

MEDICAL DIAGNOSTICS FORM FOR PLAYERS WITH VISUAL IMPAIRMENT



Note: This form is based on the Tennis Australia MDF and will be used for classification purposes for the Northland Blind & Low Vision Tennis Open Championships

- ✓ The form is to be completed in English by a registered ophthalmologist, optometrist or orthoptist and then sent to admin@tennisnorthland.org.nz
- ✓ All medical documentation required on page 2 needs to be attached.
- ✓ The form and attached medical documentation may not be older than 12 months at the time of the player evaluation.

Player Information

| | | | |
|-------------|---------------------------------|-------------------------------|-------------------------------------|
| Last name: | | | |
| First name: | | | |
| Gender: | Female <input type="checkbox"/> | Male <input type="checkbox"/> | Date of Birth: |
| Sport: | | | IF registration ID (if applicable): |
| Country: | | | |

Medical Information Diagnosis

| |
|--|
| |
|--|

Medical History

| | | | | | |
|----------------------------------|--------------------------------|-------------------------------|-----------------------------|--------|--|
| Age of onset: | | | | | |
| Anticipated future procedure(s): | | | | | |
| Player wears glasses: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Correction: | Right: | |
| | | | | Left: | |
| Player wears contact lenses: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Correction: | Right: | |
| | | | | Left: | |
| Player wears eye prosthesis: | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> No | | |

Medication

| |
|-------------------------------------|
| Eye medications used by the player: |
| Ocular drug allergies: |

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Player's name:

Assessment of Visual Acuity and Visual Field

Visual Acuity: (LogMAR)

| | Right eye | Left eye |
|---------------------|-----------|----------|
| With correction: | | |
| Without correction: | | |
| Type of correction: | | |
| Measurement method: | | |

Visual Field:

| in degrees (radius) | Right eye | Left eye |
|---------------------|-----------|----------|
| | | |

Attachments to the Medical Diagnostic Form

1. Visual field test

For all players with a restricted visual field a visual field test must be attached to this form. The player's visual field must be tested by full-field test (120 degrees) and 30 degrees, 24 degrees or 10 degrees central field test, depending on the pathology. One of the following perimeters should be used for the assessment: Goldmann Perimetry (Intensity III/4), Humphrey Field Analyzer or Octopus (Interzeag).

2. Additional medical documentation

Please specify which eye condition the player is affected by.

| Eye condition | Additional medical documentation required (see below) |
|--|--|
| <input type="checkbox"/> Anterior disease | none |
| <input type="checkbox"/> Macular disease | Macular OCT Multifocal and/or pattern ERG* VEP* Pattern appearance VEP* |
| <input type="checkbox"/> Peripheral retina disease | Full field ERG* Pattern ERG* |
| <input type="checkbox"/> Optic Nerve disease | OCT Pattern ERG* Pattern VEP* Pattern appearance VEP* |
| <input type="checkbox"/> Cortical / Neurological disease | Pattern VEP* Pattern ERG* Pattern appearance VEP* |

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The ocular signs must correspond to the diagnosis and degree of vision loss. If eye condition is obvious and visible and explains the loss of vision, no additional medical documentation is required. Otherwise, the additional medical documentation indicated in the above table must be attached to this form. If the medical documentation is incomplete, the classifiers will not be able to allocate a sport class.

*Notes on electrophysiological assessments (VEPs and ERGs):

Where there is discrepancy or a possible discrepancy between the degree of visual loss, and the visible evidence of ocular disease the use of visual electrophysiology is often helpful in demonstrating the degree of impairment.

Submitted data should include the report from the laboratory performing the tests, copies of the original data, the normative data range for that laboratory, and a statement specifying of the equipment used, and its calibration status. The tests should be performed as a minimum to the standards laid down by the International Society for Electrophysiology of Vision (ISCEV) (<http://www.iscev.org/standards/>).

A Full Field Electroretinogram (ERG) tests the function of the whole retina in response to brief flashes of light and can separate function from either the rod or cone mediated systems. It does not however give any indication of macular function.

- A Pattern ERG tests the central retinal function, driven by the macular cones but largely originating in the retinal ganglion cells.
- A Multifocal ERG tests the central area (approx. 50 degrees diameter) and produces a topographical representation of central retinal activity.

A Visual evoked cortical potential (VEP) records the signal from produced in the primary visual cortex, (V1), in response to either a pattern stimulus or pulse of light. An absent or abnormal VEP is not in itself evidence of specific optic nerve or visual cortex problems unless normal central retinal function has been demonstrated.

- A Pattern appearance VEP is specialised version of the VEP used to establish visual threshold which can be used to objectively demonstrate visual ability to the level of the primary visual cortex.

☐ I confirm that the above information is accurate.

☐ I certify that there is no contraindication for this player to compete at competitive level in sport, with the exception of:

Name:

Medical Specialty:

Registration Number:

Address:

City:

Country:

Phone:

Email:

Date:

Signature: