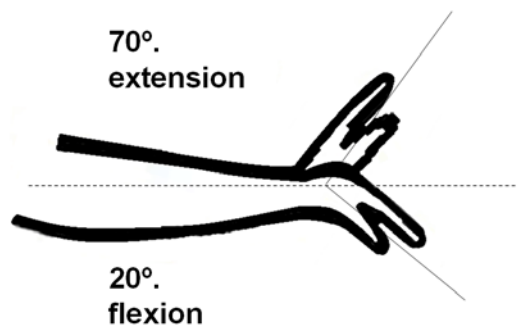
R \_\_\_\_\_ L \_\_\_\_\_

**Total Elbow AFROM**

R \_\_\_\_\_ L \_\_\_\_\_

**Score scale for Wrist's AFROM**

- 0°-45° = 0 points
- 46°-56° = 2 points
- 57°-67° = 4 points
- 68°-78° = 6 points
- 79°-89° = 8 points
- 90° = 10 points



**Rower's Flexion AFROM**

R \_\_\_\_\_ L \_\_\_\_\_

**Rowers Extension AFROM**

R \_\_\_\_\_ L \_\_\_\_\_

**Total Wrist AFROM**

R \_\_\_\_\_ L \_\_\_\_\_

Rower's Name \_\_\_\_\_

Score scale for Finger's AFROM

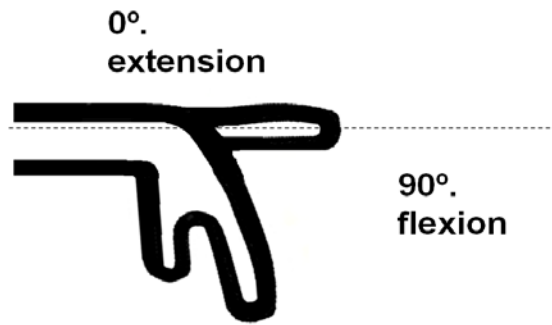
- 0°-45° = 0 points
- 46°-56° = 2 points
- 57°-67° = 4 points
- 68°-78° = 6 points
- 79°-89° = 8 points
- 90° = 10 points

Rower's Flexion AFROM

R \_\_\_\_\_ L \_\_\_\_\_

Rowers Extension AFROM

R \_\_\_\_\_ L \_\_\_\_\_



Total Finger AFROM

R \_\_\_\_\_ L \_\_\_\_\_

Score scale for Hip's AFROM

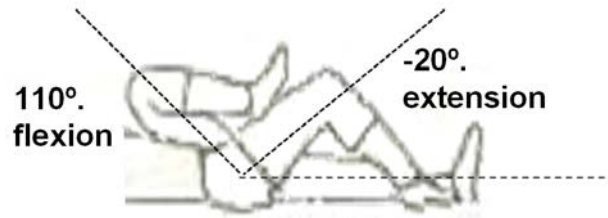
- 0°-45° = 0 points
- 46°-56° = 2 points
- 57°-67° = 4 points
- 68°-78° = 6 points
- 79°-89° = 8 points
- 90° = 10 points

Rower's Flexion AFROM

R \_\_\_\_\_ L \_\_\_\_\_

Rowers Extension AFROM

R \_\_\_\_\_ L \_\_\_\_\_



Total Hip AFROM

R \_\_\_\_\_ L \_\_\_\_\_

Score scale for Knee's AFROM

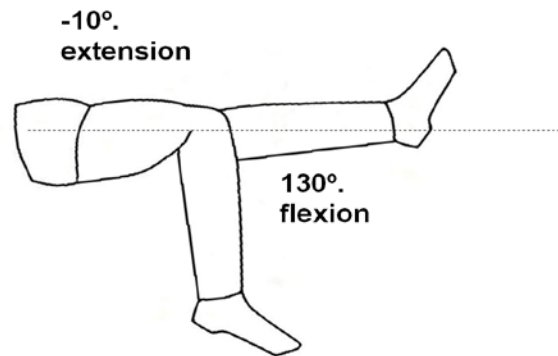
- 0°-60° = 0 points
- 61°-75° = 2 points
- 76°-90° = 4 points
- 91°-105° = 6 points
- 106°-119° = 8 points
- 120° = 10 points

Rower's Flexion AFROM

R \_\_\_\_\_ L \_\_\_\_\_

Rowers Extension AFROM

R \_\_\_\_\_ L \_\_\_\_\_



Total Knee AFROM

R \_\_\_\_\_ L \_\_\_\_\_

Score scale for Ankle's AFROM

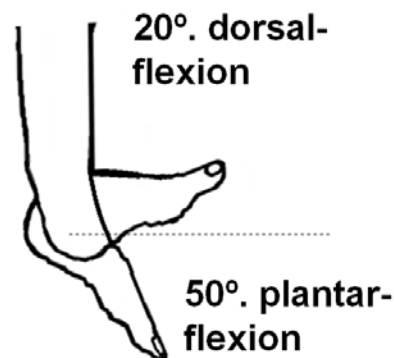
- 0°-35° = 0 points
- 36°-43° = 2 points
- 44°-52° = 4 points
- 53°-61° = 6 points
- 62°-69° = 8 points
- 70° = 10 points

Rower's Dorsi Flexion AFROM

R \_\_\_\_\_ L \_\_\_\_\_

Rowers Plantar Flexion AFROM

R \_\_\_\_\_ L \_\_\_\_\_



Total Ankle AFROM

R \_\_\_\_\_ L \_\_\_\_\_

**Rower's Name** \_\_\_\_\_

**Minimal Disability:**

(Refer to Para-Rowing Functional Classification Test)

Yes / No (Please circle):      Minimal loss of 10 points on one limb or 15 points across two limbs in the above functional classification test chart.

Yes / No (Please circle)      Full loss of three fingers on one hand.

Yes / No (Please circle)      Transmetatarsal amputation of one foot.

**SQUAT TEST**

*90-degree Squat Test:*      *Pass*      *Fail*

*Comments:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LONG SIT TEST**

*Long Sit Test:*      *Pass*      *Fail*

*Comments:*

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments:**

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Rower's Name \_\_\_\_\_ National Federation \_\_\_\_\_

**ERGOMETER TEST AND ON-WATER OBSERVATION**

**Comments on ergometer test and on-water observation:**

(Note: Comments should provide an indication of whether these tests confirm the bench test results and why, and if not, the reason that the ergometer test and/or on-water observation leads the classifiers to confirm a different category).

Protocol	Comments
<b>Describe rower sitting balance</b>	
<b>Evaluation – sliding seat</b> <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Rower able to use sliding seat</b> <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Rower coordination &lt; 30 spm</b>	
<b>Rower coordination &gt; 30 spm</b>	
<b>Evaluation - fixed seat</b> <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Rower trunk flexion / extension</b>	
<b>Evaluation – strapping</b> <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Test with prosthesis and/or orthosis to determine best functionality of athlete</b> <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
<b>Rower able to maintain power throughout test?</b>	
<b>Athlete evaluation time: ..... minutes</b>	
<b>Athlete referred for on-water observation</b> <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Notes: Was there anything in the medical evaluation that directed your technical evaluation?</b>	



# FISA PARA-ROWING

## VISION QUALIFICATION FORM

Each visually impaired rower must have this form completed by an Ophthalmologist or Optometrist (as applicable by country). This form is based on the IBSA form and is used to help determine the rower's sight classification. It is important to recognise that accuracy of this form is extremely important as the rower's classification is subject to verification by an IBSA Classifier. Supplemental medical documentation should be included.

PERSONAL DETAILS	TO BE COMPLETED BY OPHTHALMOLOGIST			INSTRUCTIONS FOR THE 3-CLASS SYSTEM
Last Name _____	<b>Visual Acuity</b>	With correction:	Without correction:	<b>B1</b> No light perception in either eye up to light perception but inability to recognise the shape of a hand at any distance or in any direction
First Name _____	RE _____	_____	_____	
Address _____ _____	LE _____	_____	_____	<b>B2</b> From ability to recognise the shape of a hand up to visual acuity of 2/60 and/or visual field of less than 5 Degrees
Nationality _____	<b>Visual Fields</b> (if applicable) - Include copy with application			
Date of Birth Yr ____ Mo ____ Day ____	RE _____	_____ (degrees)		<b>B3</b> From visual acuity above 2/60 up to a visual acuity of 6/60 and/or a visual field of more than 5 degrees and less than 20 degrees
Male/Female ___ M ___ F	LE _____	_____ (degrees)		
Diagnosis _____	Date _____	Signature of Ophthalmologist or Optometrist		<b>NOTES:</b> 1. All classifications in best eye with best correction 2. Classifications should be done in an ophthalmologic office 3. Finger counting should be done with contrasting background 4. If the classification is based on a visual field defect, the rower must bring a copy of the visual field test. 5. Visual field should be tested with equipment which allows determination in degrees, with a large object.
Extent of Disability _____	<b>Ophthalmologist or Optometrist information:</b>			
Date of Injury _____	Name _____	_____		
Additional tests	Address _____	_____		
	Phone _____	_____		
	Fax _____	_____		
	Competitor Class	<b>B1</b>	<b>B2</b>	
		<b>B3</b>		

**FISA CLASSIFICATION PROTEST FORM**

**Name of Rower Under Protest:**

**Family Name:** \_\_\_\_\_ **Given Name:** \_\_\_\_\_

**Federation of Rower:** \_\_\_\_\_

Current Sport Class and Sport Class: please put “√” on the eligible class

LTA- \_\_\_\_\_ TA \_\_\_\_\_ AS \_\_\_\_\_

Current Sport Class Status:  New  Review  Confirmed (In Exceptional Circumstances Only)

**Signature of person submitting form:**

\_\_\_\_\_

**Printed name of person submitting form:** \_\_\_\_\_

**Federation submitting form:** \_\_\_\_\_

*Date and Time of Protest:*

*Details of Reason of Protest:*

\_\_\_\_\_  
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*Official use only*

*Date and Time received:* \_\_\_\_\_

*Protest Fee Paid (must be attached):* \_\_\_\_\_

*Signature of FISA Chief Classifier:* \_\_\_\_\_

*Printed name of FISA Chief Classifier:* \_\_\_\_\_

*Protest:*      *Allowed*                      *Dismissed*

**Rower Name** \_\_\_\_\_ **National Federation** \_\_\_\_\_

Decision of the Classification Protest Panel:

**Process and Determination:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Date, Time:** \_\_\_\_\_

**Names of Classification Protest Panel Members: (Please print)**

\_\_\_\_\_ **FISA Medical Classifier**

\_\_\_\_\_ **FISA Technical Classifier**

**Signatures:** \_\_\_\_\_

\_\_\_\_\_

Rower Printed name \_\_\_\_\_

Rower Signature \_\_\_\_\_