

**PARA CLIMBING
CLASSIFICATION FORM**

COMPETITION DETAILS	
CLASSIFIER 1 FULL NAME	
CLASSIFIER 2 FULL NAME	
CLASSIFICATION DATE (DD/MM/YYYY)	

ATHLETE INFORMATION To be filled by the Athlete – if not sure leave blank	
LAST NAME:	FIRST NAME:
GENDER: ☐ MALE ☐ FEMALE	PREFERRED PRONOUNS:
DATE OF BIRTH (DD/MM/YYYY):	
COUNTRY:	NATIONAL FEDERATION:
EMAIL ADDRESS:	ID/PASSPORT N.:
ENTRY SPORT CLASS (if applicable): ☐ Para Climbing _____ ☐ Not Eligible (NE)	ENTRY SPORT CLASS STATUS: ☐ New (N) ☐ Review (R) ☐ Protested Athlete (P) ☐ Classification Not Completed (CNC)
CLIMBING EXPERIENCE AND TRAINING To be filled by the Athlete – if not sure leave blank	
Climbing Technique: ☐ Campus only ☐ Single arm climbing ☐ Four (4) points of contact	
Equipment used (prostheses, helmet, other):	
Number of years of Para Climbing experience:	
Number of years of competitive Para Climbing:	
If applicable, did you climb prior to your injury? ☐ YES ☐ NO ☐ N/A	
On average, how many times do you climb per week/month?	
Do you follow a training programme?	
Have you been previously classified in other Para Sports?	
ADDITIONAL COMMENTS	

MEDICAL INFORMATION To be filled by the Classification Panel	
Primary Medical Diagnosis:	
Was supporting medical documentation provided? ☐ YES ☐ NO	
Impairment is: ☐ Congenital ☐ Acquired, at the age of:	
Impairment is: ☐ Stable ☐ Progressive ☐ Fluctuating ☐ Congenital ☐ Permanent	
Other medical history (including surgeries, botox injections, etc.):	
Medication used:	
Indicate which of the Eligible Impairment(s) types the athlete has based on the Athlete's description:	
☐ Impaired Muscle Power ☐ Impaired Passive ROM ☐ Limb Deficiency ☐ Limb Length Difference ☐ Short Stature ☐ Hypertonia/Spasticity ☐ Motor Ataxia ☐ Athetosis	

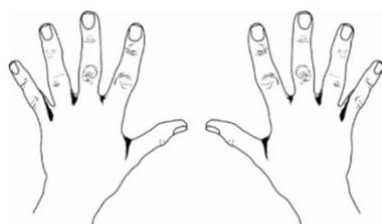
UNDERLYING HEALTH CONDITION VERIFICATION To be completed as required			
UMN/LMN deficit sign	RIGHT	LEFT	COMMENTS
Babinski (yes/no)			
UL Reflexes Biceps , Triceps (brisk/normal/absent)			
LL Reflexes Patella tendon, Achilles tendon (brisk/normal/absent)			
Clonus (number of beats)			

ADDITIONAL COMMENTS

IMPAIRED MUSCLE POWER AND IMPAIRED PASSIVE RANGE OF MOTION UPPER LIMB									
MUSCLE POWER					PASSIVE RANGE OF MOTION				
	RIGHT	DEFICIT	LEFT	DEFICIT	RIGHT	SCORE	LEFT	SCORE	Minimum Point Range
SHOULDER									
FLEXION	/5		/5						< 150
EXTENSION									< 0
ABDUCTION	/5		/5						< 150
ADDUCTION	/5		/5						
HORIZONTAL ADD.									< 45
TOTAL ROTATION RANGE									< 90
ELBOW AND FOREARM									
FLEXION	/5		/5						< 90
EXTENSION	/5		/5						< -30
SUPINATION									< 60
PRONATION									< 60
WRIST									
FLEXION	/5		/5						< 20
EXTENSION	/5		/5						< 20
FINGERS									
ADDUCTION	/5		/5						
MCP									<45
PIP + DIP FLEXION	/5		/5						< 90
PIP + DIP EXTENSION									> 90
THUMB									
OPPOSITION	/5		/5						cannot achieve base of 4th
SUBTOTAL DEFICIT	/50		/50		SUBTOTAL		SUBTOTAL		
TOTAL UE DEFICIT	/100								

IMPAIRED MUSCLE POWER AND IMPAIRED PASSIVE RANGE OF MOTION LOWER LIMB									
MUSCLE POWER					PASSIVE RANGE OF MOTION				
	RIGHT	DEFICIT	LEFT	DEFICIT	RIGHT	SCORE	LEFT	SCORE	Minimum Point Range
HIP									
FLEXION	/5		/5						< 90
EXTENSION	/5		/5						< -20
ABDUCTION	/5		/5						< 20
ADDUCTION	/5		/5						< 0
TOTAL ROTATION RANGE									< 45
KNEE									
FLEXION	/5		/5						< 90
EXTENSION	/5		/5						< -10
ANKLE									
PLANTARFLEXION	/5		/5						
DF / PF									< 0DF / <15PF
INVERSION/EVERSION									Fixed subtalar or < neutral
SUBTOTAL DEFICIT	/35		/35		SUBTOTAL		SUBTOTAL		
TOTAL LL DEFICIT	/70								
IMPAIRED MUSCLE POWER AND IMPAIRED PASSIVE RANGE OF MOTION TRUNK									
NECK AND BACK									
MUSCLE POWER					PASSIVE RANGE OF MOTION				
	RIGHT		LEFT		RANGE	SCORE			Minimum Point Range
NECK FLEX/EXT RANGE									< 30
NECK ROTATION									0
ABDOMINAL FLEXION	/5 deficit:								
BACK EXTENSION	/5 deficit:								
BACK ROTATION RANGE									
SUBTOTAL DEFICIT	/10				SUBTOTAL				
TOTAL COMBINED DEFICIT	/180				TOTAL ROM				

SHORT STATURE			
Athlete's height		cm (≤ 140 cm)	
LIMB DEFICIENCY			
UPPER LIMB	RIGHT	LEFT	COMMENTS (AMPUTATION/DYSMELIA)
Residual limb below shoulder	cm	cm	
Residual limb below elbow	cm	cm	
Wrist joint present (yes/no)			
Ability to supinate/pronate (yes/no)			
DIP or PIP joints deficient			
LOWER LIMB	RIGHT	LEFT	COMMENTS (AMPUTATION/DYSMELIA)
Residual limb below hip	cm	cm	
Residual limb below knee	cm	cm	
Calcaneus present (yes/no)			
LEG LENGTH DIFFERENCE			
ASIS to medial malleolus	cm	cm	Difference R<>L %
HAND			
	RIGHT	LEFT	
Number of digits			
Length			



LEFT

RIGHT

ADDITIONAL COMMENTS / OBSERVATIONS

HYPERTONICITY		
Hypertonicity type: Spasticity / Dystonia / Rigidity / Mixed		
	RIGHT	LEFT
UPPER LIMB	MAS SCORE/DYSTONIA (D)/RIGIDITY (R)	MAS SCORE/DYSTONIA (D)/RIGIDITY (R)
Shoulder Adductors		
Elbow Flexors		
Elbow Extensors		
Pronators		
Wrist Flexors		
Long Finger Flexors		
LOWER LIMB	MAS SCORE/DYSTONIA (D)/RIGIDITY (R)	MAS SCORE/DYSTONIA (D)/RIGIDITY (R)
Hip Flexors		
Hip Adductors		
Knee Extensors		
Knee Flexors		
Plantar Flexors		
Dorsiflexors		
Foot Invertors		
TOTAL NUMBER OF MUSCLE GROUPS WITH MAS SCORE ≥ 2		
NUMBER OF LIMBS AFFECTED		
UPPER LIMB INVOLVEMENT (with MAS ≥ 2)?		Yes / No
ADDITIONAL COMMENTS / OBSERVATIONS		

ATHETOSIS			
ATHETOID INVOLUNTARY MOVEMENTS	PRESENT	AMPLITUDE	% TIME OBSERVED
Right upper extremity including fingers			
Left upper extremity including fingers			
Right lower extremity including toes			
Left lower extremity including toes			
Trunk including head and neck			

ATAXIA/DYSKINESIA				
ATAXIA OBSERVED	RIGHT	LEFT	DYSTONIA / RIGIDITY OBSERVED	COMMENTS
UPPER LIMB				
Finger-nose chase				
Hand grasp and release				
Reach for overhead target				
Upper limb Grapevine				
LOWER LIMB				
Standing				
Heel-toe walking				
Leg Lift				
Step Through				
NUMBER OF LIMBS AFFECTED				
ADDITIONAL COMMENTS / OBSERVATIONS				

DECISION AFTER PHYSICAL ASSESSMENT				
Impairment type				
SPORT CLASS	☐ AL1	☐ AL2	☐ AU2	☐ AU3
	☐ RP1	☐ RP2	☐ RP3	
	☐ NE – DOES NOT MEET MIC		☐ NE	☐ CNC
SPORT CLASS STATUS	☐ Confirmed ☐ Review ☐ Review with Fixed Review Date _____			
	Reason for review/FDR (Age, growth, recent injury, new athlete, etc.)			
NEED OF SPORT-SPECIFIC TEST	☐ YES ☐ NO	PLEASE DESCRIBE WHAT NEEDS TO BE ASSESSED:		

FULL NAME OF CLASSIFIER 1

SIGNATURE

FULL NAME OF CLASSIFIER 2

SIGNATURE

We acknowledge that this classification decision has been discussed with us after the physical assessment and that observation in competition may lead to a change in Sport Class.

FULL NAME OF THE ATHLETE

SIGNATURE

FULL NAME OF SUPPORT PERSONNEL

SIGNATURE

ROLE

SPORT-SPECIFIC TEST		
Date	Time	Location
Goal of SST		
Climbs selected		
Any specific instructions given to athlete		
Off wall observations		
Observation Notes		

FINAL OUTCOME AFTER SPORT-SPECIFIC TEST				
RATIONALE FOR SPORT CLASS DECISION				
SPORT CLASS AFTER SPORT-SPECIFIC TEST	☐ AL1	☐ AL2	☐ AU2	☐ AU3
	☐ RP1	☐ RP2	☐ RP3	
	☐ NE-MIC		☐ NE-UHC	☐ CNC
SPORT CLASS STATUS AFTER SPORT-SPECIFIC TEST	☐ Confirmed ☐ Review ☐ Review with Fixed Review Date _____			
	Reason for review/FDR (Age, growth, recent injury, new athlete, etc.)			

FULL NAME OF CLASSIFIER 1

SIGNATURE

FULL NAME OF CLASSIFIER 2

SIGNATURE

We acknowledge that this classification decision has been discussed with us after the sport-specific test and that observation in competition may lead to a change in Sport Class.

FULL NAME OF THE ATHLETE

SIGNATURE

FULL NAME OF SUPPORT PERSONNEL

SIGNATURE

ROLE

OBSERVATION OF FIRST APPEARANCE IN COMPETITION				
DATE AND PLACE				
PLEASE REPORT WHAT HAS BEEN OBSERVED IN THE OBSERVATION				
☐ NO CHANGE – NO ACTION NEEDED ☐ CHANGE NEEDED – SEE BELOW				
SPORT CLASS AFTER OBSERVATION	☐ AL1	☐ AL2	☐ AU2	☐ AU3
	☐ RP1	☐ RP2	☐ RP3	
	☐ NE-MIC		☐ NE-UHC	☐ CNC
SPORT CLASS STATUS AFTER OBSERVATION	☐ Confirmed ☐ Review ☐ Review with Fixed Review Date _____			
	Reason for review/FDR (Age, growth, recent injury, new athlete, etc.)			

FULL NAME OF CLASSIFIER 1

SIGNATURE

FULL NAME OF CLASSIFIER 2

SIGNATURE

We acknowledge that this classification decision has been discussed with us after the observation in competition.

FULL NAME OF THE ATHLETE

SIGNATURE

FULL NAME OF SUPPORT PERSONNEL

SIGNATURE

ROLE

ATHLETE EVALUATION CONSENT FORM

1. I agree to undergo the Athlete Evaluation process described in World Climbing Classification Rules and administered by a designated Para Climbing Classification Panel complying with IPC Standards. I understand that this process may require me to participate in sport-like exercises and activities which may include me being observed whilst competing. I understand that there is a risk of injury in participating in exercises and activities. I confirm that I am healthy enough to participate in Athlete Evaluation.

2. I understand that I must comply with the requests made by the Classification Panel. This includes providing sufficient documentation to allow a Classification Panel to determine whether I comply with the eligibility requirements for Para Climbing. I understand that if I fail to comply with any such request then Athlete Evaluation may be suspended without a Sport Class being allocated to me.

3. I understand that Athlete Evaluation requires me to give my best effort, and that any Intentional Misrepresentation of my skills, abilities and/or the degree of my Impairment during Athlete Evaluation may result in me facing disciplinary action (see IPC Intentional Misrepresentation Rules in the IPC Handbook, Section 2, Chapter 1.3).

4. I understand that Athlete Evaluation is a judgment process, and I agree to abide by the judgment of the Classification Panel. If I do not agree with the decision of the Classification Panel, I agree to abide by the Protest process as defined in World Climbing Classification Rules.

5. I agree to be videotaped and photographed during the Athlete Evaluation process and that this may include my activity on and off the field of play during the Competition.

6. I agree agree and consent to World Climbing processing my personal data in any format, including my full name, country, date of birth, sport, Sport Class, Sport Class Status and relevant medical information. I agree and consent to my name, country and Sport Class and Sport Class Status being published by World Climbing and shared with third parties such as LOCs.

☐ I wish to assist World Climbing in developing the Para Climbing Classification system and therefore allow my data collected during Athlete Evaluation and video material recorded during training and competition to be used for research and educational purposes by World Climbing. I understand that I may withdraw this consent at any time.

FULL NAME OF THE ATHLETE

SIGNATURE

FULL NAME OF PARENT/LEGAL GUARDIAN
if athlete is under 18 years of age

SIGNATURE

DATE