

Definitions of impairments to enable participation in EDGA tournaments

These definitions have been created to give a proper and fair evaluation for participation. The general idea is that an individual who has a severe difficulty to play golf due to an impairment is eligible to compete in an EDGA golf tournament.

In general, from a medical standpoint, diagnoses determine the treatment. The diagnosis in itself is of minor interest in determining the physical restrictions in daily life. Therefore, the magnitude of physical restrictions must be the qualifying factor for participation in tournaments for 'golf for the disabled'. Until a scientific based classification system is in operation, the conventional handicap system in golf provides a good and fair way to compare different individuals with different impairments with regard to results.

Classifiers have to decide whether the impairment meets the minimal disability criteria to qualify for the tournament. The impairment has to be either stationary (confirmed status) or variable (increasing or decreasing) (review status). Evaluation contains a physical examination, a functional golf profile status and observation during competition.

To play golf, you are dependent upon the following functions:

<i>Section</i>	<i>Body part</i>	<i>Functions disabled</i>	<i>Description</i>	<i>Measurement</i>
A	Leg	Range of motion	A1x	A1y
		Muscle strength	A2x	A2y
		Length		A3
B	Arm	Range of motion	B1x	B1y
		Muscle strength	B2x	B2y
		Length		B3
C	Spine	Range of motion	Cx	Cy
D		Grip		
E		Limb deficiency	Ex	Ey
F		Neurological function		
G		Vision		
H		Intellectual	In	
I		General information		

A major impairment in any of the above mentioned functions, or in combination, will qualify for participation according to the following criteria:

METHODS of MEASURING

Functional Range Of Motion in Golf (FROMG)

Section A1x

Lower extremity

- The hip joint in an extended position is measured as 0.
- The knee joint in an extended position is measured as 0.
- The movements of the ankle are measured as follows: The position between dorsal flexion and plantar flexion and between supination and pronation is measured as 0.

Section B1x

Upper extremity

- The extended joint is in general measured as 0.
- The midway position between pronation and supination of the wrist is measured as 0.
- The shoulder in a standing neutral position is measured as 0.
- Maximal abduction and elevation is measured as 180.
- The position between internal and external rotation is measured as 0.

Section Cx

The spine

- The neutral starting position is the generally accepted anatomic position with the body upright, this is measured as 0.
- The range of motion of the spine is, from this starting point, lateral bending of the spine to the left and right, rotation, flexion and extension.

Section A3 / B3

Measurement of the amputated limb

The measurement must be taken from the most distal point of the amputated limb to the next anatomical joint above. The relevant point of the other arm or leg must also be measured.

Section A2x / B3x

Muscle testing (power scale) Daniels-Worthingham

- | | |
|---|--|
| 0 | Total lack of voluntary contraction. |
| 1 | Faint contraction without any movement of the limb (trace, flicker). |
| 2 | Contraction with very weak movement through the full range of motion, when gravity is eliminated (poor). |

- 3 Contraction with movement through the complete joint range against gravity.
- 4 Contraction with a full range of movement against gravity and some resistance (good).
- 5 Contraction of normal strength through full range of movement against full resistance (Daniels and Worthingham 1980).

Grades 4-, 4, 4+ may be used to indicate movement against slight, moderate or strong resistance respectively.

Section F

Australian Spasticity Assessment Scale

- 0 No catch on rapid passive movement (RPM).
- 1 Catch occurs on the RPM followed by release; there is no resistance to RPM throughout the remaining range.
- 2 Catch occurs in the second half of the available range (after the halfway point) during RPM and is followed by resistance throughout the remaining range.
- 3 Catch occurs in the first half of the available range (up to and including the halfway point) during RPM and is followed by resistance throughout the remaining range.
- 4 When attempting RPM, the body part appears fixed but moves on slow passive movement.

Neurological Coordination tests / Ataxia

- **Finger to nose test:** The Classifier demonstrates and asks the player to touch his own nose with his index finger from the crucifix position with the eyes closed.
- **Finger to finger test:** The Classifier demonstrates and asks the player to touch both index fingers from the crucifix position with the eyes closed.
- **Finger to toe test:** The Classifier demonstrates and asks the player to touch his own toe with the index finger with the eyes closed.
- **Heel draw test:** Draw the heel of one leg along the length of the contralateral leg, from ankle to knee and then in the reverse direction.
- **Romberg test:** Stand with feet together and both arms in a horizontal position in extension. When the player closes the eyes and is not able to stand still the Romberg sign is positive.
- **Tandem Romberg:** Straight line heel to toe walking.

Impaired Functional passive Range Of Motion in Golf (FROMG)

Section A1y

Lower limb

Hip:	Full flexion	130 ⁰	full extension	20 ⁰
FROMG	Extension - flexion	0-35-130 ⁰	= eligible	
Knee:	Full flexion	135 ⁰	full extension	0 ⁰
FROMG	Extension - flexion	0-30-135 ⁰	= eligible	
Ankle:	Dorsal flexion	20 ⁰	plantar flexion	40 ⁰

If the only impairment is a stiff ankle, the player is not eligible.

Section B1y

Upper limb

Shoulder:	Full flexion	150 ⁰	full extension	50 ⁰
	Full ext. rotation	60 ⁰	full int. rotation	95 ⁰
	Full abduction	180 ⁰	full adduction	60 ⁰

The FROMG is always measured including movements between scapula and thorax.

FROMG	Adduction or abduction	< 30 ⁰	= eligible
	Rotation	< 45 ⁰	= eligible
	Flexion	< 20 ⁰	= eligible

Impaired shoulder extension is not eligible.

Elbow:	Full flexion	150 ⁰	full extension	0 ⁰
	Full pronation	90 ⁰	full supination	90 ⁰
FROMG	Flexion - extension in the traject	> 45 to 150 ⁰	= eligible	
	Pronation and supination (on at least one side)	< 45	= eligible	

Right-handed players

Flex the right elbow	< 90 ⁰	= eligible
Flex the left elbow	< 60 ⁰	= eligible
(Reverse for left-handed players)		

Wrist:	Dorsal flexion	60 ⁰	palmar flexion	75 ⁰
	Total radio - ulnar deviation	70 ⁰		

*) Right-handed players: R side

Dorsal flexion	< 10 ⁰ AND	
Radio - ulnar deviation	< 5 ⁰	= eligible
(Reverse for left-handed players)		

Section Cy

Back and cervical spine

Measurement has to be taken with a fixed pelvis.

Rotation of the back is fundamental in a golf swing!

Rotation thoraco - lumbar	< 10 ⁰	= eligible
Rotation cervical spine	< 20 ⁰	= eligible

Other impairments such as extension and flexion and side-to-side movements of the thoraco - lumbar spine do not qualify.

*) In all cases reports from the International Classifier or the Chief Classifier are compulsory.

Impaired muscle power

Section A2y

Lower limb

- **Hip:** Reduction of strength below 3 in abduction, extension and flexion will be eligible.
- **Knee:** Reduction of strength below 3 in flexion and extension will be eligible.

Section B2y

Upper limb

- **Shoulder:** Reduction of strength < 3 in abduction, adduction, rotation and flexion will be eligible.
- **Elbow:** Reduction of strength < 3 in flexion, extension, pronation and supination in the same elbow will be eligible.
- **Wrist:** Reduction of strength < 3 in dorsal flexion, in radio deviation and ulnar deviation in the right hand of the right-handed player and left hand for the left-handed player will be eligible. The final decision is made by the Chief Classifier.

Section D

Grip

Complete lack of grip on one side will qualify.

Lack of sensation involving the median and ulnar nerve on both sides will qualify. The final decision is made by the Chief Classifier.

Section Ex

Leg length difference

Leg length difference should be at least 20 cm to qualify.

Arm length difference should be at least 15 cm to qualify.

Short stature

When both legs are short the length of the person and the legs are to be given in the report in cm.

The leg length has to be measured between the trochanter major and the medial malleolus.

When both arms are short the length of the person and the arms are to be given in the report in cm.

Section Ey

Limb deficiency: See Measurement of Amputated Limb Form

Lower limb

An amputation on Syme level or above on at least one side will be eligible.

Upper limb

An amputation of any part of the upper limb to be eligible is as follows:

- complete lack of grip on one side will qualify.

Section F

Neurological disorders

Hypertonia:

Measurement of spasticity is done by the Australian Spasticity Assessment Scale.

Monoplegia: Spasticity grade 2 or more in upper limb will be eligible.

Hemiplegia: Spasticity grade 2 or more in upper limb and balance problems in lower limb on affected side will be eligible.

Diplegia: Spasticity grade 2 in lower limbs but able to stand and swing and walk will be eligible.

In cases of doubt the player has to be observed by the Classifier during training or competition.

Ataxia

Ataxic movement must be demonstrable and clearly evident during classification. Clearly evident ataxia should be observable during at least one of the following tests:

- Finger to nose test
- Finger to finger test
- Finger to toe test
- Heel draw test
- Tandem Romberg
- Walking
- Romberg test

Athetosis

Athetosis must be demonstrable and clearly evident during classification. Clearly evident athetosis is an unwanted movement and posturing that is characteristically athetoid and is observable in one of the following tests:

- Involuntary movements of the fingers/toes or upper/lower extremities, despite the person trying to remain still.
- Inability to hold the body still, swaying of the body.

Section G

Impaired vision

Blindness or vision equal or below 0,1 (B3, 6/60 Snellen) on the best side after compensation with a lens will qualify. Reports from both a Medical Doctor specialised in eye illnesses and Optician are compulsory.

Section H

Intellectual impairments

- Significant impairment in intellectual functioning. This is defined as 2 standard deviations below the mean, that is, a Full Scale score of 75 or lower.
- Significant limitations in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills. This is defined as performance that is at least 2 standard deviations below the mean of, either one of the 3 types of adaptive behaviour (conceptual, social, or practical skills) or an overall score on a standardised measure of conceptual, social and practical skills.
- Intellectual disability must be evident during the developmental period, which is from conception to 18 years of age.

Section I

Hearing impairments, cardiopulmonary disorders, impairments due to normal ageing and intellectual impairments:

So far are not eligible to play in EDGA tournaments. Pain is not classifiable.

Cumulative disorders

In some cases there are multiple disorders, which do not qualify solely, but cumulatively result in severe difficulty to perform a normal golf swing, then the golfer can be eligible. Reports from both the Classifier and Chief Classifier are compulsory after investigation and observation. Investigation and observation always takes place with all the aids and supports the golfer needs to play normally in tournaments.

Functional status reported

If for instance an orthosis increases the degree of impairment, it is the status with the orthosis applied that has to be given to the player, as this is how the player will compete.

Changed impairment

If a player, previously approved, for any reason has a changing impairment, it must be reported to the authority giving the license immediately. The authority giving the license then has to decide the course of action with respect to a new medical examination or not, for a continued license. The penalty for violation of this rule has to be decided by the Rules and Disciplinary Committee.

Permanently wheelchair bound

A player permanently in a wheelchair in daily life, with a normal grip and swing in at least one hand and arm, is eligible for an EDGA pass.

Golf club aids

Classification investigation and observation always takes place with all the aids and support the golfer needs to play normally in tournaments. Assuming that all tournaments are played to The EGA handicap system, the most significant aspect is that the aids, support and assistance is taken into consideration when assessing the handicap. The provided aids, support and assistance have to be in accordance with the Modification of the Rules of Golf for Golfers with Disabilities as published by The Royal and Ancient Golf Club of St. Andrews. In international tournaments The EGA handicap has to be fairly and equally assessed.

Use of buggy

The general intention is that buggies are only allowed in tournaments for those who have an urgent or absolute need related to the impairment that makes them eligible. Players who are eligible due to disorders of the lower extremities neurological or balance problems should have a buggy.

If it can be considered that a medical condition can be worsened by walking or for safety reasons a buggy should be provided. Golfers with only upper extremity impairments are not allowed to use a buggy. In case of doubt the Chief Classifier of the tournament will make a final decision.

Classification Code of Conduct / Code of Ethics

The code is included in these Definitions of Impairments, being the same as those used by all Paralympic sports organisations and can be found in the IPC handbook section 2 chapter 1.1.

Decisions

In each EDGA tournament there has to be a Classifier and a Chief Classifier appointed by the Medical Committee (Head of Classification) that confirms the results of the national classification and approves the players eligibility.

Each country is also very strongly recommended to follow these rules in their national tournaments. We recommend that the national Medical Classifier have both personal experience and knowledge of golf so as to be aware of, and familiar with the restrictions and difficulties, which will occur with regard to playing golf.

All the reports for evaluation, written in English, have to be sent to the Head of Classification.

Protests

Any player can be subject to protest, and only if the sport rules and regulations allow for such a protest. All protests must be lodged in accordance with the policies and procedures as detailed in this guide in order to be considered. A player may only be subject to one protest during each season. Anyone can lodge a protest. All protests must be submitted on the Classification Protest Form and submitted as stated below.

The forms are available at the Chief Classifier's desk. In order for a protest to be considered by the Chief Classifier, all sections of the Classification Protest Form must be com-

pleted in their entirety, in English and without error. The Classification Protest Forms must be signed by the Chief Classifier present at the tournament and the NPC Chef de Mission or his/her authorised representative.

Protests must be submitted before the last competitor has left the 10th tee of the last round of the tournament.

A protest submitted is subject to a fee of 200 euros equivalent, paid in cash to the Chief Classifier. The Chief Classifier has to make his decision, eligible or not, not later than two hours after the last player has finished the last hole of the tournament. In the case that a protest is upheld, the amount paid will be refunded. The final protest decision will be documented on the official Classification Protest Form. The original form will be kept by the Chief Classifier and copies will be distributed to the player concerned. It is the responsibility of the Chief Classifier to inform the player and the national representatives of the final decision of a protest. If a player does not appear for classification re-evaluation, the player will be deemed ineligible to compete further in the current tournament.

Appeals

The term “appeal” refers to the procedure by which a formal objection to the manner in which a player’s evaluation procedure has been conducted. An appeal can be made to the Chief Classifier not after the first competitor has left the 1st tee of the tournament.

It must be emphasised that the identity of a player who has been subject to a protest and/or an appeal, may not be publicly disclosed by anyone to whose knowledge it might have come before completion of the protest or appeal procedure.

Duration of license

The license is valid as long as:

- The rules are not revised related to the disability at hand.
- There has been no changes, for any reason, in the participant’s physical restrictions.