



### **Who should make a Medical Review Request?**

A Medical Review Request needs to be submitted for athletes with sport Grade status Confirmed or Review with fixed review date, if their impairment and activity limitations are no longer consistent with their current sport class.

A medical review request is to be submitted if:

- An athlete's relevant impairment or activity limitation has become less severe, either through medical intervention or other means. Examples of such interventions include, but are not limited to Botox injections to reduce hypertonia or to increase the active range of movement, tendon releases, joint fixations to assist posture/stability, or corrective eye surgery; or if
- An athlete's impairment is progressive and has deteriorated to an extent that the athlete most likely does not fit his/ her current Grade (sport class) anymore.

### **Making a Medical Review Request**

The medical review request must be made by the Athlete's NF and include:

- this medical review request form, completed legibly and in English;
- attached medical documentation that demonstrates that the athlete's impairment changed after the last athlete evaluation the athlete attended; and
- The medical review request must be submitted to USEF at least 2 months before the next National Classification date.

Requests are to be submitted by the athlete to U.S. Equestrian for approval by the USEF Classifier via mail, fax, or email and sent to:

Laureen K. Johnson, Director of Para Equestrian  
United States Equestrian Federation, Inc.  
PO Box 83  
Gladstone, NJ 07934  
Fax: 908-234-9417  
[lkjohnson@usef.org](mailto:lkjohnson@usef.org)

### **Consequences of a Medical Review Request**

If the Classifier, upon careful review, is convinced of a change in impairment or activity limitation, the athlete's sport class status will be changed to Review. Consequently the athlete will be asked to undergo Athlete Evaluation again at the next opportunity. Please note, that re-evaluation does not guarantee that the Grade (sport class) of the athlete will change.

### **Consequences of not making a Medical Review Request**

Any failure to make a Medical Review Request in circumstances when the USEF determines that (a) a Medical Review Request should have been made and that (b) the athlete knew or should have known that a Medical Review Request should have been made may result in USEF treating that failure as being Intentional Misrepresentation on the part of the athlete

### **USEF Medical Review Request Form (to be completed in English)**

<b>National Federation (NF)</b>	
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**Athlete Details**

Last name:			
First name:			
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade:		Grade Status:	

**Next scheduled international competition (3\* or 4\*) the athlete will be attending**

Competition name:		Date:	
Location (City and country):			

**Details on the change in impairment** (To be completed by a health professional with relevant expertise)

Intervention details (if applicable. Examples: surgical, pharmacological, medical interventions)

Date of the intervention:		Location where intervention was carried out:	
Description of intervention:			
Reason for intervention and expected outcomes:			

Description of the change of impairment (in case of progressive or fluctuating impairments, injuries etc.):

Date of onset:	
Brief description of change of impairment:	

Supporting documentation attached:

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**Health professional**

**I confirm that the above information is accurate.**

Name: \_\_\_\_\_

Medical Specialty: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_