의무분류카드
(Medical Classification Card)

사 진
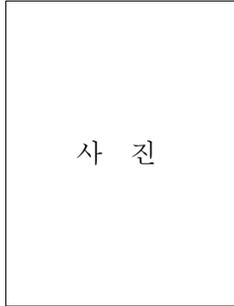
선 수 성 명 : 한글_____ 영문_____

성　　별 : 남(M), 여(F)

생 년 월 일 : _____

주민등록번호 : _____

주　　소 : _____

소　　속 : _____

장애명 및 부위 (Diagnosis and Level) : _____
_____

신체적 특기사항(Remark of Physical Examination) :

Ability to walk: Yes/No　　Crutches: Yes/No　　W/C:Yes/No

Progressive: Yes/No　　Seizure: Yes/No　　Asthma: Yes/No

_____

_____

_____

_____

수영 등급분류 (Swimming Classes) : S _____　SB _____

검사일: _____

검사자 및 서명 : _____

대한장애인수영연맹 의무위원회

Bench Test

	Coordination Muscle Test		Contracture ROM	
	RIGHT	**LEFT**	**RIGHT**	**LEFT**

Upper limbs

	S	SB		RIGHT	LEFT	RIGHT	LEFT
Shoulder	S	SB	Flexion				
	S	X	Extension				
	X	X	Abduction				
	S	SB	Adduction				
	S	X	Ext. Rot				
	S	SB	Int. Rot				
Elbow	S	SB	Flexion				
	S	SB	Extension				
	S	SB	Pronation				
Wrist	S	SB	Flexion				
	S	X	Extension				
	X	SB	Uln. Abn				
Finger	S	SB	Flexion				
	S	SB	Extension				
	S	SB	Adduction				
			Total S				
			Total SB				

Trunk

	S	SB		RIGHT	LEFT	RIGHT	LEFT
Trunk	S	SB	Flx. Upper				
	S	SB	Flx. Lower				
	S	SB	Ext Upper				
	S	SB	Ext. Lower				
	S	X	Rotation				
			Total S				
			Total SB				

Lower limbs

	S	SB				ROM S/SB	ROM S/SB
Hip	S	SB	Flexion				
	S	SB	Extension				
	X	SB	Abduction				
	S	SB	Adduction				
	X	SB	Ext. Rot				
	S	SB	Int. Rot				
Knee	S	SB	Flexion				
	S	SB	Extension				
Ankle	S	SB	Dorsiflex.				
	S	SB	Plantaflex.				
	S	SB	Pronation				
	S	SB	Supination				
			Total S				
			Total SB				

Dive Start and Push-off : S and SB Strokes

Start in water with assistance	0	points
Start in water without assistance	1-2	points
Falls into the water	1-2	points
Poor functional dive with one leg	3-4	points
Poor functional dive with both legs	5-6	points
Good functional dive with one leg	7-8	points
Good functional dive with both legs	9-10	points
Dive with one non-functional arm *(dragging or above elbow amp)*	9	points
Dive with non-functional arms *(dragging or above elbow amp)*	7	points
No push-off with legs possible	0	points
Push-off only with any single joint	1-2	points
Poor functional push-off with one leg	3-4	points
Poor functional push-off with both legs	5-6	points
Good functional push-off with one leg	7-8	points
Good functional push-off with both legs	9-10	points
Turning without arms *(dragging or above elbow amp)*	7	points
Turning with one arm *(dragging or above elbow amp)*	9	points

BODY HEIGHT: ……………………cms

HEAD TO BUTTOCK: ………………..cms

Amputation

Highlight amputated limb/s (with highlighter) and draw in particular features. Fill in the measurement in cms. of the amputated limb/s

Lower limb length difference in cm: ………………

Water Test

Body Position

Face Float

| Water Line | Ankles | Hips | Shoulders | Head Position |

Back Float

| Water Line | Ankles | Hips | Shoulders | Head Position |
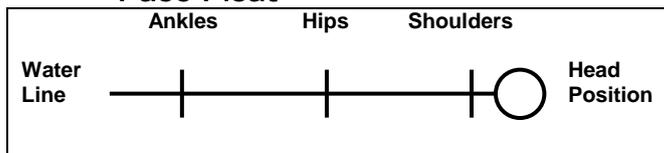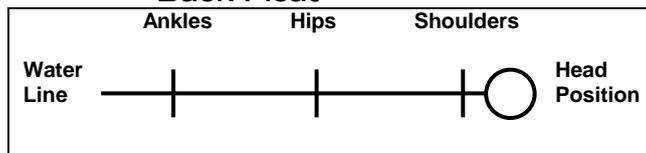
WATER TEST S-Stroke

Upper limbs

Total Arms			
RIGHT (65)		LEFT (65)	
B	W	B	W

Trunk

Total Trunk			
RIGHT (25)		LEFT (25)	
B	W	B	W

Lower limbs

Total Legs			
RIGHT (50)		LEFT (50)	
B	W	B	W

WATER TEST SB-Stroke

Upper limbs

Total Arms			
RIGHT(55)		LEFT (55)	
B	W	B	W

Trunk

Total Trunk			
RIGHT (20)		LEFT (20)	
B	W	B	W

Lower limbs

Total Legs			
RIGHT (60)		LEFT (60)	
B	W	B	W

Points Score	S-Stroke		SB-Stroke	
	Bench	Water	Bench	Water
Upper limbs				
Trunk				
Lower limbs				
Start				
Turn				
TOTAL				

CLASSES	S	SB	SM

Comments:

_____

_____

_____

_____

_____

RANGE OF MOVEMENTS

RIGHT   LEFT

SHOULDER

ELBOW

WRIST

FINGER

HIP

KNEE

ANKLE
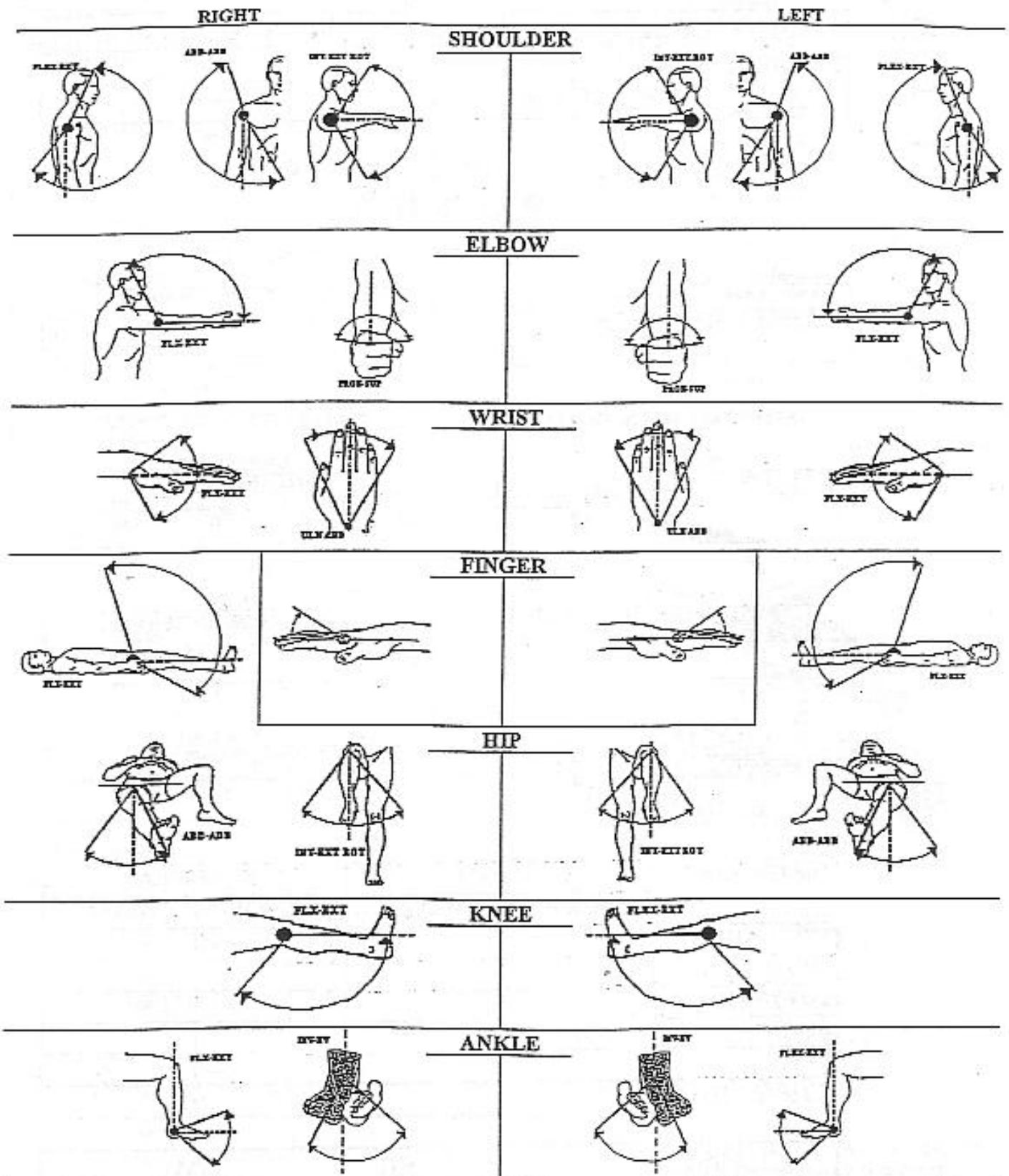
Points System:

0	No joint mobility
1	Slight movement completely unfunctional
2	25% of the FROMS
3	50% of the FROMS
4	75% of the FROMS
5	Functional Range of Movement for Swimming (FROMS)

Fill in the start and the end positions of each movement affected and their corresponding degrees in numbers.

Mark clearly with a zero (0) if not movement is present.

Highlight the range of movement that is active