





# **EDGA Eligibility Office**

Wederikhof 8
2215 GJ Voorhout
The Netherlands
+44 (0)800 861 1472
applications@edgagolf.com

# **EDGA WR4GD Pass Assessment Form**

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Application Date	Full first name	Family name
		, , , , , , , , , , , , , , , , , , ,
Home address		
City	Country	Post Code
•	•	
Phone/s	Email	Date of Birth (d/m/y)
		, , , , , , , , , , , , , , , , , , , ,
Gender	Golf Handicap	
	<b>.</b>	
Diagnosis		

### Α

Impairment muscle power (Oxford scale)

Strength							
Shoulders	R	L					
Flexion							
Rotation							
Abduction							
Adduction							
Elbows	R	L					
Pronation							
Supination							
Extension							
Flexion							
Wrists	R	L					
Dorsi-flex.							
Radio-ulnar							
Hips	R	L					
Extension							
Flexion							
Abduction							
Knees	R	L					
Extension							
Flexion							
Ankle	R	L					
Dorsiflexion							
Plantarflexion							
Inversion							
Eversion							

# В

Impaired passive range of movement (FROMG) functional range of motion in golf

Range of Motion							
Shoulders	R	L					
Flexion							
Rotation							
Abduction							
Adduction							
Elbows	R	L					
Pronation							
Supination							
Extension							
Flexion							
Wrists	R	L					
Dorsi-flex.							
Radio-ulnar							
Hips	R	L					
Extension							
Flexion							
Abduction							
Knees	R	L					
Extension							
Flexion							
Ankle	R	L					
Dorsiflexion		_					
Plantarflexion							
Inversion							
Eversion							

# C

### Limb deficiency

	R	L
Arm amputation: Above elbow		
Below elbow		
Leg amputation: Above knee		
Below knee		
Ankle/Foot		
(Syme or above amputation)		

# D

### Leg/Arm

length difference	R	L
Arm length [cm]		
Leg length [cm]		

# E

### Short Stature

body length [cm]	
arm length [cm]	
Standing height [cm]	

**Hypertonia - ASAS** (Australian Spasticity Assessment Scale)

Ataxia (lack of voluntary coordination of muscle movements)

Hypertonia											
Please describe:    Finger to toe			0	1	2	3	4	Fi	nger to n	ose	
Finger to toe Heel draw Romberg  Tandem Romberg  I Visual Impairment (INAS) Intellectual Impairment (IN	Hypertonia							Fi	nger to fi	nger	
Romberg	Please describe	e:						Fi	nger to to	oe .	
Tandem Romberg    Tandem Romberg				•••••		• • • • • • •		Не	eel draw		
Tandem Romberg    Tandem Romberg			· • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •		• • • • • •	Ro	omberg		
H Athetosis Yes/No  Please Note It's only necessary to fill in information relevant to the disability relating to the application for a WR4GD Pass.  BI B2 B3 INAS to provide assessment with regard to this  Additional Information  Grip Strength Gait Buggy Yes/No Plays from R/L Medication Operations Limited back rotation Limited neck rotation  Physical Therapist or Doctor I confirm that the information is correct  Phone Numbers Email Address  EDGA Medical Classifier I confirm that the information is correct  Confirmed/Review before Classification Date  Confirmed/Review before Classification Date				•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • •	•••••			omberg	
Athetosis Yes/No    Please Note   I   J   Intellectual Impairment (INAS)								10	indem K	Jilloci g	
Please Note   It's only necessary to fill in information relevant to the disability relating to the application for a WR4GD Pass.   B1   B2   B3   INAS to provide assessment with regard to this	Athetosis				For F	F, G, H	desci	e the impact	on golf	(Stand, Sw	ing etc.)
Please Note   It's only necessary to fill in information relevant to the disability relating to the application for a WR4GD Pass.   B1   B2   B3   INAS to provide assessment with regard to this								т			т
Gait Buggy Yes/No Plays from R/L Medication Operations Limited back rotation Limited neck rotation  Physical Therapist or Doctor I confirm that the information is correct  Physical Therapist or Doctor I confirm that the information is correct  Physical Therapist or Doctor I confirm that the information is correct  Physical Therapist or Doctor  I confirm that the information is correct  Confirmed/Review before Classification Date	It's only necessary to fill in information relevant to the disability relating to the				Under Review				Intellectual Impairment (INAS) INAS to provide assessment		
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Plays from R/L  Medication  Operations  Limited back rotation  Limited neck rotation  Physical Therapist or Doctor I confirm that the information is correct  Name  Qualifications  Phone Numbers  Email Address   Email Address  Confirm that the information is correct  Classification Date											
Medication  Operations  Limited back rotation  Limited neck rotation  Physical Therapist or Doctor I confirm that the information is correct  Phone Numbers Email Address  Email Address  Email Address  Confirmed/Review before Classification Date	Buggy Yes/No										
Departions  Limited back rotation  Limited neck rotation  Physical Therapist or Doctor I confirm that the information is correct  Name Qualifications Phone Numbers Email Address  Email Address  Confirm that the information is correct  Confirmed/Review before Classification Date	Plays from R/L										
Limited back rotation  Physical Therapist or Doctor I confirm that the information is correct  Qualifications Phone Numbers Email Address  Email Address  Confirm that the information is correct  Confirm that the information is correct  Classification Date	Medication										
Physical Therapist or Doctor I confirm that the information is correct  Phone Numbers Email Address  EDGA Medical Classifier I confirm that the information is correct  Confirmed/Review before Classification Date	Operations										
Physical Therapist or Doctor I confirm that the information is correct  Qualifications Phone Numbers Email Address  EDGA Medical Classifier I confirm that the information is correct  Confirmed/Review before Classification Date	Limited back ro	otation									
I confirm that the information is correct    Name   Qualifications     Phone Numbers     Email Address     I confirm that the information is correct     Confirmed/Review before     Classification Date	Limited neck ro	otation									
I confirm that the information is correct  Confirmed/Review before  Classification Date				rrect	Ç	ualific	lumb				
I confirm that the information is correct  Confirmed/Review before  Classification Date											
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