



## P30-P50-P70 SINIFLANDIRMA İÇİN GEREKLİ BELGELER

### NÖROLOJİK BOZUKLUĞU OLAN SPORCULAR -HİPERTONİ-SPASTİSİTE-ATHETOZ-DİSTONİ-ATAKSİ (P30)

- **Sporcu için kriter:** Başlıkta ismi geçen yetersizliklerden birine (Merkezi Sinir Sistemi (MSS) ile ilgili bir soruna (örneğin: serebral palsi, beyin yaralanması veya omurilik yaralanması) sahip olmalıdır.
- WT MDF (*Ek bakanız*)
- **Tıbbi Rapor:** Sporcunun nörolojik durumunu göstermelidir. (Örn: CP, ataksi, distrofi, vb. tanı belgeleri). Raporda durumun kalıcı olduğu belirtilmeli, gerekli tanı bulguları eklenmelidir (EMG, MR, tomografi, genetik testi vb.).
- **Fotoğraf** (Duvar önünde bütün vücudunu gösterir şekilde, anatomik pozisyonda ve çorapsız)

### YARDIMCI CİHAZ-TEKERLEKLİ SANDALYE- SAHİP SPORCULAR (P50)

- **Sporcu için kriter:** Aşağıdaki yetersizliklerden birine sahip olmalıdır.
  - **Ekstremite yetersizliği:** Travma veya kanser gibi amputasyonlar ya da doğuştan malformasyonlar, örn. dismeli).
  - **Kas gücü kaybı:** (Periferik Sinir Sistemi “PNS” yaralanmaları örn. Brakiyal Pleksus veya Merkezi Sinir Sistemi “CNS” durumları örn. beyin veya omurilik yaralanması ile ilgili olabilir).
  - **Pasif Hareket Açısı kısıtlılığı:** Örn: eklem kontraktürü veya ankiloz).
  - **Nörolojik durumlar:** Hipertoni / Spastisite, Athetoz, Distoni veya Ataksi vb.
- WT MDF: Kullanılan yardımcı cihazın türü belirtilmelidir. (*Ek bakanız*)
- **Tıbbi Rapor:** Sporcunun ayakta durma dengesini sağlamak için yardımcı cihazlara veya günlük yaşamda tekerlekli sandalye kullanımına ihtiyaç duyduğunu göstermelidir. (Örn: CP, ataksi, distrofi, vb. tanı belgeleri). Raporda durumun kalıcı olduğu belirtilmeli, gerekli tanı bulguları eklenmelidir (EMG, MR, tomografi, genetik testi vb.).
- **Fotoğraf** (Duvar önünde bütün vücudunu gösterir şekilde, yardımcı cihazla birlikte)

## **KISA BOYLU SPORCULAR (P70)**

- WT MDF: Sporcunun herhangi bir gövde korsesi veya cihazı kullanıp kullanmadığı belirtilmelidir. (*Ek bakanız*)
- **Erkek sporcu için kriterler:** Ayakta boy uzunluğu  $\leq$  145 cm, kol uzunluğu  $\leq$  66 cm, ayakta boy uzunluğu ile kol uzunluğu toplamı  $\leq$  200 cm; **Kadın sporcu için kriterler:** Ayakta boy uzunluğu  $\leq$  137 cm, kol uzunluğu  $\leq$  63 cm, ayakta boy uzunluğu ile kol uzunluğu toplamı  $\leq$  190 cm olmalıdır.
- Fotoğraf (Duvar önünde bütün vücutunu gösterir şekilde ve anatomik pozisyonda, (varsayımsa) gövde korsesiyle beraber ve korsesiz olarak)

**TÜM BELGELER İNGİLİZCE OLARAK SUNULMALIDIR**

**MDF, raporlar ve tüm belgeler PDF formatında taranmalıdır.**

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*Türkiye Taekwondo Federasyon*



# INSTRUCTION

## Medical Diagnostic Form

For athletes with Neurological impairments



EN

- This form must be completed in **ENGLISH** by the Member National Association (MNA)'s physician or team doctor.



- Must be submitted by **REGISTRATION DEADLINE** of the event through <https://db.ipc-services.org/wtcs/app/login>



- Must have **MEDICAL REPORT in ENGLISH** submitted to WTCS.



- **PHOTO** of the athlete is **MANDATORY**.
- See **PHOTO GUIDE** next page
- Must be submitted also to WTCS under supporting documents.



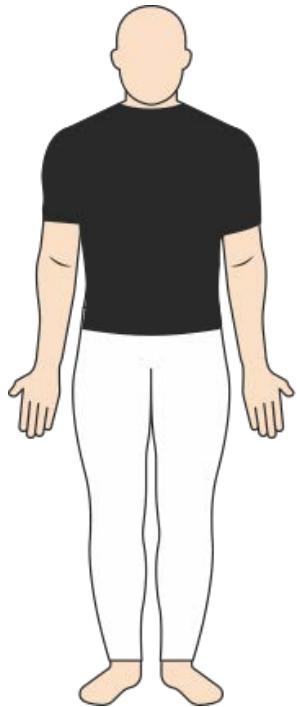
- The Assessment group may ask for further documents to be submitted depending on the individual athlete's health condition and impairment.



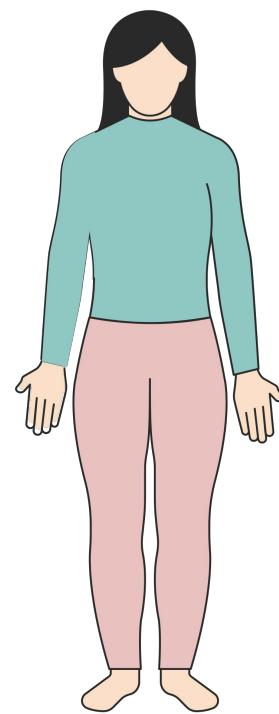
- For further information, please contact Para Taekwondo Department at [classification@worldtaekwondo.org](mailto:classification@worldtaekwondo.org)

# PHOTO GUIDE

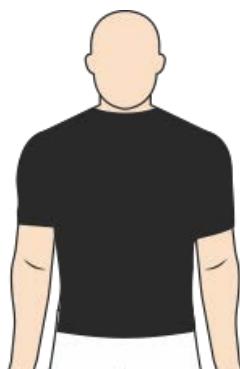
**Medical Diagnostic Form**  
For athletes with Neurological impairments



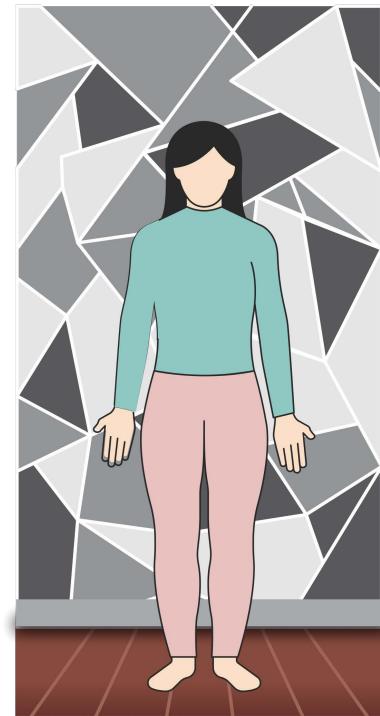
Anatomical position  
& full body photo



Clear background



Part body photo



Background



## Athlete Information

First Name:	Last Name:
Date of Birth <i>dd/mmm/yyyy</i> :	Gender:
Discipline:	How long competing:
Member National Association:	WT License:

## Eligible Impairment (s):

Hypertonia/ Spasticity	Athetosis	Dystonia	Ataxia
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## Underlying Health Condition:

Brain injury	Brain stroke	Spinal cord injury	Cerebral Palsy
Others, specify:			

## Details of the impairment *(Please give details of the medical condition, severity and how many limbs affected)*:

Health condition is:
If acquired, age of onset:
Other health conditions:
Medication (s):

## Declaration signed by MNA physician or Team doctor:

I confirm that the above information is accurate.			
Name:			
Health care profession:			
Professional registration number:			
Address:			
City:		Country:	
Phone:		E-mail:	
Date <i>dd/mmm/yyyy</i> :		Signature:	

## CHECKLIST

*Tick all applicable options*

Medical report *(must contain -clear diagnosis -severity -which limbs are affected -how stable is the condition.)*

Others, please specify:

# INSTRUCTION

## Medical Diagnostic Form For athletes with Assistive Devices



EN

- This form must be completed in **ENGLISH** by the Member National Association (MNA)'s physician or team doctor.



- Must be submitted by **REGISTRATION DEADLINE** of the event through <https://db.ipc-services.org/wtcs/app/login>



- Must have **MEDICAL REPORT in ENGLISH** submitted to WTCS.



- **PHOTO** of the athlete is **MANDATORY**.
- See **PHOTO GUIDE** next page.
- Must be submitted also to WTCS under supporting documents.



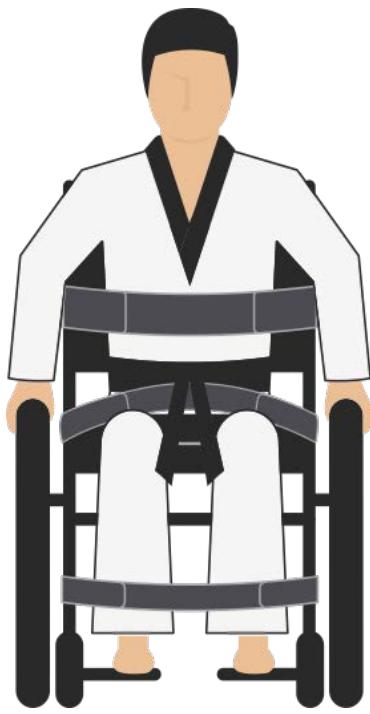
- The Assessment group may ask for further documents to be submitted depending on the individual athlete's health condition and impairment.



- For further information, please contact Para Taekwondo Department at [classification@worldtaekwondo.org](mailto:classification@worldtaekwondo.org)

# PHOTO GUIDE

Medical Diagnostic Form  
For athletes with Assistive Devices



Frontal view, clear background  
Wheelchair straps showing



Impaired limbs  
showing



Impaired limb  
not showing



Background

## Athlete Information

First Name:	Last Name:
Date of Birth <i>dd/mmm/yyyy</i> :	Gender:
Discipline:	How long competing:
Member National Association:	WT License:

## Eligible Impairment (s):

Hypertonia/ Spasticity	Athetosis	Dystonia
Limb deficiency	Impaired Muscle Power	Impaired Passive Range of Movement

## Underlying Health Condition:

Brain or spinal cord injury	Brain stroke	Peripheral nerve injury	Cerebral Palsy
Amputation	Dysmelia/malformation	Joint contracture	Polyomyelitis
Others, specify:			

## Details of the impairment *(Please give details of the medical condition, severity and how many limbs affected)*:

Health condition is:
If acquired, age of onset:
Other health conditions:
Medication (s):

## Declaration signed by MNA physician or Team doctor:

I confirm that the above information is accurate.			
Name:			
Health care profession:			
Professional registration number:			
Address:			
City:		Country:	
Phone:		E-mail:	
Date <i>dd/mmm/yyyy</i> :		Signature:	

## CHECKLIST

*Tick all applicable options*

Medical report *(must contain -clear diagnosis -severity -which limbs are affected -how stable is the condition.*

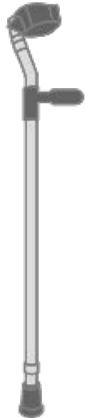
Others, please specify:

# ASSISTIVE DEVICES

Medical Diagnostic Form  
For athletes with Assistive Devices



Please tick which Assistive Device your athlete uses:



Forearm crutch



Auxiliary crutch



Four leg pyramid cane



Crab foot cane



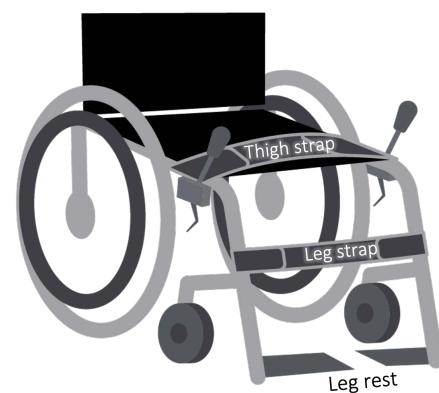
Reverse Walker



Anterior Walker



Long back wheelchair



Short back wheelchair

# INSTRUCTION

## Medical Diagnostic Form

For athletes with Physical impairments



EN

- This form must be completed in **ENGLISH** by the Member National Association (MNA)'s physician or team doctor.



- Must be submitted by **REGISTRATION DEADLINE** of the event through World Taekwondo Classification System (WTCS) <https://db.ipc-services.org/wtcs/app/login>



- Any supporting documents (*e.g. photo or medical report*) must be submitted also to WTCS, and all documents **PRINTED** and **BROUGHT** with the athlete during the athlete evaluation session.



- **PHOTO** of the athlete is **MANDATORY**.
- See **PHOTO GUIDE** next page.
- Must be submitted also to WTCS under supporting documents.



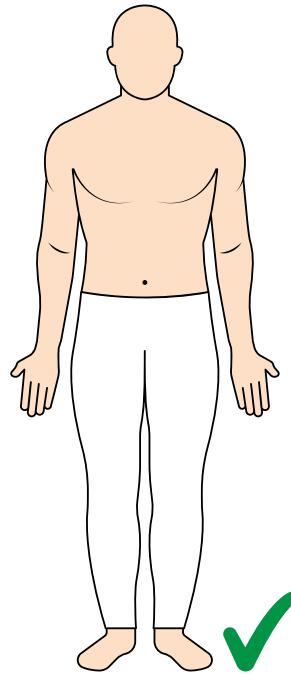
- The Assessment group may ask for further documents to be submitted depending on the individual athlete's health condition and impairment.



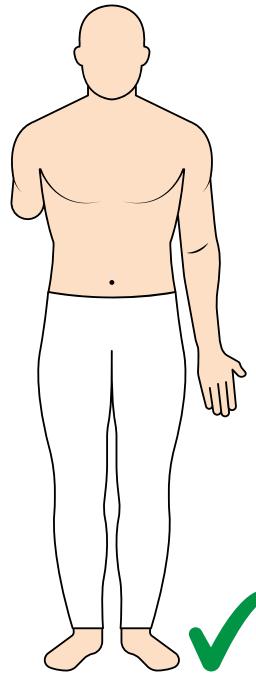
- For further information, please contact Para Taekwondo Department at [classification@worldtaekwondo.org](mailto:classification@worldtaekwondo.org)

# PHOTO GUIDE

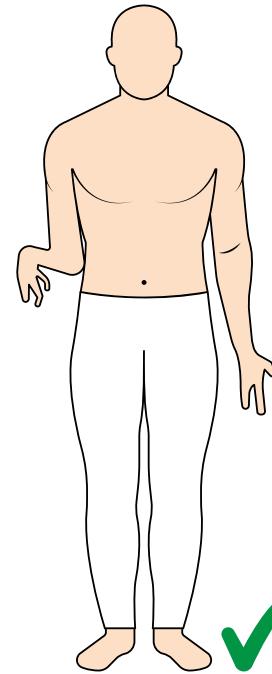
Medical Diagnostic Form  
For athletes with Physical impairments



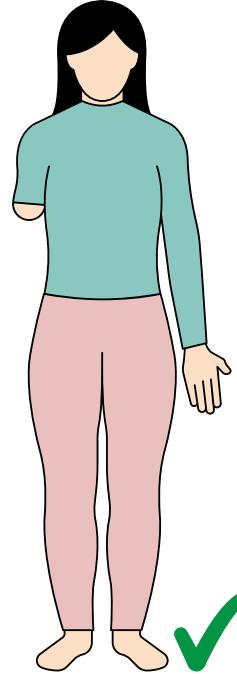
Anatomical position  
& white background



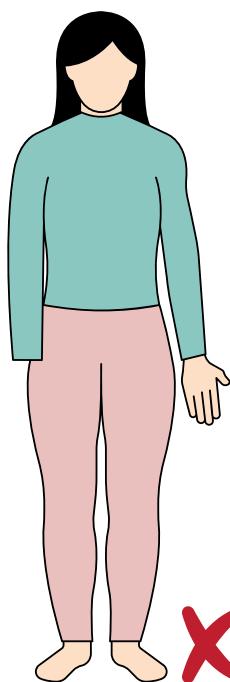
Amputation  
or Dysmelia



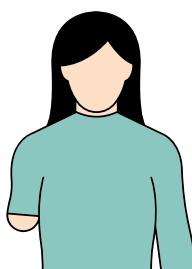
Arm contracture  
stretched as possible



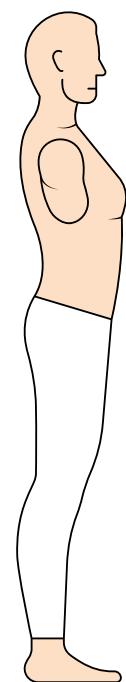
If wearing T-shirt,  
affected arm(s) showing



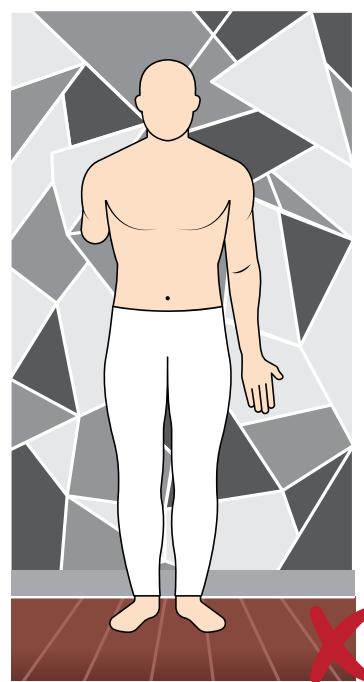
Affected arm(s)  
not showing



Part body photo



Sideway photo



Background

## Athlete Information

First Name:	Last Name:
Date of Birth <i>dd/mmm/yyyy</i> :	Gender:
Discipline:	How long competing:
Member National Association:	WT License:

## Eligible Impairment type(s):

Limb deficiency	Impaired muscle power	Impaired passive range of movement
Leg length difference	Short Stature	

## Underlying Health Condition:

Amputation	Dysmelia/ malformation	Brachial plexus	Brain or Spinal cord injury
Joint contracture	Peripheral Nerve injury	Poliomyelitis	Dwarfism
Others, please specify:			

## Details of the impairment (Please give details of the history how the impairment happened):

Health condition is:	If acquired, age of onset:
Using any adaptive devices	If yes, please describe:
Anticipated future procedure(s):	
Medication (s):	

## Declaration signed by MNA physician or Team doctor:

I confirm that the above information is accurate.			
Name:			
Health care profession:			
Professional registration number:			
Address:			
City:		Country:	
Phone:		E-mail:	
Date <i>dd/mmm/yyyy</i> :		Signature:	

## CHECKLIST

*Tick all applicable options*

Photo

Medical report

Electromyograph "EMG"

Nerve conduction test

Others, please specify: