# WORLD PARAVOLLEY MEDICAL DIAGNOSTIC FORM COMPLETION GUIDE
# (for NPC/NFs and Physicians Completing Form)

This guide has been developed to assist NPC/NFs and doctors in completing the Medical Diagnostic Form. Please also complete the checklist at the end of this Guideline for a final check.

## 1. ATHLETE INFORMATION
## (Completed by National Federation or National Paralympic Committee)

| | | | |
|---|---|---|---|
| Last (Family) Name: | | | |
| First Name: | | | |
| Date of Birth *dd/mm/yyyyy:* | | Gender: | |
| Sport Discipline: | | How long competing: | |
| National Member Organization: | | PVSAS Number: | |
| Competition Athlete next likely to attend: | | Date of Competition: | |
| Has Athlete ever submitted an MDF for a different para-sport? | Yes No | If yes, what sport? | |

Please write Athlete Family Name and Given Name as it is written into their passport. Date of birth should be written in the format dd/mm/yyyy. Enter the Athlete gender. The sport discipline should be either Sitting Volleyball or Beach ParaVolley. Enter how long the Athlete has been competing, and the National Member Organization. If athlete is new and has not been entered into PVSAS, the PVSAS field will remain blank. Complete the remaining data fields.

## 2. Completed by Registered Medical Doctor or Medical Specialist)

**B. Primary Medical Diagnosis** (Underlying Health Condition) **& Eligible Impairment**:

*This list of medical diagnoses are examples and are not an exhaustive list.*

| Medical Diagnosis/Underlying Health Condition (UHC) *Please tick box(es) and provide more detail below in Part C.* | Eligible Impairment resulting from UHC | Documents/Evidence to Support the Diagnosis |
|---|---|---|
| ☐ Amputation (UL/LL) secondary to: _____ (eg trauma, cancer)<br>☐ Dysmelia (UL/LL)<br>☐ Other: _____ | ☐ Limb Deficiency | ☐ Medical Report<br>☐ Photograph (with face/without prosthesis)<br>☐ X-rays (for dysmelia) |
| ☐ Spinal Cord Injury<br>☐ Peripheral Nerve Injury<br>☐ Health Condition/Trauma affecting structure of Muscles/tendons<br>☐ Other: _____ | ☐ Impaired Muscle Power | ☐ Medical /Surgical Report<br>☐ EMG/Nerve Conduction Studies<br>☐ MRI/CT<br>☐ X-rays<br>☐ ASIA scale<br>☐ Other: _____ |
| ☐ Joint Contractures<br>☐ Trauma (describe details below)<br>☐ Arthrogryposis<br>☐ Other: _____ | ☐ Impaired Passive ROM | ☐ Medical/Surgical Report<br>☐ X-rays<br>☐ Photographs<br>☐ Other: _____ |
| ☐ Cerebral Palsy<br>☐ Traumatic Brain Injury<br>☐ Multiple Sclerosis<br>☐ Stroke<br>☐ Other: _____ | Coordination Impairments:<br>☐ Hypertonia<br>☐ Ataxia<br>☐ Dyskinesia | ☐ Medical Report<br>☐ Brain MRI/CT<br>☐ Ashworth Scale<br>☐ Other: _____ |

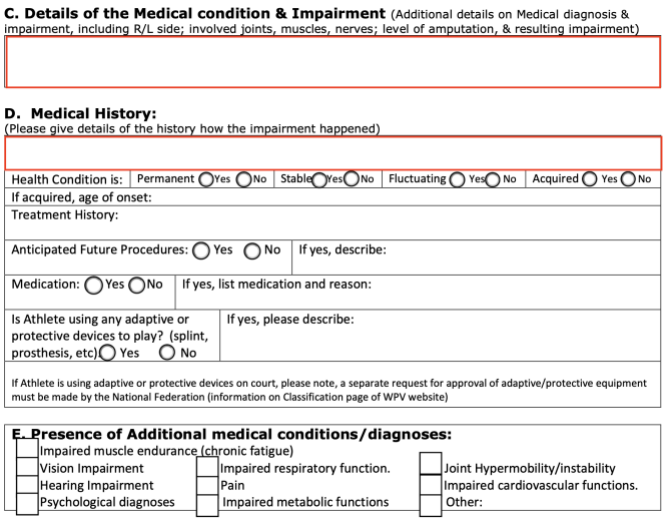
* Evidence to support the above diagnosis (original documents with translation to English where relevant) **must** be attached for ALL athletes. For more information on mandatory and recommended UHC evidence, refer to the **Guidelines for UHC Supporting Medical Evidence** on the Classification page of the WPV website.
The measurement of impairment seen during Player evaluation must correspond to the diagnosis indicated above. If the medical documentation is incomplete, World ParaVolley holds the right to request further information. In the absence of such information, the Player will not be able to proceed to the Player Evaluation.

☐ Tick appropriate diagnosis within the Medical Diagnosis Column

- ☐ In the adjacent Eligible Impairment Column – tick the impairment type resulting from the diagnosis;

- ☐ In the adjacent column to the right – tick off the relevant medical evidence to support the presence of the diagnosis and impairment.

It is recommended you review the **Guideline for UHC Supporting Medical Evidence** Document that outlines both the mandatory and recommended evidence to submit with this form.



**C. Details of the Medical condition & Impairment** (Additional details on Medical diagnosis & impairment, including R/L side; involved joints, muscles, nerves; level of amputation, & resulting impairment)

**D. Medical History:**
(Please give details of the history how the impairment happened)

| | | | | |
|---|---|---|---|---|
| Health Condition is: | Permanent ◯ Yes ◯ No | Stable ◯ Yes ◯ No | Fluctuating ◯ Yes ◯ No | Acquired ◯ Yes ◯ No |
| If acquired, age of onset: | | | | |
| Treatment History: | | | | |
| Anticipated Future Procedures: ◯ Yes ◯ No | If yes, describe: | | | |
| Medication: ◯ Yes ◯ No | If yes, list medication and reason: | | | |
| Is Athlete using any adaptive or protective devices to play? (splint, prosthesis, etc) ◯ Yes ◯ No | If yes, please describe: | | | |
| If Athlete is using adaptive or protective devices on court, please note, a separate request for approval of adaptive/protective equipment must be made by the National Federation (information on Classification page of WPV website) | | | | |

**E. Presence of Additional medical conditions/diagnoses:**

| | | |
|---|---|---|
| ☐ Impaired muscle endurance (chronic fatigue) | | |
| ☐ Vision Impairment | ☐ Impaired respiratory function. | ☐ Joint Hypermobility/instability |
| ☐ Hearing Impairment | ☐ Pain | ☐ Impaired cardiovascular functions. |
| ☐ Psychological diagnoses | ☐ Impaired metabolic functions | ☐ Other: |

Details of the medical diagnosis (health condition) leading to the permanent impairment must be provided, including a description of body parts affected, side of involvement (right/left), and the limitations experienced due to the health condition. Historical progression or extent of recovery over time should be included where relevant (e.g. brain injury 10 years ago – recovered to be able to walk independently without aids and mild left leg toe walking)

*Example:*
*Medical diagnosis: motor vehicle trauma 2005 –fractured proximal left tibia/fibula with associated tibial nerve injury left leg*

*Description of body parts affected and limitations: Left leg weakness affecting all muscles over ankle*

Complete the remaining fields, including any treatment history (past, and future planned interventions).

In summary, for the above example of a tibial nerve injury, the form would include:
- Peripheral Nerve Injury in red column;
- Impaired muscle power in the blue column
- Documents/evidence ticked in the orange column could include:
    - The original medical report describing the injury or surgery report (if relevant) and signed by the physician, (reports must be in English or accompanied by an English translation).
    - an EMG report outlining the tibial nerve involvement would be appropriate to support the diagnosis and impairment *(tick off medical*

*report and include report in uploaded documents).*

**F. Declaration Signed by Medical Doctor:**

| | | | |
|---|---|---|---|
| ☐ I confirm that the above information is accurate. | | | |
| Name: | | | |
| Health Care Profession: | | | |
| Professional Registration #: | | | |
| Address: | | | |
| City: | | Country: | |
| Phone: | | Email: | |
| Date: *dd/mm/yyyy:* | | Signature: | |

Complete each field in the Physician Identification table, and **sign** and **date** the form.

**G. Declaration Signed by National Federation:**

| | | | |
|---|---|---|---|
| ☐ I confirm that the above diagnostic information is complete, accurate, authentic and relevant regarding the nature of the Athlete's impairment.<br>☐ I also acknowledge that World ParaVolley must be notified if there is a change in this diagnostic information leading to a change in the nature or degree of the Athlete's impairment. | | | |
| Name: | | | |
| Role within National Member Organization: | | | |
| Phone: | | Email: | |
| Date: *dd/mm/yyyy:* | | Signature: | |

The National Federation must sign and date the form prior to submitting to World ParaVolley.

**The completed form and supporting documents must be uploaded to the online ParaVolley Sport Administration System (PVSAS) by the National Member Organization.**

**PLEASE CHECK THE FORM AGAINST THIS LIST TO ENSURE INFORMATION IS COMPLETE:**

| | |
|---|---|
| All athlete identification fields are completed and correct | ☐ |
| Medical diagnosis field has been completed with side of impairment (right/left) listed, level of amputation (if applicable), and other details. | ☐ |
| An eligible impairment field (or fields) has been identified correctly | ☐ |
| All additional documents that support the eligible impairment have been attached with this form to be uploaded to PVSAS | ☐ |
| The identification and contact fields for the physician identification area are fully completed | ☐ |
| The form is signed by the physician | ☐ |