

**“TODO LO QUE SIEMPRE QUISO SABER
SOBRE CLASIFICACION DE ATLETAS
CON DEFICIT VISUAL, PERO NUNCA SE
ATREVIÓ A PREGUNTAR”**



Comité
Paralímpico
Español

SPORT	INTERNATIONAL FEDERATION
Alpine Sking	International Paralympic Committee (IPC)
Archery	Fédération International de Tir à l'Arc (FITA)
Athletics	International Paralympic Committee (IPC)
Boccia	Cerebral Palsy International Sport and Recreation Association (CP-ISRA)
Cycling	Union Cycliste Internationale (UCI)
Equestrian	International Equestrian Federation (FEI)
Football 5-a-Side	International Blind Sport Association (IBSA)
Football 7-a-Side	Cerebral Palsy International Sport and Recreation Association (CP-ISRA)
Goalball	International Blind Sport Association (IBSA)
Ice Sledge Hockey	International Paralympic Committee (IPC)
Judo	International Blind Sport Association (IBSA)
Nordic Sking	International Paralympic Committee (IPC)
Powerlifting	International Paralympic Committee (IPC)
Rowing	International Rowing Federation (FISA)
Sailing	International Foundation for Disabled Sailing (IFDS)
Shooting	International Paralympic Committee (IPC)
Swimming	International Paralympic Committee (IPC)
Table Tennis	International Table Tennis Federation (ITTF)
Volleyball (Sitting)	World Organization for Volleyball for Disabled (WOVD)
Wheelchair Basketball	International Wheelchair Basketball Federation (IWBF)
Wheelchair Curling	World Curling Federation (WCF)
Wheelchair Dance Sport	International Paralympic Committee (IPC)
Wheelchair Fencing	International Wheelchair and Amputee Sports Federation (IWAS)
Wheelchair Rugby	International Wheelchair and Amputee Sports Federation (IWAS)
Wheelchair Tennis	International Tennis Federation (ITF)

IBSA



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FEDERACIONES
INTERNACIONALES

DEPORTES MAS POPULARES ENTRE LOS ATLETAS CON DISCAPACIDAD VISUAL

- Athletics (Track & Field)
- Bowling (Ninepin & Tenpin)
- Cycling
- Football (B1 & B2/B3)
- Goalball
- Judo
- Showdown
- Skiing (Alpine & Nordic)
- Swimming

DEPORTES REGULADOS POR IBSA

Bowling (Ninepin)

Bowling (Tenpin)

Powerlifting

Shooting

Showdown

Torbball

UN POCO DE HISTORIA

- 1948 Sir Ludwig Guttmann organiza los Juegos de Stoke Mandeville que coinciden con los JJOO de Londres de 1948
- 1960 Nacimiento de los Juegos Paralímpicos en Roma
- 1964 Los Juegos Paralímpicos de Tokio son los primeros que tienen bandera paralímpica, e himno
- 1976 Los Juegos Paralímpicos de Toronto son los primeros que incluyen atletas distintos a lesionados medulares (por ejemplo amputados y con deficiencias visuales)
- 1988 Los Juegos Paralímpicos de Seul son los primeros en celebrarse en la misma sede que los JJOO

UN POCO DE HISTORIA

1981 Se crea IBSA en París tomando cuerpo legal en 1985 y es registrado en el Consejo Nacional de Deportes en España desde 1995 hasta 2014 en que su sede es trasladada a su domicilio legal a Bonn

1989 Se crea el Comité Paralímpico Internacional

INTERNATIONAL STANDARD FOR ELIGIBLE IMPAIRMENTS

2 Eligible Impairments

2.9 Vision Impairment

Athletes with Vision Impairment have reduced or no vision caused by damage to the eye structure, optical nerves or optical pathways, or visual cortex of the brain.

Examples of an underlying health condition that may lead to Vision Impairment include retinitis pigmentosa and diabetic retinopathy.

Category	Presenting distance visual acuity	
	Worse than:	Equal to or better than:
0 Mild or no visual impairment		6/18 3/10 (0.3) 20/70
1 Moderate visual impairment	6/18 3/10 (0.3) 20/70	6/60 1/10 (0.1) 20/200
2 Severe visual impairment	6/60 1/10 (0.1) 20/200	3/60 1/20 (0.05) 20/400
3 Blindness	3/60 1/20 (0.05) 20/400	1/60* 1/50 (0.02) 5/300 (20/1200)
4 Blindness	1/60* 1/50 (0.02) 5/300 (20/1200)	Light perception
5 Blindness	No light perception	
9	Undetermined or unspecified	
	* or counts fingers (CF) at 1 metre.	

WHO categories	Description	IBSA Class
1	Visual Acuity ranging 0.10 – 0.30	NE
2	Visual Acuity ranging 0.05 – 0.10	B3 B2 B1
3	Visual Acuity ranging 0.02 – 0.05 Visual Field ranging 5 – 10 degrees (radius) – amended to less than 20 degrees (radius)	
4	Visual Acuity ranging light Perception – 0.02 Visual Field ranging 1 to less than 5 degrees (radius)	
5	No Light Perception (Total Blindness)	

Best Eye – Best Correction

Same criteria across ALL sports

¿QUE ES AGUDEZA VISUAL?

La agudeza visual (AV) se puede definir como la capacidad de percibir y diferenciar dos estímulos separados por un ángulo determinado (α), o dicho de otra manera es la capacidad de resolución espacial del sistema visual

Matemáticamente la AV se define como la inversa del ángulo con el que se resuelve el objeto más pequeño identificado:

$$AV = 1/\alpha$$

En el caso de la AV en notación logMAR, el valor expresado es el logaritmo en base 10 del ángulo mínimo de resolución

$$AV_{\log MAR} = \log \alpha$$

AGUDEZA VISUAL

$$1 = 20 / 20 = 10 / 10$$

ANGULO ENTRE LOS DOS PUNTOS QUE SE
PERCIBEN SEPARADOS Y EL OJO ES DE 1'



1' significa un minuto de arco.

AGUDEZA VISUAL

$$0,5 = 20 / 40 = 5 / 10$$

ANGULO ENTRE LOS DOS PUNTOS QUE SE
PERCIBEN SEPARADOS Y EL OJO ES DE 2'

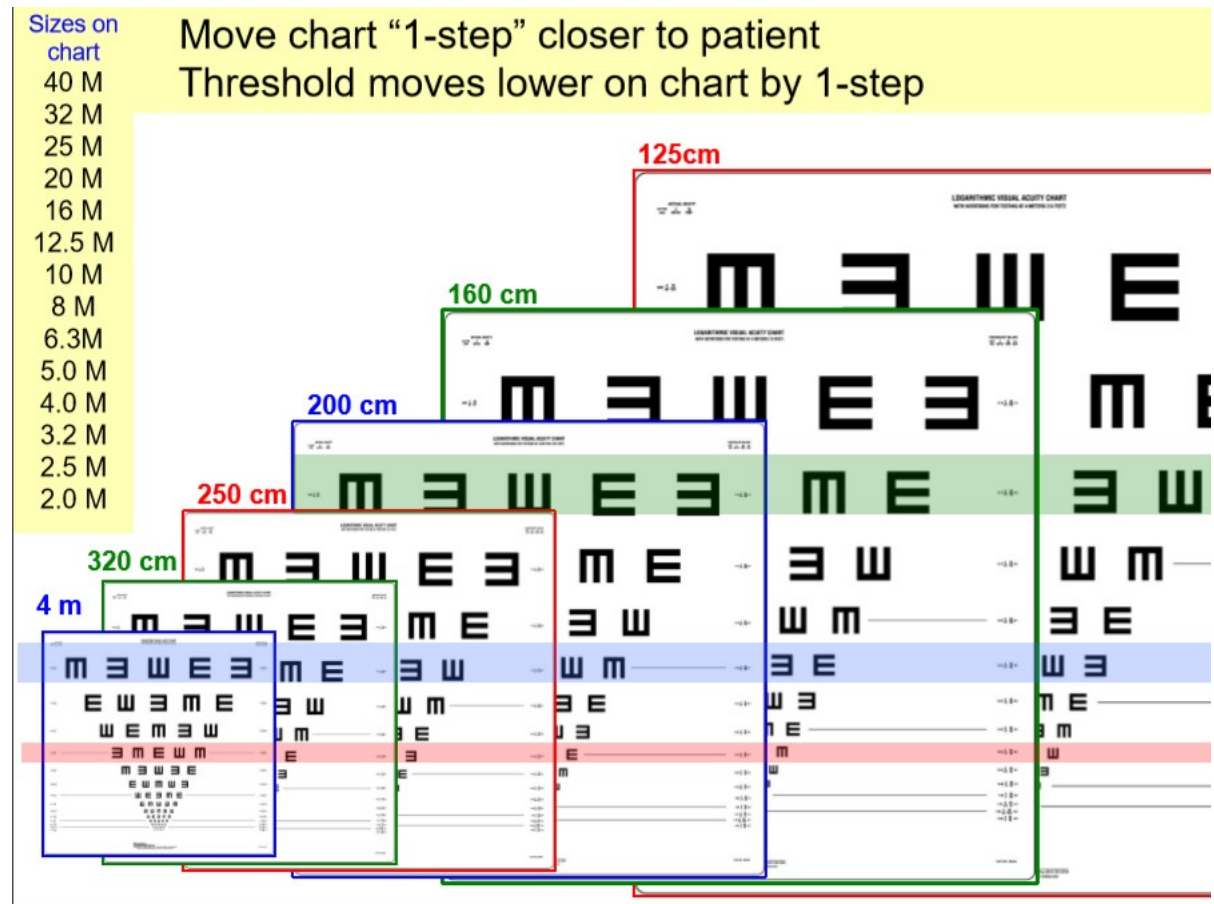


Early Treatment Diabetic Retinopathy Study



¿COMO MEDIMOS LA AGUDEZA VISUAL?

Early
Treatment
Diabetic
Retinopathy
Study

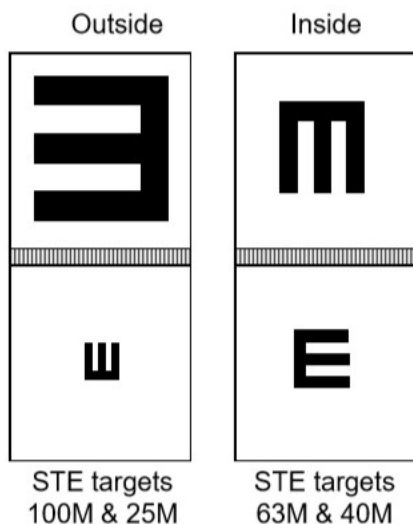


¿COMO MEDIMOS LA AGUDEZA VISUAL?

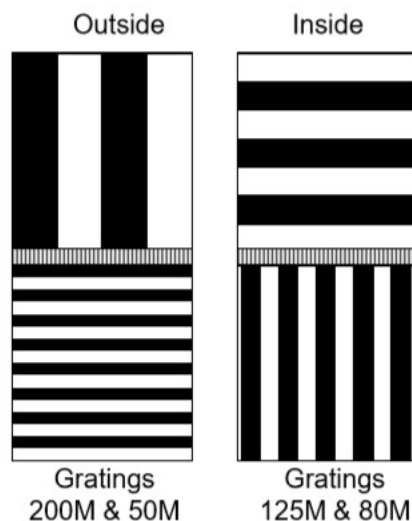
- Optotipos

Berkeley
Rudimentary
Vision
Test

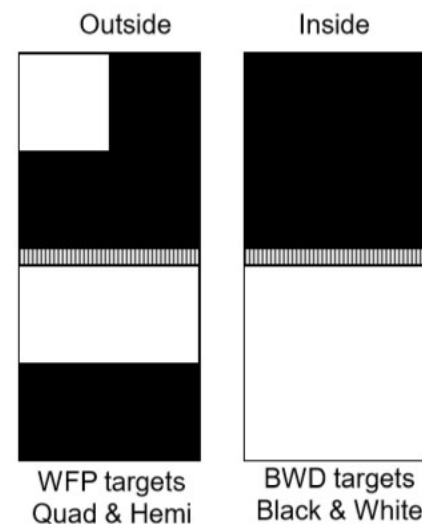
**Single Tumbling E
Card-Pair**



**Grating Acuity
Card-Pair**



**Basic Vision
Card-Pair**





CLASS	LogMAR Values for Different Distances													Target Size
	0,25 metre	0,5 metre	0,63 metre	0,8 metre	1,0 metre	1,25 metre	1,6 metre	2,0 metre	2,5 metre	3,2 metre	4,0 metre	5,0 metre	6,3 metre	
B1	2,9 0,00125	2,6 0,0025	2,5 0,0032	2,4 0,004	2,3 0,005	2,2 0,0063	2,1 0,008	2,0 0,010	1,9 0,0125	1,8 0,016	1,7 0,020	1,6 0,025	1,5 0,032	200 _M GA
	2,8 0,0016	2,5 0,0032	2,4 0,004	2,3 0,005	2,2 0,0063	2,1 0,008	2,0 0,010	1,9 0,0125	1,8 0,016	1,7 0,020	1,6 0,025	1,5 0,032	1,4 0,040	160 _M
	2,7 0,002	2,4 0,004	2,3 0,005	2,2 0,0063	2,1 0,008	2,0 0,010	1,9 0,0125	1,8 0,016	1,7 0,020	1,6 0,025	1,5 0,032	1,4 0,040	1,3 0,050	125 _M GA
B2	2,6 0,0025	2,3 0,005	2,2 0,0063	2,1 0,008	2,0 0,010	1,9 0,0125	1,8 0,016	1,7 0,020	1,6 0,025	1,5 0,032	1,4 0,040	1,3 0,050	1,2 0,063	100 _M STE
	2,5 0,0032	2,2 0,0063	2,1 0,008	2,0 0,010	1,9 0,0125	1,8 0,016	1,7 0,020	1,6 0,025	1,5 0,032	1,4 0,040	1,3 0,050	1,2 0,063	1,1 0,080	80 _M GA
	2,4 0,004	2,1 0,008	2,0 0,010	1,9 0,0125	1,8 0,016	1,7 0,020	1,6 0,025	1,5 0,032	1,4 0,040	1,3 0,050	1,2 0,063	1,1 0,080	1,0 0,10	63 _M STE
	2,3 0,005	2,0 0,010	1,9 0,0125	1,8 0,016	1,7 0,020	1,6 0,025	1,5 0,032	1,4 0,040	1,3 0,050	1,2 0,063	1,1 0,080	1,0 0,10	0,9 0,125	50 _M GA
	2,2 0,0063	1,9 0,0125	1,8 0,016	1,7 0,020	1,6 0,025	1,5 0,032	1,4 0,040	1,3 0,050	1,2 0,063	1,1 0,080	1,0 0,10	0,9 0,125	0,8 0,16	40 _M STE, LC
	2,1 0,008	1,8 0,016	1,7 0,020	1,6 0,025	1,5 0,032	1,4 0,040	1,3 0,050	1,2 0,063	1,1 0,080	1,0 0,10	0,9 0,125	0,8 0,16	0,7 0,20	32 _M LC
	2,0 0,010	1,7 0,020	1,6 0,025	1,5 0,032	1,4 0,040	1,3 0,050	1,2 0,063	1,1 0,080	1,0 0,10	0,9 0,125	0,8 0,16	0,7 0,20	0,6 0,25	25 _M STE, LC
	1,9 0,0125	1,6 0,025	1,5 0,032	1,4 0,040	1,3 0,050	1,2 0,063	1,1 0,080	1,0 0,10	0,9 0,125	0,8 0,16	0,7 0,20	0,6 0,25	0,5 0,32	20 _M LC
	1,8 0,016	1,5 0,032	1,4 0,040	1,3 0,050	1,2 0,063	1,1 0,080	1,0 0,10	0,9 0,125	0,8 0,16	0,7 0,20	0,6 0,25	0,5 0,32	0,4 0,40	16 _M LC
	1,7 0,020	1,4 0,040	1,3 0,050	1,2 0,063	1,1 0,080	1,0 0,10	0,9 0,125	0,8 0,16	0,7 0,20	0,6 0,25	0,5 0,32	0,4 0,40	0,3 0,50	12,5 _M LC
	1,6 0,025	1,3 0,050	1,2 0,063	1,1 0,080	1,0 0,10	0,9 0,125	0,8 0,16	0,7 0,20	0,6 0,25	0,5 0,32	0,4 0,40	0,3 0,50	0,2 0,63	10 _M LC
	1,5 0,032	1,2 0,063	1,1 0,080	1,0 0,10	0,9 0,125	0,8 0,16	0,7 0,20	0,6 0,25	0,5 0,32	0,4 0,40	0,3 0,50	0,2 0,63	0,1 0,80	8,0 _M LC
B3	1,4 0,040	1,1 0,080	1,0 0,10	0,9 0,125	0,8 0,16	0,7 0,20	0,6 0,25	0,5 0,32	0,4 0,40	0,3 0,50	0,2 0,63	0,1 0,80	0,0 1,0	6,3 _M LC
	1,3 0,050	1,0 0,10	0,9 0,125	0,8 0,16	0,7 0,20	0,6 0,25	0,5 0,32	0,4 0,40	0,3 0,50	0,2 0,63	0,1 0,80	0,0 1,0	-0,1 1,25	5,0 _M LC
	1,2 0,063	0,9 0,125	0,8 0,16	0,7 0,20	0,6 0,25	0,5 0,32	0,4 0,40	0,3 0,50	0,2 0,63	0,1 0,80	0,0 1,0	-0,1 1,25	-0,2 1,60	4,0 _M LC
	1,1 0,080	0,8 0,16	0,7 0,20	0,6 0,25	0,5 0,32	0,4 0,40	0,3 0,50	0,2 0,63	0,1 0,80	0,0 1,0	-0,1 1,25	-0,2 1,60	-0,3 2,0	3,2 _M LC
NE	1,0 0,10	0,7 0,20	0,6 0,25	0,5 0,32	0,4 0,40	0,3 0,50	0,2 0,63	0,1 0,80	0,0 1,0	-0,1 1,25	-0,2 1,60	-0,3 2,0	-0,4 2,5	2,5 _M LC

Dr. Ludwig Krabbe – Prof. Ian Bailey

STE : Single Tumbling E's, LC: Letter Chart, GA: Gratings



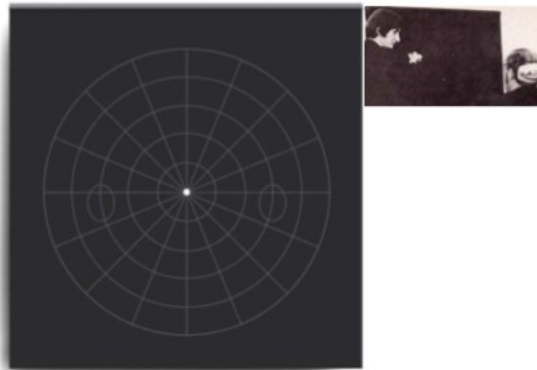
Comité
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¿Qué es el campo visual?

El campo visual es el espacio que abarca la visión del ojo cuando está inmóvil mirando un punto fijo. Normalmente, se evalúa el perímetro del campo visual y también la sensibilidad que tiene en las diferentes zonas dentro de este perímetro.

¿Cómo valoramos el campo visual?

Tangent Screen or Bjerrum Screen



Humphrey-Zeiss Visual Field Analyser



Haag-Streit Goldmann Perimeter



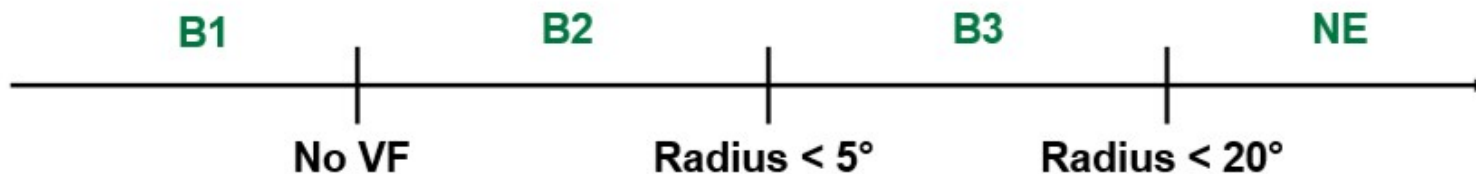
Haag-Streit Octopus Perimeter



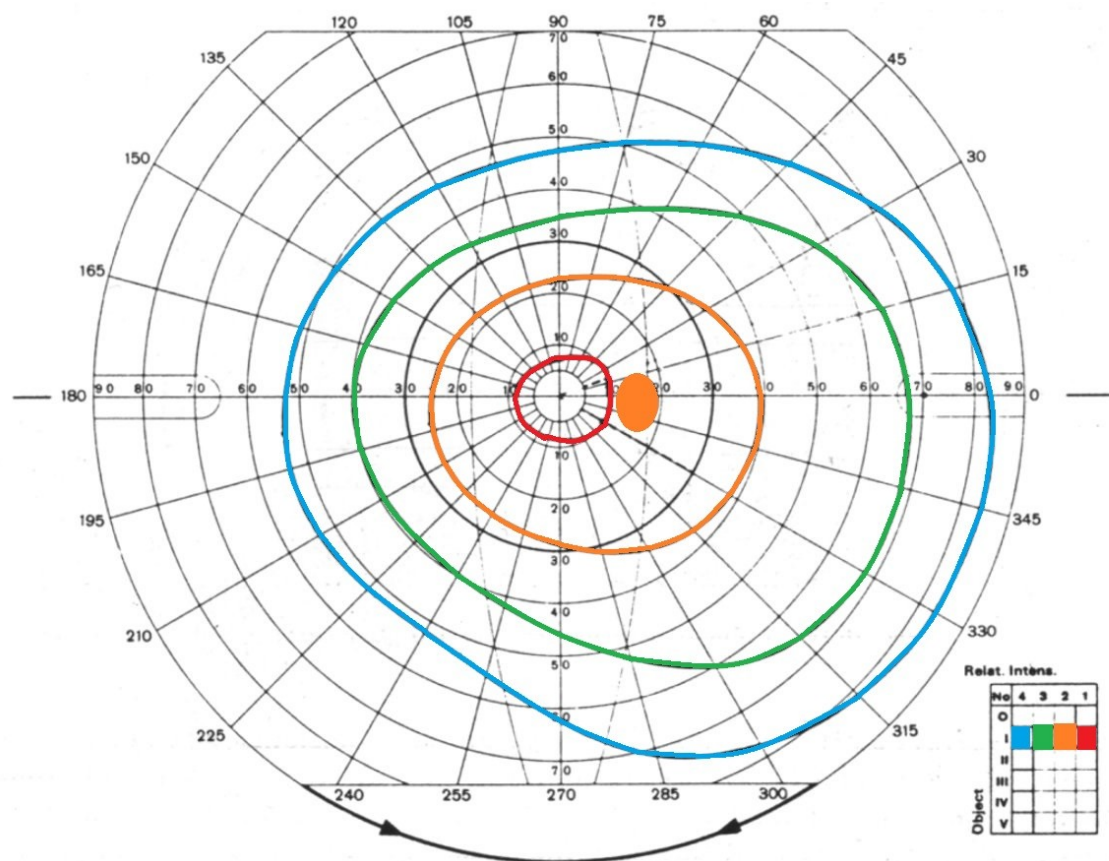
¿Cómo valoramos el campo visual?



*Goldmann Visual Field Perimetry, Stimulus
III/4,
Humphrey Field Analyzer (HFA)
Octopus (Interzeag)*



¿Cómo valoramos el campo visual?



Relat. Intens.	dB	Object	mm ²
1	0,0315	15	
2	0,100	10	
3	0,315	5	
4	1,00	0	1/16
a	0,40	4	I 1/4
b	0,50	3	II 1
c	0,63	2	III 4
d	0,80	1	IV 16
e	1,00	0	V 64

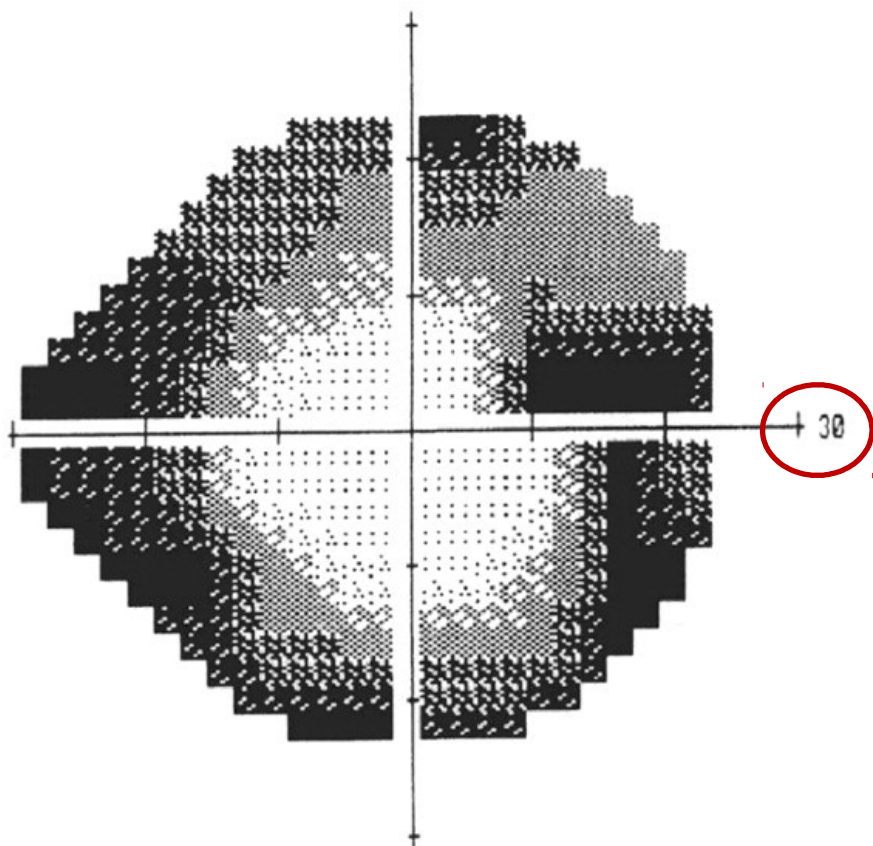
No	4	3	2	1
I				
II				
III				
IV				
V				

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¿Cómo valoramos el campo visual?



Single Field Analysis

Eye: Left

Name: [REDACTED]

DOB: 03-18-1986

ID: [REDACTED]

Central 10-2 Threshold Test

Fixation Monitor: Gaze/Blind Spot

Stimulus: III, White

Pupil Diameter:

Date: 01-29-2014

Fixation Target: Central

Background: 31.5 ASB

Visual Acuity:

Time: 2:10 PM

Fixation Losses: 0/16

Strategy: SITA-Standard

RX: -0.25 DS DC X

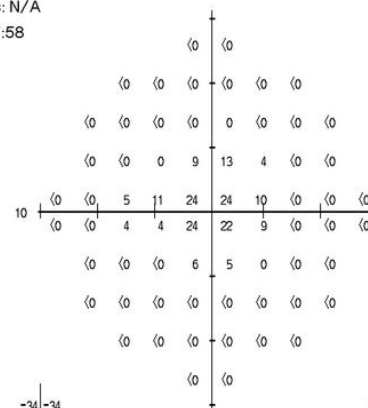
Age: 27

False POS Errors: 0 %

False NEG Errors: N/A

Test Duration: 07:58

Fovea: OFF



-34 -34
-35 -35 -35 -35 -35
-35 -36 -36 -36 -34 -36 -36 -35
-36 -36 -35 -25 -21 -31 -36 -36
-35 -36 -29 -24 -11 -11 -25 -37 -36 -36
-35 -36 -31 -32 -11 -14 -26 -37 -36 -36
-36 -37 -37 -29 -30 -35 -37 -36
-36 -36 -36 -36 -36 -36 -36 -36
-36 -35 -35 -35 -35 -36
-35 -35

Total Deviation

-5 -5
-6 -6 -6 -6 -6 -6
-6 -7 -7 -7 -5 -7 -7 -6
-7 -7 -6 3 7 -2 -7 -7
-6 -7 -1 5 18 18 4 -8 -7 -7
-6 -7 -2 -3 18 15 3 -8 -7 -7
-7 -8 -8 0 -1 -6 -8 -7
-7 -7 -7 -7 -7 -7 -7 -7
-7 -7 -6 -6 -6 -6 -7
-6 -6

Pattern Deviation

MD -33.36 dB P < 1%
PSD 5.88 dB P < 1%

REFLEXIONES



- ¿Es esta la mejor forma de evaluar esta discapacidad?
- La visión no es únicamente AV y Campo Visual
- El desarrollo de otros sistemas de evaluación probablemente afectaría a las clases B1 B2 B3 común a todos los deportes
- Esto posiblemente afecte también a los criterios mínimos de inclusión
- Evaluar otras “cualidades” de la visión:
 - * Movimientos oculares
 - * Estabilidad de la visión
 - * Tiempo de reacción visual
 - * Percepción de profundidad
 - * Sensibilidad al contraste
 - *
- En la práctica casi inviable

Athlete Evaluation



```
graph TD; A[Eligible Impairment] --> B[Minimum Disability Criteria]; B --> C[Sport Class Allocation];
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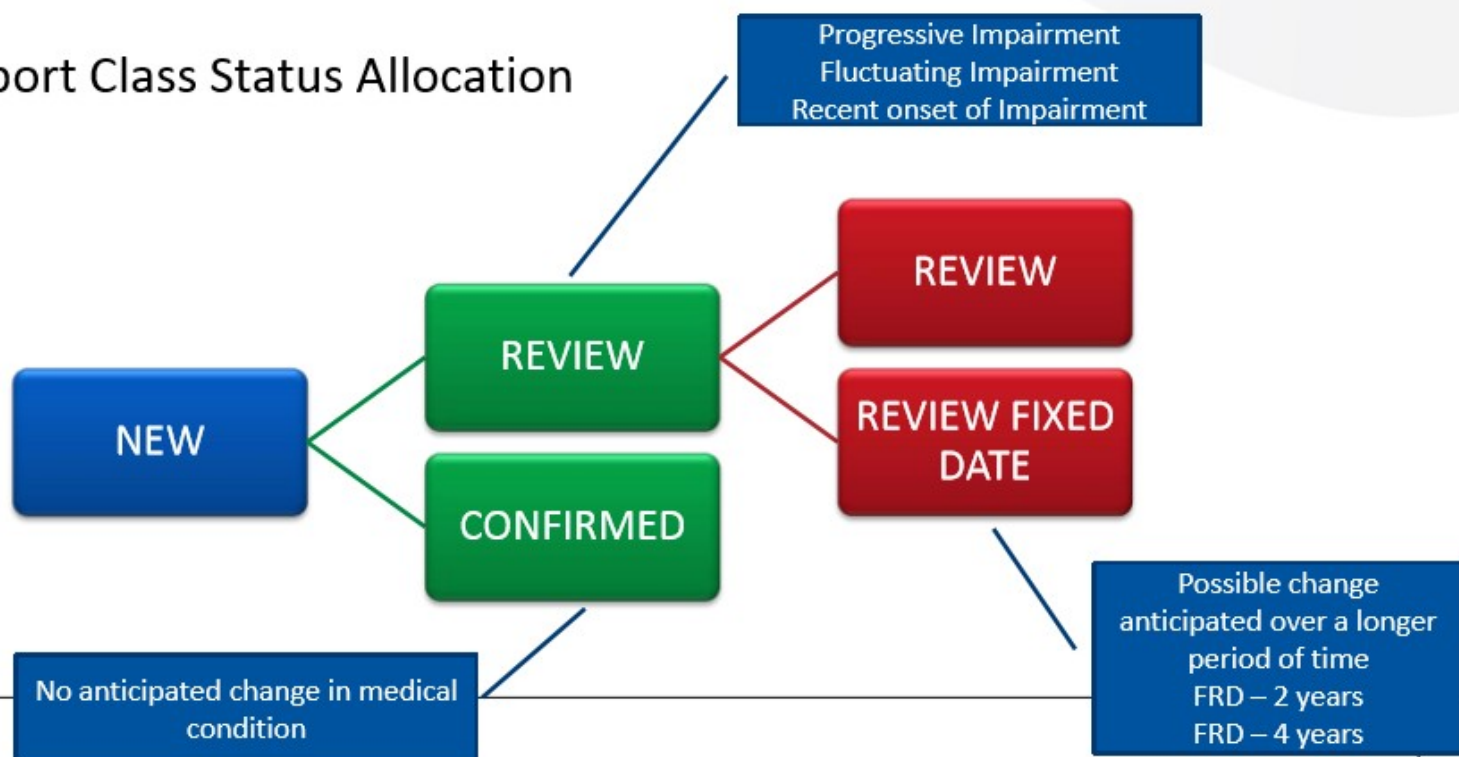
Eligible Impairment

Minimum Disability Criteria

Sport Class Allocation

Sport Class	T/F 11	T/F 12	T/F 13
Visual acuity	Less than LogMAR 2.6	LogMAR 2.6 to 1.5 and/or	LogMAR 1.4 to 1.0 and/or
Visual field		Restricted to less than 5 degrees radius	Restricted to less than 20 degrees radius

Sport Class Status Allocation





MEDICAL DIAGNOSTICS FORM (MDF) FOR ATHLETES WITH VISUAL IMPAIRMENT

- To be **fully filled** in English, in **CAPITAL LETTERS**, typed or **black ink**. **All sections must be completed.**
- To be confirmed and certified by a **registered ophthalmologist**.
- **Cannot be older than 12 months** at the time of the athlete's International Classification. The same for the complementary medical documentation attached.
- Must be **uploaded in ISAS** (IBSA system) **6 weeks prior** to first classification day.
- See also **Text and Notes on page 3 and 4**. More detailed indication is in the VI Classification Manual.
- **At Classification athlete must show the original of MDF and other medical documents required.**



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To be filled by the National Federation

I - ATHLETE INFORMATION (as written in passport)

Last name: _____ First name: _____
Gender: Female ☐ Male ☐ Date of Birth: ____/____/____ Nationality: ____
Sport: _____, NPC/NF: _____, ISAS registry: _____, SDMS (IPC): _____
☐ National Paralympic Committee (NPC) or National Federation (NF) certifies that there are no health risks and contra-indication for the athlete to compete at a competitive level in the above sport. NPC/NF keeps all the relevant medical and legal documents regarding this.

Name (stamp)

Signature

Date: Day ____ Month ____ Year ____

II - PREVIOUS CLASSIFICATIONS

Last National Classification: Year: _____ Class: B1 ☐ B2 ☐ B3 ☐ Other ☐ _____
First International Classifications: New ☐ or Year: _____ Class: B1 ☐ B2 ☐ B3 ☐ NE ☐ _____
Last International Classification: Place: _____, Year: _____, Sport: _____
Actual International Class and Status: New ☐ or Protest / Reclassification accepted ☐ _____, or
Class: B1 ☐ B2 ☐ B3 ☐ Status: Review ☐ (next time) or Review Year ☐ _____; NE ☐ 1st panel; CNC ☐

To be filled by Medical Doctor - Ophthalmologist

III - MEDICAL INFORMATION

A - Relevant systemic (non ophthalmic) pathology and medical information

Yes ☐: _____

No ☐

B - Visual, ophthalmic and associated diagnosis (short)

C - Ophthalmic medical data

Age of onset: _____ At present: ☐ Stable on the last ____ years ☐ Progressive
Anticipated future procedure(s): ☐ No ☐ Yes: _____ when: _____

D - Eye medication and allergies

Ophthalmic medication used by the athlete: No ☐ Yes ☐: _____

Allergic reactions to ocular drugs: No ☐ Yes ☐: _____



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Athlete: last name: _____ first name: _____

E - Optical correction and prosthesis

Athlete wears glasses: ☐ No ☐ Yes : { Right eye: Sph. _____ Cyl. _____ Axis (_____)
Left eye: Sph. _____ Cyl. _____ Axis (_____)

Athlete wears contact lenses: ☐ No ☐ Yes : { Right eye: Sph. _____ Cyl. _____ Axis (_____)
Left eye: Sph. _____ Cyl. _____ Axis (_____)

Athlete wears eye prosthesis: ☐ No ☐ Yes : ☐ Right ☐ Left

F - Visual Acuity

Visual Acuity	Right eye	Left eye	Binocular
With correction			
Without Correction			

Measurement Method: ☐ LogMar ☐ Snellen ☐ Other: _____

Correction used ☐ Glasses ☐ Contact lenses ☐ Trial lenses

for visual acuity test: Right eye: Sph. _____ Cyl. _____ Axis (_____)
Left eye: Sph. _____ Cyl. _____ Axis (_____)

G - Visual Field (IMPORTANT: Visual fields graphics must be attached)

Equipment used: _____ Pupil diameter: _____ mm
Date: _____ / _____ / _____

Periphery isopter	Right eye	Left eye	Binocular

Amplitude in degrees (Diameter)	Right eye	Left eye	Binocular

- ☐ I confirm that the above information is accurate and updated
☐ I certify that there is no ophthalmologic contra-indication for this athlete to compete in the above mentioned sport
- Attachments added to this Medical Diagnostic Form : ☐ No ☐ Yes: see and check in page 3

Name: _____
Medical Specialty: **Ophthalmology** , National Registration Number: _____
Address: _____
City: _____ Country: _____
Phone: _____ E-mail: _____
Date: _____ / _____ / _____ Signature: _____

To be filled by Medical Doctor - Ophthalmologist



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Athlete: last name: _____ first name : _____

IV - ATTACHMENTS TO THE MEDICAL DIAGNOSTIC FORM

1. Visual field test

For all athletes with a restricted visual field a **visual field test must be attached to this form.**

The athlete's visual field must be tested by a **full-field test** (80 or 120 degrees) and also, depending on the pathology a 30, 24 or 10 degrees central field test.

One of the following perimeters must be used: **Goldman Perimeter (with stimulus III/4)**, Humphrey Field Analyzer or Octopus (Interzeag) with equivalent isopter to the Goldman III/4

2. Additional medical documentation: Specify which eye conditions the athlete is affected and what additional documentation is added to the Medical Diagnostic Form.

The ocular signs must correspond to the diagnosis and to the degree of vision loss. If the eye condition is obvious and visible and explains the loss of vision, no additional medical documentation is required.

Otherwise the additional medical documentation indicated in the following table must be attached.

All additional medical documentation needs a short medical report, in English. When the medical documentation is incomplete or the report missing, the classification may not be concluded and the athlete cannot compete.

To be filled by Medical Doctor - Ophthalmologist	Eye condition	Additional medical documentation required			
	<input type="checkbox"/> Anterior disease	none			
	<input type="checkbox"/> Macular disease	<input type="checkbox"/> Macular OCT	<input type="checkbox"/> Right eye	<input type="checkbox"/> Left eye	
		<input type="checkbox"/> Multifocal and/or pattern ERG*	<input type="checkbox"/> Right eye	<input type="checkbox"/> Left eye	
		<input type="checkbox"/> VEP*	<input type="checkbox"/> Right eye	<input type="checkbox"/> Left eye	
		<input type="checkbox"/> Pattern appearance VEP*	<input type="checkbox"/> Right eye	<input type="checkbox"/> Left eye	
	<input type="checkbox"/> Peripheral retina disease	<input type="checkbox"/> Full field ERG*	<input type="checkbox"/> Right eye	<input type="checkbox"/> Left eye	
		<input type="checkbox"/> Pattern ERG*	<input type="checkbox"/> Right eye	<input type="checkbox"/> Left eye	
	<input type="checkbox"/> Optic Nerve disease	<input type="checkbox"/> OCT	<input type="checkbox"/> Right eye	<input type="checkbox"/> Left eye	
		<input type="checkbox"/> Pattern ERG*	<input type="checkbox"/> Right eye	<input type="checkbox"/> Left eye	
<input type="checkbox"/> Pattern VEP*		<input type="checkbox"/> Right eye	<input type="checkbox"/> Left eye		
<input type="checkbox"/> Pattern appearance VEP*		<input type="checkbox"/> Right eye	<input type="checkbox"/> Left eye		
<input type="checkbox"/> Cortical / Neurological disease	<input type="checkbox"/> Pattern VEP*	<input type="checkbox"/> Right eye	<input type="checkbox"/> Left eye		
	<input type="checkbox"/> Pattern ERG*	<input type="checkbox"/> Right eye	<input type="checkbox"/> Left eye		
	<input type="checkbox"/> Pattern appearance VEP*	<input type="checkbox"/> Right eye	<input type="checkbox"/> Left eye		
<input type="checkbox"/> Other relevant medical documentation added	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

*Notes for electrophysiological assessments (ERGs and VEPs):

Where there is a discrepancy or a possible discrepancy between the degree of visual loss and the visible evidence of the ocular disease, the use of visual electrophysiology can be helpful in demonstrating the degree of impairment.

Submitted electrophysiology tests should include: 1- Copies of the original graphics; 2- The report in English from the laboratory performing the tests, the normative data range for that laboratory, a statement specifying the equipment used and its calibration status. The tests should be performed according to the standards laid down by the International Society for Electrophysiology of Vision (ISCEV) (<http://www.iscev.org/standards/>).

Athlete: last name: _____ first name : _____

- A Full Field Electroretinogram (ERG) tests the function of the whole retina in response to brief flashes of light, and can separate function from either the rod or the cone mediated systems. However, it does not give any indication of macular function.
- A Pattern ERG tests the central retinal function, driven by the macular cones but largely originating in the retinal ganglion cells.
- A Multifocal ERG tests the central area (approx. 50 degrees diameter) and produces a topographical representation of central retinal activity.
- A Visual evoked cortical potential (VEP) records the signal produced in the primary visual cortex, (V1), in response to either a pattern stimulus or pulse of light. An absent or abnormal VEP is not in itself evidence of specific optic nerve or visual cortex problems unless normal central retinal function has been demonstrated.
- A Pattern appearance VEP is a specialised version of the VEP used to establish visual threshold which can be used to objectively demonstrate visual ability to the level of the primary visual cortex.

PROCEDURE FOR CLASSIFICATION AT AN IBSA COMPETITION

An athlete will only be permitted to undergo International Classification at IBSA competitions if he/she:

- STEP 1: Has an IBSA **ISAS** license; for more information contact: ibsaassist@ibsasport.org
- STEP 2: Has uploaded the required Medical Diagnostics documentation on the ISAS database and applied for a place on the classification programme in the respective competition.

IBSA will schedule all athletes with a **new**¹ or **review**² status. Where classification schedules at a competition are full, new athletes will take priority over review athletes.

Review + no year	Athletes that have been classified and are given a Review without a date means that they must present for classification at the very next competition in which they participate
Review + a year	Athletes that have been given a Review with a date means that they must present for classification at the first competition in the year stated ..or after
Classification Review Request	Athletes whose eyesight has deteriorated and would like to ask for a re-classification

Medical Diagnostics Form for Athletes with Visual Impairment

To facilitate our classifiers and to ascertain that the athlete is correctly classified, it is compulsory that the IBSA **Medical Diagnostics Form** (MDF) be completed for each athlete and uploaded on to the ISAS database **at least 6 weeks** before they undergo classification. Any additional medical reports as outlined on the form should be also uploaded and should be named as is explained below. This allows our classifiers to have enough time to review the documentation and if necessary ask for more information.

The following conditions apply:

- The MDF form **must** be completed in English and by a registered ophthalmologist in your country;
- All medical documentation on pages 2-3 needs to be scanned and attached. If the medical documentation is incomplete, the classifiers will not be able to allocate a sport class.
- The form and any additional medical documentation e.g. electrophysiological assessments (VEPs and ERGs), should not be older than 12 months at the time of the Athlete Evaluation.

MEDICAL DIAGNOSTICS FORM (MDF) FOR ATHLETES WITH VISUAL IMPAIRMENT

- To be **fully filled** in **English**, in **CAPITAL LETTERS**, typed or **black ink**. **All sections must be completed.**
- To be confirmed and certified **by a registered ophthalmologist**.
- **Cannot be older than 12 months** at the time of the athlete's International Classification. The same for the complementary medical documentation attached.
- Must be **uploaded in ISAS** (IBSA system) **6 weeks prior** to first classification day.
- See also **Text and Notes on page 3 and 4**. More detailed indication is in the VI Classification Manual.
- **At Classification athlete must show the original of MDF and other medical documents required.**

I confirm that the above information is accurate, and I certify that there is no contra-indication for this athlete to participate in sport at a competitive level

Name:

Medical Specialty:

Registration Number:

Address:

City:

Phone:

Date:

MEDICAL DIAGNOSTICS FORM (MDF) FOR ATHLETES WITH VISUAL IMPAIRMENT

- To be **fully filled** in **English**, in **CAPITAL LETTERS**, typed or **black ink**. **All sections must be completed.**
- To be confirmed and certified **by a registered ophthalmologist**.
- **Cannot be older than 12 months** at the time of the athlete's International Classification. The same for the complementary medical documentation attached.
- Must be **uploaded in ISAS** (IBSA system) **6 weeks prior** to first classification day.
- See also **Text and Notes on page 3 and 4**. More detailed indication is in the VI Classification Manual.
- **At Classification athlete must show the original of MDF and other medical documents required**

Medical Diagnostics Form
(Athletes with Visual Impairment)

This form must be completed in English by a registered ophthalmologist (or equivalent). All medical documentation required on pages 2-3 must be attached. This form and the attached medical documentation must not be older than 12 months at the time of the Athlete Evaluation.

Athlete Information

Last name: _____

First name: No sabe firmar

Gender: Female ☐ Male ☒ Date of Birth: 23-sep-99

Sport: futbolista

Country: Colombia ISAS License No. _____



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the National Federation

I - ATHLETE INFORMATION (as written in passport)

Last name: _____ First name: _____

Gender: Female ☐ Male ☐ Date of Birth: ____/____/____ Nationality: ____

Sport: _____, NPC/NF: _____, ISAS registry: _____, SDMS (IPC): _____

☐ National Paralympic Committee (NPC) or National Federation (NF) certifies that there are no health risks and contra-indication for the athlete to compete at a competitive level in the above sport. NPC/NF keeps all the relevant medical and legal documents regarding this.

Name (stamp)

Signature

____/____/____
Date : Day Month Year

Athlete Information

Last name: _____

First name: _____

Gender:

Female ☐

Male ☒

Date of Birth:

23-sep-99



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To be filled by t

II - PREVIOUS CLASSIFICATIONS

Last National Classification: Year: _____ Class: B1 ☐ B2 ☐ B3 ☐ Other ☐: _____

First International Classifications: New ☐ or Year: _____ Class: B1 ☐ B2 ☐ B3 ☐ NE ☐

Last International Classification: Place: _____, Year: _____, Sport: _____

Actual International Class and Status: New ☐ or Protest / Reclassification accepted ☐ _____, or

Class: B1 ☐ B2 ☐ B3 ☐ Status: Review ☐ (next time) or Review Year ☐ ; NE ☐ 1st panel; CNC ☐



cal Doctor - Ophthalmologist

Yes ☐: _____

No ☐ _____

Diagnosis: Blindness Both eyes



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To be filled by Medical

C - Ophthalmic medical data

Age of onset: _____ At present: ☐ Stable on the last _____ years ☐ Progressive

Anticipated future procedure(s): ☐ No ☐ Yes: _____ when: _____

D - Eye medication and allergies

Ophthalmic medication used by the athlete: No ☐ Yes ☐: _____

Allergic reactions to ocular drugs: No ☐ Yes ☐: _____

Medical history:

Age of onset:

BIRTHDAY.

Anticipated future
procedure(s):

Athlete wears
glasses:

☐ yes ☒ no

Correction: Right:

Left:

Athlete wears
contact lenses:

☐ yes ☒ no

Correction: Right:

Left:

Athlete wears eye
prosthesis:

☐ right ☐ left



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Athlete: last name: _____ first name : _____

E - Optical correction and prosthesis

Athlete wears glasses:	<input type="checkbox"/> No	<input type="checkbox"/> Yes :	{	Right eye: Sph. _____ Cyl. _____ Axis (_____)	°)
				Left eye: Sph. _____ Cyl. _____ Axis (_____)	°)
Athlete wears contact lenses:	<input type="checkbox"/> No	<input type="checkbox"/> Yes :	{	Right eye: Sph. _____ Cyl. _____ Axis (_____)	°)
				Left eye: Sph. _____ Cyl. _____ Axis (_____)	°)
Athlete wears eye prosthesis:	<input type="checkbox"/> No	<input type="checkbox"/> Yes :	<input type="checkbox"/> Right	<input type="checkbox"/> Left	



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F - Visual Acuity

Visual Acuity	Right eye	Left eye	Binocular
With correction			
Without Correction			

Measurement Method: ☐ LogMar ☐ Snellen ☐ Other: _____

Correction used ☐ Glasses
for visual acuity test: ☐ Contact lenses
☐ Trial lenses

Right eye: Sph. _____ Cyl. _____ Axis (_____)
Left eye: Sph. _____ Cyl. _____ Axis (_____)

Assessment of Visual Acuity and Visual Field

Visual Acuity

	Right eye	Left eye
With correction	Percepción Luminosa	Amorotico
Without Correction	Amorotico	Amorotico

Type of correction: _____

Measurement Method: _____

Control Gmese

G - Visual Field (IMPORTANT: Visual fields graphics must be attached)

Equipment used: _____ Pupil diameter: _____ mm
Date: ____/____/____

Periphery isopter	Right eye	Left eye	Binocular

Amplitude in degrees (Diameter)	Right eye	Left eye	Binocular

- ☐ I confirm that the above information is accurate and updated
☐ I certify that there is no ophthalmologic contra-indication for this athlete to compete in the above mentioned sport
- Attachments added to this Medical Diagnostic Form : ☐ No ☐ Yes: see and check in page 3

Name: _____

Medical Specialty: **Ophthalmology** , National Registration Number: _____

Address: _____

City: _____ Country: _____

Phone: _____ E-mail: _____

Date: ____/____/____ Signature: _____

Visual Acuity

	Right eye	Left eye
With correction	V. light (<20/200)	V. light (<20/200)
Without Correction	V. light (<20/200)	V. light (<20/200)

Type of correction: _____

Measurement Method: _____

Visual Field:

In degrees (radius)	Right eye	Left eye
AD 360°	AD 360°	A 360°

Attachments to the Medical Diagnostic Form



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To be filled by Medical Doctor - Ophthalmologist

Eye condition	Additional medical documentation required
<input type="checkbox"/> Anterior disease	none
<input type="checkbox"/> Macular disease	<div> <input type="checkbox"/> Macular OCT <input type="checkbox"/> Right eye <input type="checkbox"/> Left eye </div> <div> <input type="checkbox"/> Multifocal and/or pattern ERG* <input type="checkbox"/> Right eye <input type="checkbox"/> Left eye </div> <div> <input type="checkbox"/> VEP* <input type="checkbox"/> Right eye <input type="checkbox"/> Left eye </div> <div> <input type="checkbox"/> Pattern appearance VEP* <input type="checkbox"/> Right eye <input type="checkbox"/> Left eye </div>
<input type="checkbox"/> Peripheral retina disease	<div> <input type="checkbox"/> Full field ERG* <input type="checkbox"/> Right eye <input type="checkbox"/> Left eye </div> <div> <input type="checkbox"/> Pattern ERG* <input type="checkbox"/> Right eye <input type="checkbox"/> Left eye </div>
<input type="checkbox"/> Optic Nerve disease	<div> <input type="checkbox"/> OCT <input type="checkbox"/> Right eye <input type="checkbox"/> Left eye </div> <div> <input type="checkbox"/> Pattern ERG* <input type="checkbox"/> Right eye <input type="checkbox"/> Left eye </div> <div> <input type="checkbox"/> Pattern VEP* <input type="checkbox"/> Right eye <input type="checkbox"/> Left eye </div> <div> <input type="checkbox"/> Pattern appearance VEP* <input type="checkbox"/> Right eye <input type="checkbox"/> Left eye </div>
<input type="checkbox"/> Cortical / Neurological disease	<div> <input type="checkbox"/> Pattern VEP* <input type="checkbox"/> Right eye <input type="checkbox"/> Left eye </div> <div> <input type="checkbox"/> Pattern ERG* <input type="checkbox"/> Right eye <input type="checkbox"/> Left eye </div> <div> <input type="checkbox"/> Pattern appearance VEP* <input type="checkbox"/> Right eye <input type="checkbox"/> Left eye </div>
<input type="checkbox"/> Other relevant medical documentation added	<div> <input type="checkbox"/> _____ </div> <div> <input type="checkbox"/> _____ </div> <div> <input type="checkbox"/> _____ </div>

***Notes for electrophysiological assessments (ERGs and VEPs):**

Where there is a discrepancy or a possible discrepancy between the degree of visual loss and the visible evidence of the ocular disease, the use of visual electrophysiology can be helpful in demonstrating the degree of impairment.

Submitted electrophysiology tests should include: 1- Copies of the original graphics; 2- The report in English from the laboratory performing the tests, the normative data range for that laboratory, a statement specifying the equipment used and its calibration status. The tests should be performed according to the standards laid down by the International Society for Electrophysiology of Vision (ISCEV) (<http://www.iscev.org/standards/>).

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Athlete: last name: _____ first name: _____ ISAS registry: _____

IV – CLASSIFICATION

NE> 2nd panel ☐ - After Protest > ☐

AUTOREFRACTOR

Attached ☐

or: Right eye: Sph. _____ Cyl. _____ Axis (°)

Left eye: Sph. _____ Cyl. _____ Axis (°)

VISUAL ACUITY (FINAL)

☐ No optical correction

☐ Autorefractor

☐ Spectacles (see III)

☐ Contact Lenses (see III)

RIGHT EYE

LEFT EYE

VISUAL FIELDS (Mandatory doing at Classification when

Final Classification is based on VF) EYE: RIGHT EYE LEFT EYE

- Attached Visual Fields

- Diameter

☐

☐

PRELIMINARY TEST FOR VA

Or use provisional VA table and attach it

No correction

With correction

RE	LE	LogMar	RE	LE
		STE		
		25M		
		40M		
		63M		
		100M		

ATTACHED DOCUMENTS FROM CLASIFICATION: No ☐ Yes ☐ What: _____

COOPERATION: Good ☐ Poor ☐: _____

OPHTHALMIC AND ASSOCIATED PATHOLOGY/ DIAGNOSIS: _____

OTHER COMMENTS: _____

FICHA DE CLASIFICACION



To be filled by a

V - FINAL CLASSIFICATION DECISION

CLASS: B1 ☐ B2 ☐ B3 ☐ NE ☐ - 1st ☐ / 2nd ☐ panel CNC ☐ Decision after Protest ☐

STATUS: Confirmed ☐ Review ☐ (next time) Review 2 Years ☐ (Year _____) Review 4 years ☐ (Year _____)

NEEDS FOR A NEXT CLASSIFICATION: ☐ Visual Fields ☐ Electrophysiology of vision ☐ OCT ☐ other: _____

CNC REASON _____

CLASSIFIERS:

Name (stamp)

Signature

____/____/____
Classification Date

Name (stamp)

Signature

ATHLETE: I acknowledge that the Classification decision has been discussed with me.

FICHA DE CLASIFICACION



led by the National Federation and signed by Athlete just before the Classification

ATHLETE CONSENT FORM FOR EVALUATION ON VI CLASSIFICATION

1 - I agree to undergo the Athlete Evaluation process detailed in the IBSA Classification Rules & Procedures and IBSA Classification Manual and administered by the designated classification team. I understand that this process can require me to participate in sport-like exercises and activities and confirm that I am healthy enough to do so. I also agree that if I am injured during the course of this classification process that I will hold IBSA blameless.

2 - I understand that Athlete Evaluation requires me to give my best effort and cooperation, and the failure to do so may result in me being disqualified from competition. I also understand that discrepancies between the performances I demonstrate during the Athlete Evaluation process and that which I demonstrate during competition could also lead to my disqualification from competitions and/or a new classification process.

3 - I understand that a full Classification process is not restricted to the assessment by the classification panels.

4 - I understand that Athlete Evaluation is a judgment process and will agree to abide by the judgment of the Classification Panel. If I do not agree with the results of the Classification Panel, I agree to abide by the protest and appeals process as defined in the IBSA Classification Regulations.

5 - I agree to be videotaped and photographed during the Athlete Evaluation process and this may include also my activity on and off the field of play, during training and the competition.

6 - I agree and consent, free of cash and other personal profit, to collating and retaining my personal data in any format, including my full Name, Year of Birth, Sport, Sport Class and Sport Class Status, and I agree and consent it to be published on the website and other media.

THE ATHLETE:

Name (capital letters)

Signature or finger print

____/____/_____
Date (dd/mm/yyyy)

Parent / Guardian (mandatory if the Athlete is under eighteen (18) years of age)

Name (capital letters)

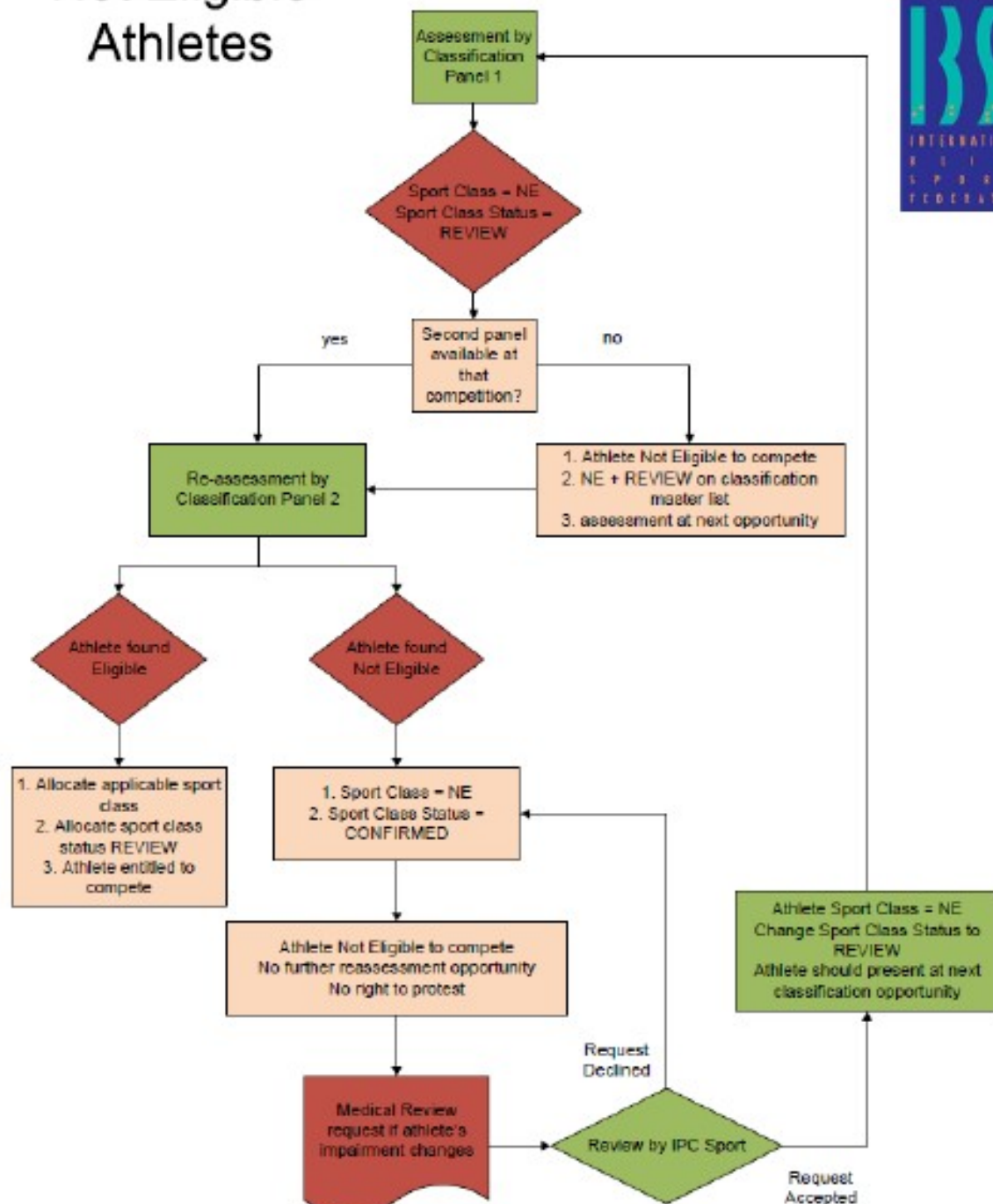
Signature

____/____/_____
Date (dd/mm/yyyy)

Not Eligible Athletes



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“PROTESTAS”

Protests

1 General Provisions

- 1.1 A Protest may be made in respect of the allocation of a Sport Class to an Athlete. No Protest may be made in respect of the designation of an Athlete's Sport Class Status.
- 1.2 A Protest may not be made in respect of the allocation of Sport Class Not Eligible (NE).

[Comment to Article 1.2: there are special provisions in the Code and the International Standard for Athlete Evaluation relating to the allocation of Sport Class Not Eligible (NE), which encompass an automatic re-evaluation of the Sport Class. No Protest is therefore necessary.]

- 1.3 An Athlete's Sport Class should only be made the subject of a Protest once in any one Competition.
- 1.4 The International Federation which allocated a Sport Class should resolve any Protest made in respect of that Sport Class.
- 1.5 Protests should be resolved in a manner that minimizes the impact on Competition participation, and Competition schedules and results.
- 1.6 International Federations shall specify the consequences to results and prizes of an Athlete changing Sport Class after the resolution of a Protest.

“PROTESTAS”

2 Parties Permitted to Make a Protest

2.1 Protests may only be made by the following parties:

2.1.1 A National Body in accordance with Article 3 of this International Standard.

2.1.2 An International Federation in accordance with Article 4 of this International Standard.

[Comment to Article 2: A National Body has the right under 2007 Classification Code to make a Protest in respect of Athletes under its jurisdiction and Athletes under the jurisdiction of another National Body. This right is preserved in this Standard. The discretion given in the 2007 Code to a Chief Classifier to make a ‘Protest in Exceptional Circumstances’ has been replaced with right for International Federations to make a Protest.]

“PROTESTAS”

6 Provisions Where No Protest Panel is Available

- 6.1 If a Protest is made at a Competition but there is no opportunity for the Protest to be resolved at that Competition the following provisions will apply:
 - 6.1.1 The Protested Athlete will be permitted to compete within the Sport Class that is the subject of the Protest, pending the resolution of the Protest;
 - 6.1.2 All reasonable steps will be taken to ensure that the Protest is resolved at the earliest opportunity.

[Comment to Article 6: this Article reflects the reality that on occasion the resolution of a Protest will not be possible, for example if the Classifiers available to participate in a Protest Panel are precluded from participation in a Protest Panel by Article 5.2 of this Standard. In such instances the Protest will be deferred until the next available opportunity.]

“APELACIONES”

9 Parties Permitted to Make an Appeal

9.1 A National Body may make an Appeal. No other party is permitted to make an Appeal.

[Comment to Article 9: The most common scenario will be whereby a National Body makes an Appeal on behalf of an Athlete under its jurisdiction.]

10 Scope of Review

- 10.1 If a National Body believes that an International Federation in the course of applying its Classification Rules has made an unfair decision, it may apply by way of an Appeal to have that decision set aside.
- 10.2 A decision will be considered unfair if it has been made in contravention of the procedures set out in the Classification Rules and there is some manifest unfairness associated with the decision such that it should be set aside.
- 10.3 The Appeal Body shall have the power to either rule that the relevant decision should be upheld, or to set the decision aside. The Appeal Body shall have no power to amend any decision and in particular has no power to amend a Sport Class or Sport Class Status.
- 10.4 The Appeal Body may decline to rule on an Appeal if it appears that other available remedies, including but not limited to Protest procedures, have not been exhausted.

“APELACIONES”

11 Appeal Process

- 11.1 A National Body may make an Appeal by submitting a Notice of Appeal to the applicable International Federation.
- 11.2 A Notice of Appeal must:
 - 11.2.1 be made within thirty (30) days of the decision being complained of;
 - 11.2.2 identify the decision being Appealed, by attaching a copy of the decision (if written) or briefly summarising it;
 - 11.2.3 specify the grounds for the Appeal; specify the grounds for the Appeal;
 - 11.2.4 identify all documents, evidence and witnesses to be put forward in support of the Appeal;
 - 11.2.5 be submitted with any fee specified by the International Federation.

MUCHAS GRACIAS POR VUESTRA ATENCION