International Waterski &
Wakeboard Federation
Disabled Council

Competition Handbook
Water Ski for the Disabled
Addendum
Classification Appendices

Issued by the Disabled Council
**30th April 2022**
TABLE OF CONTENTS

Appendix A – MP Testing Form________________________________________________________3
Appendix B – A/L Testing Form____________________________________________________3
Appendix C – V Testing Form________________________________________________________5
Appendix D – MP Familiarisation Guidelines Form____________________________________7
Appendix E – Testing Board Diagram________________________________________________9
Appendix F1 – The Skeletal System__________________________________________________10
Appendix F2 – The Dermatomes of the Body__________________________________________11
Appendix F3 – Functional Activity for Spinal Cord Injuries____________________________12
Appendix G – Cross Section of the Human Eye/ Light Transmission to the Brain_______13
APPENDIX A – MP TESTING FORM

Last Name: ……………………  Country: ……………………………

First Name: ……………………  Date of Birth: ……………………

Diagnosis: ………………………………………………………………………

Former Category: …………..  Date Classified: ……………………  Location: …………………

Remarks: …………………………………………………………………………. 

<table>
<thead>
<tr>
<th>Test</th>
<th>Grade</th>
<th>Test 1 Sub Tests</th>
<th>Test 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hand, Arm Shoulder</td>
<td></td>
<td>Left</td>
<td>Right</td>
</tr>
<tr>
<td>2. Bending Forward</td>
<td>Shoulder Abduction</td>
<td>1:</td>
<td></td>
</tr>
<tr>
<td>3. Bending Backwards</td>
<td>Elbow Flexion</td>
<td>2:</td>
<td></td>
</tr>
<tr>
<td>4. Free Rotation</td>
<td>Wrist Flexion</td>
<td>3:</td>
<td></td>
</tr>
<tr>
<td>5. Tilt Board Sideways</td>
<td>Wrist Extension</td>
<td>4:</td>
<td></td>
</tr>
<tr>
<td>6. Lift Ball</td>
<td>Finger Flex / Grip</td>
<td>5:</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>Total</td>
<td>Left Ave + Right Ave =</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Left total + right total =</td>
<td></td>
</tr>
</tbody>
</table>

Preliminary Classification

MP1: Athletes with point totals of 0 to 6.5
MP2: Athletes with point totals of 7 to 10
MP3: Athletes with point totals of 10.5 to 13
MP4: Athletes with point totals of 13.5 to 16.5
MP5: Athletes with point totals of 17 to 18

Observation in Familiarisation needed?  □ Yes  □ No

MP1  □  MP2  □  MP3  □  MP4  □  MP5  □  Not an MP  □

Observation Scheduled: □ Date: ……………………  Time: ……………………

Actual Observation:  Date: ……………………  Time: ……………………

Final Decision:  MP1  □  MP2  □  MP3  □  MP4  □  MP5  □  Not an MP  □

Date of Testing: ………………………………  Place of Testing: ………………………………

Testers:  Doctor  Health Professional  Athlete / Tech Spec.

Name: ………………………………  ………………………………  ………………………………

Signature: ………………………………  ………………………………  ………………………………
## APPENDIX B – A/L TESTING FORM

<table>
<thead>
<tr>
<th>TEST</th>
<th>SCORE</th>
<th>PRELIMINARY CLASSIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Points Total</td>
<td>(0&lt;TOTAL&lt;8)</td>
</tr>
<tr>
<td>3a</td>
<td></td>
<td>Possibly MP</td>
</tr>
<tr>
<td>3b</td>
<td>Points Total</td>
<td>(9&lt;TOTAL&lt;16)</td>
</tr>
<tr>
<td>4a</td>
<td>Points Total</td>
<td>(17&lt;TOTAL&lt;22)</td>
</tr>
<tr>
<td>4b</td>
<td>Points Total</td>
<td>(23&lt;TOTAL&lt;28)</td>
</tr>
<tr>
<td>5</td>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

Observation in familiarisation needed? **YES** - **NO**

Observation scheduled:
- Date: 
- Time: 

- A/L 1
- A/L 2
- Not an A/L

Actual observation:
- Date: 
- Time: 

Final decision:

Date of Testing: 
Place of Testing: 
Tester: 
- Doctor/Physiotherapist
- Health Professional
- Athlete/Tech.spec.
Name: 
Signature: 


APPENDIX C – V TESTING FORM

V Skier Classification Testing Form

Last Name: ___________________________  Country: ___________________________
First Name: _________________________  Date of Birth: _______________________
Gender: ______________________________

Diagnosis:  ________________________________________________________________
Medication(s):  _____________________________________________________________
Dosage(s):  _______________________________________________________________

Right Eye:  Corrected  Uncorrected
Left Eye:  ________________  ________________

Check best description that applies. (Note: if there is a difference between the left and right eyes, please note in comments below.)

☐ No light perception in either eye up to light perception only but inability to recognize the shape of a hand at any distance or in any direction.

☐ Ability to recognize shapes of a hand (hand movements) up to visual acuity of 2/60

☐ A visual field of less than 5 degrees.

☐ From visual acuity better than 2/60 up to and including visual acuity of 6/60.

☐ A visual field of more than 5 degrees (and less than 20 degrees).

Remarks/Comments:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Tester Details*

Name: ___________________________  Date of Test: ___________________________
Qualification: ______________________
Signature:  _______________________________________________________________
**Testing Procedure**

Examiners must remember that vision testing ultimately depends upon the athlete's truthfulness and attention during examination. When findings are doubted by the examiner or are at variance with previous findings, repeat examination using smaller (or larger) acuity targets should be done.

Vision is checked with and without best correction, one eye at a time. Where spectacles or contact lenses are not available, pinhole vision is taken. Care must be taken to assure occlusion of one eye while the other is being examined. (RE: The palm of one hand is lightly applied over the other eye.)

Vision should be checked using different size acuity targets where borderline situations exist, i.e. 2/60, 3/60 should be rechecked using 30m targets at 1, 1.5 and 2 metres. Vision is sometimes found to be better than 6/60; and, as a result, a distance of more than 6 metres may be required or smaller figures needed. These should be confirmed using more than one target card, as these findings are very important to the athlete.

Visual fields should be examined by tangent screen when the athlete has no formal documentation. Often, even this is not required depending upon the confrontation results. When required, the examiner’s hand or a 20 cm x 20 cm white sheet of paper is used against a black background (small tangent screen) at 2 metres. At least 4 meridians must be examined. These should represent all of the visual field and be presented from non-seeing to seeing. The field may be rechecked at 0.5 metres and 2.0 metres if required. When seated 1 metre away from a fixation point, a circle 1 metre in radius provides a 90-degree angle, one with a 0.5 metre radius provides a 45-degree angle, and one with a 0.25 metre radius provides a 22.5-degree angle. Although not exact, this “tangent screen” will be helpful in the above circumstances.

No light perceptions should always be confirmed by looking for a pupillary light reaction. Where functional vision is greater than the medical classification recorded, a repeat examination should be administered with a number of acuity targets in an effort to accurately reassess the category. Ultimately, the decision must be based upon hard findings and medical options.

*The V Tester shall be an ophthalmologist, an ophthalmic optician, or a physiologist with clinical experience in ophthalmic testing for visual acuity and field of vision.*

---

**Final section to be completed by Classification Committee / Team Member**

Please refer to the Classification Handbook to convert the scores to the classification

**Classification Outcome – V Classification**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position:</td>
<td></td>
</tr>
<tr>
<td>V Classification:</td>
<td></td>
</tr>
</tbody>
</table>

Please return completed document to:
Classification Committee
IWWF Disabled Council Technical Committee Co-chairs:
Paul Airey: paul@pairey.co.uk / Dany De Bakker dany.debakker@gmail.com
## Appendix D – MP Familiarisation Guidelines Form

Familiarisation Guidelines: To be used as required by the Classification Team for review of video in selection of appropriate classification.

<table>
<thead>
<tr>
<th>Water Ski Activity</th>
<th>MP1</th>
<th>MP2</th>
<th>MP3</th>
<th>MP4</th>
<th>MP5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starts</td>
<td>uses head and shoulder for balance, uses wrists or palm to stabilize handle against body, balance significantly compromised in water</td>
<td>uses head and shoulder for balance with some assist from upper trunk, uses hands to hold handle, balance significantly compromised in water</td>
<td>uses upper trunk for starts to maintain balance, holds handle with hands and balance is somewhat compromised in water</td>
<td>uses upper and middle trunk to maintain balance, holds handle with hands and can use arms to maintain balance, balance is minimally compromised in water</td>
<td>uses trunk and pelvis to maintain balance, uses hands to hold handle and can use arms to maintain balance, balance is good in the water and can easily manage ski in water</td>
</tr>
<tr>
<td>Hand Function</td>
<td>uses wrist or forearm while actively skiing no active grip or hand strength</td>
<td>uses hands (in palm with finger grip) while actively skiing with or without adapted gloves</td>
<td>uses normal skiing grip, but may use adaptive gloves</td>
<td>uses normal skiing grip, but may use adaptive gloves</td>
<td>uses normal skiing grip, but may use adaptive gloves</td>
</tr>
<tr>
<td>Slalom</td>
<td>unable to use abdominals and tends to rest on the knees in a static position, may use one hand on cage to support or adjust position, unlikely to release the handle in turns</td>
<td>unable to use abdominals and tends to rest on the knees in a static position, may use one hand on cage to support or adjust position, can use head and shoulders on the ski, may release the handle with one hand in very small range of motion</td>
<td>limited use of trunk and uses head, shoulders and upper trunk only, tends to rest on the knees, but has some ability to move the trunk on the ski, may or may not release the handle, but can extend the handle away from the body in a limited range of motion</td>
<td>moderate to full use of trunk, but unable to use pelvis or legs to affect the ski, tends to move back and forth/side to side on the ski, may or may not release the handle, but can extend the handle away from the body in full range of motion</td>
<td>full use of trunk, able to use pelvis or legs to affect the ski, moves dynamically on the ski in all directions, may or may not release the handle, but can extend the handle away from the body in full range of motion</td>
</tr>
<tr>
<td>Water Ski Activity</td>
<td>MP1</td>
<td>MP2</td>
<td>MP3</td>
<td>MP4</td>
<td>MP5</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>Jump</td>
<td>unable to use abdominals and tends to rest on the knees in a static position, may use head, shoulders to affect the ski, correct position or edge ski, unlikely to release the handle</td>
<td>unable to use abdominals and tends to rest on the knees in a static position, may use head, shoulders to affect the ski, correct position or edge ski, may release the handle in the air in a very small range of motion</td>
<td>uses head, shoulders and upper trunk as needed to affect the ski, uses trunk motion to correct position or edge ski, may release the handle in the air in a limited range of motion</td>
<td>uses head, shoulders and trunk as needed to affect the ski, correct position or edge ski, able to release the handle with one hand in the air as desired</td>
<td>uses trunk, pelvis and legs as needed to affect the ski, correct position or edge ski, able to release the handle in the air as desired</td>
</tr>
<tr>
<td>Trick</td>
<td>unable to use abdominals and tends to rest on the knees in a static position, may use one hand on cage to support or adjust position, handle exchange awkward with wrist/forearm grip</td>
<td>unable to use abdominals and tends to rest on the knees in a static position, may use one hand on cage to support or adjust position, can use head and shoulders to affect the ski, handle exchange with normal skiing grip, may stabilize with one hand on cage for balance</td>
<td>uses head, shoulders and upper trunk as needed to affect the ski, uses trunk motion to correct position or edge ski, handle exchange with some arm reach, may stabilize with one hand on cage for balance but can lift upper trunk from the knees</td>
<td>uses head, shoulders and trunk as needed to affect the ski, correct position or edge ski, handle exchange easily with dynamic trunk motion fore/aft and side to side</td>
<td>uses trunk, pelvis and legs as needed to affect the ski, correct position or edge ski, able to use the pelvis and legs to rotate or lift ski in the air</td>
</tr>
<tr>
<td>Dock</td>
<td>requires arm support when out of chair at all times, easily loses balance</td>
<td>requires arm support when out of chair at all times, easily loses balance</td>
<td>requires arm support when out of chair, but can briefly maintain balance without arms</td>
<td>able to use trunk to maintain balance, but can lose balance in unstable conditions</td>
<td>able to use trunk/pelvis/legs as needed in unsupported sitting positions</td>
</tr>
<tr>
<td>Cage</td>
<td>unable to lift trunk from resting position while skiing</td>
<td>unable to lift trunk from resting position while skiing</td>
<td>able to lift upper trunk from resting position while skiing</td>
<td>able to lift upper and mid trunk from resting position while skiing</td>
<td>able to lift full trunk from resting position while skiing and move dynamically on the ski</td>
</tr>
</tbody>
</table>
APPENDIX E – TESTING BOARD DIAGRAM
APPENDIX F1 – THE SKELETAL SYSTEM
APPENDIX F2 – THE DERMATOMES OF THE BODY
APPENDIX F3 – FUNCTIONAL ACTIVITY FOR SPINAL CORD INJURIES

## Spinal Cord Segments

### Cervical Segments
- C1-T1
- Neck and arm muscles and diaphragm

### Thoracic Segments
- T2-T12
- Chest and abdominal muscles

### Lumbar & Sacral Segments
- L1-L5
- Hip and knee muscles
- S1-S5
- Hip, knee, ankle and foot muscles
- Bowel, bladder, and reproductive organs

### Chart Representation

<table>
<thead>
<tr>
<th>Quadruplegia</th>
<th>Paraplegia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating</td>
<td></td>
</tr>
<tr>
<td>Dressing</td>
<td></td>
</tr>
<tr>
<td>Grooming</td>
<td></td>
</tr>
<tr>
<td>Toileting</td>
<td></td>
</tr>
<tr>
<td>Eating</td>
<td></td>
</tr>
<tr>
<td>Drinking</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
</tr>
<tr>
<td>Mobility</td>
<td></td>
</tr>
<tr>
<td>Self-care</td>
<td></td>
</tr>
<tr>
<td>Toilet</td>
<td></td>
</tr>
</tbody>
</table>

- **X**: Normal or near normal function or performance.
- **V**: Needs some type of personal and/or mechanical assistance.
- ***:**: It can be partially available but options need to be discussed on individual basis.
- ****: Not practical/possible.

---

**Legend:**
- Normal or near normal function or performance.
- Needs some type of personal and/or mechanical assistance.
- It can be partially available but options need to be discussed on individual basis.
- Not practical/possible.
APPENDIX G – CROSS SECTION OF THE HUMAN EYE/LIGHT TRANSMISSION TO THE BRAIN

CROSS SECTION OF THE HUMAN EYE

1. Light passes through the CORNEA, a clear protective covering.

2. And into the fluid-filled ANTERIOR CHAMBER

3. The LENS opens and closes to regulate the amount of light admitted.

4. Next, light passes through the LENS, a structure which can change a shape to bring into focus objects at varying distances from the eye.

5. Light then travels through the VITREOUS BODIES, a clear gelatinous substance which maintains the proper shape of the eyeball.

6. And into the RETINA, where it is turned into signals that can be processed by the brain.

7. Impulses from the retina are passed along the OPTIC NERVE to the vision centers at the back of the brain.

LIGHT TRANSMISSION TO THE BRAIN