

PARA - ARCHERY INTERNATIONAL CLASSIFICATION FORM 2019

SOLICITAR AL COMITÉ MÉDICO FATARCO EL EXCEL ORIGINAL PARA SU USO

	ASSISTIVE DEVICES	CLASSIFICATION CLASS
	COMMENTS	
gender		
status		
date of review		
WA ID		
<u>,</u>		
FAMILY NAME:		
GIVEN NAME:		Name of authorised classifiers (block capitals):
BIRTHDATE:		
3		
COUNTRY:		
		CLASSIFIER Signature
DATE OF CLASSIFICATION:		62 65 12 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5
PLACE OF CLASSIFICATION:		
	Insert photo of unique device	
	·	
ATHLETE'S SIGNATURE:		CLASSIFIER Signature
		- 0

Comité Médico FATARCO

AMPUTATION			
describe level of amputation:			

CEREBRAL PALSY			
describe type of cerebral palsy:			

OTHERS					
describe disability:					

STANDIN	IG BA	LANCE
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SITTING BALANCE

COMMENTS

Point System

Range of Movement: 0 - No range of movement; 1 - Minimal range of movement; 2 - 1/4 movement; 3 - 1/2 movement; 4 - 3/4 movement; 5 - Full range of movement

Muscular Strength: 0 - Total lack of voluntary contraction; 1 - Trace, faint contraction without any movement; 2 - Poor, contraction with very weak movement through full range of motion when gravity is eliminated; 3 - Fair, contraction with movement through the complete joint range against gravity; 4 - Good, contraction with full range of movement against gravity and some resistance; 5 - Normal, contraction of normal strength through full range of motion against full resistance

Hypertonicity: 0 – Affected part(s) rigid in flexion or extension; 1 – Considerable increase in muscle tone, passive movement difficult; 2 – More marked increase in muscle tone through most of the ROM, but affected part(s) easily moved; 3 – Slight increase in muscle tone, manifested by a catch, followed by minimal resistance thoughout the remainder (less then half) of the ROM.; 4 - Slight increase in muscle tone, manifested by a catch and release or by minimal resistance at the end of the ROM when the affected part(s) is moved in flexion or extension; 5 – No increase in muscle tone.

Left		Full	Muscle strength			
Right		R.O.M	Left	Right	Left	Right
	Flexion	170				
Shoulder	Extension	40				
	Abduction	180				
	Adduction	40				
	Int. Rotation	70				
	Ext. Rotation	70				
Ell-	Flexion	150				
Elbow	Extension	10				
.	Supination	90				
Forearm	Pronation	90				
	Flexion	50				
) A / ±	Extension	60				
Wrist	Ulnar	40				
	Rad.	30				
	Flexion	90				
Fingers	Extension	10				
	Spread/Closin					
	Opposition					
Thumb	Extension					
TOTAL UPF	PER LIMBS		0	0	0	0
	Up.Abdominal					
	Low.Abdominal					
T	Up.Extensors					
Trunk	Low.Extensors					
	Rotation	60				
	Lat.Flexion					
TOTAL TRU	JNK			0		0
	Flexion	130				
	Extension	10				
Legs and	Abduction	40				
hip	Adduction	30				
	Int. Rotation	40				
	Ext. Rotation	50				
V	Flexion	150				
Knee	Extension	5				
Ankle	Dorsiflexion	30				
	Plantarflexion	50				
TOTAL LOWER LIMBS		0	0	0	0	
UPPER	LIMBS loss:	180	TOTAL	LOSS:	320 -	320
LOWER LIMBS loss: 100						
T	RUNK loss:	40	0			

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