



PARA REINING CLASSIFICATION & MEDICAL FORM

Eligibility Requirements

All Athletes with a Physical disability who intend to be classified must submit an RA Medical Diagnostic Form stating their full medical diagnosis. Each Athlete must have an Eligible Impairment that leads to permanent and verifiable activity limitation which can be measured objectively through the para reining classification process. Those Athletes with a minimal impairment must meet the RA Para Reining Criteria in order to compete in Para-Reining across State, National & International Events.

A description of RA eligible and non-eligible impairments listed in Appendix 1 and should be referred to prior to completion and submission for classification request.

Our Classification Process

All Athletes with impairment who intend to enter RA Para-Reining and affiliate competitions must proceed through the Classification procedure as below:

Step 1.	<p>Athlete applies to RA requesting a Classification evaluation.</p> <p>The application <u>must</u> include:</p> <ul style="list-style-type: none"> • Completed and signed RA Request for Classification & Medical Form • A completed RA Medical Diagnostic Form and any additional supporting medical documentation • Meet RA Eligibility criteria
Step 2.	<p>All documentation must be submitted to RA to determine if the athlete meets the Eligibility Criteria described in Appendix 1.</p>
Step 3.	<p>RA will make a decision on a, b, or c.</p> <p>a. Request further information from the athlete regarding the diagnosis and impairment. This request may include additional medical documentation such as reports or copies of medical investigations.</p> <p>RA will then make a decision as per b) or c).</p> <p>b. Approve the request (Eligible for Classification)</p> <p>c. Not approve the request (Not Eligible for Classification)</p>
Step 4.	<p>RA will inform the Athlete of the final decision in writing if the Request for Classification has not been approved and the reason. An Appeal can be lodged through the RA dispute Policy and a request for further medical evidence of impairment maybe requested including but not limited a full capacity report by your regular Occupational Therapist and Physiotherapist to ensure due diligence of eligibility.</p>



Classification Request Form

Please fill in electronically or print clearly using black pen.

ATHLETE DETAILS:

Athlete Name		Date of Birth	
Have you ever applied for EA or FEI Classification before?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
EA/FEI Grade		Approved Date	
RA Grade Request (Please circle)	1 2 3 4 5	Office only: Validated by:	Master List EA or FEI
Signature of Athlete/Guardian/Person Responsible (Please circle)		Sign:	
Print Name:		Date:	
Address:			
State:		Post code:	
Email address:		Mobile:	
Briefly describe your riding and/or competition experience			



MEDICAL DIAGNOSTIC FORM

Relevant and appropriate medical documentation is essential to the process of Classification of Athletes for State, National & International Para-Reining Events. Confirmation of the medical diagnosis and a summary of results of relevant medical investigations to support the diagnosis and resulting impairment/s, level of capacity is required. In some instances, a copy of a report or additional diagnostic evidence from a medical specialist, e.g. neurologist, is also required.

Information disclosed on this form will be stored confidentially by RA and only accessible to the board of Directors.

Athlete's Details

To be completed by the Athlete/Guardian applying for classification

First Name		Family Name			
Eligible Impairment		Date Of Birth			
Address					
City		State		Postcode	
Telephone No		E-mail			
I hereby consent to the information below being released to Reining Australia for Para-Reining Classification. This also includes consent to contact your Medical Provider for clarification of any and all information enclosed in order to ensure you meet RA eligibility requirements and classified accordingly to level of impairment.					
Signature:				Date:	

MEDICAL DETAILS

*This section **MUST** be completed by a Doctor of Medicine only.*

(Please attach a separate sheet or report if insufficient space)

Name of Patient:	
Medical Diagnosis:	

Medical Diagnostic Report and Physical Examination results (e.g. ASIA scale for spinal cord injury; X-ray report; MRI; CT; muscle biopsy; nerve conduction) Attach if possible.

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Impaired _____ Muscle Power | <input type="checkbox"/> Ataxia – acquired or genetic | <input type="checkbox"/> Paraplegia |
| <input type="checkbox"/> Leg length difference | <input type="checkbox"/> Limb deficiency/Loss | <input type="checkbox"/> Spasticity in one or more limbs |
| <input type="checkbox"/> Impaired passive range of motion | <input type="checkbox"/> Athetosis <input type="checkbox"/> Limb deficiency/Loss | |
| <input type="checkbox"/> Short stature (height: ___ cm) | <input type="checkbox"/> Stroke/Acquired Brain Injury | |

Year of Diagnosis: _____

Other information concerning therapeutic or pharmaceutical interventions or surgeries (with date) relevant to their disability:

Presence of additional health conditions or diagnoses:

- | | | | |
|----------------------|--|---|--|
| Vision Impairment | <input checked="" type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Pain | <input checked="" type="checkbox"/> Hypertonia |
| Cognitive Impairment | <input type="checkbox"/> Intellectual disability diagnoses | <input type="checkbox"/> Chronic Fatigue or Pain Conditions | |
| Other- _____ | | | |

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Doctors Name:	
Medical Specialty:	
Provider No:	
Practice Name:	
Full Address:	
Contact No:	
Email:	
	I hereby confirm that the above information is accurate and understand that any false statements enclosed in this document could result in the Athlete being declassified or removed from the Association.
Signature:	Date:

Athletes with Physical Impairment

Eligible Impairment Types, Assessment Methodology and Minimum Impairment Criteria

Eligible Impairment	Examples of Health Conditions	Assessment Methodology	Minimum Impairment Criteria
<p>Impaired Muscle Power</p> <p>Athletes with Impaired Muscle Power have a Health Condition that either reduces or eliminates their ability to voluntarily contract their muscles in order to move or to generate force.</p>	<p>Examples of an Underlying Health Condition that can lead to Impaired Muscle Power include spinal cord injury (complete or incomplete, tetra- or paraplegia or paraparesis), muscular dystrophy, post-polio syndrome and spina bifida.</p>	<p>Muscle power</p>	<p>Greater than 15% loss of power, in at least one upper and/or lower limb.</p>
<p>Limb Deficiency</p> <p>Athletes with Limb Deficiency have total or partial absence of bones or joints as a consequence of trauma.</p>	<p>Examples of an Underlying Health Condition that can lead to Limb Deficiency include traumatic amputation, illness (for example amputation due to bone cancer) or congenital limb deficiency (for example dysmelia).</p>	<p>Muscle power and range of movement Stump length</p>	<p>Greater than 15% loss of power, or range of movement in at least one upper and/or lower limb.</p>
<p>Leg Length Difference</p> <p>Athletes with Leg Length Difference have a difference in the length of their legs.</p>	<p>Examples of an Underlying Health Condition that can lead to Leg Length Difference include: dysmelia and congenital or traumatic disturbance of limb growth.</p>	<p>Muscle power and range of movement</p>	<p>Greater than 15% loss of power, or range of movement in at least one upper and/or lower limb.</p>
<p>Short Stature</p> <p>Athletes with Short Stature will have a reduced length in the bones of the upper limbs, lower limbs and/or trunk.</p>	<p>Examples of an Underlying Health Condition that can lead to Short Stature include achondroplasia, growth hormone dysfunction, and osteogenesis imperfecta.</p>	<p>Muscle power and range of movement Height Age</p>	<p>The FEI MIC standard is greater than 15% loss of power, range, or coordination in at least one upper and/or lower limb.</p>

<p>Hypertonia Athletes with hypertonia have an increase in Athletes with hypertonia have an increase in muscle tension and a reduced ability of a muscle to stretch caused by damage to the central nervous system.</p>	<p>Examples of an Underlying Health Condition that can lead to Hypertonia include cerebral palsy, traumatic brain injury and stroke.</p>	<p>Coordination</p>	<p>Greater than 15% loss of coordination in at least one upper and/or lower limb.</p>
<p>Ataxia Athletes with Ataxia have uncoordinated movements caused by damage to the central nervous system.</p>	<p>Examples of an Underlying Health Condition that can lead to Ataxia include cerebral palsy, traumatic brain injury, stroke and multiple sclerosis.</p>	<p>Coordination</p>	<p>Greater than 15% loss of coordination in at least one upper and/or lower limb.</p>
<p>Athetosis Athletes with Athetosis have continual slow involuntary movements.</p>	<p>Examples of an Underlying Health Condition that can lead to Athetosis include cerebral palsy, traumatic brain injury and stroke.</p>	<p>Coordination</p>	<p>Greater than 15% loss of coordination in at least one upper and/or lower limb.</p>
<p>Impaired Passive Range of Movement Athletes with Impaired Passive Range of Movement have a restriction or a lack of passive movement in one or more joints.</p>	<p>Examples of an Underlying Health Condition that can lead to Impaired Passive Range of Movement include Arthrogyrosis and contracture resulting from chronic joint immobilisation or trauma affecting a joint.</p>	<p>Range of movement</p>	<p>Greater than 15% loss of range of movement in at least one upper and/or lower limb.</p>

RA Para Reining Eligible Conditions:

Adult Rheumatoid Arthritis
Amputation
Arthrogryposis
Acquired Brain Injury
Aspergers Syndrome
Autism
Batten's Disease
Cerebrovascular Accident
Cerebellar Ataxia
Cerebral Palsy
Coffin Lowry Syndrome
Cystic Fibrosis
Down Syndrome
Dwarfism
Fragile X Syndrome
Friedreich's Ataxia
Guillain-Barre Syndrome
Hearing Impairment
Hunter's Syndrome
Juvenile Rheumatoid Arthritis
Intellectual Disability
Learning Disabilities
Microcephaly
Multiple Sclerosis
Muscular Dystrophy
Paraplegia
Post-Polio Syndrome
Prader-Willie Syndrome
Rett Syndrome
Spina Bifida
Spinal Cord Injury
Stroke
Tourette Syndrome
Traumatic Brain Injury
Trisomy Disorders
Vision/Hearing Impairments

****Other diagnoses will be considered upon request.***

The following conditions are **not eligible:**

ADHD
Anxiety Disorders
Cancers
Chronic Fatigue Syndrome
Chronic Pain Conditions
Depression
Dyslexia
Eating Disorders
Fibromyalgia
Psychological Diagnosis