

CONSENT FOR FISA ADAPTIVE 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 the Classifiers or failure to complete the classification procedure will lead to ineligibility to compete in the FISA event, the Paralympic Qualification regatta or the Paralympic Games.

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 ADAPTIVE 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:

ID: INAS-FID Athletes Registration Card.

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: _____

Intellectual Disability: _____ INAS-FID number: _____

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 ID

Classifiers' Comment: _____

Length of time rowing as an adaptive rower: _____ Years _____ Months

Adaptive 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 ADAPTIVE 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)	
UPPER LIMBS	Right	Left	Right	Left
Shoulders				
Flexion				
Extension				
Elbows				
Flexion				
Extension				
Wrists				
Flexion				
Extension				
Fingers				
Flexion				
Extension				
TOTAL UPPER: R (80) L (80)				
LOWER LIMBS	Right	Left	Right	Left
Hips				
Flexion				
Extension				
Knees				
Flexion				
Extension				
Ankles				
Flexion (Plantarflexion)				
Extension (Dorsiflexion)				
TOTAL LOWER: R (60) L (60)				

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

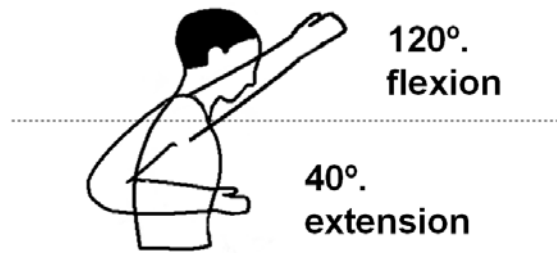
FISA ADAPTIVE ROWING FUNCTIONAL CLASSIFICATION ASSESSMENT CHART

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

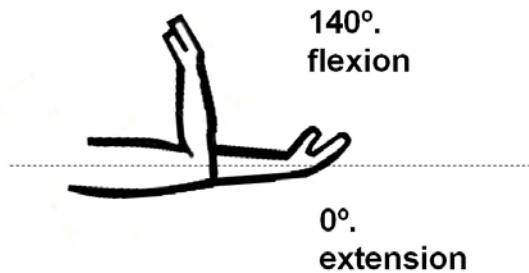
R _____ L _____

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

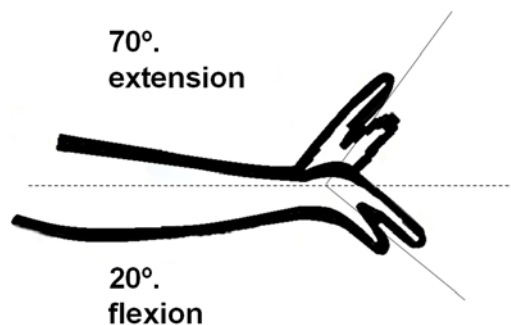
R _____ L _____

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

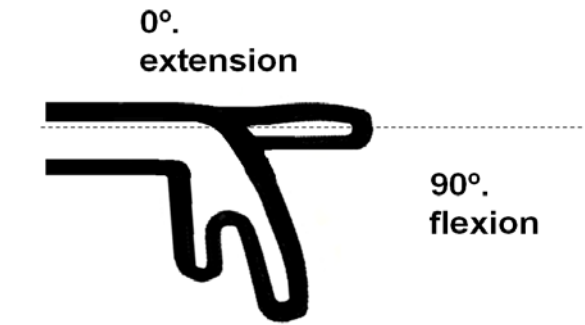
- 0°-45° = 0 points
- 46°-56° = 2 points
- 57°-67° = 4 points
- 68°-78° = 6 points
- 79°-89° = 8 points
- 90° = 10 points

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

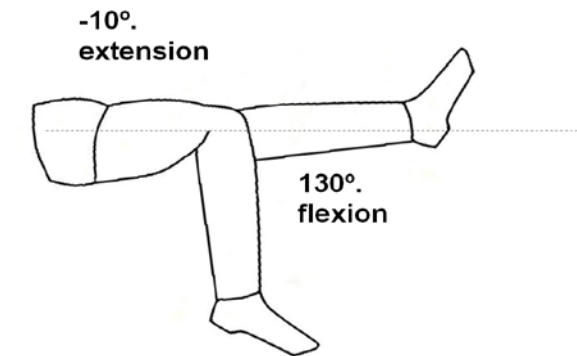
- 0°-60° = 0 points
- 61°-75° = 2 points
- 76°-90° = 4 points
- 91°-105° = 6 points
- 106°-119° = 8 points
- 120° = 10 points

Rower's Flexion AFROM

R _____ L _____

Rowers Extension AFROM

R _____ L _____



Total Knee AFROM

R _____ L _____

Score scale for Ankle's AFROM

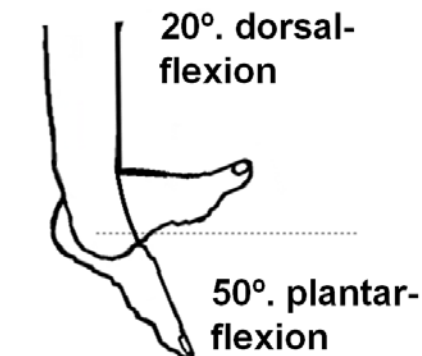
- 0°-35° = 0 points
- 36°-43° = 2 points
- 44°-52° = 4 points
- 53°-61° = 6 points
- 62°-69° = 8 points
- 70° = 10 points

Rower's Dorsi Flexion AFROM

R _____ L _____

Rowers Plantar Flexion AFROM

R _____ L _____



Total Ankle AFROM

R _____ L _____

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

FISA ADAPTIVE 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 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 _____	Visual Acuity	With correction:	Without correction:	B1 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 _____	_____	_____	B2 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 _____	Visual Fields (if applicable) - Include copy with application			
Date of Birth Yr ____ Mo ____ Day ____	RE _____	_____ (degrees)		B3 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		NOTES: 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 _____	Ophthalmologist or Optometrist information:			
Date of Injury _____	Name _____	_____		
Additional tests _____	Address _____	_____		
_____	Phone _____	_____		
_____	Fax _____	_____		
_____	Competitor Class	B1	B2	B3

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:

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*

