

EUROPEAN DISABLED GOLF ASSOCIATION

Definitions of impairments enabling participation in tournaments for 'Golf for the disabled'

Antrag bitte senden an:

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Section A1

Locomotor disabilities

From a medical standpoint in general, 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'. The conventional handicap system in golf provides a very good and fair way to compare different individuals ability with regard to results. Therefore, all kinds of disabled participants can play in one class. The only requirement is to decide whether the disability is severe enough to qualify for the competition. If you need personal assistance in daily life you would normally be eligible. Cardiopulmonary disability is of importance when walking but usually not standing still when the golf swing is performed. Hence, cardiopulmonary disability cannot be considered for participation. The physical restriction has to be either temporary, stationary or progressive. The eligibility can be either permanent or temporarily. Evaluation has to be made in the function status in case the person is playing golf with any kind of aid. The skill i.e. the golf handicap has no importance. We would recommend that the professional examiners 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.

The general idea is that a person who has sever difficulty to play golf due to physical disorders will qualify.

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

- leg, range of motion, strength and length
- grip
- arm length
- two hands
- shoulder range of motion and strength
- elbow range of motion and strength
- back range of motion
- vision
- balance
- neurological function

Strength has to be measured and presented in the scale of MRC from 0-5 in arabic figures.

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

Hip:

A stiff hip joint or flexion contracture of 35 degrees or more on at least one side will qualify. If the strength in abduction, extension or flexion is reduced below 3 in a scale from 0-5, you are eligible. Instability presented as a positive Trendelenburg on at least one side when walking (dynamic) will qualify. At grade 3, the sole weight of the extremity can be overcome. Reports from both MD and Physiotherapist are compulsory.

Knee:

A stiff knee joint or flexion contracture of 30 degrees or more on at least one side will qualify. Strength reduction in any modality below 3 in a scale from 0-5 will qualify. At grade 3, the sole weight of the extremity can be overcome. Reports from both MD and Physiotherapist are compulsory.

Leg length and amputations:

When both legs are short the length of the person and the legs are to be given in the report in cm. The Medical Committee then decides if the person will qualify. Difference in length should be at least 20 cm. to be eligible. If there is an amputation above the Syme level on at least one side it will qualify. Reports from both MD and Physiotherapist are compulsory.

Cumulating disorders:

In some cases there are multiple disorders, for example paretic muscles, unstable joints etc., which do not qualify solely, but cumulating result in severe difficulty to perform a physically normal golf swing, the person will qualify. Reports from both MD and Physiotherapist are compulsory. To qualify for cumulating disorders the player has to be observed or investigated by a member of the medical committee.

Arm length:

When both arms are short the length of the person and the arms are to be given in the report in cm. The Medical Committee then decides if the person will qualify. Alternatively, one side should be shortened by at least 15 cm. Reports from both MD and Occupational Therapist are compulsory.

Grip:

Grip can be complex to evaluate and therefore these rules are not absolute. Final decision is made by the medical committee.

Complete lack of grip on one side will qualify. Lack of sensation involving all the three nerves on both sides will qualify.

Amputation of at least four fingers above or in the proximal interphalangeal joint on at least one side will qualify. Amputation of one or both thumbs with fingers intact does not qualify. Reports from both MD and Occupational Therapist are compulsory.

Wrist:

Dorsiflexion on the right side of less than 10 degrees will qualify for right-handed players and reverse for left-handed. No radio-ulnar movements on either hand will qualify. Reduction of strength to below 3 in a scale from 0-5 in any modality will qualify. Reports from both MD and Occupational therapist are compulsory.

Shoulder:

The range of motion is always measured including movements between scapula and thorax. Impairments qualifying are only those severely restricting the golf swing.

If the range of motion in either shoulder is less than 30 degrees in adduction or abduction it does qualify. In rotation the total range of motion has to be less than 45 degrees to qualify.

Impaired extension does not qualify. Reduction of strength to below 3 in a scale from 0-5 of abduction, adduction or rotation, will qualify. At grade 3, the sole weight of the extremity can be overcome. Reports from both MD and Physiotherapist are compulsory.

Elbow:

If the total range of motion in pro and supination is less than 45 degrees on at least one side you are eligible. Flexion contracture of more than 45 degrees on at least one side will qualify. Right-handed players who cannot flex the right elbow beyond 90 degrees on the right side or beyond 60 degrees on the left side are eligible. Reverse for left-handed players. Reduction of strength to below 3 in a 0-5 grade scale in any modality will qualify. Reports from both MD and Physiotherapist are compulsory.

Back range of motion:

Rotation of the back is fundamental in a golf swing whereas other modalities are of less importance. Rotation in the entire thoracic and lumbar regions of less than 10 degrees will qualify. A stiff cervical spine will qualify. Other impairments such as back and forward, and side to side movements do not qualify. Reports from both MD and Physiotherapist are compulsory.

Vision

Impaired vision is classified under section A2.

Neurological disorders:

Neurological impairment with balance, athetosis, spasticity or other impairments that cause severe difficulties to perform a golf swing will qualify. Positive Romberg's test will qualify. Reports from both MD and Physiotherapist are compulsory.

Mental capabilities:

Mental disorders are classified elsewhere.

Hearing:

Impaired hearing is classified elsewhere.

Cardiopulmonary disorders:

Cardiopulmonary disabilities do not qualify.

Normal ageing:

Impairments due to normal ageing i.e. arthrosis etc do not qualify.

Functional status reported:

Status, that is to be given, in the form is the one in which the disabled are to play. If for instance an orthosis increases the degree of impairment it is the status with orthosis applied that is to be given since it is the condition in which the disabled is going to play.

Changed impairment:

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

Golf club aids:

Assuming that all competitions are played to the EGA handicap system, the most significant aspect is that the aids/assistance are taken into consideration when assessing the handicap.

The provided aids/assistance has 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 competitions the EGA handicap has to be fairly and equally assessed.

Use of buggy:

The general intention is that buggies are only allowed during competition for those who have an urgent or absolute need related to the impairment qualifying them for participation. Players qualified due to disorders of the lower extremities, neurological or balance problems should have a buggy.

If it can be considered that a medical condition (sensible stumps, postpolio etc) can be worsened by walking, a buggy should be provided. Players with upper extremity problems only are not allowed to use a buggy.

If it can be considered that a player has an unfair advantage by using a buggy, it should not be allowed.

If an organizer cannot provide enough buggies for the players who need one, the organizer has to inform these players as soon as possible, but not less than one month in advance.

Section A2

Impaired vision

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

Section A3 (in progress)

Mental disorders

Section A4 (in progress)

Impaired hearing

Pre-tournament activities of the medical committee

Tasks

- Checking the players as to their eligibility
- Advising medical problems of the players on the locomotor system related to the golf sport.
- Observing the players if there is a possibility of cheating.

Responsibility of the local organization:

- Providing a buggy for the medical committee at all times
- Cover travel and hotel expenses for the member(s) of the Medical Committee

Decisions:

In each international competition under the umbrella of EDGA there has to be a Medical Committee that confirms the findings of the national medical and paramedical professionals and approves the player for participation.

Each country is very strongly recommended also to follow the EDGA international rules in their national competitions. The physical restriction has to be either stationary or progressive. We would recommend that the professional examiners 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.

In case of appeal:

If a player objects to the national recommendation for participation in an international competition, an appeal can be made accordingly:

1. The appeal is done to the secretary of the board
2. The board consults the medical committee, normally having contact with the one responsible for the area where the applicant lives.
3. At least three members of the medical committee has to make the decision unanimously.
4. The decision of the medical committee is reported as a recommendation to the board for a final decision.
5. The board informs the applicant

If the EDGA board finds the player eligible, it is very strongly recommended that the player is qualified to play national competitions as well.

Duration of licence:

The licence is valid as long as:

- the rules are not revised related to the disability at hand.
- any improvement in the participant's physical restrictions has for any reason not occurred

Administration:

The report, written in English, has to be sent to the responsible member of the EDGA Medical Committee for approval.

Responsible for:

North West Europe: Dr. P. Köhler, Apelvägen 27, 182 75 Stocksund, Sweden.

North East Europe: Dr. M. Varpela, Etelätie 35A 02710 Espoo, Finland and Mrs. E. Helminen, Physiotherapist, Kirsikkakuja 3 D, 02620 Espoo, Finland.

Mid Europe: Prof. W.H. Eisma, Elswout 2, 9301 TS Roden, The Netherlands.

Mid East Europe, J. Esser, Physiotherapist, Brendenbachweg 12, 9450 Altstaetten, Switzerland.

France : Dr. J.F. Claisse, 10 Chemin de Malaquis, 80000 Amiens, France.

Italy: Prof. Dr. M. Benazzi, Via Gherardini 2, 20145 Milano, Italy.

Spain: Dr. J. M. Osuna Chambon, Calle San Martin nº5, 28220 Majadahonda, Madrid, Spain.

(for actual data of addresses, telephone numbers, e-mail addresses etc. please check the EDGA website under "Committees" → "Medical Committee" → "Committee Members").

For privacy reasons all reports are filed under the responsibility of Dr. J.F. Claisse.

Sotogrande, Spain , 10th February 2007.