

EUROPEAN DISABLED GOLF ASSOCIATION



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

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 physically 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. People with mental disorders can perform a physically normal golf swing when aided by a professional and therefore can not be allowed to participate. The physical restriction has to be either stationary or progressive. The eligibility can be either permanent or temporarily. 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.

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

Major impairment in any of these functions, or in combinations, will qualify for participation according to the following criteria:

Hip range of motion and strength:

A stiff hip joint or flexion contracture of 35 degrees or more on at least one side will qualify. If the strength is reduced in any modality below three in a scale from 0-5, you are eligible. At grade 3, the sole weight of the extremity can be overcome. Reports from both MD and Physiotherapist are compulsory.

Knee range of motion and strength:

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 three 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:

Both legs should be shortened by at least one third, or length difference 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 no eligible 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.

Grip:

Complete lack of grip on one side will qualify. If the best hand has a maximum grip strength of 10 kg you are eligible. Reports from both MD and Occupational Therapist are compulsory.

Arm length:

Both arms should be shortened by at least one third to qualify. Alternatively, one side should be shortened by at least 15 cm. Reports from both MD and Occupational Therapist are compulsory.

Two hands:

Amputation of at least four fingers above the proximal interphalangeal joint will qualify. Amputation of one or both thumbs with fingers intact does not qualify. For more information see grip. 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 range of motion and strength:

If the range of motion in either shoulder including movements between scapula and thorax is less than 45 degrees in any modality you are eligible. Reduction of strength to below 3 in a five grade scale in any modality will qualify. At grade 3, the sole weight of the extremity can be overcome. Reports from both MD and Physiotherapist are compulsory.

Elbow range of motion and strength:

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 five 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 thoracal 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

Blindness or vision equal or below 0,1 on the best side after compensation with a lens will qualify. Reports from both MD and Optician are compulsory.

Neurological disorders:

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

Mental capabilities:

Mental disorders do not qualify.

Hearing:

Impaired hearing does not qualify.

Cardiopulmonary disorders:

Cardiopulmonary disabilities 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:

It is the intention that only those who have an urgent or absolute need of a buggy to assign one. If it can be considered that a player has an unfair advantage by using a buggy, it should not be allowed. Any player that expects the use of a buggy during a competition, must inform the organizer by explaining his/her situation on the application form. 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. The organizer shall strive to minimize the costs for the player using a buggy.

Decisions:

The local country EDGA member is the sole governing body who first assesses all of their incoming reports, and determines whether participation in 'Golf for the Physically Disabled' is approved or rejected according to these EDGA rules. It can be organised as found best in each country.

In each international competition under the umbrella of EDGA there has to be a medical board 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 either to the national committee or directly to the EDGA Medical Committee, who will then reconsider the application. If the EDGA Medical Committee finds the player eligible, it is very strongly recommended that the player is qualified to play national competitions as well. If the appeal is unsuccessful, a full explanation will be submitted to the applicant.

Duration of licence:

The licence is valid as long as:

- the rules are not revised.
- any improvement in the participant's physical restrictions has for any reason not occurred

Administration:

The applicant sends the medical report to the national EDGA official who makes the first recommendation whether to be approved or not. The report, written in English, is then sent to the responsible member of the EDGA Medical Committee for approval.

Responsible for:

Northern Europe: Dr. P. Köhler, Apelvägen 27, 182 75 Stocksund, Sweden;

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

Southern Europe: Dr. J.F. Claisse, 10 Chemin de Malaquis, 800 00 Amiens, France.

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

Stockholm, 14th March 2004 .