



Impairment Assessment Form

Eligible players with impairment will (after assessment) be permitted to compete in WDDA Ranked / Titled Events.

Criteria for Inclusion:

*Players that have been **clinically diagnosed** with at least one of the following impairment types are deemed eligible to compete:*

Impaired muscle power - Reduced force generated by muscle or muscle groups, may occur in one limb or lower half of the body, as caused, for example, by spinal cord injuries, Spina Bifida or Poliomyelitis.

Athetosis - Generally characterised by unbalanced, uncontrolled movements and a difficulty in maintaining a symmetrical posture, due to cerebral palsy, brain injury, multiple sclerosis or other conditions.

Impaired passive range of movement - Range of movement in one or more joints is reduced permanently.

Joints that can move beyond the average range of motion, joint instability, and acute conditions, such as arthritis, are not considered eligible impairments – in line with Paralympic Guidelines.

Hypertonia - Abnormal increase in muscle tension and a reduced ability of a muscle to stretch, which can result from injury, illness or a health condition such as cerebral palsy.

Limb deficiency - Total or partial absence of bones or joints from birth or as a consequence of trauma (e.g. car accident or amputation) or illness (e.g. bone cancer). Player eligibility is granted for loss of limb being a minimum through the ankle or wrist but will be assessed on an individual basis if loss is less than this.

Ataxia - Lack of co-ordination of muscle movements due to a neurological condition such as cerebral palsy, brain injury or multiple sclerosis.

Leg length difference - Bone shortening from birth or trauma. Player eligibility is granted where a length difference is 7cm or greater.

Short stature – Reduced standing height due to abnormal dimensions of bones of upper and lower limbs or trunk, for example due to achondroplasia or growth hormone dysfunction. Eligible if not greater in height than 1.4m (4' 6").

WDDA IMPAIRMENT ASSESSMENT



Office use only

Date:

Client Name:

Physician Details:

Note:

This assessment **must** be completed by a suitably qualified Medicine Physician -
Please read attached Assessment Notes for WDDA criteria.

Impairment qualification is based on diagnosis of the following:

Please mark all that are relevant.

Impaired muscle power ___

Limb deficiency ___

Athetosis ___

Ataxia ___

Impaired passive range of motion ___

Leg length difference ___

Hypertonia ___

Short stature ___

Physician Signature:

Date:

Physician Comments:

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