Paracycling National Medical Diagnostics Form

Dear Athlete:

This form is a guide to collect information needed for national classification evaluation. In order to be eligible to be scheduled for a national classification appointment the athlete **must** have an eligible impairment as per the IPC Classification Code, Chapter 2, Part 3 Eligible Impairments. For additional information on the Paralympic eligible impairments, visit the IPC classification website. For a list of eligible impairments by sport, please visit the USOPC Paralympic Classification website.

There are five eligible impairments for Paracycling:

1. Impaired muscle power
2. Impaired passive range of motion
3. Limb deficiency and/or limb length difference
4. Coordination impairments (Hypertonia, Ataxia, Athetosis)
5. Vision impairment

Classification evaluation is usually done in conjunction with a competition and is conducted by paracycling classifiers.

Classification evaluation will include a physical assessment and a technical assessment during competition.

If you are an athlete with a visual Impairment, you do not need to complete this form. Athletes with a vision impairment must submit the visual medical diagnostics form to USA Cyling here. Forms must be submitted at least four weeks in advance of any Paracycling competition where you expect to participate.

National classification appointments are reserved for USA citizens only. If you are a citizen of another country and you have never undergone classification evaluation you must first obtain proof of citizenship in the USA before you will be scheduled for classification evaluation by a USA national classification. If you have undergone classification evaluation in another country nationally or internationally you must provide proof of sport class(es) and sport class status before the competition in the United States where you intend to compete.

Please send all completed forms to USA Cycling here at least four (4) weeks prior to competition.

Athlete Name:

Competition Gender:

Email Address: Athlete or Parent/Guardian

Date of Birth mm/dd/yyyy

List the Para sport(s) the athlete competes in:

Is the athlete a USA Citizen?

What is your current Classification Status

- ◯ Never been Classified
- ◯ National Review
- ◯ NN with fixed review date
- ◯ National Provisional

What competition does the athlete hope to be classified at:

There are five eligible impairments that the IPC recognizes for eligibility to compete in Paracycling. The International Standard for Eligible Impairments provides examples of underlying health conditions may fit into each impairment type. If you do not know which impairment group applies to you, please review the eligible impairments section within the IPC Classification Code.

Type of Impairment (select all that apply)

- ☐ Impaired Muscle Power
- ☐ Impaired Passive Range of Movement
- ☐ Limb Deficiency and/or Limb Length Difference
- ☐ Coordination Impairment (Ataxia, Athetosis & Hypertonia)
- ☐ Vision Impairment

What is the Athlete's Medical Diagnosis (Underlying Health Condition or Origin) causing the selected Impairment(s)?

Brief description of Athlete's Impairment including body parts affected areas and limitations. Examples of information to include:

- Athletes with a spinal cord injury (SCI) or spina bifida, please include at what level and if the SCI is complete or incomplete (i.e. SCI complete L7 or spina bifida L3-L4).
- Athletes with Cerebral Palsy, please include what type (i.e., Ataxia, Athetosis).
- Short stature please include your height.
- Athletes with surgeries specifically related to your impairment (i.e. tendon transfers, rods inserted/removed, etc.). Please list each surgery type including the date it was performed.

Please answer the following questions:

Is your impairment congenital or acquired?

◯ Congenital ◯ Acquired

If acquired, please include the date:

Is your Impairment:

◯ Stable ◯ Progressive ◯ Fluctuating

Do you have a latex allergy?

◯ Yes

◯ No

Do you have a shunt?

◯ Yes

◯ No

Please attach relevant supporting medical documentation that confirms the athlete's medical diagnosis or details the degree of impairment.

Please return completed forms to USA Cycling here
If you have any questions about this form, please contact us via email.