



## World Para Powerlifting Medical Diagnostic Form (MDF) Completion Guide

This step-by-step guide has been prepared to assist National Paralympic Committees and National Federations (NPCs/NFs) and physicians in completing the Medical Diagnostic Form required for Athlete application to World Para Powerlifting.

**Medical Diagnostic Form for ALL Athletes with Physical Impairment**

To be eligible for Para powerlifting an athlete must have an underlying medical diagnosis (Health Condition) that results in a Permanent and Eligible Impairment (Article 7 in the World Para Powerlifting Classification Rules and Regulations). The measurement of impairment conducted during the classification process must correspond to the diagnosis indicated below.

Completed forms and relevant Medical Diagnostic Information must be uploaded to the athlete's SDMS profile upon registration of the athlete to the SDMS. World Para Powerlifting holds the right to request further information, if additional information is required. The athlete will not be able to undergo classification, until the requested information is provided. Please fill in the form electronically.

**Athlete Information (to be completed by the NPC)**

Family name: \_\_\_\_\_

Given name/s: \_\_\_\_\_

Gender:  Female  Male      Date of Birth: \_\_\_\_\_ (dd/mm/yyyy)

NPC: \_\_\_\_\_      SDMS ID: \_\_\_\_\_

**Medical Information – to be completed in English by a registered Medical Doctor, M.D.**

Athlete's Medical Diagnosis (Health Condition): \_\_\_\_\_

Include description of body parts affected and limitations: \_\_\_\_\_

Primary impairment/s arising from the Medical Diagnosis (Health Condition):

Impaired muscle power       Ataxia       Leg length difference  
 Impaired passive range of motion       Athetosis       Limb deficiency/loss  
 Hypertonia       Short stature (height: \_\_\_\_\_ cm)

Medical condition is:  Permanent       Stable       Progressive       Fluctuating

Year of onset: \_\_\_\_\_ (yyyy)       Congenital (birth)

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**World Para Powerlifting**

**Diagnostic Evidence to be attached:**

Evidence to support the above diagnosis MUST be attached in English for ALL athletes:

Medical Diagnostic Report and Physical Examination results (for example ASIS scale for Athletes with Spinal Cord Injury, Ashworth Scale for Athletes with Cerebral Palsy, X-rays for Athletes with dysmelia, photo for Athletes with amputation)

World Para Powerlifting holds the right to request additional diagnostic evidence as per article 7.5 and 7.6 in World Para Powerlifting Classification Rules and Regulations, including but not limited to:

Report(s) from additional diagnostic testing (for example, EMG, MRI, CT, X-ray)

Treatment History: \_\_\_\_\_

Regular Medication – List dosage and reason: \_\_\_\_\_

Presence of additional medical conditions/diagnoses:

Vision impairment       Impaired respiratory function       Joint Hypermobility/Instability  
 Intellectual impairment       Impaired metabolic functions       Impaired muscle endurance  
 Hearing impairment       Impaired cardiovascular functions (e.g., Chronic fatigue)  
 Psychological diagnoses       Pain       Other: \_\_\_\_\_

Describe: \_\_\_\_\_

I confirm that the above information is accurate

Doctors Name: \_\_\_\_\_

Medical Specialty: \_\_\_\_\_      Registration Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_      Country: \_\_\_\_\_

Phone: \_\_\_\_\_      E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_      Date: \_\_\_\_\_

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### Current MDF (version November 2017)

- 1. Athlete Information** (to be completed by the National Paralympic Committee or National Federation).

**Athlete Information (to be completed by the NPC)**

Family name: \_\_\_\_\_

Given name/s: \_\_\_\_\_

Gender:  Female       Male      Date of Birth: \_\_\_\_\_ (dd/mm/yyyy)

NPC: \_\_\_\_\_      SDMS ID: \_\_\_\_\_

Please write the Family Name (or surname or last name) and Given Name (or first name) as it appears in the Athlete's official passport or similar identification document.



You must choose a Female or Male gender.

The Date of Birth should be entered as Day/Month/Year (e.g., 6 December 1998 should be entered as 06/12/1998).

Fill in the name of the NPC/NF.

If the Athlete is new and has not received an SDMS number, the SDMS ID field should remain blank.

2. **Medical Information** (to be completed by a Registered/Licensed Medical Doctor).

a) **Athlete's Medical Diagnosis and Description**

Medical Information – to be completed in English by a registered Medical Doctor, M.D.	
Athlete's Medical Diagnosis (Health Condition):	
Include description of body part/s affected and limitations:	
<b>Primary Impairment/s arising from the Medical Diagnosis (Health Condition):</b> <input type="checkbox"/> Impaired muscle power <input type="checkbox"/> Ataxia <input type="checkbox"/> Leg length difference <input type="checkbox"/> Impaired passive range of motion <input type="checkbox"/> Athetosis <input type="checkbox"/> Limb deficiency/loss <input type="checkbox"/> Hypertonia <input type="checkbox"/> Short stature (height: _____ cm)	
Medical condition is:	<input type="checkbox"/> Permanent <input type="checkbox"/> Stable <input type="checkbox"/> Progressive <input type="checkbox"/> Fluctuating
Year of onset:	(yyyy) <input type="checkbox"/> Congenital (birth)

All Athletes must have an Underlying Health Condition. The Athlete's Medical Diagnosis should be the diagnosis or condition which results in the Athlete's limitations, and not a general description of the health status of the Athlete. When possible, please include the appropriate ICD-10.

*Example:*

**Correct**

Postpolio syndrome, ICD 10 G14

**Incorrect**

Athlete in good health.

The description of the body parts affected and limitations should include which body parts have been impacted by the Athlete’s diagnosis/health condition, the side and level of involvement, and the limitations due to the medical diagnosis/health condition.

*Example:*

**Correct**

Decreased muscle strength in left lower extremity. Must use elbow crutches to ambulate.

**Incorrect**

Good candidate for sport. Normal presentation for this type of patient.

### b) Primary Impairment/s arising from the Medical Diagnosis (Health Condition)

Medical Information – to be completed in English by a registered Medical Doctor, M.D.

Athlete’s Medical Diagnosis (Health Condition):	
Include description of body part/s affected and limitations:	
<b>Primary Impairment/s arising from the Medical Diagnosis (Health Condition):</b> <input type="checkbox"/> Impaired muscle power <input type="checkbox"/> Ataxia <input type="checkbox"/> Leg length difference <input type="checkbox"/> Impaired passive range of motion <input type="checkbox"/> Athetosis <input type="checkbox"/> Limb deficiency/loss <input type="checkbox"/> Hypertonia <input type="checkbox"/> Short stature (height: _____cm)	
Medical condition is:	<input type="checkbox"/> Permanent <input type="checkbox"/> Stable <input type="checkbox"/> Progressive <input type="checkbox"/> Fluctuating
Year of onset:	(yyyy) <input type="checkbox"/> Congenital (birth)

There are eight Eligible Impairments for Para Powerlifting that are all listed in the Primary Impairment/s arising from the Medical Diagnosis (Health Condition) field. **An Athlete who does not have at least one of these Eligible Impairments is not Eligible to complete in Para Powerlifting.** Check the box (or boxes, if more than one impairment type is present) that is supported by the Athlete’s diagnosis and supporting medical documentation (which should also be submitted during the Athlete application process).

Do not check all the boxes.

Note that Short stature requires a standing height measurement.

*Example:*

Primary Impairment/s arising from the Medical Diagnosis (Health Condition):		
<input checked="" type="checkbox"/> Impaired muscle power	<input type="checkbox"/> Ataxia	<input type="checkbox"/> Leg length difference
<input type="checkbox"/> Impaired passive range of motion	<input type="checkbox"/> Athetosis	<input type="checkbox"/> Limb deficiency/loss
	<input type="checkbox"/> Hypertonia	<input type="checkbox"/> Short stature (height:_____cm)

### c) Medical Condition Status and Onset

Medical Information – to be completed in English by a registered Medical Doctor, M.D.

Athlete's Medical Diagnosis (Health Condition):	
Include description of body part/s affected and limitations:	
Primary Impairment/s arising from the Medical Diagnosis (Health Condition):	
<input type="checkbox"/> Impaired muscle power	<input type="checkbox"/> Ataxia
<input type="checkbox"/> Impaired passive range of motion	<input type="checkbox"/> Athetosis
	<input type="checkbox"/> Hypertonia
	<input type="checkbox"/> Leg length difference
	<input type="checkbox"/> Limb deficiency/loss
	<input type="checkbox"/> Short stature (height:_____cm)
Medical condition is:	<input type="checkbox"/> Permanent <input type="checkbox"/> Stable <input type="checkbox"/> Progressive <input type="checkbox"/> Fluctuating
Year of onset:	(yyyy) <input type="checkbox"/> Congenital (birth)

The Athlete's condition must be permanent (i.e, there is no chance of recovery), but it may be stable, progressive, or fluctuating. Check the appropriate boxes.

Indicate the year (not age) of onset or check the Congenital box.

## d) Diagnostic Evidence

### Diagnostic Evidence to be attached:

Evidence to support the above diagnosis **MUST** be attached in English for ALL athletes:

- Medical Diagnostic Report and Physical Examination results (for example ASIA scale for Athletes with Spinal Cord Injury, Ashworth Scale for Athletes with Cerebral Palsy, X-rays for Athletes with dysmelia, photo for Athletes with amputation)

World Para Powerlifting holds the right to request additional diagnostic evidence as per article 7.5 and 7.6 in World Para Powerlifting Classification Rules and Regulations, including but not limited to:

- Report(s) from additional diagnostic testing (for example, EMG, MRI, CT, X-ray)

### Treatment History:

### Regular Medication – List dosage and reason:

### Presence of additional medical conditions/diagnoses:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Vision impairment       | <input type="checkbox"/> Impaired respiratory function     | <input type="checkbox"/> Joint Hypermobility/ instability |
| <input type="checkbox"/> Intellectual impairment | <input type="checkbox"/> Impaired metabolic functions      | <input type="checkbox"/> Impaired muscle endurance        |
| <input type="checkbox"/> Hearing impairment      | <input type="checkbox"/> Impaired cardiovascular functions | (e.g., Chronic fatigue)                                   |
| <input type="checkbox"/> Psychological diagnoses | <input type="checkbox"/> Pain                              | <input type="checkbox"/> Other: _____                     |

Describe:

Supporting Medical Documentation must be provided to support the Athlete's Diagnosis/ Condition and Eligible Impairment.

#### *Example:*

A medical report (EMG) signed by the physician documenting a nerve injury.

Photographs of a leg length difference due to dysmelia.

Photographs and/or x-rays for amputations.

ASIA report for spina bifida.

Photographs, video recordings, and/or x-rays for Impaired Passive Range of Motion.

## e) Treatments, Medication, and Other Conditions

### Diagnostic Evidence to be attached:

Evidence to support the above diagnosis **MUST** be attached in **English** for **ALL** athletes:

- Medical Diagnostic Report and Physical Examination results (for example ASIA scale for Athletes with Spinal Cord Injury, Ashworth Scale for Athletes with Cerebral Palsy, X-rays for Athletes with dysmelia, photo for Athletes with amputation)

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### Treatment History:

### Regular Medication – List dosage and reason:

### Presence of additional medical conditions/diagnoses:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Vision impairment       | <input type="checkbox"/> Impaired respiratory function     | <input type="checkbox"/> Joint Hypermobility/ instability                     |
| <input type="checkbox"/> Intellectual impairment | <input type="checkbox"/> Impaired metabolic functions      | <input type="checkbox"/> Impaired muscle endurance<br>(e.g., Chronic fatigue) |
| <input type="checkbox"/> Hearing impairment      | <input type="checkbox"/> Impaired cardiovascular functions | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Psychological diagnoses | <input type="checkbox"/> Pain                              |   |

**Describe:**

List any past and current medical treatments.

List all medications, dosages, and reasons for the prescriptions.

Check any other medical conditions/diagnoses.



3. Identification and Credentials of Medical Doctor (to be completed by a Registered/ Licensed Medical Doctor).

<input type="checkbox"/> I confirm that the above information is accurate	
Doctors Name:	
Medical Specialty:	Registration Number:
Address:	
City:	Country:
Phone:	E-mail:
Signature:	Date:

Check the confirmation box and fill-in all the information fields.

The form must be signed and dated by a Medical Doctor. Any forms completed, signed, and submitted by any other persons (NPC/NF representatives, coaches, other healthcare providers) will be rejected.

The completed MDF and supporting documentation must be uploaded to the online Sport Management Data System (SDMS) of World Para Powerlifting.

The completion of this form is not a guarantee of Athlete Eligibility.