ATHLETE ELIGIBILITY APPLICATION GUIDANCE NOTES

for II-2 and II-3 applications

VERSION 1 (JUN 25)

Sport Inclusion AUSTRALIA

Athlete eligibility

Eligible impairments within Virtus competition are explained below. Please note that not all groups are eligible in other para-sport competition.

A diagram showing the routes to eligibility is included in Appendix 3.

II2 - Athletes with an intellectual disability and significant additional impairment

A significant additional impairment is defined by Virtus as a lifelong condition that affects the functional capacity of the individual and substantially impacts on their sports performance. This includes athletes who have an intellectual disability, associated lifelong conditions, and/or a genetic condition, such as Down syndrome.

Athletes will be eligible for II2 if it can be demonstrated that they have significant functional impairment in addition to an intellectual disability. That is:

a. A formal diagnosis of Trisomy 21 or Translocation Down Syndrome.

OR

b. Have a diagnosed intellectual disability (as defined by the II1 criteria) AND meet the minimum criteria for additional impairment as defined by the Virtus FAST Assessment.

II3 – Athletes with Autism

Autism or Autism Spectrum Disorder (ASD), is defined by the World Health Organisation (WHO) as 'persistent deficits in the ability to initiate and to sustain reciprocal social interaction and social communication, and by a range of restricted, repetitive, and inflexible patterns of behaviour, interests or activities that are clearly atypical or excessive for the individual's age and sociocultural context. The onset of the disorder occurs during the developmental period, typically in early childhood, but symptoms may not become fully apparent until later when social demands exceed limited capacities. Deficits are sufficiently severe to cause impairment in personal, family, social, educational, occupational or other important areas of functioning and are usually a pervasive feature of the individual's functioning observable in all settings, although they may vary according to social, educational, or other context. Individuals along the spectrum exhibit a full range of intellectual functioning and language abilities.' (ICD 11). Both the ICD 11 and the DSM 5 definition of Autism are accepted by Virtus.

Based upon this, the Virtus eligibility criteria for athletes with autism is a formal diagnosis of Autism or ASD carried out by qualified practitioners, using accepted diagnostic techniques.

Completing the application form

Page 1 and 2 should be completed by the athlete/athletes representative.

All athletes with Down syndrome should also complete Appendix 1 (Atlanto-Axial Instability – see below). The form together with all supporting evidence should then be sent to your Virtus National Member Organisation.

Page 3 and Page 4 will be completed by the National Eligibility Officer and Sport Inclusion Australia.

All sections should be completed in full as incomplete applications or those that are not completed properly will be returned and will cause delays.

The form must be completed in English. An original copy of all reports should be provided together with an English translation where appropriate.

Fees

Please note that fees may change from time to time. An invoice will be sent for payment.

Submitting your application

Applications and all supporting documents should be emailed to mail@siasport.org as one pdf document

II-2 Athletes with Down syndrome and Atlanto-Axial Instability (AAI)

All athletes with Down syndrome must submit evidence that they do not have symptomatic Atlantoaxial Instability (AAI) - a common orthopaedic problem more commonly seen in people with Down Syndrome

Atlanto-Axial Instability (AAI) is a rare condition that leads to an increased flexibility in the neck joint and can sometimes make a person more at risk of injury in some sports. It can be more prevalent amongst people with Down Syndrome.

Screening for AAI can only be done by a medical professional/physician and involves an x-ray of the neck joint.

Athletes with symptomatic (i.e. diagnosed AAI) may not participate in Virtus competition due to the risk of injury.

Athletes with asymptomatic AAI (i.e. no evidence of AAI) may compete at their own risk subject to the following provisions:

- A doctor or physician signs the application form giving the appropriate clearances.
- Legal consent to compete is given (from a parent/guardian where the athlete is under 18 or without legal capacity to give consent.
- There should be no sign of progressive myopathy (muscle degeneration). Some signs of progressive myopathy are:
    - Increase in muscle weakness
    - Loss of sensation
    - Onset of incontinence
    - Alteration in muscle tone
    - Decreasing co-ordination
    - Diminishing kinaesthetic awareness
    - Change in walking pattern
    - Pins and needles.
- That neck flexion to allow the chin to rest on the chest is possible.
- That the person has good head/neck muscular control.

A medical practitioner/physician should sign page 3 of the application form and, where available, attach the results of an x-ray screening as evidence.

Storing and using information

Sport Inclusion Australia will use the information submitted within the application for the purpose of registering the athlete into the athlete database and determining eligibility to compete as an athlete with an intellectual impairment or for conducting related procedures such as protests, appeals and research. It may share information with relevant partners for these purposes.

For full details of the Data Protection and Information Handling policy, please visit www.sportinclusionaustralia.org.au

Further help and assistance

If you have any questions or need help completing the form, then please contact Sport Inclusion Australia via email mail@siasport.org or phone 03 5762 7494

References

For more information about the definition and assessment of intellectual impairment, visit:

- American Association on Intellectual and Developmental Disabilities - aaidd.org
- International Association for the Scientific Study of Intellectual and Developmental Disabilities - iassidd.org
- Virtus Eligibility Policy – virtus.sport
- IPC Classification Code - paralympic.org
- World Health Organisation - who.int
- Global Down Syndrome Foundation - globaldownsyndrome.org
- Interactive Autism Network - iancommunity.org
- Autism Speaks - autismspeaks.org

APPENDIX 2: Evidential Requirements – II2 (Intellectual Disability + Significant Additional Impairment)

The evidential requirements vary according to the nature of the additional impairment.

1. Athletes with Trisomy 21/Translocation Down Syndrome should submit:

- A copy of the results of a blood test (cytogenetic analysis) for that athlete confirming Trisomy 21 or Translocation Down Syndrome.

2. All other athletes (including athletes with Mosaic Down Syndrome) should submit:

- A full and detailed psychological assessment undertaken by a qualified psychologist to support the diagnosis of an intellectual disability (as set out in II1 criteria above)
- A brief description of the main additional impairments for which II2 eligibility is sought
- Detailed medical supporting documentation;
- Details of 'best performance' in the sport/event with year and competition **in the last 4 years**

Athletes who meet the II2 criteria will initially be given 'provisional eligibility'. Full eligibility will be given after observation in competition. Any significant inconsistency in the overall expected performance in competition compared to submitted best performance may result in ineligibility for II2 or continued provisional status pending further observation.

'FAST' ASSESSMENT

The 'Functional Assessment Screening Tool' (FAST) has been developed by Virtus and is derived from the taxonomy of the International Classification of Functioning Disability and Health (ICF), a classification of health and health-related domains.

It provides an assessment of the impact of additional functional impairment on sports performance which must be backed by medical evidence.

The FAST assessment process will normally be delivered by the NEO, however they may choose to delegate this to a suitably qualified person (somebody who has been trained in the use of FAST by the NEO and is a professional within the health area, familiar with completing screening tools). NEO's have access to a series of resources from Virtus to assist them in delivering the FAST.

An example template for an II2 submission report is provided in appendix 6

Appendix 3: Evidential Requirements – II3 (Autism)

Evidence should be submitted which supports a diagnosis of Autism or ASD. For most athletes the original historical diagnostic report confirming the athlete is autistic will contain the required information. This evidence must meet the following criteria:

a) The assessment has been carried out by an appropriately qualified professional or multi-disciplinary team of professionals.
b) There is a detailed developmental history focusing on the developmental and behavioural features consistent with ICD 11 or DSM 5 criteria for autism
c) The assessment has included direct contact and interaction with the athlete, focusing on the autistic features as defined above.
d) Autistic specific tools have been used in the assessment. Those accepted within Virtus are:

    a. ADOS/ADOS2 (Autism Diagnostic Observation Schedule)
    b. ADR-I (Autistic Diagnostic Interview – Revised)
    c. CARS (Childhood Autism Rating Scale)
    d. DISCO (Diagnostic Interview for Social and Communication Disorders Framework)
    e. GARS (Gilliam Autism Rating Scale)
    f. Adult Asperger Assessment (AAA)
    g. RIMLAND (Autism Diagnostic Instrument)
    h. Autism Spectrum Rating Scales (ASRS)
    i. Indian Scale for the Assessment of Autism (ISAA) – note: for ages 2-9 only

In some cases where the above tools have not been used but specific comprehensive evidence has been gathered by a multi-disciplinary team and mapped against either the ICD 11 or DSM 5 frameworks this may be acceptable at the discretion of the eligibility panel.

The assessment report must include:

(a) Details of the assessors professional qualifications and expertise to assess for autism.
(b) A comprehensive developmental history;
(c) Details of the assessment methods used;
(d) Full results of the assessment, including scores (if available) for any assessment tools used;
(e) A detailed analysis and discussion of assessment findings;
(f) Consideration of any factors which may have affected the results.
(g) A clear conclusion including a signed declaration stating that in their professional opinion the diagnosis of Autism can be confirmed.

- The assessment report should be presented on formal letter-headed paper stating the professional's name and qualifications, professional accreditation membership number and details of any professional bodies, address, phone/fax number and email
- The assessment report should be typed (no handwritten reports)
- The assessment report must state when and where the assessment or report was completed (i.e. date, location)
- Translated into English if required.