



National Swimming Classification

Provisional Functional Classification Application Kit

CLASSIFICATION



December 2010

BEFORE YOU BEGIN

What is Classification?

Classification is an assessment process, which allows us to group athletes whose disability causes similar limitations in a particular sport in order to allow for meaningful competition. Classification is not required for general participation in sport.

What is Provisional National classification?

This process has been designed to allow swimmers who do not have access to a classification panel, to gain an indication of their classification for their specific sport. This provisional classification must be given by a certified classifier, and is conducted in line with International classification rules for swimming.

All provisional classifications provide an indication of a classification and are only valid for a 12 month period.

A swimmer may generally participate at club level, school level or local competition. A provisional class is generally not valid for state level competition. Swimmers with a provisional classification are not eligible for national rankings and records or team selections.

The swimmer must be capable of competently swimming 50m in 2 strokes in order for a provisional class to be given.

What if I do not agree with my provisional classification?

If you disagree with a Provisional Classification, the usual process would be to present for a face to face classification assessment before a full classification panel. Provisional classification, while endeavoring to be an accurate indication of class, is a general guide only and may change upon face to face assessment by a full classification panel.

Steps to Completing the Provisional process

STEP 1. Obtain Medical Documentation

Please attach a copy of a report or letter, no more than 5 years old, from a medical doctor stating the swimmers disability. For swimmers with Cerebral Palsy or Acquired Brain Injury documentation must be provided by a neurologist.

STEP 2. Complete SECTION 1: Athlete Details and Informed Consent

The swimmer (or parent guardian if under 18 year of age) completes the swimmer details and agrees to the terms in the Informed Consent form in SECTION 1 attached.

STEP 3. Complete SECTION 2: Swimming Classification Testing Sheet

Athletes are to make an appointment with a local physiotherapist or medical doctor to complete the attached forms in SECTION 2. The Physiotherapist or Medical Doctor is to fill in SECTION 2 and assist with video requirements in SECTION 3 as required.

STEP 4. Complete SECTION 3: Athlete Video

Video footage of the swimmers is to be recorded according to the instructions in SECTION 3. This footage should be copied to a DVD and submitted with the completed application.

STEP 5. Complete SECTION 4: Application Submission

Follow the Submission Checklist at the end of the application kit to ensure all sections are complete. Submit completed application using the details provided.



SECTION 1: Athlete Details and Informed Consent

To be completed by swimmer or parent/guardian where athlete under 18 years

Personal Details			
Surname:		Given Name(s):	
Address:			
Suburb:		State:	Postcode:
Phone (home):		Phone (mob):	
E-mail:			
Date of Birth: ____/____/____		Age:	Gender: Male/Female
Previous Classification: S SB SM (if first classification leave blank)			
Disability Information (Attach relevant medical documentation)			
Diagnosis (primary):			
Date of Onset: ____/____/____		Cause of Onset:	
Progressive: Yes/No Seizures: Yes/No Asthma: Yes/No Allergies: Yes/No _____ (details)			
Ability to Walk: Yes/No Crutches/Aids: Yes/No (including orthoses) Wheelchair: Yes/No			
Sport Information			
Year Started Competitive Swimming: _____			
Accredited Coach: Yes/No Coaches Name: _____			
No. of Training Sessions per week: _____ Length of each Training Sessions: _____			
Cross Training: Yes/No Type: _____			
No. of swimming competitions within the past 12 months: _____			
Does Swimmer need assistance on the starting blocks? Yes/No			
Does Swimmer need assistance to enter and exit the water? Yes/No			

Official Use Only					Official use only	
Request for Medical Documentation		Date	Signature		Start: W F H E Y	
Verbal Request					National Status: PrR only	
Documents Received						
Class	S	SB	SM	Exceptions		
Status	Provisional Only			Valid until		
Classifier Name(s)				Classified Date		
Classifier Signature				Signed Date		
Comments:						

Consent For FCS Classification

I _____ (swimmer or parent / guardian if under 18 years)

- Acknowledge that I have been informed of the purpose, process and limitations of National Classification.
- Understand that:
 - i. This is a sport specific PROVISIONAL classification process and if deemed eligible will provide an indication of class for the purpose of participating in club, school or local competition or other competitions where provisional classifications are accepted.
 - ii. A provisional classification is valid only for 12 months.
 - iii. To be eligible for state, or national competition (unless otherwise stipulated) I must undertake National Classification testing before a full classification panel and be given a National Classification.
 - iv. I must be willing to take part in all components of the classification process.
 - v. While every effort is made to provide accurate information about sport specific classifications, this is a NATIONAL classification process.
 - vi. That if I undergo a sport specific international classification, my national classification for that sport may be changed, and that this supersedes any classification decisions made as part of National Classification.
 - vii. The classification assessment involves review of medical information provided by me and physical testing similar to that conducted by a Physiotherapist. If my ability to cooperate with the classifier/medical professional is limited by pain, I must agree to a full classification test regardless of that pain. If the test procedure cannot be completed due to pain a provisional class will not be given.
- Agree:
 - i. That I will advise the classifier/medical professional if at any time I am uncomfortable with or wish to cease the assessment.
 - ii. To participate in the assessment fully and to perform to the best of my ability and I understand that not to do so may be considered cheating and may result in me being found ineligible to compete as a classified swimmer.
 - iii. I agree that the classifier/medical professional is indemnified from any pain I may experience in the course of the test.
- Consent to:
 - i. The classifier/medical professional conducting physical assessments deemed reasonable and necessary as part of the classification process. Meaning classifiers must examine all movements and muscle groups.
 - ii. Video and/or photographic footage to be taken during the classification process for the purpose of issuing a sport classification only.
 - iii. The classification panel or National Classification Manager obtaining relevant information from my treating medical or health practitioners.
 - iv. Relevant information about my full classification assessment to be:
 - Disclosed to the APC Classification Staff and National Sporting Federation
 - Discussed with my nominated health professional
 - Entered in a confidential and password protected National APC Classification Database shared between the APC and the National Sporting Federation.
 - v. My name, state, date of birth, classification result and status being made publicly available through the APC website and provided to my coaches, school, and national or state sporting or disability organization or organizations hosting sporting events that I have entered.

Athlete Name: _____ Signature: _____ Date: ___/___/___

Witness Name: _____ Signature: _____ Date: ___/___/___
(Guardian/manager/coach)

For Swimmers under the Age of 18; Parents/Guardian's Acknowledgement

In consideration of the Consent for FCS Classification Form, I/We, the undersigned, being person(s) with parental/ guardian responsibility for the above mentioned swimmer agree and understand that:

1. The swimmer is under the age of 18 years as at the date of signing
2. I/We have read and understood this form and have fully explained the content and implications to the swimmer
3. The swimmer has read this form and understands its content and implications

Name: _____ Signature: _____ Date: ___/___/___

Name: _____ Signature: _____ Date: ___/___/___

Official Use Only

- Consent Form signed
- Athlete verbally informed of class and status on ___/___/___
- Athlete provided with copy of this result sheet on ___/___/___
- Entered on Database on ___/___/___




SECTION 2: SWIMMING CLASSIFICATION TESTING SHEET

This section must be completed by an approved medical professional
(Physiotherapist or Medical Doctor)

Medical Professional details	
Name	
Profession	
Address	
Phone	
Email	

How to complete the Testing Sheet

The Swimming Classification Testing Sheet is used to collect sports specific information that will assist a qualified Swimming Classifier to determine a provisional swimming classification.

There are four sections. Sections marked with this symbol  are those which the approved medical professional may be required to complete.

The approved medical professional will complete a range of physical and body function tests and record the results on the sheet where required. Read the important information below prior to completing the Testing Sheet.

Part A: MUSCLE STRENGTH TEST

The muscle strength test should only be completed for a swimmer who presents with a condition(s) affecting muscle strength. On the sheet record the muscle strength on the tables relating to Upper Limbs, Trunk and Lower limbs using muscle grading scale of 0-5. Do not record the Totals as this will be completed by a qualified classifier.

Part B: STANDING & SITTING HEIGHTS

This is to be completed for all swimmers. Record the swimmers full height and sitting height.

Part C: AMPUTATION


This section should only be completed for a swimmer who presents with amputated limb(s), limb shortening Dysmelia or similar conditions. Use the diagram provided on the sheet to record details and measurement of the relevant limb(s). For amputation or Dysmelia of the hands or feet refer to instructions provided on the testing sheet.

Please attach a current photo of the relevant limb(s).

Part D: RANGE OF MOVEMENT

This section should only be completed for a swimmer who presents with a condition(s) affecting the ROM about a joint(s). Provide details of the ROM of relevant joints on the diagrams provided. An orange highlighter is required.

Part A. MUSCLE STRENGTH TEST

 Complete the muscle strength tables below using 0-5 scale.

Muscle Strength		Contracture ROM	
RIGHT	LEFT	RIGHT	LEFT

UPPER LIMBS

Official Use only below

Enter measurements in the boxes ↓ below ↓

Official Use only below

	S	SB					
Shoulder	S	SB	Flexion				
	S	X	Extension				
	X	X	Abduction				
	S	SB	Adduction				
	S	X	Ext. Rot				
	S	SB	Int. Rot				
Elbow	S	SB	Flexion				
	S	SB	Extension				
	S	SB	Pronation				
Wrist	S	SB	Flexion				
	S	X	Extension				
	X	SB	Uln. Abn				
Finger	S	SB	Flexion				
	S	SB	Extension				
	S	SB	Adduction				

<i>Official use only</i>	TOTAL S				
	TOTAL SB				

TRUNK

Trunk	S	SB	Flx. Upper				
	S	SB	Flx. Lower				
S	SB	Ext Upper					
S	SB	Ext. Lower					
S	X	Rotation					

<i>Official use only</i>	TOTAL S				
	TOTAL SB				

LOWER LIMBS

ROM ROM
S SB S SB

Hip	S	SB	Flexion				
	S	SB	Extension				
X	SB	Abduction					
S	SB	Adduction					
X	SB	Ext. Rot					
S	SB	Int. Rot					
Knee	S	SB	Flexion				
	S	SB	Extension				
Ankle	S	SB	Dorsiflex.				
	S	SB	Plantaflex.				
	S	SB	Pronation				
	S	SB	Supination				


<i>Official use only</i>	TOTAL S				
	TOTAL SB				

Official Use Only

Dive Start and Push-off : S and SB Strokes

Start in water with assistance	0 points
Start in water without assistance	1-2 points
Falls into the water	1-2 points
Poor functional dive with one leg	3-4 points
Poor functional dive with both legs	5-6 points
Good functional dive with one leg	7-8 points
Good functional dive with both legs	9-10 points
Dive with one non-functional arm (<i>dragging or above elbow amp</i>)	9 points
Dive with non-functional arms (<i>dragging or above elbow amp</i>)	7 points
No push-off with legs possible	0 points
Push-off only with any single joint	1-2 points
Poor functional push-off with one leg	3-4 points
Poor functional push-off with both legs	5-6 points
Good functional push-off with one leg	7-8 points
Good functional push-off with both legs	9-10 points
Turning without arms (<i>dragging or above elbow amp</i>)	7 points
Turning with one arm (<i>dragging or above elbow amp</i>)	9 points

Part B. STANDING & SITTING HEIGHTS

 Complete the body height measurements below.

STANDING HEIGHT: _____ cm (Full Height)

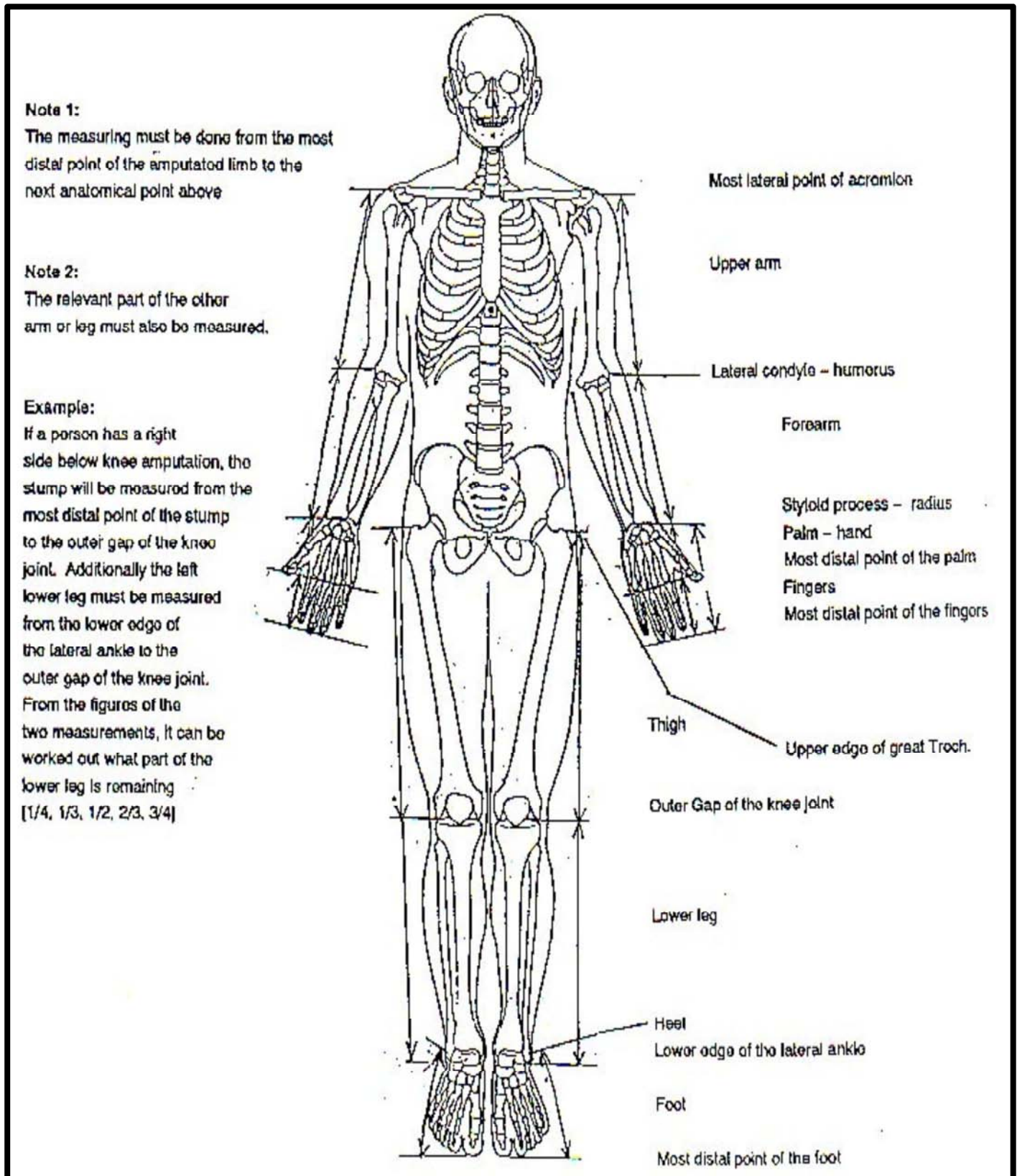
SITTING HEIGHT: _____ cm (Seat to top of head)

Part C. AMPUTATION



Using the diagram below:

- Highlight the absent or affected section of the limb(s) with an orange highlighter
- Fill in the measurements in cm of the affected limb(s) and the corresponding limb on the other side of the body



Part C. AMPUTATION CONTINUED

Hand and foot measurements

For swimmers with dysmelia or amputation of the hands or feet complete a tracing of both hands/feet in the space below and record the measurements as outlined below.

(Note: if additional space is required complete the tracings on an additional white sheet of paper and attach, please record the swimmers name and date of birth on any additional sheets)



Palm Measurements are taken from base of the wrist to the base of the middle finger and across the palm to the base of the web space between the thumb and index (metacarpophalangeal joint) to calculate area. Measure the hand not the tracing.

Foot measurements are taken from the base of the heel (calcaneus) in a line to the top of the metatarsal head of the big toe (at approximately the crease of the big toe) and across the foot at the widest available point to calculate area. Measure the foot not the tracing.



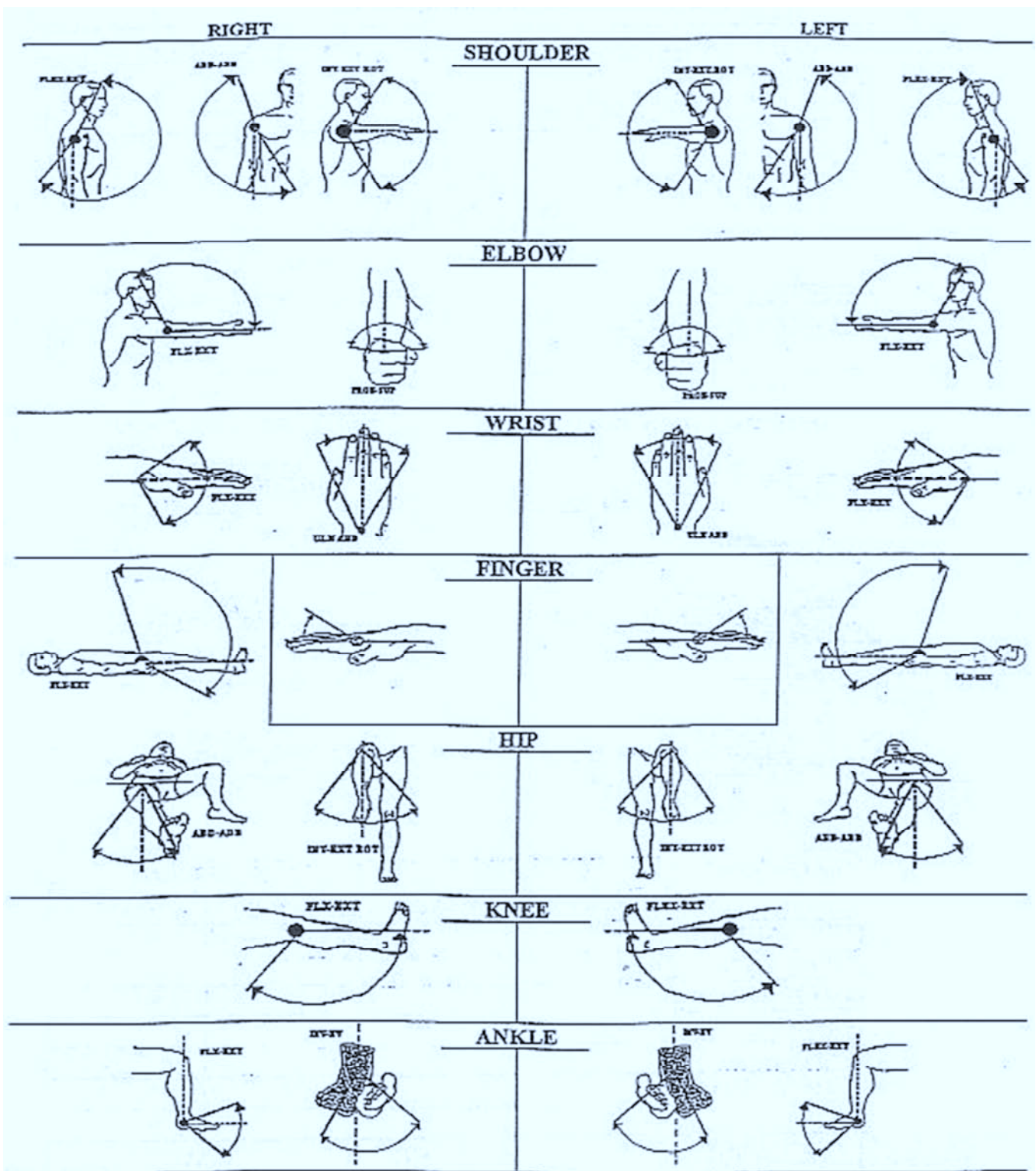
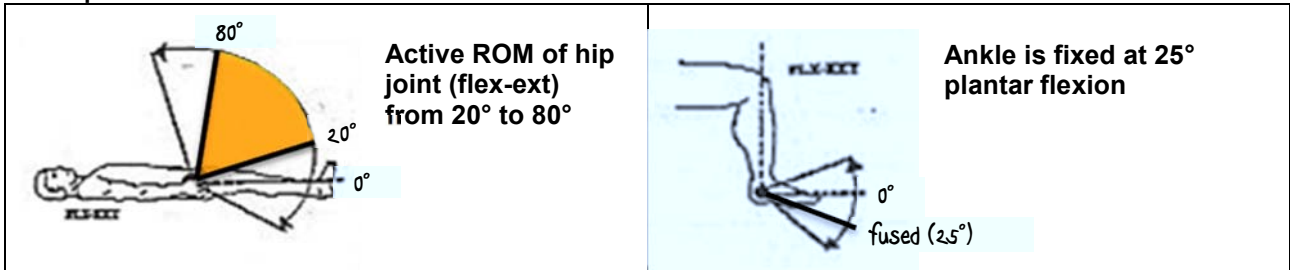
Part D: RANGE OF MOVEMENT

 Highlight and note the active ROM on the diagrams below.

Instructions:

- Highlight the range of movement that is active using an orange high-lighter
- Record corresponding degrees in numbers at start and end position
- If no active movement is available mark clearly the resting position (degrees) of the joint on the diagram and comment on the restriction (arthodesed, paralysis etc).

Examples:



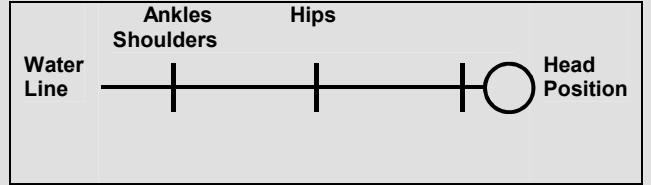
FUNCTIONAL STATUS WATER TEST

BODY POSITION

FACE FLOAT



BACK FLOAT



WATER TEST S – FUNCTIONAL

UPPER LIMBS

TOTAL ARMS FUNCTIONAL

RIGHT (65)		LEFT (65)	
B	W	B	W

TRUNK

TOTAL TRUNK FUNCTIONAL

RIGHT (25)		LEFT (25)	
B	W	B	W

LOWER LIMBS

TOTAL LEGS FUNCTIONAL

RIGHT (50)		LEFT (50)	
B	W	B	W

WATER TEST SB - FUNCTIONAL

UPPER LIMBS

TOTAL ARMS FUNCTIONAL

RIGHT (55)		LEFT (55)	
B	W	B	W

TRUNK

TOTAL TRUNK FUNCTIONAL

RIGHT (20)		LEFT (20)	
B	W	B	W

LOWER LIMBS

TOTAL LEGS FUNCTIONAL

RIGHT (60)		LEFT (60)	
B	W	B	W

POINTS SCORE

	S-STROKE		SB-STROKE	
	BENCH	WATER	BENCH	WATER
UPPER LIMBS				
TRUNK				
LOWER LIMBS				
START				
TURN				
TOTAL				

CLASSES

S

SB

SM

SECTION 3: Athlete Video

Specific instructions and video requirements

Film the following in this order:

1. **Approach:** Swimmer walks or wheels to the end of the pool
2. **Platform Start:** Perform the actual race start showing how the swimmer starts
3. **Freestyle:** Swim Freestyle – 25m 50% pace, next 25m race pace (as fast as they can manage) with immediately going into a turn, out of the turn, completing approximately 5 or 6 strokes and stop [should be approximately at the backstroke flags].
4. **Face Float:** Perform a Face float with arms stretched out in front – in a streamlined position
5. **Face Float with Kick:** Perform a face float with flutter [freestyle] kick with arms stretched out in front
6. **Back Float:** Perform back float with arms stretched over the head
7. **Back Float with Kick:** Perform a back float with flutter [freestyle] kick with arms stretched out in front
8. **Back Stroke Start:** Swimmer demonstrates their back stroke start
9. **Backstroke:** Perform backstroke for at least 25m.
10. **Breaststroke:** Perform breast stroke for at least 25m. Also perform 10m of leg-only breaststroke kick with arms at the side of the body.
11. **Butterfly:** Perform butterfly for at least 15m.

Note: If the swimmer cannot perform all strokes video what the swimmer is able to achieve.

SECTION 4: Application Submission

Submission Checklist

- Letter and medical documentation from your medical specialist attached
- Completed Athlete Details and Informed Consent form (Section 1)
- Completed Swimming Classification Testing Sheet (Section 2)
- Completed Athlete Video and copied footage to DVD (Section 3)

Please return application to:

Community Sport Inclusion Coordinator
Swimming Australia Ltd
PO Box 3286
Belconnen, ACT 2617

Ph: 02 6219 5619
Fax: 02 6219 5600
Email: Michael.woods@swimming.org.au
Web: www.swimming.org.au

When Swimming Australia has received all the required documentation you will then be sent your provisional classification result. Please allow at least 3 months for this process to be completed.

For further information and enquiries please contact:

Manager, Classification Services
Australian Paralympic Committee

Phone: 02 9704 0500
Email: classification@paralympic.org.au