Classifier: **Player:** **Club/Region:** **Date:**

OBSERVATIONS on court when the player is pushing, shooting, rebounding, contact, tilting, braking, turning, dribbling

- **Wheelchair Installation** (indicative only)
- **Active Pelvic Stabilisation - YES/NO**

Volume of Action



Function in the Vertical Plane
Rotation left/right



Function in the Forward Plane
<45/>45 degrees when pushing, dribbling, rebounding



Function in the Sideways Plane
shooting, tilting:

- **Contact**
  45 degree/front/one side/two sides no rotation/away from chair back

Conclusion:

0

Upper Limb Impairment Rationale **Right Upper: 0** **Right Lower: 0** **Left Upper: 0** **Left Lower: 0** **Total Deduction:** **0**

Pushing |

Dribbling |

Passing/Receiving |

Rebound/shooting |

Contact |

Proposed Classification: 0