

International Waterski & Wakeboard Federation Disabled Council



Competition Handbook Water Ski for the Disabled Addendum Classification Appendices

Issued by the Disabled Council
21st February 2023

TABLE OF CONTENTS

Appendix A – MP Testing Form _____	3
Appendix B – A/L Testing Form _____	3
Appendix C – V Testing Form _____	5
Appendix D – MP Familiarisation Guidelines Form _____	7
Appendix E – Testing Board Diagram _____	9
Appendix F1 – The Skeletal System _____	10
Appendix F2 – The Dermatomes of the Body _____	11
Appendix F3 – Functional Activity for Spinal Cord Injuries _____	12
Appendix G – Cross Section of the Human Eye/ Light Transmission to the Brain _____	13

APPENDIX A – MP TESTING FORM

Last Name: Country:

First Name: Date of Birth:.....

Diagnosis:

Former Category: Date Classified: Location:

Remarks:

Test	Grade	Test 1 Sub Tests			Test 5		
1. Hand, Arm Shoulder			Left	Right		Left	Right
2. Bending Forward		Shoulder Abduction			1:		
3. Bending Backwards		Elbow Flexion			2:		
4. Free Rotation		Wrist Flexion			3:		
5. Tilt Board Sideways		Wrist Extension			4:		
6. Lift Ball		Finger Flex / Grip			5:		
Total		Total			Left Ave + Right Ave =		
		Left total + right total =					
Preliminary Classification		MP1: Athletes with point totals of 0 to 6.5 MP2: Athletes with point totals of 7 to 10 MP3: Athletes with point totals of 10.5 to 13 MP4: Athletes with point totals of 13.5 to 16.5 MP5: Athletes with point totals of 17 to 18					

Observation in Familiarisation needed? ☐ Yes ☐ No

MP1 ☐ MP2 ☐ MP3 ☐ MP4 ☐ MP5 ☐ Not an MP ☐

Observation Scheduled: ☐ Date: Time:

Actual Observation: Date: Time:

Final Decision: MP1 ☐ MP2 ☐ MP3 ☐ MP4 ☐ MP5 ☐ Not an MP ☐

Date of Testing: Place of Testing:

Testers: Doctor Health Professional Athlete / Tech Spec.

Name:

Signature:

APPENDIX B – A/L TESTING FORM

Last name: _____ Country: _____

First name: _____ Date of birth: _____

Diagnosis: _____

Former category: _____ Date: _____ Place: _____

Remarks: _____

TEST	SCORE	PRELIMINARY CLASSIFICATION		
1a				
1b				
2		Points Total	(0<TOTAL<8)	Not suitable for this category
3a				Possibly MP
3b		Points Total	(9<TOTAL<16)	AL1
4a		Points Total	(17<TOTAL<22)	AL2
4b		Points Total	(23<TOTAL<28)	Not suitable for this category
5				
TOTAL				

Observation in familiarisation needed? YES - NO

Observation scheduled:

Date: _____

Time: _____

A/L 1

A/L 2

Not an A/L

Actual observation: _____ Date: _____ Time: _____

Final decision:

Date of Testing: _____ Place of Testing: _____

Tester: Doctor/Physiotherapist Health Professional Athlete/Tech.spec.

Name: _____

Signature: _____

APPENDIX C – V TESTING FORM

V Skier Classification Testing Form

Last Name: _____ Country: _____
First Name: _____ Date of Birth: _____
Gender: _____

Diagnosis: _____

Medication(s): _____

Dosage(s): _____

	<u>Corrected</u>	<u>Uncorrected</u>
Right Eye:	_____	_____
Left Eye:	_____	_____

Check best description that applies. (Note: if there is a difference between the left and right eyes, please note in comments below.)

- ☐ No light perception in either eye up to light perception only but inability to recognize the shape of a hand at any distance or in any direction.
- ☐ Ability to recognize shapes of a hand (hand movements) up to visual acuity of 2/60
- ☐ A visual field of less than 5 degrees.
- ☐ From visual acuity better than 2/60 up to and including visual acuity of 6/60.
- ☐ A visual field of more than 5 degrees (and less than 20 degrees).

Remarks/Comments:

Tester Details*

Name: _____ Date of Test: _____
Qualification: _____
Signature: _____

Testing Procedure

Examiners must remember that vision testing ultimately depends upon the athlete's truthfulness and attention during examination. When findings are doubted by the examiner or are at variance with previous findings, repeat examination using smaller (or larger) acuity targets should be done.

Vision is checked with and without best correction, one eye at a time. Where spectacles or contact lenses are not available, pinhole vision is taken. Care must be taken to assure occlusion of one eye while the other is being examined. (RE: The palm of one hand is lightly applied over the other eye.)

Vision should be checked using different size acuity targets where borderline situations exist, i.e. 2/60, 3/60 should be rechecked using 30m targets at 1, 1.5 and 2 metres. Vision is sometimes found to be better than 6/60; and, as a result, a distance of more than 6 metres may be required or smaller figures needed. These should be confirmed using more than one target card, as these findings are very important to the athlete.

Visual fields should be examined by tangent screen when the athlete has no formal documentation. Often, even this is not required depending upon the confrontation results. When required, the examiner's hand or a 20 cm x 20 cm white sheet of paper is used against a black background (small tangent screen) at 2 metres. At least 4 meridians must be examined. These should represent all of the visual field and be presented from non-seeing to seeing. The field may be rechecked at 0.5 metres and 2.0 metres if required. When seated 1 metre away from a fixation point, a circle 1 metre in radius provides a 90-degree angle, one with a 0.5 metre radius provides a 45-degree angle, and one with a 0.25 metre radius provides a 22.5-degree angle. Although not exact, this "tangent screen" will be helpful in the above circumstances.

No light perceptions should always be confirmed by looking for a pupillary light reaction. Where functional vision is greater than the medical classification recorded, a repeat examination should be administered with a number of acuity targets in an effort to accurately reassess the category. Ultimately, the decision must be based upon hard findings and medical options.

**The V Tester shall be an ophthalmologist, an ophthalmic optician, or a physiologist with clinical experience in ophthalmic testing for visual acuity and field of vision.*

Final section to be completed by Classification Committee / Team Member

Please refer to the Classification Handbook to convert the scores to the classification

Classification Outcome – V Classification

Name: _____ Date: _____
Position: _____
V Classification: _____

Please return completed document to:

Classification Committee

IWWF Disabled Council Technical Committee Co-chairs:

Paul Airey: paul@pairey.co.uk / Dany De Bakker dany.debakker@gmail.com

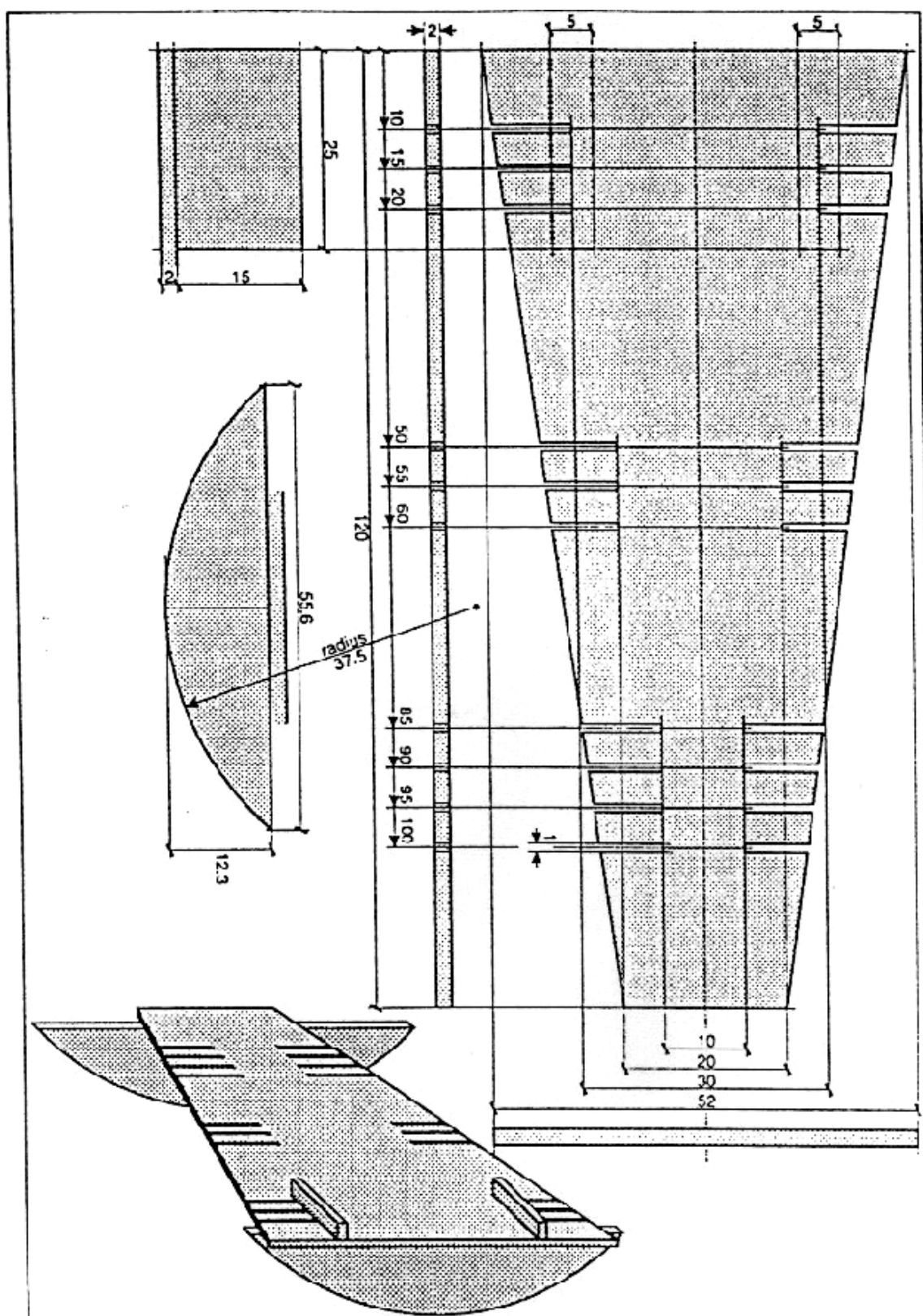
APPENDIX D – MP FAMILIARISATION GUIDELINES FORM

Familiarisation Guidelines: To be used as required by the Classification Team for review of video in selection of appropriate classification.

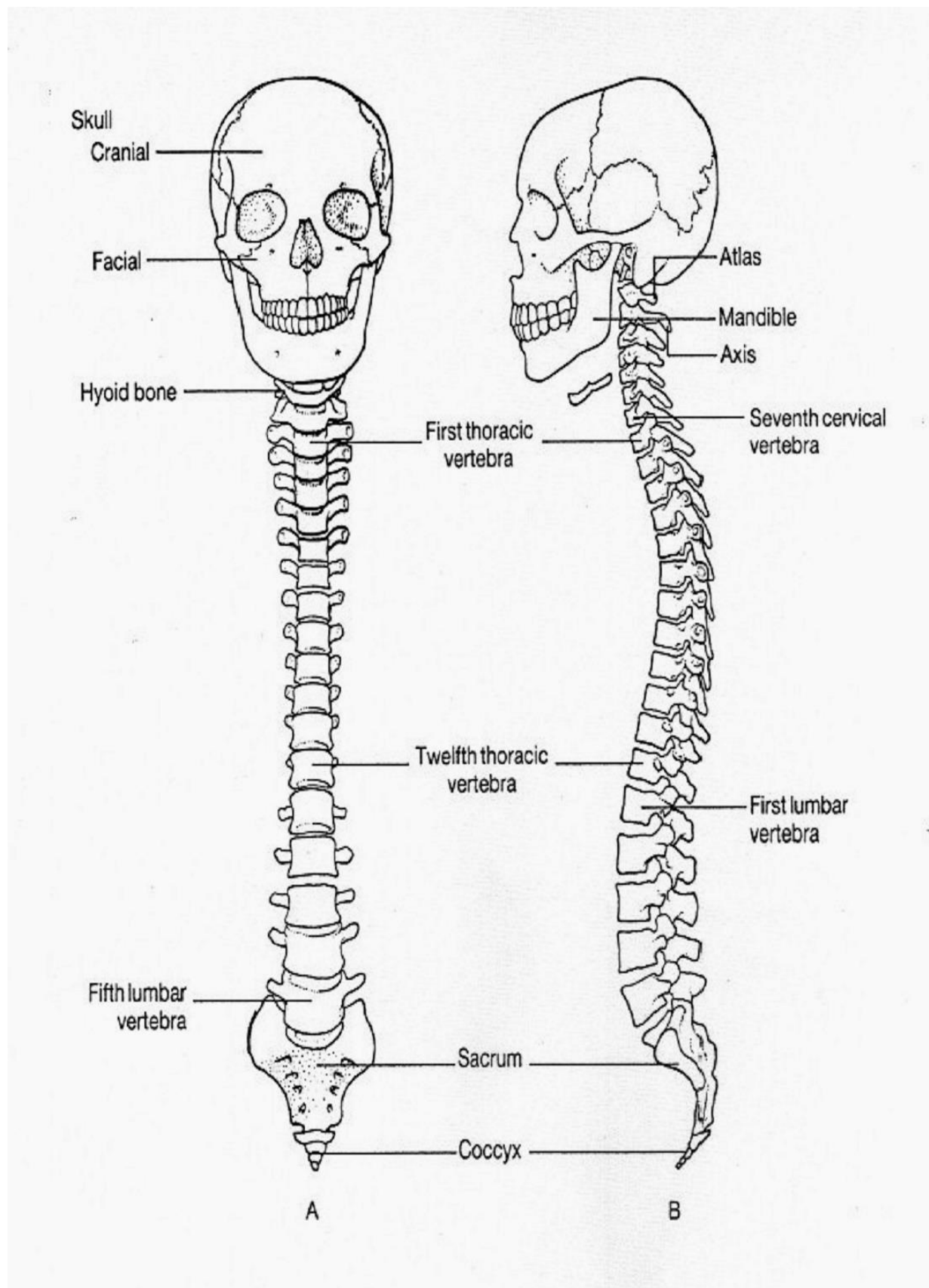
Water Ski Activity	MP1	MP2	MP3	MP4	MP5
Starts	uses head and shoulder for balance, uses wrists or palm to stabilize handle against body, balance significantly compromised in water	uses head and shoulder for balance with some assist from upper trunk, uses hands to hold handle, balance significantly compromised in water	uses upper trunk for starts to maintain balance, holds handle with hands and balance is somewhat compromised in water	uses upper and middle trunk to maintain balance, holds handle with hands and can use arms to maintain balance, balance is minimally compromised in water	uses trunk and pelvis to maintain balance, uses hands to hold handle and can use arms to maintain balance, balance is good in the water and can easily manage ski in water
Hand Function	uses wrist or forearm while actively skiing <i>no active grip or hand strength</i>	uses hands (in palm with finger grip) while actively skiing with or without adapted gloves	uses normal skiing grip, but may use adaptive gloves	uses normal skiing grip, but may use adaptive gloves	uses normal skiing grip, but may use adaptive gloves
Slalom	unable to use abdominals and tends to rest on the knees in a static position, may use one hand on cage to support or adjust position, unlikely to release the handle in turns	unable to use abdominals and tends to rest on the knees in a static position, may use one hand on cage to support or adjust position, can use head and shoulders on the ski, may release the handle with one hand in very small range of motion	limited use of trunk and uses head, shoulders and upper trunk only, tends to rest on the knees, but has some ability to move the trunk on the ski, may or may not release the handle, but can extend the handle away from the body in a limited range of motion	moderate to full use of trunk, but unable to use pelvis or legs to affect the ski, tends to move back and forth/side to side on the ski, may or may not release the handle, but can extend the handle away from the body in full range of motion	full use of trunk, able to use pelvis or legs to affect the ski, moves dynamically on the ski in all directions, may or may not release the handle, but can extend the handle away from the body in full range of motion

Water Ski Activity	MP1	MP2	MP3	MP4	MP5
Jump	unable to use abdominals and tends to rest on the knees in a static position, may use head, shoulders to affect the ski, correct position or edge ski, unlikely to release the handle	unable to use abdominals and tends to rest on the knees in a static position, may use head, shoulders to affect the ski, correct position or edge ski, may release the handle in the air in a very small range of motion	uses head, shoulders and upper trunk as needed to affect the ski, uses trunk motion to correct position or edge ski, may release the handle in the air in a limited range of motion	uses head, shoulders and trunk as needed to affect the ski, correct position or edge ski, able to release the handle with one hand in the air as desired	uses trunk, pelvis and legs as needed to affect the ski, correct position or edge ski, able to release the handle in the air as desired
Trick	unable to use abdominals and tends to rest on the knees in a static position, may use one hand on cage to support or adjust position, handle exchange awkward with wrist/forearm grip	unable to use abdominals and tends to rest on the knees in a static position, may use one hand on cage to support or adjust position, can use head and shoulders to affect the ski, handle exchange with normal skiing grip. may stabilize with one hand on cage for balance	uses head, shoulders and upper trunk as needed to affect the ski, uses trunk motion to correct position or edge ski, handle exchange with some arm reach, may stabilize with one hand on cage for balance but can lift upper trunk from the knees	uses head, shoulders and trunk as needed to affect the ski, correct position or edge ski, handle exchange easily with dynamic trunk motion fore/aft and side to side	uses trunk, pelvis and legs as needed to affect the ski, correct position or edge ski, able to use the pelvis and legs to rotate or lift ski in the air
Dock	requires arm support when out of chair at all times, easily loses balance	requires arm support when out of chair at all times, easily loses balance	requires arm support when out of chair, but can briefly maintain balance without arms	able to use trunk to maintain balance, but can lose balance in unstable conditions	able to use trunk/pelvis/legs as needed in unsupported sitting positions
Cage	unable to lift trunk from resting position while skiing	unable to lift trunk from resting position while skiing	able to lift upper trunk from resting position while skiing	able to lift upper and mid trunk from resting position while skiing	able to lift full trunk from resting position while skiing and move dynamically on the ski

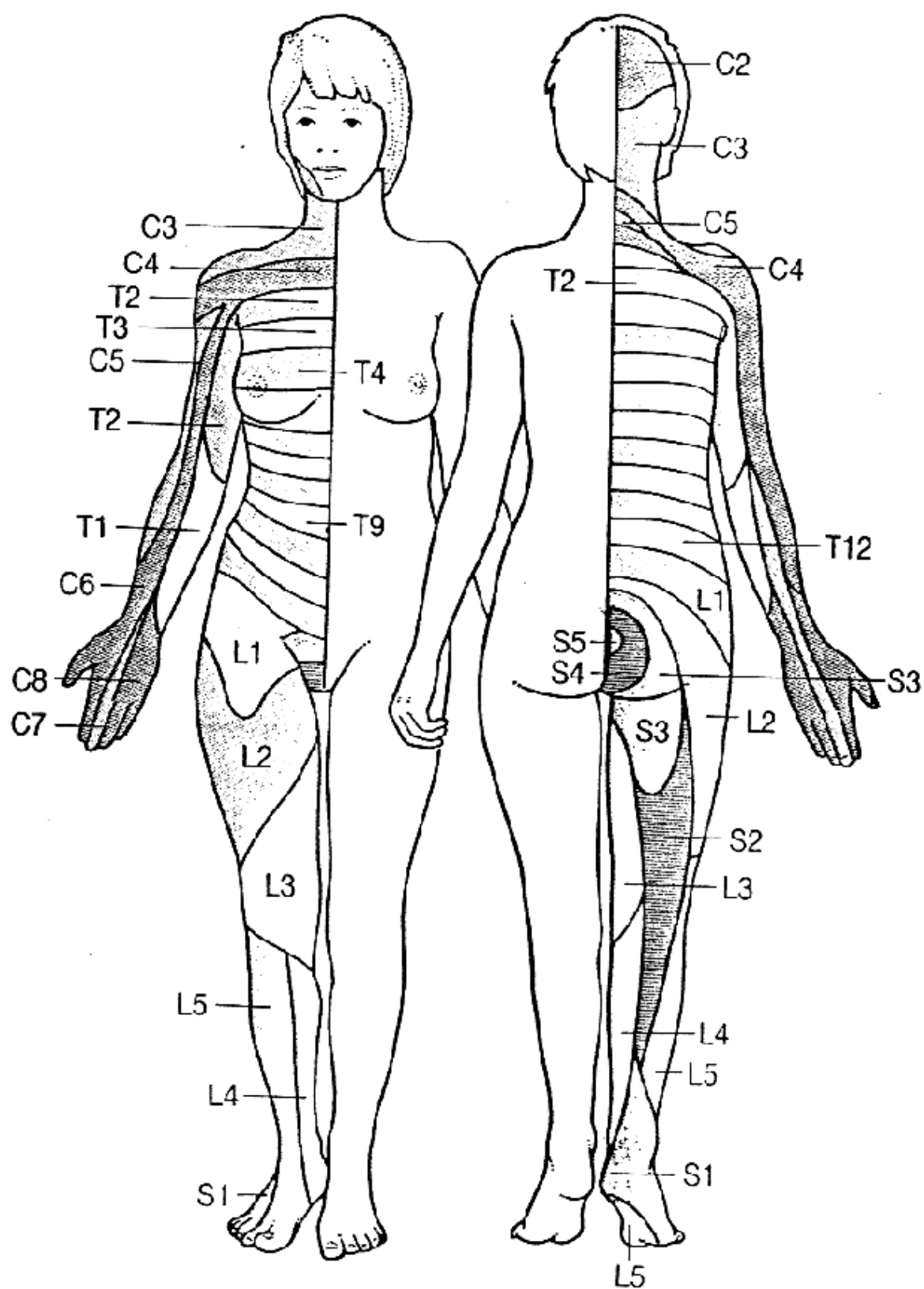
APPENDIX E – TESTING BOARD DIAGRAM



APPENDIX F1 – THE SKELETAL SYSTEM



APPENDIX F2 – THE DERMATOMES OF THE BODY



APPENDIX F3 – FUNCTIONAL ACTIVITY FOR SPINAL CORD INJURIES

Spinal Cord Segments

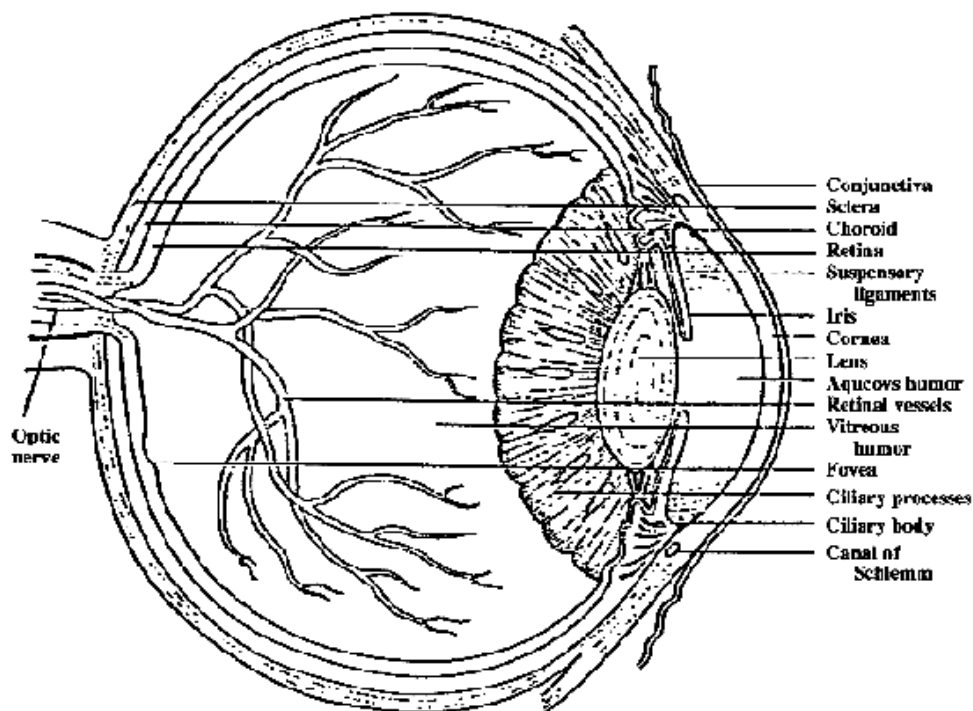
		EATING	DRESSING	GROOMING	TOILETING	HOUSEMAKING	DRIVING	PUBLIC TRANSPORTATION	WHEELCHAIR TRANSFERS	AMBULATION	COMMUNICATIONS	BED TRANSFER	VOCATIONAL FUNCTIONING	SEXUAL FUNCTIONING	
		✕	👕	🪄	🚽	🧹	🚗	🚲	🚶	☎	📠	🛏	💼	👤	
Cervical Segments C1-T1	Neck and arm muscles and diaphragm	C-1	*	*	*	*	*	*			*	*	**	**	
	C-2	*	*	*	*	*	*	*			*	*	**	**	
	C-3	*	*	*	*	*	*	*			*	*	**	**	
	C-4	*	*	*	*	*	*	*			*	*	**	**	
	C-5	*	*	*	*	*	*	*			*	*	**	**	
	C-6	*	*	*	*	*	*	*	*		*	*	**	**	
	C-7	*	*	*	*	*	*	*	✓		*	✓	**	**	
	C-8	✓	✓	✓	✓	✓	*	*	✓		✓	✓	**	**	
Thoracic Segments T2-T12	Chest and abdominal muscles	T-1	✓	✓	✓	✓	✓	*	*	✓		✓	✓	✓	**
	T-2	✓	✓	✓	✓	✓	*	*	✓		✓	✓	✓	**	
	T-3	✓	✓	✓	✓	✓	*	*	✓		✓	✓	✓	**	
	T-4	✓	✓	✓	✓	✓	*	*	✓		✓	✓	✓	**	
	T-5	✓	✓	✓	✓	✓	*	*	✓		✓	✓	✓	**	
	T-6	✓	✓	✓	✓	✓	*	*	✓		✓	✓	✓	**	
	T-7	✓	✓	✓	✓	✓	*	*	✓	*	✓	✓	✓	**	
	T-8	✓	✓	✓	✓	✓	*	*	✓	*	✓	✓	✓	**	
	T-9	✓	✓	✓	✓	✓	*	*	✓	*	✓	✓	✓	**	
	T-10	✓	✓	✓	✓	✓	*	*	✓	*	✓	✓	✓	**	
	T-11	✓	✓	✓	✓	✓	*	*	✓	*	✓	✓	✓	**	
	T-12	✓	✓	✓	✓	✓	*	*	✓	*	✓	✓	✓	**	
Lumbar & Sacral Segments	Hip and knee muscles	L-1	✓	✓	✓	✓	✓	*	*	✓	*	✓	✓	✓	**
		L-2	✓	✓	✓	✓	✓	*	*	✓	*	✓	✓	✓	**
		L-3	✓	✓	✓	✓	✓	*	*	✓	*	✓	✓	✓	**
		L-4	✓	✓	✓	✓	✓	*	*	✓	*	✓	✓	✓	**
	Knee, knee, ankle and foot muscles	L-5	✓	✓	✓	✓	✓	*	*	✓	*	✓	✓	✓	**
		S-1	✓	✓	✓	✓	✓	*	*	✓	*	✓	✓	✓	**
		S-2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	**
		S-3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	**
Bowel, bladder, and reproduction organs	S-4	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	**	
	S-5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	**	

✓ Normal or near normal function or performance.
 * Needs some type of personal and/or mechanical assistance
 ** It can be partially available but options need to be discussed on individual basis.
 ✕ Not practical/probable

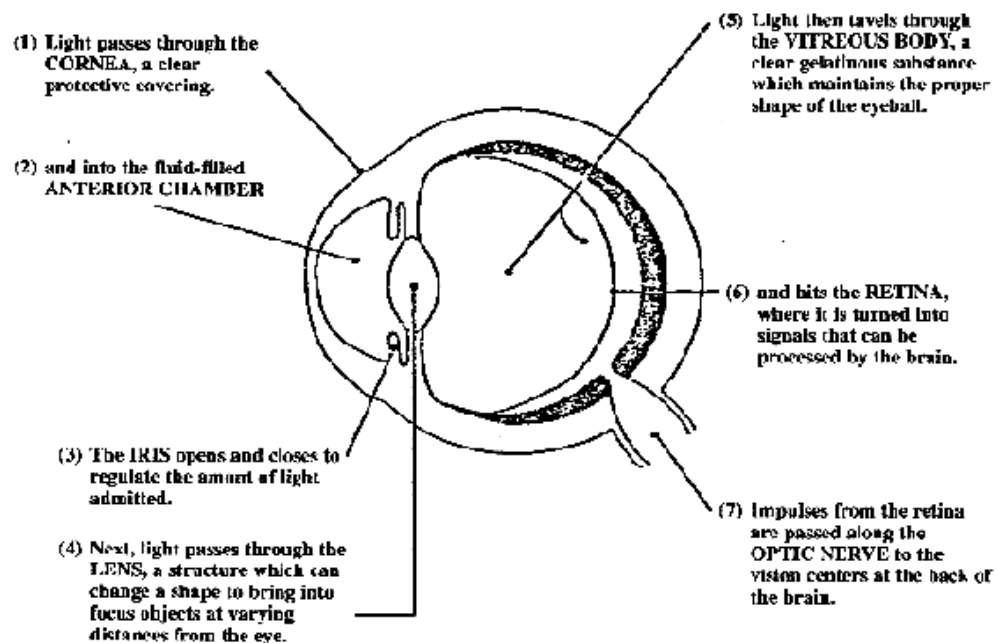
QUADRIPLEGIA

PARAPLEGIA

APPENDIX G – CROSS SECTION OF THE HUMAN EYE/ LIGHT TRANSMISSION TO THE BRAIN



CROSS SECTION OF THE HUMAN EYE



LIGHT TRANSMISSION TO THE BRAIN