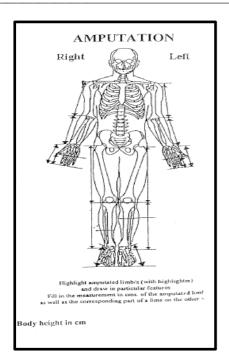
ASSISTIVE DEVICES □ wheelchair ☐ bandaged ☐ arm splint □ body support/strapping □ prosthesis □ block □ leg strap other COMMENTS:



Evaluation Current CLASS		
Sitting impaired upper and lower limbs and	trunk	
Sitting impaired upper and lower limbs		
Sitting impaired upper and lower limbs		
Standing Impaired Upper limb dominant side		
Standing impaired upper and lower limbs		Federazio
Standing upper and lower limb		Italiana Boo
Standing upper Non dominant side	Points	Bocce per persone
Eligible D. Not Eligi	hlo 🗖	
Eligible Not Eligi	ble 🗀	
Name of authorized classifiers (block capitals)	РНОТО
CLASSIFIER	CLASSIFIER	
signature	signature	M/F
PROTEST		
Date and time		
Name of classifiers on protest jury		FAMILY NAME
		GIVEN NAME _ BIRTHDATE
the following changes are upheld after protest		BITHPLACE
		Region Sport Society
CI ACCIEIED	ATHETE	DATE
CLASSIFIER signature	ATHLETE signature	PLACE
Signature	5151MUIC	



con "impairment" Motorio

РНОТО	
M/F	

	Tesseramento Card N°
FAMILY NAME	
Region	
Sport Society	
DATE	
PLACE	

ATHLETE Signature

Name					
Health Condition ☐ tetraplegia ☐ paraplegia ☐ poliomyelitis ☐ spina bifida		☐ amputat./amelya☐ C.P☐ les autres			
Traumatic:	□ yes □ no				
For spinal cord in	jury (e.g., ASIA)				
(description moto	or level)				
(description senso	ory level)				
(Completeness of	the lesion)				
AMPUTATION/A	AMELYA				
(describe level of	☐ congenital amputation)				
Measurement of s	tump				
CEREBRAL PALSY/BRAIN INJURY					
(describe type of cerebral palsy) a) congenital					
b) acquired / date / details					
LES AUTRES					
(State Health Condition and Impairment, describe activity limitation in relation to sport)					
		_			

Trigger	R/L	Full	Muscle	strength	Coordination	R.O.M.
Barrel	R/L	R.O.M.				
Shoulder	Flexion	170				
	Extension	40				
	Abduction	180				
	Adduction	40				
	Int. Rotation	70				
	Ext. rotation	70				
Elbow	Flexion	159				
	Extension	10				
Forearm	Supination	90				
	Pronation	90				
Wrist	Flexion	50				
	Extension	80				
	Ulnar	40				
	Rad.	30				
Fingers	Flexion	90				
	Extension	10				
	Thumb Opposition Spread/closing					
TOTAL	UPPER LIMBS	<u> </u>			1	
Trunk	Up abdomin	ı	1	1		1
TTUIK	Low abdomin					
	Up extensors					
	Low extens,					
	Rotation	60				
	Rotation	00				
TOTAL	TRUNK					
Legs and		130	T	T	1	1
-	Flexion					
hip	extension	10 40				
	Abduction					
	adduction	30				
	Internal rot	40				
	External rot	50				
Knee	Flexion	150				
	Extension	5				
Ankle	Dorsiflexion	30				
	Plantarl flex.	50				

TRUNK BAL			
☐ Normal	☐ Fair	□ Poor	□ None
CEANDING D	AL ANGE		
STANDING B			
☐ Normal	☐ Fair		
□ Poor	☐ None		
COMMENTS			
1			

Point System

Range of movement: 0-No range of movement 1- Minimal range of movement 2-1/4 movement 3-1/2 movement -4-3/4 movement 5-Full range of movement

Muscolar Strength: o – Total lack of voluntary contraction 1 – Trace faint contraction without any movement 2 – Poor, contraction with very weak movement through full range of motion when gravity is eliminated 3 – Fair, contraction with movement through the complete joit range against gravity 4 – Good, contraction with full range of movement against gravity and some resi stance 5 – Normal, contractio of normal strength through full range of motion agaist full resi stance

Co-ordination, spasticity, athetosis, ataxis: 0 – No functional movement at all 1 – very minimal co-ordinative movement possible, non functional 2 – the sequence of movement is very difficult and can only be carried out very slowly and uncoordinated and/or not more than 25% range of motion by fast repetition. 3 – the movements can only be carried out slowly but roughly without faults and/or not more than 50% range of motion by fast repetition 4 – The movements are slightly uncoordinated and/or not more than 75% range of motion by fast repetition.