

Request for Medical Documentation		
	Date	Signature
Verbal Request		
Letter sent to NPC		
Documents Received		

Start: W D

Status: N R C

Protested: P

SWIMMING FUNCTIONAL CLASSIFICATION TESTING SHEET

(Please print all details in English)

FAMILY NAME: _____

GIVEN NAME: _____

DATE OF BIRTH (dd/mm/yyyy): _____ **GENDER:** MALE / FEMALE

CITY/STATE/COUNTRY: _____

Diagnosis + Associated Diagnosis: _____

_____ **Since** _____

Progressive: Yes/No **Seizures:** Yes/No **Asthma:** Yes/No **Allergies:** Yes/No

Ability to Walk: Yes/No **Crutches/Aids:** Yes/No **Wheelchair:** Yes/No

Accredited Coach/Trainer: Yes/No

How long involved in Competitive Swimming: _____

No. of Training Sessions per week: _____

Length of each Training Sessions: _____

Cross Training: YES/NO **Type:** _____

No. of Competitions within the past 12 months: _____

Testing Place, Date _____ **CLASSES:** S SB SM

MEDICAL TESTER'S SIGNATURE

TECHNICAL TESTER'S SIGNATURE

SWIMMER'S SIGNATURE

Printed name:

Printed name:

EXCEPTIONS: **To be Observed During Competition:** _____

Assistance Required for Start:

Support Staff

Assistance Required to enter and exit the water:

Yes/No

Start: _____

Freestyle: _____

Backstroke: _____

Butterfly: _____

Breaststroke: _____

Comments: _____

BENCH TEST

Coordination
Muscle Test

Contracture
ROM

RIGHT LEFT

RIGHT LEFT

UPPER LIMBS

Shoulder	S	SB	Flexion				
	S	X	Extension				
	X	X	Abduction				
	S	SB	Adduction				
	S	X	Ext. Rot				
	S	SB	Int. Rot				
Elbow	S	SB	Flexion				
	S	SB	Extension				
	S	SB	Pronation				
Wrist	S	SB	Flexion				
	S	X	Extension				
	X	SB	Uln. Abn				
Finger	S	SB	Flexion				
	S	SB	Extension				
	S	SB	Adduction				
TOTAL S							
TOTAL SB							

Dive Start and Push-off : S and SB Strokes

Start in water with assistance 0 points
 Start in water without assistance 1-2 points
 Falls into the water 1-2 points
 Poor functional dive with one leg 3-4 points

Poor functional dive with both legs 5-6 points
 Good functional dive with one leg 7-8 points
 Good functional dive with both legs 9-10 points

Dive with one non-functional arm (dragging or above elbow amp) 9 points
 Dive with non-functional arms (dragging or above elbow amp) 7 points

No push-off with legs possible 0 points
 Push-off only with any single joint 1-2 points
 Poor functional push-off with one leg 3-4 points
 Poor functional push-off with both legs 5-6 points
 Good functional push-off with one leg 7-8 points
 Good functional push-off with both legs 9-10 points

Turning without arms (dragging or above elbow amp) 7 points
 Turning with one arm (dragging or above elbow amp) 9 points

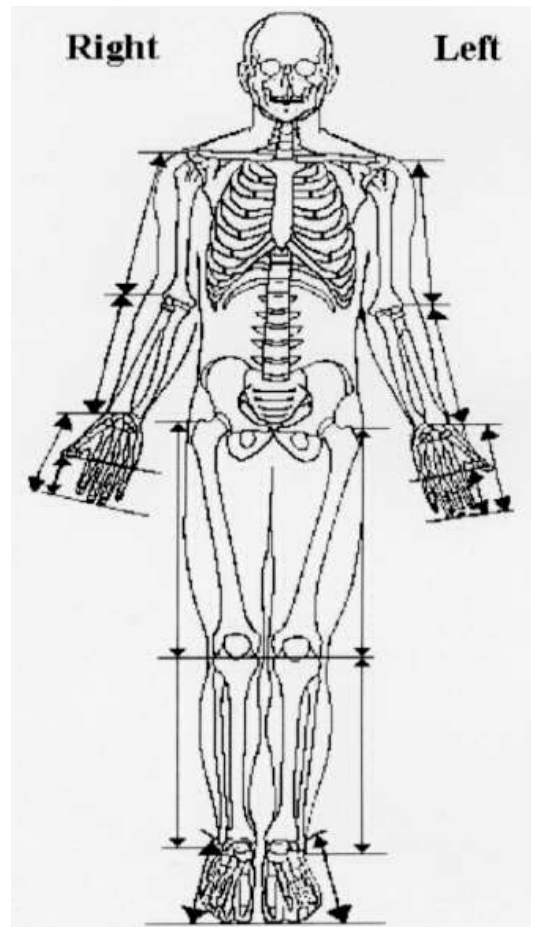
BODY HEIGHT:.....cms

HEAD TO BUTTOCK.....cms

TRUNK

Trunk	S	SB	Flx. Upper				
	S	SB	Flx. Lower				
	S	SB	Ext Upper				
	S	SB	Ext. Lower				
	S	X	Rotation				
TOTAL S							
TOTAL SB							

AMPUTATION



Highlight amputated limb/s (with highlighter and draw in particular features.
 Fill in the measurement in cms. of the amputated limb

Lower limb length difference in cm:

LOWER LIMBS

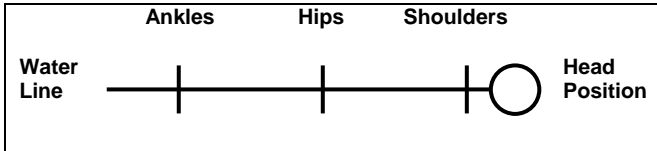
Hip	S	SB	Flexion			ROM	ROM
	S	SB	Extension			S/SB	S/SB
	X	SB	Abduction				
	S	SB	Adduction				
	X	SB	Ext. Rot				
	S	SB	Int. Rot				
Knee	S	SB	Flexion				
	S	SB	Extension				
Ankle	S	SB	Dorsiflex.				
	S	SB	Plantaflex.				
	S	SB	Pronation				
	S	SB	Supination				
TOTAL S							
TOTAL SB							

SHOULDER TEST			Right	Left
Scapula	Muscle Test	Retraction		
		Elevation		

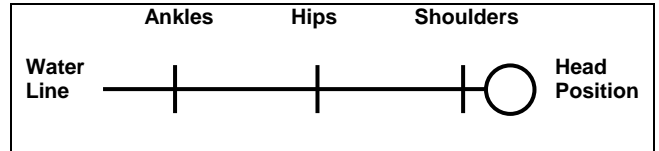
FUNCTIONAL STATUS WATER TEST

BODY POSITION

FACE FLOAT



BACK FLOAT



WATER TEST S – FUNCTIONAL

UPPER LIMBS

TOTAL ARMS FUNCTIONAL			
RIGHT (65)		LEFT (65)	
B	W	B	W

WATER TEST SB - FUNCTIONAL

UPPER LIMBS

TOTAL ARMS FUNCTIONAL			
RIGHT(55)		LEFT (55)	
B	W	B	W

TRUNK

TOTAL TRUNK FUNCTIONAL			
RIGHT (25)		LEFT (25)	
B	W	B	W

TRUNK

TOTAL TRUNK FUNCTIONAL			
RIGHT (20)		LEFT (20)	
B	W	B	W

LOWER LIMBS

TOTAL LEGS FUNCTIONAL			
RIGHT (50)		LEFT (50)	
B	W	B	W

LOWER LIMBS

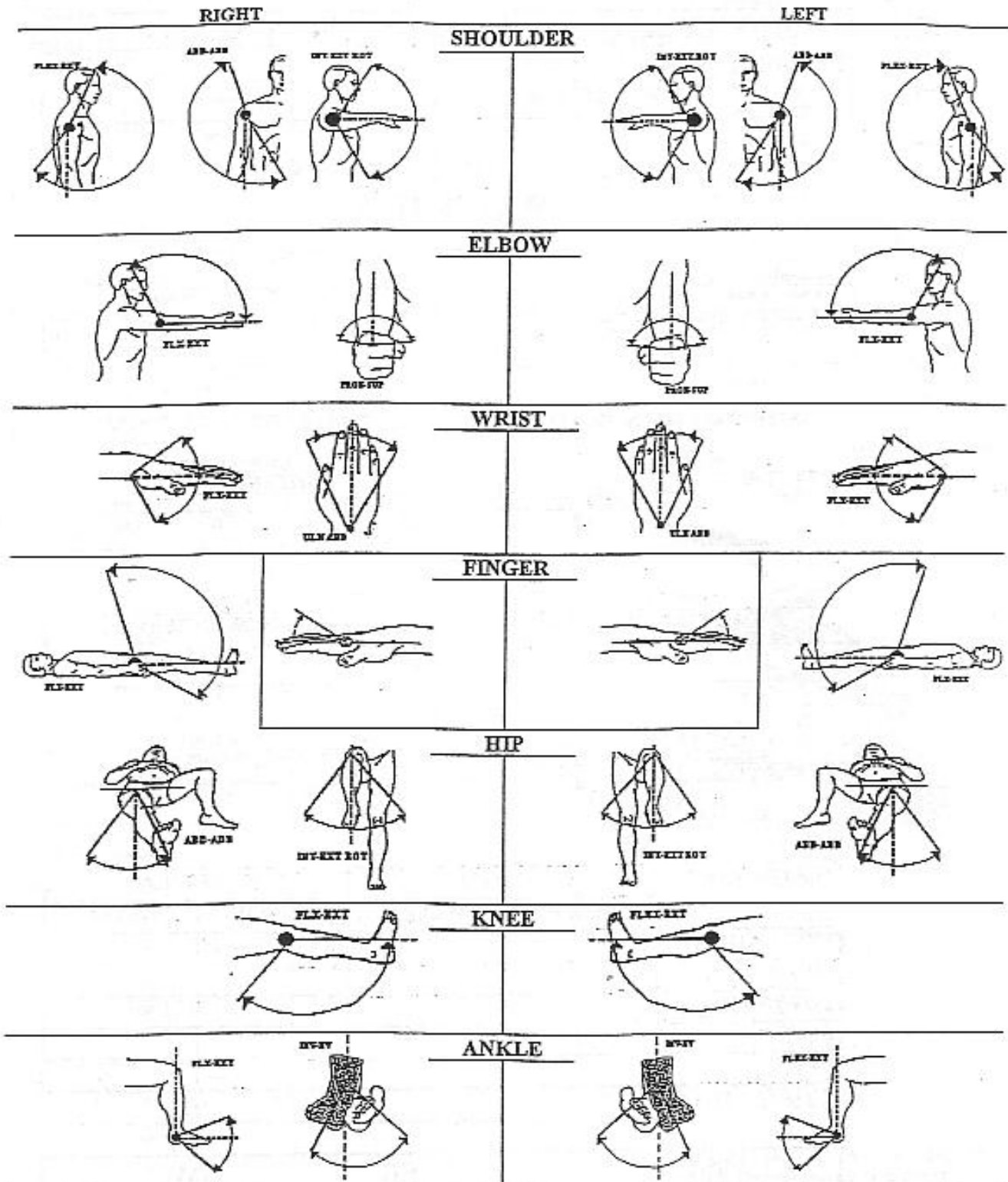
TOTAL LEGS FUNCTIONAL			
RIGHT (60)		LEFT (60)	
B	W	B	W

POINTS SCORE

	S-STROKE		SB-STROKE	
	BENCH	WATER	BENCH	WATER
UPPER LIMBS				
TRUNK				
LOWER LIMBS				
START				
TURN				
TOTAL				

CLASSES	S	SB	SM
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RANGE OF MOVEMENTS



Points System:

- 0 No joint mobility
- 1 Slight movement completely unfunctional
- 2 25% of the FROMS
- 3 50% of the FROMS
- 4 75% of the FROMS
- 5 Functional Range of Movement for Swimming (FROMS)

Fill in the start and the end positions of each movement affected and their corresponding degrees in numbers. Mark clearly with a zero (0) if not movement is present.

Highlight the range of movement that is active