Paraclimbing Medical Diagnostics Form (MDF) Completion Guide

For Athletes, National Federations, and Physicians

This guide is designed to assist in accurately completing the Medical Diagnostics Form (MDF) required for Paraclimbing. Ensure that the form is legibly filled out in English and that all required attachments are submitted. Missing or incomplete information may delay the athlete's classification and eligibility.

Section 1: Athlete Information

(To be completed by the athlete or National Federation)

1. ATHLETE INFORMATION

Last Name: _____

First Name: _____

Gender: Female ❑ Male ❑ Preferred Pronouns:_____ Date of Birth (dd/mm/yyyy): _____

NPC/NF: _____ Country: _____

Sport: _____

This section records the athlete's personal details.

- **Last Name and First Name:** Enter the athlete's full legal name as it appears in their passport.
- **Gender:** Check the appropriate box and may list preferred pronouns.
- **Date of Birth:** Use the format DD/MM/YYYY.
- **NPC/NF and Country:** Specify the National Paralympic Committee (NPC) or National Federation (NF) representing the athlete and their country of residence.
- **Sport:** Write "Paraclimbing."

Section 2: Eligible Impairment Type

(To be completed by the athlete's physician)

2. ELIGIBLE IMPAIRMENT TYPE

Please select all the Eligible Impairment type(s) applying to the Athlete. Refer to the IFSC Classification Rules for full details.

☐ 1. Impaired Muscle Power	☐ 4. Limb Length Difference	☐ 7. Motor Ataxia
☐ 2. Impaired Passive Range of Movement	☐ 5. Short Stature (height: _____ cm)	☐ 8. Dyskinesia
☐ 3. Limb Deficiency	☐ 6. Hypertonia/Spasticity	

This section determines whether the athlete has an eligible impairment.

1. Review the list of impairment types and check all applicable boxes.
2. If unsure about an impairment, refer to the IFSC Classification Rules or consult with the Classification Panel.
3. **Important:** Only the listed impairments are eligible. Any condition outside this list is not valid for classification. Please see the International Paralympic Classification Code for more information regarding underlying health conditions and the eligible impairments. Please note that only the most severe impairment type will count towards final classification eligibility.

Section 3: Medical Information

3.1 Diagnosis

(To be completed by the athlete's physician)

3.1. DIAGNOSIS: Description of the Athlete's medical diagnosis and the loss of function this health condition results in:
HEALTH CONDITION IS: ❑ FLUCTUATING ❑ STABLE ❑ PERMANENT ❑ PROGRESSIVE

Describe the athlete's medical diagnosis, including the affected body parts, side of impairment (if applicable), and functional limitations.

Describe how the diagnosis leads to the eligible impairment claimed in Section 2.

Indicate whether the health condition is stable, fluctuating, permanent, or progressive.

Examples:

- **Diagnosis:** Congenital limb deficiency in the right forearm, resulting in reduced grip strength and limited ability to grasp holds in certain climbing positions. **Status:** *Permanent*
- **Diagnosis:** motor vehicle trauma 2005 –fractured left tibia/fibula with associated tibial nerve injury affecting muscle power in leg. **Status:** *Stable*
- **Diagnosis:** 30 degree flexion contracture of the left knee resulting from a severe orthopedic injury sustained in a motor vehicle accident in 2018 that led to significant scarring and reduced passive range of motion in the knee joint. **Status:** *Stable*
- **Diagnosis:** Multiple sclerosis, resulting in weakness and spasticity affecting grip in the left hand. Strength is 3/5 in finger and wrist flexion on manual muscle testing. Modified Ashworth 2/4 in wrist flexors. **Status:** *Progressive*

3.2 Medical History

Indicate whether the impairment is congenital or acquired. If acquired, include the year of onset and any relevant details regarding anticipated procedures (injections or surgeries) to manage the impairment.

Example:

- **Impairment:** Acquired
- **Year of Onset:** 2015 (following a skiing accident)
- **Future Procedures:** Follow-up surgery planned for stabilization of the left shoulder joint.

3.3 Medications

Provide details of medications used to manage the impairment, including dosage and purpose. Do not need to include unrelated medications.

Example:

- **Medication:** Baclofen, 10mg daily, for managing muscle spasticity.

Section 4: Attachments to the MDF

(To be completed by the athlete's physician)

Attach all required medical documents to verify the diagnosis and impairment. Documentation **MUST** be provided to support both the diagnosis (Underlying Health Condition) AND how that condition results in the Eligible Impairment. Documents must be presented in English and legible. Refer to the impairment-specific requirements outlined in the table. It is not required to submit every listed document type for the given impairment, as some may be redundant or may not pertain to the specific diagnosis, however the documents submitted must describe the diagnosis and impairment in sufficient medical detail. Once deemed sufficient, supporting medical documentation can be re-used for year to year if there have been no relevant medical updates.

Required Information: Provide the most recent relevant testing available as this is very important if completed during the recovery period. If specific tests or documents are unavailable, documentation of the results in physician documentation is acceptable. If specific diagnostic tests have not been completed submit a detailed specialty certified physician's letter explaining the results or why the test in unavailable while offering alternate evidence (e.g., detailed neurologic exam from a Neurologist resulting in their clinical diagnosis).

Additional Supporting Documentation: Reinforces the connection between the underlying health condition and how the impairment impacts climbing. This helps classifiers understand to extent of the impairment to provide feedback to the athlete regarding eligibility.

Eligible Impairment Type	Documents/Tests Required	Examples of Additional Supporting Documentation
Impaired Muscle Power	- Medical report detailing the specific condition causing muscle weakness (e.g., spinal cord injury, nerve damage). - Pertinent imaging results such as X-Ray, CT scan, MRI scan or ultrasound that explain the loss of muscle power - Official report of EMG/Nerve Conduction Study (if nerve injury). - Physical examination results showing muscle strength grades (manual muscle testing or ASIA form in setting of spinal cord injury).	- Rehabilitation center discharge summary. - Physician's clinic notes describing how weakness impacts function (e.g., inability to lift objects or climb).
Impaired Passive Range of Motion	- Physician's letter explaining the cause of restricted range of motion (e.g., orthopedic injury, contracture). - X-ray or MRI to confirm structural abnormalities. - Passive ROM measurements from a physiotherapist or specialist.	- Surgery report or details of injury recovery. - Photos or videos demonstrating limited motion (if applicable).
Limb Deficiency	- Photograph or X-ray of the affected limb. - Physician's description of the amputation or dysmelia (congenital deficiency) and level of impairment.	- Prosthetics fitting report (if applicable). - Surgical notes (if amputation was performed).
Leg Length Difference	- Physician's report detailing leg length discrepancy -or- - X-ray confirming the measurement of the leg length difference.	- Functional assessment report from a physiotherapist. - Detailed description of adaptations or assistive devices used for mobility.
Short Stature	- Documentation confirming height (e.g., growth charts, physician's letter) -or- - X-ray or other medical imaging (if required) to confirm skeletal dysplasia or related condition.	- Genetic test results (if available) for underlying conditions such as achondroplasia. - Endocrinologist report (if applicable).
Hypertonicity/Spasticity	- Modified Ashworth Scale (MAS) or Australian Spasticity Assessment Scale (ASAS) scores. - Physician's report detailing the underlying neurological condition (e.g., cerebral palsy, TBI, stroke).	- MRI or CT scan results supporting diagnosis of the neurological condition. - Physiotherapist's functional assessment of how spasticity impacts climbing movements.

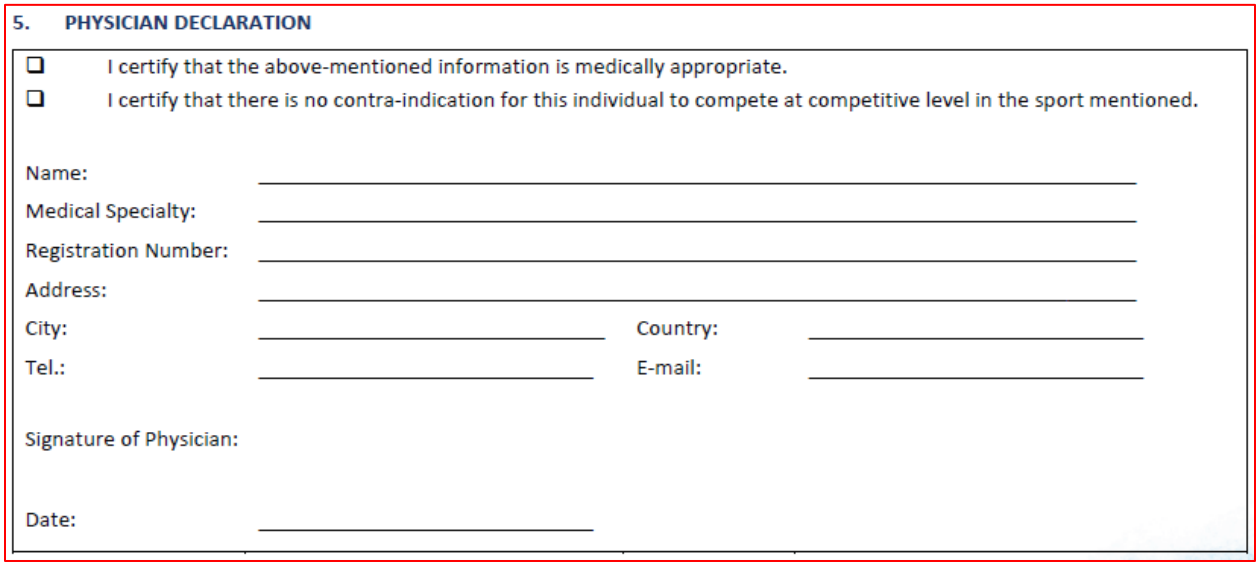
Eligible Impairment Type	Documents/Tests Required	Examples of Additional Supporting Documentation
Motor Ataxia	- Neurologist's report describing the loss of coordination and underlying cause (e.g., multiple sclerosis, TBI, cerebellar atrophy). - Physician's letter detailing how ataxia impacts function.	- Coordination/Balance tests (e.g., Romberg or SARA results). - MRI results of brain or cerebellum showing lesions or abnormalities. - Functional impact report describing loss of climbing coordination.
Dyskinesia	- Physician's report explaining the uncontrolled movements and underlying neurological condition. - MRI or CT scan documenting brain abnormalities causing dyskinesia (if available).	- Functional assessment by a physiotherapist documenting how athetosis affects climbing ability. - Physician's clinic notes describing how athetosis impacts function

Examples of Supporting Documents:

- **Diagnosis:** T10 ASIA B Spinal Cord Injury
    - **Required Documentation:** Physician's clinical note describing the spinal cord injury and associated leg weakness – OR – discharge summary from rehabilitation hospital course following injury.
    - **Supporting Documentation:** MRI of the spinal cord injury, completed ASIA examination
- **Diagnosis:** pelvic and humeral fracture secondary to MVC with associated sciatic nerve injury affecting muscle power in leg
    - **Required Documentation: Electromyography and Nerve conduction testing documenting sciatic neuropathy** – OR – Physician's clinical note describing that EMG/NCS was completed and showed sciatic neuropathy
    - **Supporting Documentation:** Physician or physiotherapist's note outlining the muscles involved and manual muscle testing results.
    - ***Note:*** *In this example, the impairment is weakness and documentation should focus on the actual impairing diagnosis (post-traumatic sciatic neuropathy) which causes the weakness. If impairment were restricted range of motion, documentation could focus on orthopedic restrictions, surgery, and joint imaging.*

Section 5: Physician Declaration

(To be completed by the athlete's physician)



5. PHYSICIAN DECLARATION

❑ I certify that the above-mentioned information is medically appropriate.

❑ I certify that there is no contra-indication for this individual to compete at competitive level in the sport mentioned.

Name: _____

Medical Specialty: _____

Registration Number: _____

Address: _____

City: _____ Country: _____

Tel.: _____ E-mail: _____

Signature of Physician:

Date: _____

This section confirms the physician's credentials and certifies the accuracy of the information provided.

- Complete all fields, including name, specialty, registration/license number, and contact details.
    - **Non-physicians are not eligible to complete this form.**
- Sign and date the declaration. This must be completed within 12 months of the competition.
    - A new completed MDF form is required annually, but supporting documents may be re-used.

Checklist for Submission

(To be completed by athlete's NF/NPC)

Before submitting, ensure the following:

☐ All athlete identification fields are completed and accurate.

☐ Medical diagnosis and eligible impairment fields are properly filled.

☐ Required and Supporting documents (in English) for the impairment are attached.

☐ The physician's section is fully completed, signed, and dated.

By following this guide, athletes and their physicians can ensure the MDF is completed accurately and submitted without delays.