



**Para - Equestrian
Federation Equestrian International**

CLASSIFICATION MANUAL

Equestrian Competition
for Riders with Disabilities

First Edition January 2007

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CLASSIFICATION FOR INTERNATIONAL EQUESTRIAN COMPETITION

1.0 PROTOCOL

Classification is an attempt to ensure fair equestrian competition. All riders with a disability who intend to enter national or international competitions must produce a certificate that states their full medical diagnosis. The impairment is assessed and the resulting **functional profile** is combined with other profiles that should have similar ability when mounted. There are Five **Grades of competition**. Grade Ia and Ib is for the riders with a severe impairment, Grade IV is for the riders with least impairment. The competition within each Grade can then be judged on the functional skill of the rider regardless of impairment.

"impairments are problems in body function or structure such as a significant deviation or loss"
(W.H.O. 2000)

Impairments may be broadly classified as physical (including locomotor), intellectual, sensory. A system for the classification of impairment for sport should be simple to use, flexible enough to apply to all impairments, sport specific, and it should be acceptable to the rider.

1.1 Personnel: Roles and Responsibilities

A national Para-Equestrian classifier must carry out classification for national competition. If no national classifier is available, a national Para-Equestrian classification adviser can classify with a medically qualified physiotherapist or doctor. Classification for Profile 36 and 37 must be carried out by an ophthalmologist or optical doctor, (see Appendix 2) and for Profile 39 by a psychologist (see Appendix 1).

Classification for international competition must be carried out by two internationally accredited Para-Equestrian classifiers. Two classifiers may do the classification together or separately, but one classifier must be from a different nation to the rider. It is helpful to have an approved Technical Delegate in attendance or available to provide expertise regarding technical ability and compensating aids.

Physiotherapists and medical doctors approved and accredited by FEI Para-Equestrian must be qualified in handling competitors with a disability, and have a clear understanding of the Meaden Profile system of classification. In addition, the role of the medical doctor includes advising on any diagnostic queries.

1.2 Procedure

All new riders shall be classified nationally 6 -12 months before World Championship and Paralympic Games competition. From that time on, no change in the classification is permitted, unless there are significant changes in the impairment. Following the assessment each rider is given a Profile of Functional Ability. The rider will be given a copy of the assessment card. Later an International Para-Equestrian Classification Identity card (IPEC-ID card) will be sent to the rider on which is printed the Profile of Functional Ability and the sanctioned compensating aids allowed for riding in International Para-Equestrian competition, and national competitions, where the National Equestrian Federation (NF) has made suitable arrangements.

Classification shall be carried out in a courteous and professional manner, with appropriate testing only. At international competitions, the national classification will be checked by an international classifier the previous day or during the training period before the competition. During the classification, only the necessary personnel shall be present: the rider and one other, who shall either be the rider's Chef d'Equipe, team physiotherapist, or another person requested by the rider to act as their representative.

The rider's representative shall not speak during the classification process unless directly addressed, or unless a protest is made to preserve the dignity of the rider. The rider has a right to terminate the classification process at any time, for a valid reason. If the rider terminates the classification for any reason, that rider may be asked to withdraw from the competition. If a rider refuses to be classified this will automatically exclude him or her from the competition. If a protest is made, either of the procedure, or of the result of the classification, the Jury of Appeal must investigate that protest as soon as possible See Protest Procedures (Page 9)

All riders should be encouraged to be as able as possible, and to this end prostheses should be worn for riding, unless the type or shape of the prosthesis would disadvantage the rider or cause discomfort to the horse. All riders should be observed riding and during social occasions following their classification; this is to confirm the performance in the bench tests, not to assess the skill of the rider. They must then ride with all special equipment or prostheses as they may need. No rider shall be permitted to compete wearing or using any prostheses or special equipment that has not been included in the classification procedure.

2.0 CLASSIFICATION FOR INTERNATIONAL COMPETITION

Amongst riders with disabilities, there are many different types of impairments. To provide meaningful competition for the riders it is necessary that people of similar levels of impairment can compete together. The "Profile System" fulfils this criterion. The same system should be used at international and national level competitions. The classification of impairment into easily recognised functional profiles, and the grouping of these profiles into Grades for competition facilitates this aim. The Profiles are versatile but tight, easy to use and understand, and have been made sport specific. The locomotor Profiles are not disability (diagnosis) specific, but are based on the ability of the functioning part of the body.

In any sport, certain areas of the body are more important than others. A 'weighting system' has been designed to take account of the areas most important for riding. These weightings have been used in conjunction with the Profile System in order to produce more equitable competition, and group the profiles into categories specific to riding/driving.

During classification it is essential to ensure that only impairment is assessed, not skill. Riders must not be assessed riding, as this could pre-empt the competition, with an especially skilled rider appearing to be more able than is actually so. Occasionally it may be necessary to check the balance when mounted, but it should be sufficient to check the balance in a simulated position in the assessment room.

However, **all riders should be observed during practice and during competition by the classifiers** in attendance at the competition. This is to confirm that the impairment recorded during the assessment is the same as that seen when mounted. Any riders moving limbs that were incapable of movement during the assessment, may be requested to attend a reclassification

session. Video evidence and results of random muscle tests may be used as evidence in exceptional circumstances.

Riders with **recovering** or **deteriorating** conditions must be reclassified within 6 months of World Championships and Paralympic Games. It is up to the country to arrange for the reclassification. The rider can be checked at the above events, but in cases where there may be recovery, this could result in changing to a higher Grade. See procedure for establishing medical diagnosis Page 12

Classification is a statement of fact, not a test, and the judgement of the rider's ability on the horse is the function of the competition not the classification. The purpose of the competition is to reward skill; classification must therefore not penalise those who have achieved a high skill level.

The grouping of Profiles into Grades is designed so that riders may compete against their peers, or, if their nation so wishes, compete at a higher level (against those with less impairment). Competing at a lower level (against those with greater impairment) is not allowed. To maintain fairness, unclassifiable impairments are excluded from competitions. See Page 8 Eligibility for Para-Equestrian competition.

All assessment forms will be maintained and managed with strict confidentiality in accordance with I.P.C. code of classification to protect the rights of the rider.

3.0 ACCREDITATION OF CLASSIFIERS

Workshops/courses consisting of theory and practice are held for classifiers. Participants for the classifier's course must be suitably qualified and recognised by their national professional association or body. For international and national classifier status, they must be medical doctors or physiotherapists, preferably with good horse knowledge. Participants are accredited as International (0 or I), National (level 2) or Advisory classifiers (A) according to their national experience, performance during the course, and submission of course work following the course. To become an international PE classifier, it will be necessary to work with an international classifier at 2 events. Those who show the correct attitude, dedication to equestrian sport, and commitment to their own country's database of classified athletes may be awarded international classifier status.

Further details of the Profile Classification System may be obtained from Para-Equestrian's Chief Classifier. This Classification Manual is produced by the Para-Equestrian classification advisor to F.E.I. PE technical committee, senior international classifiers, and Chairman of Sports and Classification Medical sub committees:

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4.0 CLASSIFIERS RESPONSIBILITY AT PARA-EQUESTRIAN EVENTS

4.1. Classification Procedure

- 4.1.1 It is recommended that two Para-Equestrian Classifiers are present at all International Competitions, and both of these classifiers should be of international status.
- 4.1.2 At Major Championships there should be three Para-Equestrian International Classifiers from different nations
- 4.1.3 Any classification cards completed at an event should be signed by two Para Equestrian Classifiers
- 4.1.4 For International competitions, a rider can only be awarded international status following examination by two Para-Equestrian International Classifiers, one of whom must be from a country other than that of the rider. The examinations do not have to be done at the same time and place.
- 4.1.5 Classifiers may not give definitive classification until the rider has been observed mounted, in practice and/or during competition at the discretion of the classifier(s).
- 4.1.6 The completed assessment card should be sent to the Para-Equestrian Chief Classifier. If confirmed by the P.E. Chief Classifier,
 - the rider's name will be added to the Para-Equestrian master list of internationally classified riders.
 - After an appropriate check, the International Para-Equestrian Identity Card Officer will issue the rider with an ID card on which the permitted compensating aids are recorded.
- 1.7 Any protests are to be dealt with in accordance with FEI procedures. See P 10

4.2. Invitation to Classifier

- 4.2.1 Classifiers will be invited and allocated to each competition by FEI, through the Chief Classifier
- 4.2.2 The OC must confirm the invitation well in advance of the event.
- 4.2.3 The invitation should state clearly the venue, the dates and times of the classification process, and when the classifier is expected to arrive and when to leave. Classifiers should stay to watch the competition.
- 4.2.4 Where air travel is involved, the invitation should also state whether the classifier or the organisers will arrange the flights. If there are any constraints on what flights can be used, details should be explained to ensure that they are acceptable.
- 4.2.5 The invitation should confirm that the classifier's expenses will be met as set out in the next section.
- 4.2.6 On receiving an invitation, a classifier is expected to respond without delay and to confirm acceptance or otherwise in writing as soon as possible.

4.3. Classifiers' Expenses

- 4.3.1 The competition organisers must undertake to meet all expenses incurred by classifiers, either by providing the facilities or by paying all their relevant costs.
- 4.3.2 The expenses must cover return travel from the classifier's home to the competition venue, accommodation, all transport and subsistence at the venue to a reasonable standard, and any other essential expenses.
- 4.3.3 Accommodation should be provided for the classifiers away from the riders if possible, and preferably near the judges and the Technical Delegate.
- 4.3.4 The organisers will arrange transport from the airport to the venue, and again for the return flight; also daily transport to and from the venue if necessary.

4.3.5 The Classifiers are FEI officials.

4.4. Competition Organiser Responsibilities

- 4.4.1 After the closing date of entries, the Organising Committee (OC) shall send to the Para-Equestrian Chief Classifier a list of all riders, their nation, listed Profile Number and the Grade that they are entered. The list will be checked and returned to the O.C., verifying those that are classified and a list of those that need to be classified, or re-examined. The compensating aids allowed for each rider will also be sent to the OC. This list should be circulated to the TD, Chief steward and Judges.
- 4.4.2 The O.C. is responsible to schedule all necessary rider classifications to take place before the start of competition. Forty minute periods should be designated for each appointment, with adequate meal times and breaks scheduled for the classifiers. Riders shall be sent the date and time of their scheduled classification appointment prior to the event, or immediately upon their arrival at the competition.
- 4.4.3 A clean, private examination room shall be made available for all classification appointments. The room shall be equipped with an examination bed with a pillow, four or five chairs, a table and stool, drinking water and a towel. The area shall be large enough to accommodate the classifiers, the rider and the rider's representative.
- 4.4.4 An appropriate waiting area shall be provided nearby the examination room.
- 4.4.5 The classifiers shall be assigned an Administrative Assistant. In addition to administrative duties such as photocopying, the Administrative Assistant shall ensure that riders arrive for their scheduled appointments and communicate with team Chefs d'Equipe if necessary, convey classification results to the O.C. as soon as possible, and arrange for riders to be assessed mounted, if required by the classifiers.
- 4.4.6 A private area is to be provided nearby the competition arena for the classifiers (including the host nation's own classifiers who wish to be present) to observe the riders in competition and to discuss their Profile without being overheard.

For a rider to be assessed mounted, if required, the time and place are to be agreed upon by the rider, the O.C., Chef d'Equipe, the Technical Delegate and the classifiers. This is a classification assessment, the rider's skill shall not be considered during this assessment.

5.0 ELIGIBILITY CRITERIA FOR PARA-EQUESTRIAN COMPETITION

5.1 All riders must be classified to compete in Para-Equestrian sanctioned events. Those riders with a MINIMAL FUNCTIONAL DISABILITY must meet the Para-Equestrian criteria (See Base line scores) in order to compete in Para-Equestrian events. "Classification is neither intended to be comprehensive nor to be all encompassing. Para-Equestrian classification is not by definition, inclusive it is exclusive. Therefore, there is no legal liability to classify everybody. To say someone is "not eligible or not classifiable" is not to say they are not disabled. The severity of the disability is not in doubt, but some disabilities do not fit into the classification system" (M Riding Chair I.P.C. Classification Committee 2000)

In order to be eligible, a rider must have a medically diagnosed condition that causes a permanent impairment that can be measured objectively. Examples of conditions, diseases or disorders that may lead to permanent impairment are: paresis, amputation, partial to full joint ankylosis, upper motor neurone lesions, loss of sight, intellectual disability. As the functional requirements of each discipline are different, an athlete may not meet the minimal eligibility criteria in one FEI discipline, but may be eligible to compete in another FEI discipline.

Findings such as minor soft tissue contracture, ligamentous instability, oedema, disuse atrophy, fatigue as in Myalgic Encephalitis or fibromyalgia or symptoms such as pain and/or numbness without other eligibility criteria listed above shall not be considered a permanent physical disability. Of course these people may be quite disabled, but they are unclassifiable.

Those people who are not eligible because they are “unclassifiable” or do not meet the conditions for minimal functional disability are sometimes told they can compete at national events as Profile 42. These people can compete in an open competition if their respective country organises such a competition outside the 5 classes of a Para-Equestrian competition.

5.2 Procedure for establishing the medical diagnosis

In most cases the Certificate of Diagnosis (page 13) signed by the rider’s General Practitioner is sufficient evidence of their impairment.

Classification by the profile system is being used to ensure fair competition for all competitors. For stable conditions like amputations or deformities a single classification procedure is usually sufficient to assign a profile for life. Some conditions may be slowly progressive and competitors with such a condition may occasionally need a new classification. For a person with multiple sclerosis (MS) it is a completely different story. MS may fluctuate and therefore a competitor suffering from this disease needs to be classified more often (within six months of World Championships and Paralympic Games). Thus, competitors with MS form the bulk of people that need to undergo repeated medical assessment because their impairment may vary with time. It is for that reason that the medical committee has decided to ask for very detailed information when a person with MS wants to compete in FEI events. This medical information needs to be provided only once and will be handled with utmost care. It will be archived by the Chief Classifier and confirmation of the diagnosis should be noted on official documents regarding competition for people with a disability.

The necessary document is:

A signed document or letter written by a neurologist or other doctor specialized in neuroscience stating the diagnosis multiple sclerosis, the type of MS (i.e. relapsing remitting, primary progressive, or secondary progressive type) and the date the diagnosis was made. In this document the results of cerebrospinal fluid (CSF) examinations, magnetic resonance imaging (MRI) scans and possible evoked potential (EP) results should be stated. Preferably the document should be written in English or be accompanied by an English translation

The Para-Equestrian Classifiers understand the extra effort people with M.S must exert to provide evidence of their condition, and this may not be pleasant, but we want people with fluctuating conditions to compete, therefore classification must be conclusive.

Failure to produce such evidence, or evidence which is not consistent with the results of the classification tests and observation during practice and or competition will render the rider “unclassifiable” or “not eligible”.

6.0 PARA-EQUESTRIAN CLASSIFICATION PROTEST PROCEDURES

6.1 All classification protests must in the first instance be directed to the chief classifier at the event. If not resolved, the protestor may lodge a formal appeal with the event appeal committee. The head FEI Para-Equestrian classifier should be consulted in case of such an appeal.

6.2. Protests on new athletes (PNS) own classification can be made by the Chef de Mission or the authorised classification representative within 6 hours of the classification period.

6.3. Protests on athletes with improving or deteriorating conditions (PRS), or those who only have temporary valid classification status may need to be reassessed prior to competition and be observed in practice. They are subject to protest and reassessment by the Chief Classifier prior to competition.

6.4. Athletes with permanent classification (PPS) are only subject to protests under exceptional circumstances.

6.5. Exceptional circumstances arising prior to or during Para-Equestrian competition may result in change of Grade. This occurs when an athlete shows considerably lesser or greater potential prior to or during competition, which does not reflect their current sport Grade and/or their assessment result. This may arise as a result of (a) lack of cooperation of an athlete during the assessment process, (b) because of an evident change in the medical condition of the athlete or (c) because of a mistake of the classifiers.

6.6. When new nationally classified riders are classified internationally before an event, it may be found that the rider has been entered in the wrong Grade (lower). The rider can either compete in the Grade given by the international classifier or should stay in his/her entered Grade for the duration of that event. Medals won by that rider will remain with the rider and he/she will appear on the scoreboard and result sheets. However, the rider may chose to ride in a higher Grade or he may ride in the Grade entered (lower than his international grade) in which case the total of all Judge's points will be reduced by 20 penalty points immediately before the percentage is calculated. Medals won by the athlete will remain with the athlete and he/she will appear on the scoreboard and results sheets. Only in very exceptional circumstances, when the wrong Grade has been determined because of 4(a), could medals won by the rider be forfeited.

6.7. For future events in Para-Equestrian competition the athlete must compete in the new Grade.

6.8. All protests must be accompanied by the appropriate protest fee and must be made to the competition organiser, who will inform the Chief Classifier immediately.

7.0 PARA-EQUESTRIAN
CONSENT FOR CLASSIFICATION

Please complete in English:

I understand that I am applying for classification as a rider/driver within the FEI Para-Equestrian system.

The resulting classification is subject to review at any time particularly with certain diagnoses known to be variable in presentation.

For a rider/driver to be eligible to compete in Para-Equestrian competitions, the rider/driver must be classified by an authorised, accredited Para-Equestrian classifier. The classifier will maintain the confidentiality of the personal/medical information given in the course of the classification

Failure to cooperate with the classifiers, or failure to complete a classification will lead to ineligibility to compete in Para-Equestrian sanctioned competitions.

If cooperation with the classification is impaired by pain, I have the option of continuing with the classification despite the pain, or discontinuing the classification and therefore becoming ineligible. I understand that every attempt will be made to minimize discomfort, but that the classifiers can not be held liable for any pain and suffering caused by the testing.

The following is an agreement by the rider/driver to undergo a functional classification test including a medical (bench) test and to be observed before and during competition.

I.....wish to be classified for P.E. competition.

(PLEASE PRINT FULL NAME)

I understand that the P.E. classification process involves a medical (bench) test and observation at any time. I understand that to be classified I must be willing to take part in all portions of the tests and cooperate fully with the classifiers.

I understand that to perform the medical (bench) test, the P.E. classifiers must examine all movements and muscle groups. I agree to undertake these tests, and I agree that the classifiers can not be held liable for any pain and suffering I may experience in the course of the test.

Signature of rider/driver**Date.....**

Witness, Signature of guardian/manager/coach.....

The allocation of a profile of functional ability and classification for Para-Equestrian sport does not mean that the athlete's health is considered good enough to take part in sport. The athlete's own medical officer should be consulted if the health and condition are in doubt.

The rider has the right to protest on their own classification within 6 hours of being notified of that classification.

8.0 PARA-EQUESTRIAN

CERTIFICATE OF DIAGNOSIS

The person below is required to undergo Para-Equestrian Classification to compete at National or International level of their chosen sport. To assist the classification process a confirmation of the medical diagnosis is required.

FULL NAME

ADDRESS.....

.....

TELEPHONE NUMBER..... DATE OF BIRTH.....

REGION/HOME/COUNTRY..... MALE OR FEMALE (delete one)

APPLICANT'S SIGNATURE.....

MEDICAL DETAILS

THIS SECTION TO BE COMPLETED BY A DOCTOR OF MEDICINE ONLY

NAME OF APPLICANT.....

DIAGNOSIS.....

ANY OTHER RELEVANT FACTORS, e.g. EPILEPSY, DIABETES, HEART DISEASE, HAEMOPHILIA.

CERTIFY THAT I HAVE FOLLOWED THIS PATIENT FOR _____ YEARS AND CERTIFY THAT THE ABOVE NAMED PATIENT HAS THE DIAGNOSIS SPECIFIED ABOVE. I _____ HEREBY

SIGNATURE OF DOCTOR.....


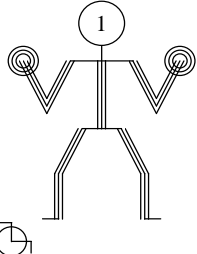
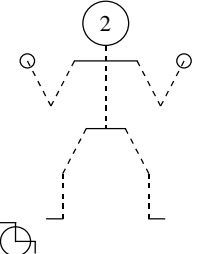
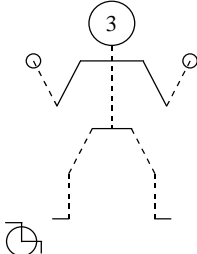
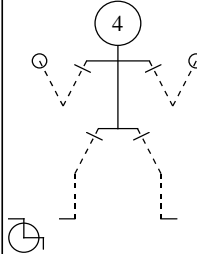
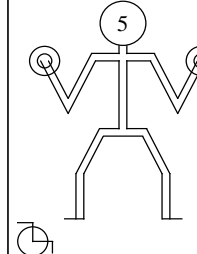
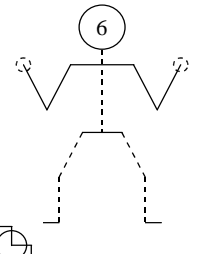
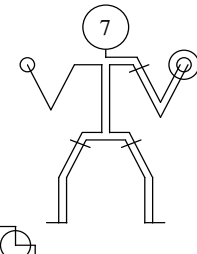
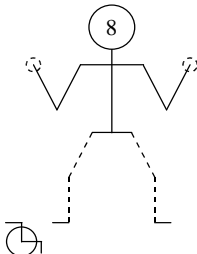
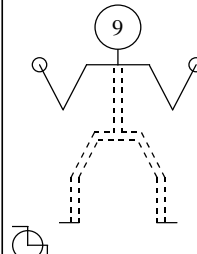
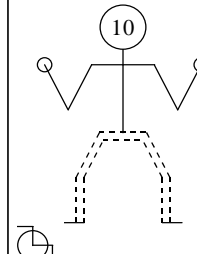
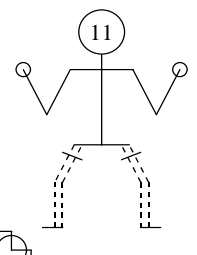
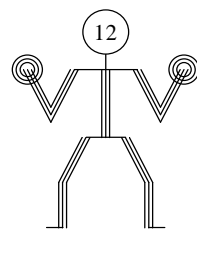
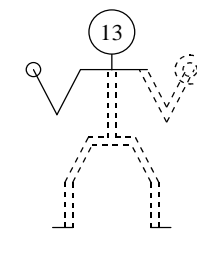
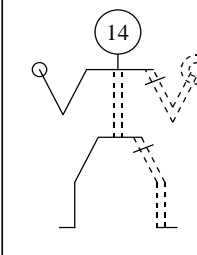
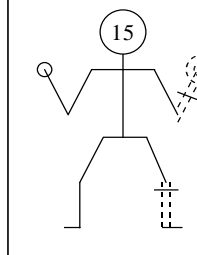
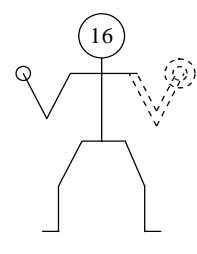
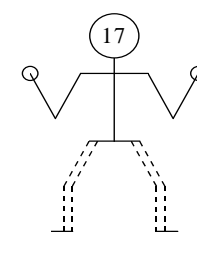
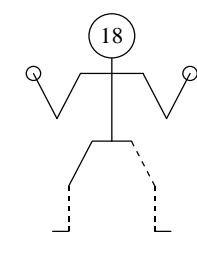
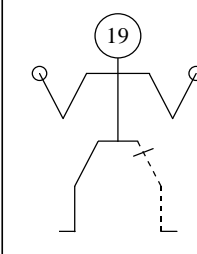
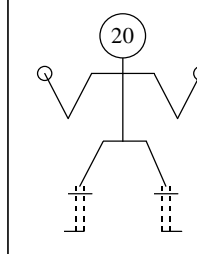
























PRINTED NAME.....

ADDRESS OF DOCTOR.....

.....

N.B. Information disclosed on this form will be dealt with according to the IPC code of ethics for classification.

9.0 A GRAPHICAL REPRESENTATION OF PROFILES

|  | | <h3>A Graphical Representation</h3> | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|--|---|---|
|  |  |  |  |  | | | | | | | | |
|  |  |  |  |  | | | | | | | | |
|  |  |  |  |  | | | | | | | | |
|  |  |  |  |  | | | | | | | | |
| <table border="0"> <tr> <td> Normal function or minimal disadvantage</td> <td> Absence of limb</td> <td> Severely Incoordinate</td> <td> Deformity</td> </tr> <tr> <td> Paresis</td> <td> Incoordinate</td> <td> Paresis or incoordinate</td> <td> Wheelchair user</td> </tr> </table> | | | | |  Normal function or minimal disadvantage |  Absence of limb |  Severely Incoordinate |  Deformity |  Paresis |  Incoordinate |  Paresis or incoordinate |  Wheelchair user |
|  Normal function or minimal disadvantage |  Absence of limb |  Severely Incoordinate |  Deformity | | | | | | | | | |
|  Paresis |  Incoordinate |  Paresis or incoordinate |  Wheelchair user | | | | | | | | | |

| | | | | |
|------------|-------------------------|-------------|--------------------------|--------------------------|
| 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 |
| 31 | 32 | 36 Blind | 37a Partially Sighted | 37b Partially Sighted |
| 38 Deaf | 39 Learning Impaired | 42 | 48 | |

— Normal function or minimal disadvantage + Absence of limb ≡ Severely Incoordinate - - - Deformity
 - - - Paresis ≡ Incoordinate ≡ Paresis or incoordinate ♿

10 MEDICAL DEFINITIONS

| | |
|---------------------------|----------------|
| Locomotor Impairment: | Profiles 1-31 |
| Sensory Impairment: | Profiles 36-38 |
| Intellectual Impairment : | Profile 39 |
| Other Impairment: | Profile 42 |
| Able Bodied: | Profile 48 |

PROFILE 1: FOUR LIMBS REDUCED IN FUNCTION. Severe spasticity, athetosis or paresis present in all limbs and trunk. Needs a powered wheelchair and personal assistant during daily life.

PROFILE 2: FOUR LIMBS REDUCED IN FUNCTION. Severe deformity, paresis or incoordination present in all limbs and trunk. Triceps non-functional against resistance, e.g. complete C5/6 lesion.

PROFILE 3: FOUR LIMBS REDUCED IN FUNCTION. Moderate deformity, paresis or incoordination present in all limbs and trunk. The finger flexors, extensors and intrinsics may be severely impaired, e.g. complete C6/7 lesion.

PROFILE 4: FOUR LIMBS REDUCED IN FUNCTION. Severe deformity, paresis, or absence of all limbs. Trunk less affected and sensation minimally affected.

PROFILE 5: FOUR LIMBS REDUCED IN FUNCTION. Moderate spasticity or athetosis present in all limbs and perhaps trunk. Can propel chair with difficulty, either with arms or legs.

PROFILE 6: FOUR LIMBS REDUCED IN FUNCTION. Minimal impairment in upper limbs, severe paresis or spasticity in lower limbs and trunk, e.g. complete C8/T1 lesion, or moderate wheelchair quadriplegic.

PROFILE 7: THREE LIMBS REDUCED IN FUNCTION. Severe deformity, paresis, spasticity, athetosis or absence of three limbs. Some trunk involvement. One limb may be only minimally affected, but use of a wheelchair is essential.

PROFILE 8: FOUR LIMBS REDUCED IN FUNCTION. Minimal paresis or spasticity in upper limbs, and moderate to severe spasticity or paresis of lower limbs. Intrinsic muscles of hands may be severely affected. Trunk normal.

PROFILE 9: LOWER LIMBS AND TRUNK REDUCED IN FUNCTION. Severe spasticity, athetosis, or deformity present in lower limbs and trunk. Unable to balance in sitting unsupported. (T1 – T5).

PROFILE 10: LOWER LIMBS REDUCED IN FUNCTION. Severe spasticity, athetosis, deformity, or paresis present in both lower limbs. Moderate trunk involvement (T5 – T10)

10a: If they are unable to move outside their base of support and total sensory loss below umbilicus,

10b: Able to move outside their base of support

- PROFILE 11:** LOWER LIMBS REDUCED IN FUNCTION. Moderate paresis, spasticity, athetosis or deformity present in both lower limbs and trunk. It may be possible for the athlete to stand or walk but uses a wheelchair for activities of daily living. (T10 – L3) Must have some power in hip flexors and extensors.
- 11a:** Those with bilateral amputation, no prosthesis and Residual limb less than 4" (10cm)
- 11b:** Those with prosthesis and as defined in Profile 11 above.
- PROFILE 12:** FOUR LIMBS REDUCED IN FUNCTION. Severe paresis, spasticity, athetosis or deformity in all limbs and trunk. Able to walk in an unorthodox way. Balance and co-ordination grossly affected.
- 12a: spasticity or athetosis in all limbs and trunk.
- 12b: paresis or deformity in all limbs and trunk.
- PROFILE 13:** THREE LIMBS REDUCED IN FUNCTION. Moderate to severe paresis, spasticity, athetosis or deformity in three limbs. Trunk is affected. Balance in standing severely affected.
- PROFILE 14:** IPSILATERAL LIMBS REDUCED IN FUNCTION. Moderate to severe paresis, spasticity, athetosis or deformity in two limbs on the same side of the body. Trunk is usually involved.
- PROFILE 15:** IPSILATERAL LIMBS REDUCED IN FUNCTION. Slight to moderate paresis, spasticity, athetosis or deformity in two limbs on the same side of the body.
- PROFILE 16:** ONE UPPER LIMB REDUCED IN FUNCTION. Severe paresis, spasticity, athetosis or total absence of one upper limb.
- PROFILE 17:** TWO LOWER LIMBS REDUCED IN FUNCTION. Severe paresis, spasticity, athetosis or deformity of both lower limbs, but able to walk with two crutches or sticks.
- 17a: No to poor functional pelvic movement. Unable to move out of base of support.
- 17b: Fair to normal pelvic movement.
- PROFILE 18:** TWO LOWER LIMBS REDUCED IN FUNCTION. Severe paresis, spasticity, athetosis or deformity of one lower limb. Moderate to slight impairment of other lower limb.
- 18a: No to poor functional pelvic movement. Unable to move out of base of support.
- 18b: Fair to normal pelvic movement.
- PROFILE 19:** ONE LOWER LIMB REDUCED IN FUNCTION. Severe paresis, spasticity, athetosis or total absence of one lower limb.
- 19a: Residual limb 4ins. (10cm.) or less.
- 19b: Residual limb longer than 4ins. (10cm.) Measured from greater trochanter.
- PROFILE 20:** TWO LOWER LIMBS REDUCED IN FUNCTION. Moderate to slight paresis, spasticity, athetosis or absence of part of both lower limbs.

- PROFILE 21:** TWO UPPER LIMBS REDUCED IN FUNCTION. Severe paresis, spasticity, athetosis, deformity or absence of both upper limbs.
- PROFILE 22:** TWO UPPER LIMBS REDUCED IN FUNCTION. Moderate to slight paresis, spasticity, athetosis, deformity or absence of part of both upper limbs.
- PROFILE 23:** ONE LOWER LIMB REDUCED IN FUNCTION. Moderate to slight paresis, spasticity, athetosis in lower limb or total absence of one lower limb below the knee.
- PROFILE 24:** ONE UPPER LIMB REDUCED IN FUNCTION. Moderate to slight paresis, spasticity, athetosis in upper limb, or total absence of one upper limb below the elbow.
- PROFILE 25:** FOUR LIMBS AND TRUNK REDUCED IN STATURE. Height of four foot three inches or below (129.5 cm)
- PROFILE 26:** FOUR LIMBS REDUCED IN FUNCTION. Moderate to slight paresis, spasticity, athetosis or deformity in all four limbs. Balance and gross co-ordination affected.
26a: moderate to slight spasticity or athetosis in all four limbs.
26b: moderate to slight paresis or deformity in all four limbs.
- PROFILE 27:** TWO CONTRALATERAL LIMBS REDUCED IN FUNCTION. Severe to moderate paresis, spasticity, athetosis, deformity or absence of opposite arm and leg.
- PROFILE 28:** TWO LOWER LIMBS REDUCED IN FUNCTION. Severe to moderate paresis or degeneration in both hips. Lower spine affected.
- PROFILE 29:** TWO UPPER LIMBS REDUCED IN FUNCTION. Severe to moderate paresis in both upper limbs.
- PROFILE 30:** TRUNK REDUCED IN FUNCTION. Severe to moderate paresis, or deformity in trunk or neck.
- PROFILE 31:** FOUR LIMBS REDUCED IN FUNCTION. Severe paresis, spasticity, athetosis or deformity in both lower limbs. Slight paresis, spasticity, athetosis or deformity in both upper limbs.
- 31a:** Trunk also involved, having no or poor functional pelvic movement and unable to move out of base of support.
- 31b:** Trunk less involved with fair to good pelvic control.
- PROFILE 32:** **FOUR LIMBS REDUCED IN FUNCTION. Severe paresis, spasticity, athetosis in both upper limbs. Slight paresis, spasticity, athetosis or deformity in both lower limbs.**
- PROFILE 33-35:** AVAILABLE FOR THE INTRODUCTION OF NEW PROFILES

- PROFILE 36:** TOTALLY BLIND. No light perception in either eye, up to light perception but inability to recognise the shape of a hand at any distance or in any direction. See Appendix two.
- PROFILE 37a:** PARTIAL SIGHT. From the ability to recognise the shape of a hand up to a visual acuity of 2/60 or visual field of less than 5 degrees. See Appendix two.
- PROFILE 37b:** PARTIAL SIGHT. From visual acuity above 2/60 up to a visual acuity of 6/60 or visual field of less than 20 degrees. See Appendix two.
- PROFILE 38:** DEAF. A loss of hearing of 50 decibels in the better ear at three frequencies, 500Hz, 1000Hz and 2000Hz.
- PROFILE 39:** Intellectual impairment. IQ less than 70. and classified by INAS-FMH See Appendix 1. Those with a intellectual impairment combined with a locomotor impairment can be allocated dual profiles. See Appendix one.
- PROFILE 40-41:** AVAILABLE FOR THE INTRODUCTION OF NEW PROFILES.
- PROFILE 42:** A DYSFUNCTION WHICH IS DIFFICULT TO MEASURE OR GRADE. The following conditions are covered by this profile:
Internal organ dysfunction or absence.
Wear and tear of joints due to advancing age.
General debilitating disease.
Obesity.
Osteochondritis.
Psychiatric conditions.
Skin diseases.
Haemophilia without locomotor dysfunction.
Epilepsy.
Learning disability. (Mild)
- PROFILE 43-47:** AVAILABLE FOR THE INTRODUCTION OF NEW PROFILES
- PROFILE 48:** ABLE-BODIED PEOPLE.

11.0 TRAINER'S GUIDE TO PROFILES OF IMPAIRMENT

- PROFILE 1:** Almost no use in four limbs. Need to use an electric wheelchair, or be pushed in a manual wheelchair. Usually has very poor trunk control.
- PROFILE 2:** Almost no use in four limbs, but can bend elbows and just about push a manual wheelchair. May need to use an electric wheelchair for long distances. Has poor trunk control.
- PROFILE 3:** Wheelchair user with very poor balance and inability to grip and release objects. Has poor trunk control.
- PROFILE 4:** Almost no use in all four limbs, but good trunk control. Usually able to push a wheelchair in some way. Mainly use their seat to control the movement of the horse.
- PROFILE 5:** Wheelchair user with difficulty controlling the limbs when trying to perform any activity. Often has moderate trunk control.
- PROFILE 6:** Wheelchair user with poor trunk control and slightly weak hands, or lack of control in the arms.
- PROFILE 7:** Wheelchair user with good use in only one arm; may need to use an electric wheelchair if unable to push a manual chair. Difficulty with trunk control.
- PROFILE 8:** Wheelchair user with some control of trunk and slightly weak hands or arms. Difficulty with trunk control.
- PROFILE 9:** Wheelchair user with good use in arms, but only upper trunk control. Unable to perform a pelvic tilt. No lower trunk control (T1-T5).
- PROFILE 10:** Wheelchair user with good use of trunk and arms, but unable to use the hips to assist trunk movement. Difficulty with trunk control . (T5-T10)
- 10a: Those who have serious balance problems, so are unable to move outside base of support.
- 10b: Able to perform a pelvic tilt with difficulty, however are able to move outside their base of support..
- PROFILE 11:** Wheelchair user with good control of trunk, arms, and some control of hips. Good pelvic tilt. (T10-L3) May have both legs absent.
- 11a: Those with no prosthesis and with residual limb less than 4" (10cm)
- 11b: Those with amputation and longer residual limbs
- PROFILE 12:** All 4 limbs severely impaired, but able to walk. Fair to moderate trunk control.
- 12a: Severe difficulty controlling all four limbs when performing an activity.
- 12b: Severe deformity or weakness in all four limbs.
- PROFILE 13:** Able to walk, but has poor use of three limbs and usually uses a stick in the good hand. Trunk control varies, it is often fair to moderate.

- PROFILE 14:** Able to walk, but one side of the body is of little use; usually can balance unaided only on the good leg. The imbalance of the body makes it difficult to balance on the horse.
- PROFILE 15:** Able to walk, but one side of the body is minimally impaired. Although there is imbalance it is easier to balance on the horse.
- PROFILE 16:** One upper limb absent or with little or no use.
- PROFILE 17:** Able to walk, but both lower limbs are severely impaired, acting more like props. May need crutches or sticks to walk.
 17a: Very little or no functional use of pelvis. Unable to control the horse from the pelvis.
 17b: Fair to good control of pelvis. Able to control the horse from the pelvis.
- PROFILE 18:** Able to walk, but one leg severely impaired, used like a prop, the other leg better but not normal.
 18a: Very little or no function in pelvis. Unable to control the horse from the pelvis.
 18b: Fair to good control of pelvis. Able to control the horse from the pelvis.
- PROFILE 19:** Able to walk, one leg severely impaired, used like a prop, other leg normal.
 19a: An amputee who rides without a prosthesis. Residual limb 4ins. (10cm.) or less.
 19b: Paresis or an amputee who rides with a prosthesis.
- PROFILE 20:** Able to walk and run but both legs impaired slightly e.g. a slight to moderate diplegic. (50% or less of the lower leg remaining)
- PROFILE 21:** Both arms severely impaired or may be absent.
- PROFILE 22:** Both arms slightly impaired or missing below the elbow, but able to grip reins with or without prosthesis. Base line scores will be used to determine if rider is eligible for I.P.E.C competitions.
- PROFILE 23:** One leg slightly impaired or absent below the knee, (50% or less of lower leg remaining), can usually run if fit enough. Amputation through the forefoot is not eligible.
- PROFILE 24:** One arm slightly impaired, unable to grip rein with one hand. Base line scores will be used to determine if rider is eligible for PE competitions.
- PROFILE 25:** Very short stature due to extreme shortness of limbs. (i.e. achondroplasia) Height of four foot three inches or below (129.5 cm)
- PROFILE 26:** Mild impairment in all four limbs.
 26a: Impairment of coordination
 26b: Impairment of power or range
- PROFILE 27:** Opposite arm and leg severely impaired or absent.
- PROFILE 28:** Both hips impaired causing difficulty walking, usually a waddling gait. The hip impairment must be sufficient to cause poor or no pelvic control.

- PROFILE 29:** Both shoulders impaired.
- PROFILE 30:** Deformity or weakness of trunk.
- PROFILE 31:** Able to walk, but both legs severely impaired. Arms moderately to slightly impaired. Trunk control varies, it is often fair to moderate.
- 31a: Very little or no functional use of the pelvis
- 31b Fair to good control of the pelvis
- PROFILE 32:** Able to walk, both legs slightly impaired, arms severely impaired
- PROFILE 33-35** Available for introduction of new profiles
- PROFILE 36:** Totally blind. (B1)
- PROFILE 37:** Visually impaired. See Appendix two.
37a: Partially sighted (B2)
37b: Partially sighted (B3)
- PROFILE 38:** Hearing impaired.
- PROFILE 39:** Learning impaired. IQ below 70. See Appendix one (This is under review).
- PROFILE 40-41** Available for introduction of new profiles
- PROFILE 42:** A non-specific impairment that is variable and difficult to measure or grade. For example: obesity, asthma, skin disease, epilepsy, haemophilia, wear and tear of joints due to advancing age, lack of, or problems with internal organs, pain caused by conditions which do not result in objective impairment, and general debilitating disease.
- PROFILE 43-48** Available for introduction of new profiles
- PROFILE 48:** Able bodied people.

12.0

DRESSAGE FOR RIDERS WITH DISABILITIES

| GRADE | PROFILES |
|--------------|-----------------------------|
| la | 1, 2, 3, 5, 7, 12a, 13 |
| lb | 4, 6, 9, 10a, 11a, 12b, 31a |

Mainly wheelchair users with poor trunk balance and or impairment of function in all four limbs, or no trunk balance and good upper limb function, or moderate trunk balance with severe impairment of all 4 limbs.

Grade la and Grade ER lb may be combined.

| | |
|----|--|
| II | 8, 10b, 11b, 14, 17a, 18a, 27, 31b, 32 |
|----|--|

Mainly wheelchair users, or those with severe locomotor impairment involving the trunk and with good to mild upper limb function, those with severe arm impairment and slight leg impairment or severe unilateral impairment.

| | |
|-----|--|
| III | 15, 17b, 18b, 19a, 21, 25, 26a, 28, 36, 39 |
|-----|--|

Usually able to walk without support. Moderate unilateral impairment, or moderate impairment in four limbs, severe arm impairment. May need a wheelchair for longer distances or due to lack of stamina. Total loss of sight in both eyes, or intellectually impaired. Blacked out glasses or blind fold must be worn by Profile 36 riders.

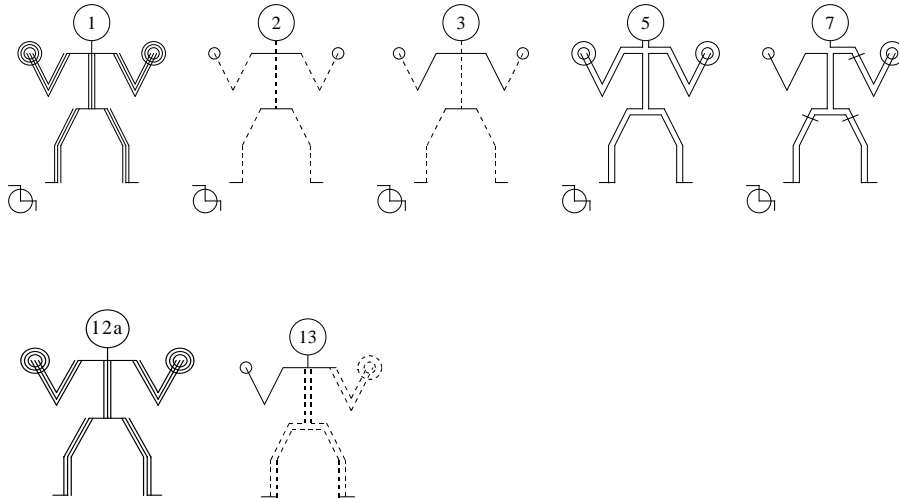
| | |
|----|-----------------------------------|
| IV | 16, 19b, 20, 22, 23, 24, 26b, 37a |
|----|-----------------------------------|

Impairment in one or two limbs, or some visual impairment.

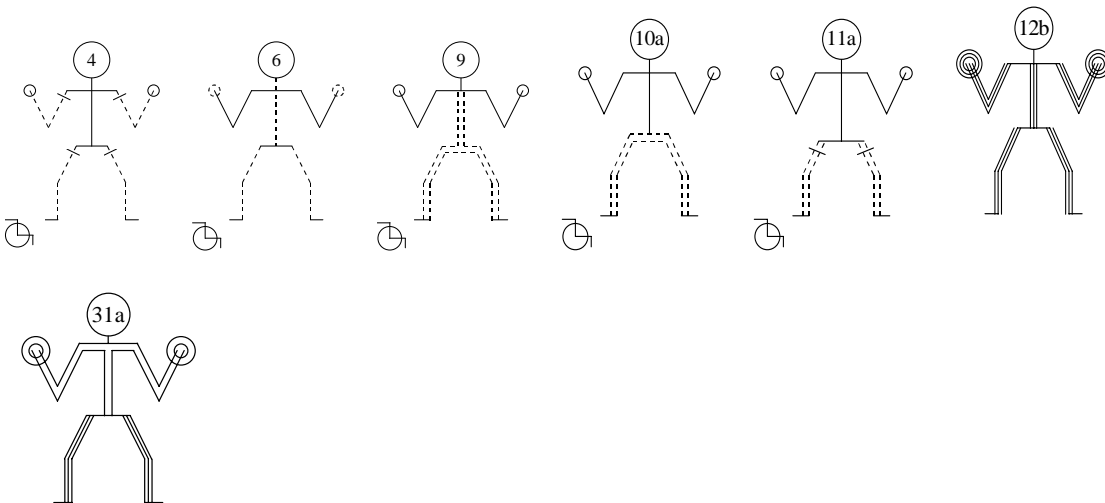
| | | |
|---|--------------|-------------------------|
| V | Not eligible | 29, 30, 37b, 38, 42, 48 |
|---|--------------|-------------------------|

DRESSAGE FOR RIDERS WITH DISABILITIES - ILLUSTRATED

Grade Ia

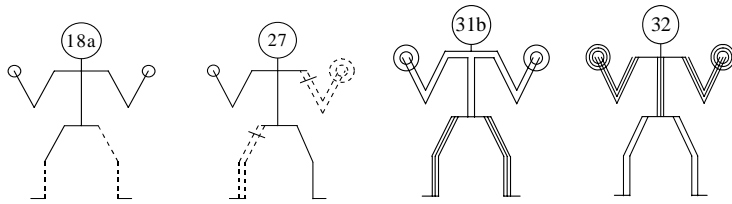
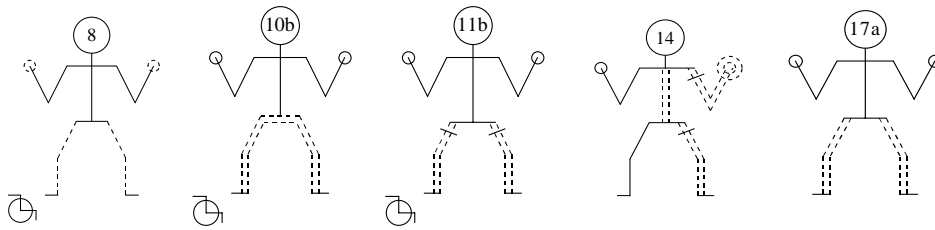


Grade Ib

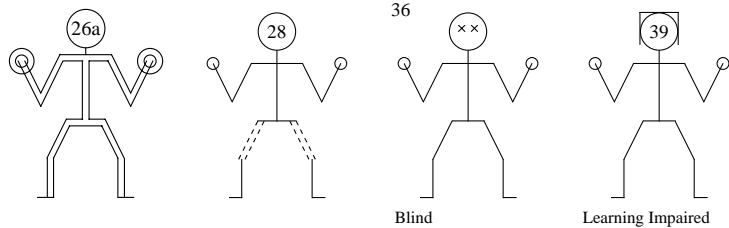
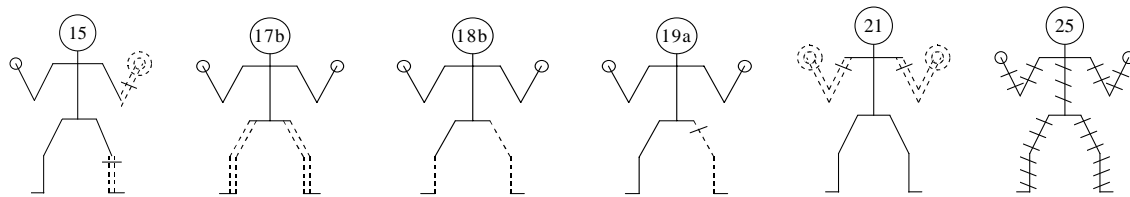


| | | |
|---|---------------------------|-----------------------------|
| — Normal function or minimal disadvantage | + Absence of limb | === Paresis or incoordinate |
| - - - Paresis | ≡ Incoordinate | ≡≡≡ Deformity |
| | ≡≡≡ Severely incoordinate | ♿ Wheelchair user |

GRADE II



GRADE III

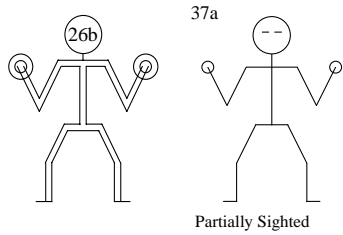
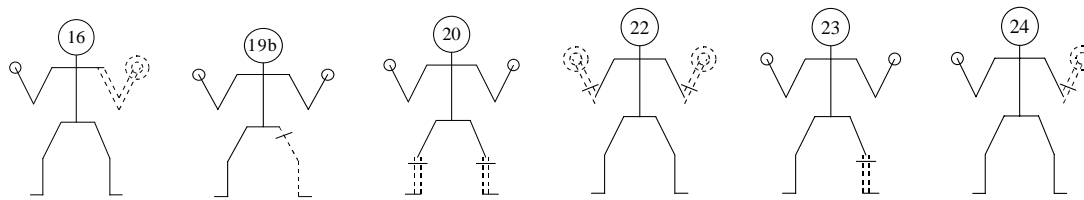


Blind

Learning Impaired

| | | |
|---|---------------------------|-----------------------------|
| — Normal function or minimal disadvantage | + Absence of limb | === Paresis or incoordinate |
| - - - Paresis | ≡ Incoordinate | ≡≡≡ Deformity |
| | ≡≡≡ Severely incoordinate | ♿ Wheelchair user |

GRADE IV



Partially Sighted

| | | | | | |
|-------|---|----|-----------------------|-----|-------------------------|
| — | Normal function or minimal disadvantage | ⊥ | Absence of limb | === | Paresis or incoordinate |
| - - - | Paresis | ≡ | Incoordinate | ⋈ | Deformity |
| | | ≡≡ | Severely incoordinate | ♿ | Wheelchair user |

| W | BODY PART | P | S | SE | W | BODY PART | P | S | SE |
|---|------------|---|---|----|----|-----------|---|---|----|
| 5 | CERV/SPINE | | | | 2 | LUM/SPINE | | | |
| 7 | SHOULDERS | | | | 1 | PELVIS | | | |
| 8 | ELBOWS | | | | 3 | HIPS | | | |
| 6 | HANDS | | | | 9 | KNEES | | | |
| 4 | THOR/SPINE | | | | 10 | FEET | | | |

Mark with an X if affected W=Weighting P=proprioception S=symmetry SE=sensation

SPECIAL EQUIPMENT

CONFIRMATION OF CLASSIFICATION AT EVENT

| | |
|-------|---------------------|
| EVENT | DATE (dd/mm/yy) / / |
|-------|---------------------|

NOTES REGARDING PROFILE:

| | |
|----------|--------------|
| 1. NAME: | NATIONALITY: |
|----------|--------------|

| |
|------------|
| SIGNATURE: |
|------------|

| | |
|----------|--------------|
| 2. NAME: | NATIONALITY: |
|----------|--------------|

| |
|------------|
| SIGNATURE: |
|------------|

| | |
|----------|--------------|
| 3. NAME: | NATIONALITY: |
|----------|--------------|

| |
|------------|
| SIGNATURE: |
|------------|

RANDOM DRUG TESTING

| | |
|-------|--------|
| EVENT | RESULT |
|-------|--------|

| |
|---------|
| Comment |
|---------|

PARA EQUESTRIAN RIDER CLASSIFICATION CARD

*Use dark ink and block capitals

| | |
|----------------|--------------|
| MR/MRS/MISS/MS | FAMILY NAME: |
|----------------|--------------|

| |
|--------------|
| GIVEN NAMES: |
|--------------|

| | | |
|-------------------|---|---|
| D.O.B (dd/mm/yy): | / | / |
|-------------------|---|---|

| |
|---------------|
| HOME ADDRESS: |
|---------------|

| |
|---------------|
| HOME ADDRESS: |
|---------------|

| | |
|---------------|-----------|
| HOME COUNTRY: | POSTCODE: |
|---------------|-----------|

| | |
|------------|---------|
| TELEPHONE: | E-MAIL: |
|------------|---------|

| |
|--------------------|
| GROUP/CLUB/SCHOOL: |
|--------------------|

PROFILE/CLASSIFICATION DETAILS

PROFILE

GRADE

| | | |
|------------------------------------|---|---|
| Date of classification (dd/mm/yy): | / | / |
|------------------------------------|---|---|

| |
|---------------------|
| Doctor/physio No 1: |
|---------------------|

| |
|------------|
| Signature: |
|------------|

| |
|---------------------|
| Doctor/physio No 2: |
|---------------------|

| |
|------------|
| Signature: |
|------------|

PHOTO

insert

| |
|--------------------|
| RIDER'S SIGNATURE: |
|--------------------|

| | | | | |
|--|-------------------------------|--|---|----|
| NAME: | | | | |
| CLINICAL DIAGNOSIS: | | | | |
| | | | | |
| WHEELCHAIR | No <input type="checkbox"/> | Yes <input type="checkbox"/> - | Electric <input type="checkbox"/> Manual <input type="checkbox"/> | |
| STANDS USING EXTERNAL SUPPORT | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| SPECIFY- CRUTCHES, STICKS, AIDS ETC | | | | |
| ADDITIONAL HANDICAP | | | | |
| ASTHMA | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Comment: | |
| EPILEPSY | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| SPINAL DEFORMITY | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| HEARING DISABILITY | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| LEARNING DISABILITY | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| ANY OTHER RELEVANT INFORMATION: | | | | |
| VISUAL IMPAIRMENT | | CLASS B1 TOTALLY BLIND CLASS B2 PARTIALLY BLIND | | |
| | | | | |
| STATIC BALANCE | Sitting | Standing | Comment: | |
| NORMAL | <input type="checkbox"/> | <input type="checkbox"/> | | |
| SLIGHT IMPAIRMENT | <input type="checkbox"/> | <input type="checkbox"/> | | |
| MODERATE IMPAIRMENT | <input type="checkbox"/> | <input type="checkbox"/> | | |
| NO BALANCE | <input type="checkbox"/> | <input type="checkbox"/> | | |
| DOMINANT HAND | LEFT <input type="checkbox"/> | | RIGHT <input type="checkbox"/> | |
| CO-ORDINATION TESTS | | | | |
| | L | R | X | |
| TEST 1: FINGER-NOSE BELOW SHOULDER | | | 7 | |
| TEST 2: REPETITIVE PRONATION/SUPINATION | | | 2 | |
| TEST 3: WRIST FLEX/EXT IN MID PRON/SUPINATION | | | 3 | |
| TEST 4: FINGER - THUMB | | | 4 | |
| TEST 5: PELVIC ROCKING FORWARD/BACK | | | | |
| TEST 6: PLACING HEEL ON FOUR SPOTS PLACING TOES ON FOUR SPOTS | | | 8 | |
| TEST 7: TAPPING FEET CIRCUMDUCTION OF THE ANKLE | | | 4 | |
| TOTAL SCORES | | | | |
| CALCULATED SCORE | | | Use lowest score from power, range or co-ordination | |
| MAXIMUM SCORE | 80 | 40 | | 80 |
| | 70 | 60 | | 70 |

| AVERAGE R.O.M FOR REFERENCE | | POWER 0-5 | | RANGE 0-5 | | CO-ORD | |
|-----------------------------|-------------------|-----------|---|-----------|---|--------|---|
| | | L | R | L | R | L | R |
| NECK | 0-20 FLEXION | | | | | | |
| | 0-20 EXTENSION | | | | | | |
| | 0-20 SIDE FLEXION | | | | | | |
| | 0-90 ROTATION | | | | | | |
| SHOULDER | 0-10 RETRACTION | | | | | TEST 1 | |
| | 0-60 FLEXION | | | | | | |
| | 0-10 ABDUCTION | | | | | | |
| | 0-45 EXT.ROTAT. | | | | | | |
| ELBOW | 0-30 INT.ROTAT. | | | | | | |
| | 45-90 FLEXION | | | | | | |
| | 90-45 EXTENSION | | | | | | |
| WRIST | 0-10 PRONATION | | | | | TEST 2 | |
| | 0-10 SUPINATION | | | | | | |
| WRIST | 0-30 FLEXION | | | | | TEST 3 | |
| | 0-50 EXTENSION | | | | | | |
| | 0-10 RADIAL DEV | | | | | | |
| FINGERS | 60-90 FLEXION | | | | | TEST 4 | |
| | 90-60 EXTENSION | | | | | | |
| | INTRINSICS | | | | | | |
| THUMB | 0-60 OPPOSITION | | | | | | |
| | 0-30 THOR. FLEX. | | | | | | |
| | 0-30 THOR. EXT | | | | | | |
| TRUNK | 0-20 SIDE FLEX. | | | | | | |
| | 0-45 ROTATION | | | | | | |
| PELVIS | 0-5 POST TILT | | | | | | |
| | 0-5 ANT TILT | | | | | | |
| HIP | 45-0 FLEXION | | | | | TEST 6 | |
| | -45-0 EXTENSION | | | | | | |
| | 0-40 ABDUCTION | | | | | | |
| | ADDUCTION | | | | | | |
| | 0-15 EXT. ROTAT. | | | | | | |
| KNEE | 0-15 INT. ROTAT. | | | | | | |
| | 0-45 FLEXION | | | | | | |
| | 45-0 EXTENSION | | | | | | |
| | 0-15 INT. ROTN. | | | | | | |
| FOOT | 0-25 EXT. ROTAT. | | | | | TEST 7 | |
| | 0-20 DORSIFLEX | | | | | | |
| | 0-20 P.FLEX | | | | | | |
| | 0-15 INT.ROTAT. | | | | | | |
| | 0-15 EXT. ROTAT. | | | | | | |

14.0 METHOD OF ASSESSMENT

The locomotor impairment is measured on a 0-5 scale, and recorded on the International Para-Equestrian Assessment Card (IPEAC). It is necessary to measure and **record only the relevant impairment**, whether power, range, or coordination. For example: impairment of power is measured for complete spinal lesions, impairment of range is measured for those with congenital deformities, impairment of coordination for those with cerebral palsy, or head injuries. A combination of power and coordination may be used for neuromuscular conditions, then using the lowest score to calculate the profile.

Impairment of sight, hearing, or learning can also be recorded on the card, but the relevant form for visual or intellectual impairment must also be completed. (Appendix one or two).

14.1 Muscle Testing (Power scale)

- | | | |
|---|---|--|
| 0 | - | Total lack of voluntary contraction |
| 1 | - | Faint contraction without any movement of the limb (trace, flicker) |
| 2 | - | Contraction with very weak movement through full range of motion when gravity is eliminated (poor) |
| 3 | - | Contraction with movement through the complete joint range against gravity |
| 4 | - | Contraction with full range movement against gravity and some resistance (good) |
| 5 | - | Contraction of normal strength through full range of movement against full resistance. |

(Daniels and Worthingham 1980)

14.2 Joint Range Scale

- | | | |
|---|---|---------------------------------|
| 0 | - | No movement possible |
| 1 | - | Less than 25% movement possible |
| 2 | - | 25% range of movement possible |
| 3 | - | 50% range of movement possible |
| 4 | - | 75% range of movement possible |
| 5 | - | 100% range of movement possible |

(Blomquist1985)

14.3 Coordination scale

- | | | |
|---|---|---|
| 0 | - | Activity impossible |
| 1 | - | Severe impairment; only able to initiate activity without completion |
| 2 | - | Severe impairment; able to accomplish the activity but in a very unorthodox way |
| 3 | - | Moderate impairment; able to accomplish the activity, movements are slow, awkward and unsteady |
| 4 | - | Minimal impairment; able to accomplish the activity with slightly less than normal speed and skill. |
| 5 | - | Normal performance |

(O'Sullivan, Cullen and Smith 1981)

Coordination Testing

The Coordination scale is generally used for those with a neurological condition such as cerebral Palsy or head Injury, where muscle testing or joint range of motion does not give a true picture of the impairment Fine coordination is recorded as an overall score for each limb.

One side is tested at a time.

Examiner may demonstrate the movement for the athlete.

Athlete is given a chance to practice the movement for several trials and then, for testing, is asked to repeat the movements several times (slowly and then) as quickly as they are able.

Athletes are dressed as they would be for training including boots as applicable. Though removing clothing/orthotics such as shoes/socks is acceptable if the examiner is unable to assess otherwise.

Testing

1. Test either muscles or range of movement for neck

Flexion, Extension, Side flexion, Rotation

2. Finger-Nose Test

The examiner holds their index finger out below athlete's shoulder level. Athlete brings their finger to their own nose and then reaches to the examiner's finger. This is repeated for several trials with the examiner moving their finger several inches either direction forcing the athlete to reach into several different areas in front of themselves. All touches occur below shoulder level. This test is for assessing coordination of shoulder movement. Score goes under 'test 1'

3. Repetitive pronation/supination

The athlete touches their own thigh with the forearm pronated (slap the thigh with palm down) and then supinated (palm up). They are asked to repeat this motion several times slowly and then as fast as they are able. R hand to R thigh; L hand to L thigh.

Score goes under 'test 2'

4. Wrist Flexion/Extension in mid pronation/supination

The athlete places their forearm in neutral position between pronation/supination (thumbs up). The athlete alternates between wrist flexion and extension. Fingers can be open or closed.

Score goes under 'test 3'

5. Finger – Thumb

Athlete touches their thumb and index digit, then thumb and long digit, thumb and ring digit, thumb and little digit, then repeats this sequence. It is acceptable to reverse the order (thumb to fourth, then third then first digits) prior to repeating the sequence, as long as the sequencing is consistent.

Score goes under 'test 4'

6. Trunk

Either muscle test or range of movement for thoracic flexion, thoracic extension, thoracic side flexion, thoracic rotation, test upper flexion and extension and score as follows:

5 – Good; 4 – Slightly affected; 3 or 2 – Moderately affected; 1 or 0 – none

Test side flexion by sitting in neutral tilt with arms out to the side, then ask the athlete to move the upper body sideways away from the mid-line;

Test rotation by sitting with arms out of the side, then ask the athlete to rotate to either direction.

7. Pelvic Rocking forward/Back

Sitting unsupported, movement of pelvis forward and backwards alternating quickly. Score goes into pelvis section. Use muscle test as well as coordination, and take the lowest score. When testing pelvic control for someone with cerebral Palsy in particular, test with hips at 45 degrees flexion perched on high seat, or in crook lying on bed. (An athlete with Cerebral Palsy with flexion deformity may be able to pelvic tilt at 90 degrees hip flexion, but not when in the riding position.)

**8. Placing Heel on Four Spots
Placing Toes on Four Spots**

Athlete is sitting in a chair and is asked to touch 4 spots in a pattern of an A4 sheet of paper situated on the floor. A grid or markers are used to delineate the oblong visually. The athlete touches in a sequential manner in either direction as quickly as they can. First is touching with the heel, next is touching with the toes. Score is an average between the performance of the two motions. This tests hip and knee movement

Score goes under 'test 6'.

9. Tapping of feet and circumduction of ankle

Athlete is asked to tap their foot (ankle dorsiflexion followed by dropping of the forefoot) as quickly as they can. For circumduction, the athlete is asked to make a circle with the forefoot. Heel may be supported. Score goes under 'test 7

Balance Testing

STATIC BALANCE: Test in sitting and in standing by rhythmic stabilization. Can score as follows:

Good – 5 Slightly affected – 4 Moderately affected – 3 or 2 None – 1 or 0

DYNAMIC BALANCE : Test in sitting on edge of bed with feet supported (if possible). Score on either power, range or coordination column on assessment card.

Alternative ways of testing trunk.

Test pelvic tilt. Score as for static balance (5-0) in right and left columns.

Test upper flexion and extension. Score as for static balance (5-0) in right and left columns.

Test side flexion by sitting in anterior tilt with arms out to the side, then moving the upper body sideways away from mid line. Score as for static balance (5-0) in right and left columns.

Test rotation by sitting with arms out to the side, then rotating the body each way. Score as for static balance (5-0) in right and left columns.

Coordination of the trunk and neck can be tested by repeating the movement and measuring the quality of movement on the 0-5 coordination scale.

15.0 **DECIDING THE PROFILE**

On completion of the assessment, the Illustrations (Pages 11 and 12) should be studied. Wheelchair competitors are illustrated as Profiles 1 through 11; Standing competitors are illustrated as Profiles 12 through 32. Decide on the nearest illustration, the medical definition (Page 13) should be read to confirm the choice. In all cases the score should be calculated. The profile number nearest to the competitors' presenting dysfunction is pencilled in on the card (put an alternative if uncertain e.g., Profile 14 or 15). In difficult cases, the decision is left to a panel of three, which should include a technical delegate or FEI official (or the national governing body in the case of national assessments).

In particular cases, the competitor may need to be observed before, and during competition. In some cases, the international profile given by the chief classifier or medical sub committee may be different from that estimated by national classifiers. This is because riders are continually assessed by observation. Clarification of the reason for allocation of a different profile can be obtained from the International Para-Equestrian chief classifier.

A certificate of diagnosis completed by the rider's GP or Specialist must be brought to the classification session. If the impairment is obvious, such as where there is a missing limb(s), it is not necessary to produce a certificate of diagnosis, but the assessor must check length of stump.

Competitors may be given two profiles. This means that they have more than one type of impairment, and the more severe impairment dictates the grade at which they compete. For example, Profile 36 + 20 is a totally blind (P36) mild diplegic (P20), and would compete at Grade III. A person with epilepsy or asthma (P42) with a physical disability such as hemiplegia (P14) would be eligible to compete as Profile 14, Grade II rather than P42 (Grade V).

These are examples of dual profiles. This table should be consulted when deciding the grade for dual profiles.

| | | |
|----------------------|---|-----------|
| PROFILE 21+ 30 | = | Grade III |
| PROFILE 37A+ 26 + 39 | = | Grade III |
| PROFILE 16+ 30 + 24 | = | Grade III |
| PROFILE 15 + 23 | = | Grade III |
| PROFILE 37a + 38 | = | Grade III |
| PROFILE 19b + 24 | = | Grade III |
| PROFILE 36 + 38 | = | Grade III |
| PROFILE 17b + 16 | = | Grade II |
| PROFILE 16 + 23 | = | Grade III |
| PROFILE 18b + 24 | = | Grade II |
| PROFILE 20 + 24 | = | Grade III |
| PROFILE 20 +22 | = | Grade III |
| PROFILE 14 + 15 | = | Grade 1b |

| | | |
|------------------|---|----------|
| PROFILE 17b + 22 | = | Grade II |
| PROFILE II + 24 | = | Grade Ib |
| PROFILE 18b + 14 | = | Grade II |
| PROFILE 14 + 24 | = | Grade II |
| PROFILE 19b + 21 | = | Grade II |

15.2 DETERMINING BASE LINE SCORES

The base line scores are calculated by adding up the scores for each limb, trunk and neck. The scores have been evaluated from the collection of data over a 4 year period. The base line scores for each profile are listed on the next page. The scores are not recorded as a flat single dimensional number, but as a cluster of six numbers.

The maximum score for each arm is 80.
 The maximum score for the neck is 40
 The maximum score for the trunk is 60
 The maximum score for each leg is 70

Thus an unimpaired body can be represented in the following way:

left arm - neck - right arm displayed as 80-40-80
 left leg - trunk - right leg displayed as 70-60-70

Thus a severe left hemiplegic score for co-ordination could be :

40-40-80 Profile 14
 40-50-70

This method of recording the score has more meaning than a flat score of 320 out of 400. A paraplegic could also score 320, but the impairment would be in a different part of the body. For example:

80-40-80 Profile 11
 30-60-30

The measurement of the impairment is recorded at the clinical assessment (bench test). It is essential that all competitors are observed at regional, national and international events by medical assessors and sports technicians. If a competitor appears to be incorrectly categorised, the profile should be checked by comparison with the information recorded on the assessment card. If the competitor is observed to be using parts of the body which appeared impaired on clinical assessment, but that rider does not comply with the functional description of that group of competitors, the profile and group can be changed by two observers, provided one is a member of the Para-Equestrian Sports Medical and Classification subcommittee (or national medical sports committee if appropriate). All observation comments must be recorded on the card, endorsed by the signatures of the observers. Base-line scores should only be used by people who have attended a Profile System Workshop, as sanctioned by FEI .
BASE LINE SCORES FOR EACH PROFILE

Maximum score is: 80-40-80
 70-60-70

Maximum score allowed for each part of the body using 15% loss of impairment:

| | | | |
|-------|----|-------------|----|
| Neck | 34 | Upper limbs | 68 |
| Trunk | 50 | Lower limbs | 60 |

Maximum score allowed for each profile

| | | | | |
|-------------|----------------------|-------------|----------------------|----------------------------------|
| PROFILE 1 | 35-40-35 25-20-25 | PROFILE 12b | 50-40-50 45-60-45 | 70-60-70 |
| PROFILE 2 | 45-40-45 20-30-20 | PROFILE 13 | 80-40-50 45-60-45 | PROFILE 23 80-40-80 70-60-60 |
| PROFILE 3 | 55-40-55 20-30-20 | PROFILE 14 | 80-40-48 70-50-40 | PROFILE 24 80-40-68 70-60-70 |
| PROFILE 4 | 45-40-45 30-60-30 | PROFILE 15 | 80-40-68 70-60-60 | PROFILE 25 60-40-60 50-60-50 |
| PROFILE 5 | 45-40-45 40-60-40 | PROFILE 16 | 80-40-30 70-60-70 | PROFILE 26a 68-40-68 60-50-60 |
| PROFILE 6 | 68-40-68 20-30-20 | PROFILE 17a | 80-40-80 40-40-40 | PROFILE 26b 68-40-68 60-60-60 |
| PROFILE 7 | 80-40-45 45-50-45 | PROFILE 17b | 80-40-80 40-60-40 | PROFILE 27 80-40-30 30-60-70 |
| PROFILE 8 | 68-40-68 45-60-45 | PROFILE 18a | 80-40-80 60-40-15 | PROFILE 28 80-40-80 50-50-50 |
| PROFILE 9 | 80-40-80 20-30-20 | PROFILE 18b | 80-40-80 60-60-30 | PROFILE 29 50-40-50 70-60-70 |
| PROFILE 10a | 80-40-80 20-40-20 | PROFILE 19a | 80-40-80 70-60-15 | PROFILE 30 80-40-80 70-50-70 |
| PROFILE 10b | 80-40-80 20-50-20 | PROFILE 19b | 80-40-80 70-60-30 | PROFILE 31a 68-40-68 45-30-45 |
| PROFILE 11 | 80-40-80 30-60-30 | PROFILE 20 | 80-40-80 60-60-60 | PROFILE 31b 68-40-68 45-60-45 |
| PROFILE 12a | 50-40-50 45-50-45 | PROFILE 21 | 30-40-30 70-60-70 | PROFILE 32 48-40-48 60-50-60 |
| | | PROFILE 22 | 68-40-68 | |

16.00 Minimal Disability for International Para-Equestrian Competition

1. Each rider must have more than 15% loss of power, range or coordination in any limb or the trunk.
2. Each rider must have a recognised medical condition that causes impairment which can be measured objectively. A symptom, such as lax ligaments or pain is not acceptable.
3. **When they exist with no other physical impairment**, the following conditions are not eligible for equestrian sports:
 - (a) wear and tear due to advancing age,
 - (b) general debilitating disease,
 - (b) obesity,
 - (d) osteochondritis,
 - (e) psychiatric conditions,
 - (f) skin diseases,
 - (g) haemophilia
 - (h) epilepsy
 - (i) respiratory conditions
 - (j) fatigue as in fibromyalgia and myalgic encephalitis
 - (k) vertigo or dizziness
 - (l) internal organ dysfunction or absence
 - (m) IBSA Class B3, and B4
 - (n) Cardiac/circulatory conditions

16.0 Sanctioned Para-Equestrian Compensating aids for P.E and some Open Competitions

The classifiers record the standard aids on the ID card. However, if a rider has a unique aid, they are instructed in writing to show the aid to the TD or steward for confirmation of the use of that aid.

PROFILE 1 –6 Hand hold or neck strap, rubber bands to stirrup, strap from stirrup leather or stirrup to girth, loop reins, raised pommel and /or cantle away from the body, salute with head only, 1 or 2 whips, use of voice, seat saver, no stirrups, Devonshire boots, Andersen stirrups. May ride with one hand only.

PROFILE 7 As above, and connecting rein bar. Rides with one hand only.

PROFILE 8 Rubber bands to stirrup, strap from stirrup leather or stirrup to girth, may need loop reins. 1 or 2 whips, salute with head only, use of voice, seat saver, one or no stirrups. Devonshire boots, Andersen stirrups.

PROFILE 9 Hand hold, rubber bands to stirrup, strap from stirrup leather or stirrup to girth, raised pommel and/or cantle away from the body, 1 or 2 whips, salute with head only, use of voice, seat saver, no stirrups, Devonshire boots, Andersen stirrups.

PROFILE 10 Hand hold, rubber bands to stirrup, strap from stirrup leather or stirrup to girth, raised pommel and or cantle away from the body, 1 or 2 whips, salute with head only, use of voice, seat saver, no stirrups, Devonshire boots, Andersen stirrups.

PROFILE 11 Rubber bands to stirrup, strap from stirrup leather or stirrup to girth, 1 or 2 whips, use of voice, seat saver, no stirrups, Devonshire boots, Andersen stirrups.

PROFILE 12 Hand hold, rubber bands to stirrup, strap from stirrup leather or stirrup to girth, loop reins, connecting rein bar, salute with head only. 1 or 2 whips, use of voice, seat saver, no stirrups, Devonshire boots, Andersen stirrups.

PROFILE 13 Hand hold, rubber bands to stirrup, strap from stirrup leather or stirrup to girth, loop reins, raised pommel and or cantle away from the body, salute with head only, use of voice, seat saver, no stirrups, one or two whips, Devonshire boots, Andersen stirrups. Rides with one hand only.

PROFILE 14 Hand hold, rubber bands to stirrup, strap from stirrup leather or stirrup to girth, connecting rein bar, no stirrup, salute with head only, seat saver, whip, use of voice. Devonshire boots, Andersen stirrups. Rides with one hand only.

PROFILE 15 Hand hold, rubber bands to stirrup, connecting rein bar, loop reins, salute with head only, use of voice, seat saver, Devonshire boots, Andersen stirrups.

PROFILE 16 Hand hold, connecting rein bar, , salute with head only. Rides with one hand only.

PROFILE 17a Hand hold, rubber bands to stirrup, strap from stirrup leather or stirrup to girth, 2 whips, salute with head only, use of voice, seat saver, no stirrups, Devonshire boots, Andersen stirrups.

PROFILE 17b Hand hold, rubber bands to stirrup, strap from stirrup leather or stirrup to girth, 2 whips, salute with head only, seat saver, no stirrups, Devonshire boots, Andersen stirrups.

PROFILE 18a Hand hold, rubber bands to stirrup, strap from stirrup leather or stirrup to girth, salute with head only, 2 whips, use of voice, seat saver, no stirrups, Devonshire boots, Andersen stirrups.

PROFILE 18b Hand hold hold, rubber bands to stirrup, strap from stirrup leather or stirrup to girth, salute with head only, 2 whips, seat saver, no stirrups, Devonshire boots, Andersen stirrups.

PROFILE 19a Hand hold, rubber bands to stirrup, 1 or no stirrups, seat saver, 1 whip.

PROFILE 19b Rubber band to stirrup, strap from stirrup leather or stirrup to girth, seat saver, 1 whip, Devonshire boots, Andersen stirrups.

PROFILE 20 Rubber bands to stirrup, 1 or 2 whips, Devonshire boots, Andersen stirrups.

PROFILE 21 Looped reins, reins through ring attached to saddle, salute with head only.

PROFILE 22 Looped reins, if arms are very short allowed reins through ring attached to saddle, salute with head only.

PROFILE 23 Rubber bands to stirrup, 1 whip, Devonshire boots, Andersen stirrups.

PROFILE 24 Looped reins, salute with head only. May ride with one hand only.

PROFILE 25 Looped reins, 1 or 2 whips, salute with head only.

PROFILE 26a Hand hold, rubber bands to stirrup, salute with head only, 1 or 2 whips, use of voice, Devonshire boots, Andersen stirrups

PROFILE 26b Hand hold, rubber band to stirrups, salute with head only, 1 or 2 whips, Devonshire boots, Andersen stirrups.

PROFILE 27 Hand hold, connecting rein bar, salute with head only, only one or no stirrups, seat saver, use of voice, one whip, Devonshire boots, Andersen stirrups. Rides with one hand only.

PROFILE 28 2 whips, seat saver, salute with head only, Devonshire boots, Andersen stirrups.

PROFILE 31 Hand hold, rubber bands to stirrup, strap from stirrup to leather or stirrup to girth, salute with head only, 1 or 2 whips, seat saver, use of voice, no stirrups, Devonshire boots, Andersen stirrups.

PROFILE 32 Hand hold, rubber bands to stirrup, strap from stirrup to leather, or stirrup to girth, salute with head only, 1 or 2 whips, seat saver, voice, Devonshire boots or Anderson stirrups

PROFILE 36 (B1) Callers at letters (one inside arena), commander allowed. N.B. When riding in Grade III, these riders must wear a I.P.E. approved blindfold, blacked out glasses or blacked out swimming goggles when training at the competition venue and while competing.

PROFILE 37a (B2) One caller to call letters only, no commander.

PROFILE 39 Commander allowed.

COMMANDERS. (8430.15) Only those riders with intellectual impairment, visual impairment (B1) or following head injury leading to short term memory loss, may have a commander to read their tests. For any other reason, a psychological assessment is needed and supporting evidence supplied.

SIDE SADDLE

All riders may ride side saddle with the leg(s) to the left or right side.

AN IMPAIRED ARM

When a rider is unable to use an impaired arm, it may be strapped to the body, or worn in a sling.

SALUTE. For Para-Equestrian. competitions, hats must not be removed at the salute, and contact must be maintained on the reins. If necessary, the rider may salute with the head only. In competitions for able-bodied riders, only those riders whose I.P.E. ID Cards state that they may salute with the head only, may do so.

VOICE. (8418.3) For all I.P.E. competitions, riders in Grade I and Grade II may use their voice as an aid, provided that they do so in moderation. In competitions for able-bodied riders, only those riders who have this noted on their IPEC ID Card may use their voice. Riders in Grade III and Grade IV may only use their voice if it is stated on their IPEC ID card.

WHIPS (8428-6) For Para-Equestrian competitions, one or two whips of any length may be carried if required. The use of the whip(s) must be stated on the IPEC ID Card
For all competitions, whips may only be carried by riders who are able to control their hand movements.
At the salute, the rider must either carry the whip(s) in the non-saluting hand, or salute with the head only.

SPURS are optional for Para-Equestrian competitions. See rule (8427- 1.8)

In all competitions, spurs may only be used by riders able to control their leg movements. In those competitions for able-bodied riders where spurs are compulsory, riders who cannot control their leg movements should have this noted on their I.P.E. ID Card. Apply to Para-Equestrian ID card officer for any necessary alteration.

The International Para-Equestrian Card Identity Card (IPEC ID card) recording the permitted compensating aids must be carried by the rider at all Para-Equestrian competitions in which they are entered. It is also available to be used by the rider to enter able-bodied FEI governed competitions permitting the use of the sanctioned compensating aids listed on the card. Permission to use compensating aids in national competitions run under national or FEI rules must be sought from the rider's own National Equestrian Federation (NF) where necessary. The rider's own NF may give permission to the rider to use this card, and the compensating aids listed on it, to compete in national competitions for the able-bodied. For those who have not been given international classification, the NF will need to work with national classifiers to create a National Para-Equestrian Classification Card which states the permitted compensating aids. All riders should be encouraged to ride with as few aids as possible. This list has been compiled to maintain consistency in describing the aids. It is for the use of classifiers only.

All unusual Compensating aids will be checked by the TD or Chief Steward and confirmed with the chief classifier in attendance at the event. A printed note will be given to the rider. This will be taken to the TD who can check the aids and give the signed for back to the rider to return to the classifier.

FOR RENEWAL OF YOUR International Para-Equestrian Compensating aids Identity Card

PLEASE APPLY TO MRS LYNN LAWFORD

Email: kplclawford@hotmail.com

Tel: 0044 1691 718756

Address: Penraig,
Pontygadog
Llangollen
Wrexham, Wales, UK
LL20 7AU

18.0 CARRIAGE DRIVING FOR PEOPLE WITH DISABILITIES

GRADE

PROFILES

CD I

1, 2, 3, 4, 5, 6, 7, 9, 10, 12, 13, 14, 21, 26a, 31, 32

Wheelchair users with poor trunk balance and impairment in upper limbs, or those who are able to walk but with impairment of function in all four limbs, or those with severe arm impairment only.

CD II

8,, 11, 15, 16, 17, 18, 19, 22,25, 26b,27, 28

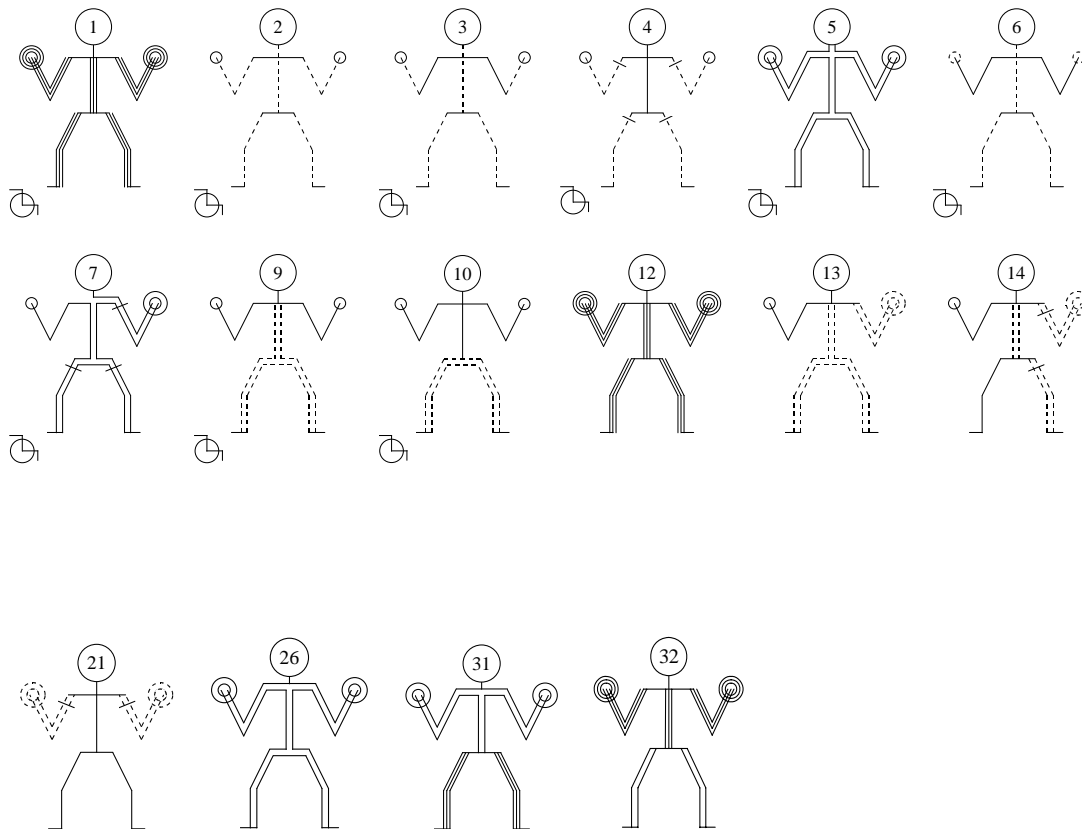
Those with less impairment than grade I, yet are functionally disadvantaged against able bodied drivers.

Not eligible for
international
competition

20, 23, 24, 29, 30, 36, 37a, 37b, 38, 39, 42, 48

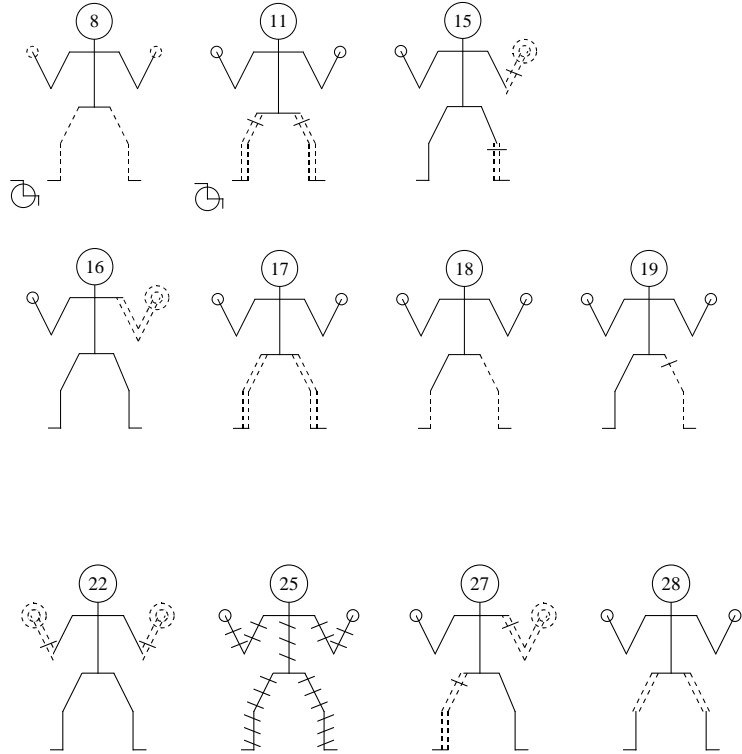
19.0 CARRIAGE DRIVING FOR PEOPLE WITH DISABILITIES - ILLUSTRATED

GRADE CD I



| | | |
|---|---------------------------|-----------------------------|
| — Normal function or minimal disadvantage | ⊥ Absence of limb | ≡≡≡ Paresis or incoordinate |
| - - - Paresis | ≡ Incoordinate | ⋈⋈⋈ Deformity |
| | ≡≡≡ Severely incoordinate | ♿ Wheelchair user |

GRADE CD II



| | | |
|---|---------------------------|-----------------------------|
| — Normal function or minimal disadvantage | ⊥ Absence of limb | ≡≡≡ Paresis or incoordinate |
| - - - Paresis | ≡ Incoordinate | ⋈⋈⋈ Deformity |
| | ≡≡≡ Severely incoordinate | ♿ Wheelchair user |

Appendix 1 - Forms for Assessing Intellectual Disabilities

At the time of going to print the policy and procedure for assessing intellectual disabilities by the International Sports Federation for Persons with Intellectual Disability (INAS – FID) has not been verified by IPC on behalf of itself and F.E.I. P.E.

In 2000 at the Sydney Paralympic Games a number of INAS-FID registered athletes who won medals were found to have normal intelligence.

In 2002, the International Paralympic Committee refused to accept this disability for Paralympic events until INAS-FID have found a consistent robust method of classification.

There was a possibility this issue was going to be resolved in June 2006, but no decision has been made, so Para-Equestrian is unable to accept people with only an intellectual impairment until INAS-FID can produce this consistent and robust method of classification

The Para-Equestrian committee and the international classifiers appreciate that an intellectual impairment is a handicap to dressage tests, but we have to abide by IPC rules to be accepted as a Paralympic Sport for Beijing in 1008 and London 2012.

Appendix 2 - IBSA-IPC Classification Application Form for Visually Impaired

| | |
|--------------------------------|----------------------|
| SURNAME | MALE/FEMALE |
| GIVEN NAME | DATE OF BIRTH |
| MEDICATION | COUNTRY |
| PREVIOUS CLASSIFICATION | SPORT |

MEDICAL CERTIFICATE (TO BE COMPLETED BY LOCAL OPHTHALMOLOGIST ONLY) :

VISUAL ACUITY (IN VISION UNITS SNELLEN) PLEASE RECORD OVER 60 RATHER THAN 36 OR 24

WITHOUT CORRECTION: RE: LE:

WITH CORRECTION: RE: LE:

REFRACTION: RE: LE:

VISUAL FIELD IN DEGREES RE: LE:

(IF APPLICABLE)

INCLUDE COPY WITH APPLICATION

DIAGNOSIS:

SIGNATURE/ ADDRESS OF LOCAL OPHTHALMOLOGIST

DATE

APPENDIX 3

INTERNATIONAL FEI PARA-EQUESTRIAN CLASSIFIERS

| Surname | Given Name | Country | Status | email |
|-------------------|-------------------|----------------|----------------------|--|
| Gregory | Sharyn | AUS | Int-0 | sgregory@tscnsw.org.au |
| Walter | Christa | AUT | Int-0 | christa.walter@kaerngesund.at |
| Bens | Daniel | BEL | Int | daniel.bens@scarlet.be |
| Walter | Gabrielle | BRA | Int | ranchogg@uol.com.br |
| Lawrence | Gillian | CAN | Int | tlawrence@eastlink.ca |
| Roberts | Wendy | CAN | Int | wendy.roberts@ns.sympatico.ca |
| Slatter-Blitstein | Marion | CAN | Int | msb@shaw.ca |
| Kulichova | Jana | CZE | Int-0 | jana.kulichova@volny.cz |
| Lawford | Lynn | GBR | Int ID Cards | kplclawford@hotmail.com |
| Meaden | Christine | GBR | Int-0+advisor to FEI | chris@meaden.co.uk |
| Sherriff | Joyce | GBR | Int | joycesherriff@yahoo.co.uk |
| Feiger | Susie | GER | Int | britta.naepel@web.de |
| Staemmler Kienzle | Sabine | GER | Int candidate | yicpt@aol.com |
| Jeffers | Bettina | IRE | Int-0 | bjeffers@crc.ie |
| Maeda | Masamichi | JAP | Int | michi-12@yf6.so-net.ne.jp |
| Keuter | Emile | NED | Int | keuter@regio.dekooi.nl |
| Grinde-Seeberg | Tone | NOR | Int | tone.grinde@c2i.net |
| Staubo | Trille | NOR | Int candidate | etstaubo@online.no |
| Melville | Vicky | NZ | Int | david.melville@xtra.co.nz |
| Matthee, | Elsa | RSA | Int candidate | elsam@netactive.co.za |
| Vogellius | Birthe | SWE | Int candidate | info@levadfysiotherapi.se |
| von Arbin | Charlotte | SWE | Int | von.arbin.charlotte@telia.com |
| Benjamin | Joann | USA | Int-0 | joannbenjamin@vdn.com |
| Bradley | Una | USA | Int | yicpt@aol.com |
| Little | James | USA | Int | JLittle@SCSDB.k12.sc.us |

APPENDIX 4

National Para-Equestrian Classifiers

| Surname | Given name | country | email address | Tel No. | Address |
|--------------------|----------------|---------|--|------------|----------|
| Buckley | Jane | AUS | | | WA |
| Bushell | Nicky | AUS | bushbert@iinet.net.au | | WA |
| King | Gill | AUS | gnking@netspace.net.au | | VIC |
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APPENDIX 5 COMPENSATING AIDS

| COMPENSATING AID | | Hand Hold | Rides one hand only | Connecting rein bar | Reins through ring on saddle | Loop reins | Seat saver | Raised pommet and or cantle | No stirrups | Anderson stirrups | Devonshire boots | Rubber bands to stirrups | Strap from stirrup leather or stirrup to girth | Salute with head only | 1 or 2 whips | Voice |
|------------------|-------|---|---------------------|---------------------|------------------------------|------------|------------|-----------------------------|-------------|-------------------|------------------|--------------------------|--|-----------------------|--------------|-------|
| Profile | Grade | | | | | | | | | | | | | | | |
| 1 | 1a | • | • | | | • | • | • | • | • | • | • | • | • | • | • |
| 2 | 1a | • | • | | | • | • | • | • | • | • | • | • | • | • | • |
| 3 | 1a | • | • | | | • | • | • | • | • | • | • | • | • | • | • |
| 4 | 1b | | • | | | • | • | • | • | • | • | • | • | • | • | • |
| 5 | 1a | • | • | | | • | • | • | • | • | • | • | • | • | • | • |
| 6 | 1b | • | • | | | • | • | • | • | • | • | • | • | • | • | • |
| 7 | 1a | • | • | • | | • | • | • | • | • | • | • | • | • | • | • |
| 8 | 2 | | | | | • | • | • | • | • | • | • | • | • | • | • |
| 9 | 1b | • | | | | • | • | • | • | • | • | • | • | • | • | • |
| 10a/10b | 1b/2 | • | | | | • | • | • | • | • | • | • | • | • | • | • |
| 11a/b | 1b/2 | | | | | | • | • | • | • | • | • | • | | • | • |
| 12a | 1a | • | | • | | • | • | • | • | • | • | • | • | • | • | • |
| 12b | 1b | • | • | • | | • | • | • | • | • | • | • | • | • | • | • |
| 13 | 1a | • | • | • | | • | • | • | • | • | • | • | • | • | • | • |
| 14 | 2 | • | • | • | | | • | | • | • | • | • | • | • | • | • |
| 15 | 3 | • | | • | | • | • | | • | • | • | 1 | • | • | 1 | • |
| 16 | 4 | • | • | • | | | | | | | | 1 | | • | | |
| 17a | 2 | • | | | | | • | • | • | • | • | • | • | • | • | • |
| 17b | 3 | • | | | | | • | • | • | • | • | • | • | • | • | • |
| 18a | 2 | • | | | | | • | • | • | • | • | • | • | • | • | • |
| 18b | 3 | • | | | | | • | • | • | • | • | • | • | • | • | • |
| 19a | 3 | • | | | | | • | | • | • | • | • | • | | 1 | |
| 19b | 4 | | | | | | • | | • | • | • | • | • | | 1 | |
| 20 | 4 | | | | | | | | • | • | • | • | | | • | |
| 21 | 3 | | | | • | • | | | | | | | • | | | |
| 22 | 4 | | | | • | • | | | | | | | • | | | |
| 23 | 4 | | | | | | | | • | • | • | • | | | 1 | |
| 24 | 4 | | • | | | • | | | | | | | | • | | |
| 25 | 3 | | | | | • | | | | | | | | • | • | |
| 26a | 3 | • | | | | | | | • | • | • | • | • | • | • | • |
| 26b | 4 | • | | | | | | | • | • | • | • | • | • | • | • |
| 27 | 2 | • | • | | | | • | | • | • | • | • | • | • | 1 | • |
| 28 | 3 | | | | | | • | | • | • | • | • | • | • | • | |
| 29 | 5 | | | | | | | | | | | | | | | |
| 31a/31b | 1b/2 | • | | | | | • | • | • | • | • | • | • | • | • | • |
| 32 | 2 | • | | | | • | • | • | • | • | • | • | • | • | • | • |
| 36 | 3 | Callers at letters (one inside the arena) commander allowed. G3, must wear an PE approved blindfold, blacked out glasses or swimming goggles for training & competition | | | | | | | | | | | | | | |
| 37a | 4 | | | | | | | | | | | | | | | |
| 39 | 3 | Commander allowed | | | | | | | | | | | | | | |

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