

PARA ARCHERY CLASSIFICATION GUIDE BOOK

What is Classification?

Classification is a structure for competition. Paralympic archers have an impairment in body structures and functions that leads to a competitive disadvantage in sport. Consequently, criteria are put in place to ensure that winning is determined by skill, fitness, power, endurance, tactical ability and mental focus, the same factors that account for success in sport for archers who are able-bodied.

The process that is put in place to define who can compete and to group the archers is called Classification.

For archery we test muscle strength or/and range of joint movement or/and coordination.

The allocation of a Sport Class is a process done by Classifiers who determine the level of functional ability of each archer. Archers may be classified a number of times throughout their careers and changes in Sport Class may occur if an archer's condition improves or deteriorates.

Classification panel

Each International classification team shall consist of at least three authorised classifiers, at least one of them having a medical background [eg physiotherapist or doctor.]

Archery sport class profiles

W1 class – is defined as a tetraplegic or comparable disability [problems with both arms and legs] the archer is in a wheelchair.

W2 class – is defined as paraplegic or comparable disability [problem is mainly with the legs] the archer is in a wheelchair.

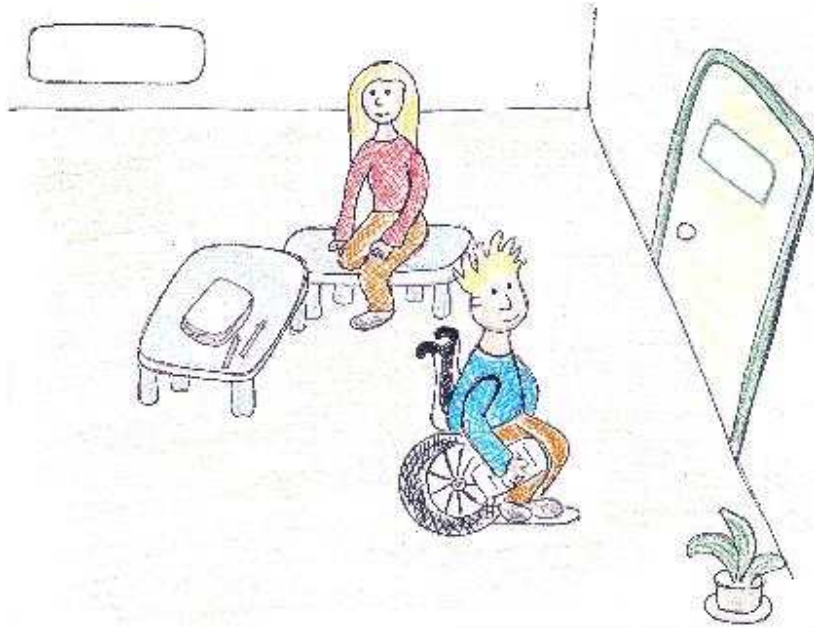
ST class – is defined as an archer who is standing or shooting from a stool or a normal chair

Bow category

There are two bow categories:

- Recurve
- Compound

1. Waiting room



Archer is asked to fill Classification request form which gives the classifier written permission to do the testing

2. Classification room



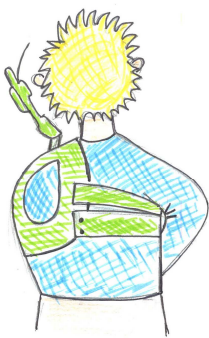
Archer enters the classification room

3. Examination



Classifier examines an archer in the classification room and the result is documented on the classification form

4. Assistive devices



Assistive devices [e.g. wheelchair, chair/stool, body support, prosthesis] are only allowed by classifiers and it is documented in the classification paper work.

5. Results administration



Classifiers download data into the system and finish first part of classification procedure

6. Classification result announcement



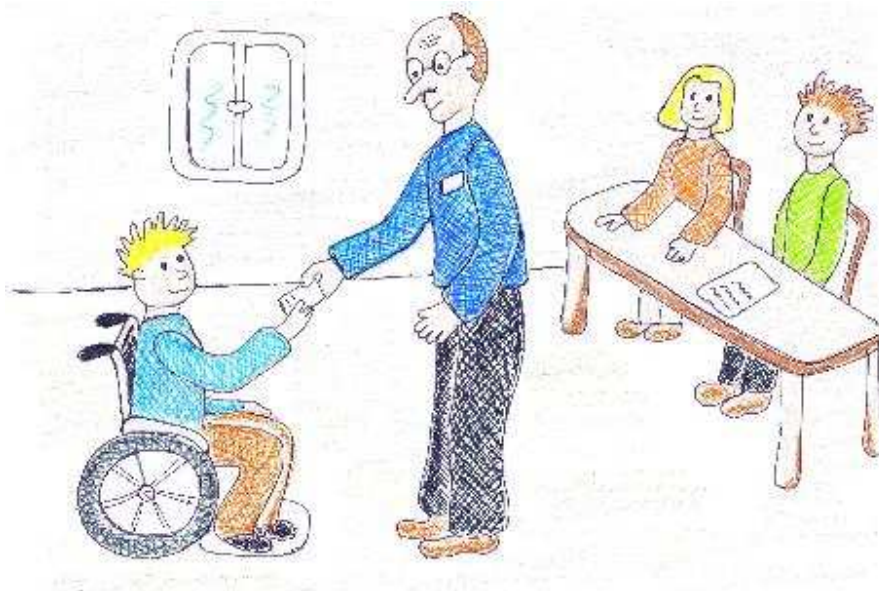
Archer is informed about the result and copy of classification form is provided

7. Observation on the field of play



Second part of classification procedure is observing on the field of play

8. Classification card distribution



Classification ID card is produced and given to the archer



Para-Archery Classification Medical Information Intake Form

WORLD ARCHERY
FEDERATION
FÉDÉRATION
MONDIALE
DE TIR À L'ARC



Maison du Sport International
Avenue de Rhodanie 54
1007 Lausanne, Switzerland
Phone: +41 (0)21 614 30 50
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www.archery.org

This form must be completed in the *English language* prior to classification. Following completion a physician familiar with the applicant's medical condition, disease, or injury must sign the completed document and provide national medical society or board of practice information for verification purposes.

As this form represents the first step in the classification process, the information provided must be honest, accurate, and verifiable. Successful completion of this form does not indicate that a classification will be performed. Rather, it provides a concise basis of discussion between the applicant and classification team regarding the applicant's potential for being successfully classified as a para-archery competitor.

The completed form must be submitted less than one year prior to classification scheduling.

The information provided on this form is essential to verify that the medical condition, disease, or injury that the applicant has sustained has a clear impact on their ability to function in the sport of archery.



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Applicant Information

Surname	
First name	
Date & Place of Birth (DD/MM/YYYY)	
National Governing Body (Member Association)	
Primary Diagnosis (the major medical condition, disease, or injury that impacts the applicant's ability to perform the sport of archery)	
Date of diagnosis (DD/MM/YYYY)	
Significant functional limitations and/or impairments associated with the Primary Diagnosis	
Summary of Special Tests that confirm the Primary	



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Diagnosis (may include information provided by X-rays, Magnetic Resonance Images, Diagnostic Electromyography, or other tests deemed appropriate by a treating physician)	
Secondary Diagnosis (a secondary medical condition, disease, or injury that when combined with the primary medical diagnosis impacts the applicant's ability to perform the sport of archery)	
Date of diagnosis (DD/MM/YYYY)	
Significant functional limitations and/or impairments associated with the Secondary Diagnosis	
Summary of Special Tests that confirm the Secondary	



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Diagnosis (may include information provided by X-rays, Magnetic Resonance Images, Diagnostic Electromyography, or other tests deemed appropriate by a treating physician)	
Any other medical conditions, diseases, injuries, or extenuating circumstances that may impact the applicant's ability to perform the sport of archery	

By signing this document we confirm that the information provided is honest, accurate, and verifiable.

Applicant signature

Date and Place



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Physician Information

Surname	
First name	
Signature	
Physician National Medical Society or National Board of Practice	
Physician Registration Number/ Not applicable	