



WWR Classification Form 2025

Name (last)	<input type="text"/>	Reason for R status	<input type="text"/>	Class/Status	<input type="text"/>	<input type="checkbox"/>
Name (first)	<input type="text"/>	Fixed review date	<input type="text"/>	DOB	<input type="text" value="DD MM YY"/>	
Impairment Type	<input type="text"/>	Country	<input type="text"/>	Onset	<input type="text" value="MM YY"/>	
Diagnosis	<input type="text"/>	Prior rugby class	<input type="text"/>	Eligibility Test		<input type="checkbox"/>
Specification	<input type="text"/>	Experience since	<input type="text"/>	Female		<input type="checkbox"/>

Manual Muscle Test (0 – 5)

Dominance (prior to injury R or L)

	R	L
Deltoid Lateral	<input type="text"/>	<input type="text"/>
Pectoralis Sternal	<input type="text"/>	<input type="text"/>
Pectoralis Clavicular	<input type="text"/>	<input type="text"/>
Latissimus Dorsi	<input type="text"/>	<input type="text"/>
Serratus Anterior	<input type="text"/>	<input type="text"/>
Internal rotators	<input type="text"/>	<input type="text"/>
External rotators	<input type="text"/>	<input type="text"/>
Elbow flexors	<input type="text"/>	<input type="text"/>
Elbow extensors	<input type="text"/>	<input type="text"/>
Wrist extensors	<input type="text"/>	<input type="text"/>
Wrist flexors	<input type="text"/>	<input type="text"/>
Finger extensors	<input type="text" value="2 3 4 5"/>	<input type="text" value="2 3 4 5"/>
Finger flexors	<input type="text"/>	<input type="text"/>
Finger abductors	<input type="text"/>	<input type="text"/>
Finger MP flexors	<input type="text"/>	<input type="text"/>
Thumb abductor	<input type="text"/>	<input type="text"/>
Thumb adductor	<input type="text"/>	<input type="text"/>
Thumb extensor	<input type="text"/>	<input type="text"/>
Thumb flexor	<input type="text"/>	<input type="text"/>
Thumb opponens	<input type="text"/>	<input type="text"/>
Upper Extremity Totals:	<input type="text"/>	<input type="text"/>

General Information

Examined in playing chair?

Strapping

Belly Binder	<input type="checkbox"/>
Hip/pelvic belt	<input type="checkbox"/>
Knee strap	<input type="checkbox"/>
Foot strap	<input type="checkbox"/>

Spinal deformity

Contractures

Surgery

Spasticity

Ability to stand

Ability to ambulate

Sensory level

Classification Details

Please use 24 hour time Class/Status

Sports entry class determined

Confirmed sports class determined

Athlete notified of decision

Tournament

Classifiers

Trunk Test

Highest passed trunk impairment test

Trunk Total:

Right UE + Left UE = Total UE /2 = + Trunk = Mathematical Class

MMT remarks (descriptions/issues):

Name (last)

Name (first)

OFF COURT ACTIVITIES

ON COURT ACTIVITIES

CONCLUSION (explicitly explain if there is a change of class):

Name (last) <input style="width: 90%;" type="text"/>	Name (first) <input style="width: 90%;" type="text"/>
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WWR Trunk Test Scoring Form

Test Summary (see Classification Rules for full description)	Pass	Fail
1. Athlete sitting unsupported able to maintain upright position.	<input type="checkbox"/>	<input type="checkbox"/>
2a. Athlete lying on back, hips/knees 90°, athlete able to resist trunk rotation. This test is passed if there are palpable contractions of the trunk muscles.	<input type="checkbox"/>	<input type="checkbox"/>
2b. Athlete sitting unsupported, shoulders at 90° with arms crossed, athlete able to resist trunk flexion and/or extension. This test is passed if there are palpable contractions of the trunk muscles.	<input type="checkbox"/>	<input type="checkbox"/>
3. Athlete sitting unsupported, shoulders in maximum flexion, athlete leans forward to at least 45° and back at least 30° (trunk flexion/extension)	<input type="checkbox"/>	<input type="checkbox"/>
4. Athlete sitting unsupported, arms crossed in front at 90° shoulder flexion, rotates at least 45° in both directions (trunk rotation)	<input type="checkbox"/>	<input type="checkbox"/>
5. Athlete sits unsupported, hands on back of head with shoulders at 90° horizontal abduction, athlete laterally flexes trunk (sternal notch to above ASIS)	<input type="checkbox"/>	<input type="checkbox"/>
6a. Athlete in side lying, perform hip abduction MMT, athlete passes if at least 2/3 femoral length present bilaterally and MMT is grade 3 or higher.	<input type="checkbox"/>	<input type="checkbox"/>
6b. Athlete supine, perform hip flexion MMT, athlete passes if at least 2/3 femoral length present bilaterally and MMT is grade 3 or higher.	<input type="checkbox"/>	<input type="checkbox"/>
6c. Athlete prone on plinth with trunk on plinth and hip joints on the edge of plinth, perform hip extension MMT, athlete passes if at least 2/3 femoral length present bilaterally and MMT is grade 3 or higher.	<input type="checkbox"/>	<input type="checkbox"/>
7. Athlete lying on back, hips and knees at 90°, arms at 90° horizontal abduction, athlete rotates pelvis/legs at least 45° in both directions.	<input type="checkbox"/>	<input type="checkbox"/>
8. Athlete sits unsupported on plinth with feet unsupported, and performs "bum shuffling" movement, alternately elevating pelvis on both sides.	<input type="checkbox"/>	<input type="checkbox"/>

Classifiers:	
Reason for failing highest trunk test:	
Other comments on trunk testing:	

Name (last)

Name (first)

Limb Deficiency Assessment
Refer to Classification Rules for Measurement Procedure

RIGHT (record in cm to one decimal place)

LEFT (record in cm to one decimal place)

Upper arm (full humerus) Distance acromiale to radiale	
Forearm (full radius) Distance radiale to stylium	
Thigh (full femur) Distance trochanterion to tibiale laterale	
Segment length (residual humerus) Distance acromiale to bony segment end	
Segment length (residual radius) Distance radiale to bony segment end	
Segment length (residual femur) Distance trochanterion to bony segment end	

Upper arm (full humerus) Distance acromiale to radiale	
Forearm (full radius) Distance radiale to stylium	
Thigh (full femur) Distance trochanterion to tibiale laterale	
Segment length (residual humerus) Distance acromiale to bony segment end	
Segment length (residual radius) Distance radiale to bony segment end	
Segment length (residual femur) Distance trochanterion to bony segment end	

Sitting Height (record in cm to one decimal place):

If bilateral partial segment loss is present, calculate the estimated full segment length using the limb deficiency calculation form available on the IWRF classifier page.

Estimated humerus length

Estimated radius length

Estimated femur length

Remarks:

Name (last)

Name (first)

Passive Range of Movement Assessment

RIGHT

LEFT

Movement	Reference	Actual
Shoulder flexion	165° - 180°	
Shoulder extension	50° - 60°	
Shoulder abduction	180°	
Shoulder internal rotation (at 90°)	50° - 65°	
Shoulder external rotation (at 90°)	90° - 105°	
Elbow flexion	140° - 150°	
Elbow extension	0°	
Forearm supination	80° - 90°	
Forearm pronation	75° - 85°	
Wrist flexion	60° - 75°	
Wrist extension	60° - 75°	
Finger MCP flexion	90° - 100°	
Finger MCP extension	20° - 45°	
Finger PIP flexion	100° - 110°	
Finger PIP extension	0° - 7°	
Finger DIP flexion	70° - 80°	
Finger DIP extension	0° - 8°	
Thumb MCP flexion	50° - 60°	
Thumb MCP extension	0° - 15°	
Thumb IP flexion	70° - 80°	
Thumb IP extension	20° - 15°	

Movement	Reference	Actual
Shoulder flexion	165° - 180°	
Shoulder extension	50° - 60°	
Shoulder abduction	180°	
Shoulder internal rotation (at 90°)	50° - 65°	
Shoulder external rotation (at 90°)	90° - 105°	
Elbow flexion	140° - 150°	
Elbow extension	0°	
Forearm supination	80° - 90°	
Forearm pronation	75° - 85°	
Wrist flexion	60° - 75°	
Wrist extension	60° - 75°	
Finger MCP flexion	90° - 100°	
Finger MCP extension	20° - 45°	
Finger PIP flexion	100° - 110°	
Finger PIP extension	0° - 7°	
Finger DIP flexion	70° - 80°	
Finger DIP extension	0° - 8°	
Thumb MCP flexion	50° - 60°	
Thumb MCP extension	0° - 15°	
Thumb PIP flexion	70° - 80°	
Thumb PIP extension	20° - 15°	

Name (last)

Name (first)

Coordination Assessment

RIGHT

LEFT

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Remarks:

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