

BRITISH ATHLETICS NATIONAL CLASSIFICATION

PHYSICAL IMPAIRMENTS

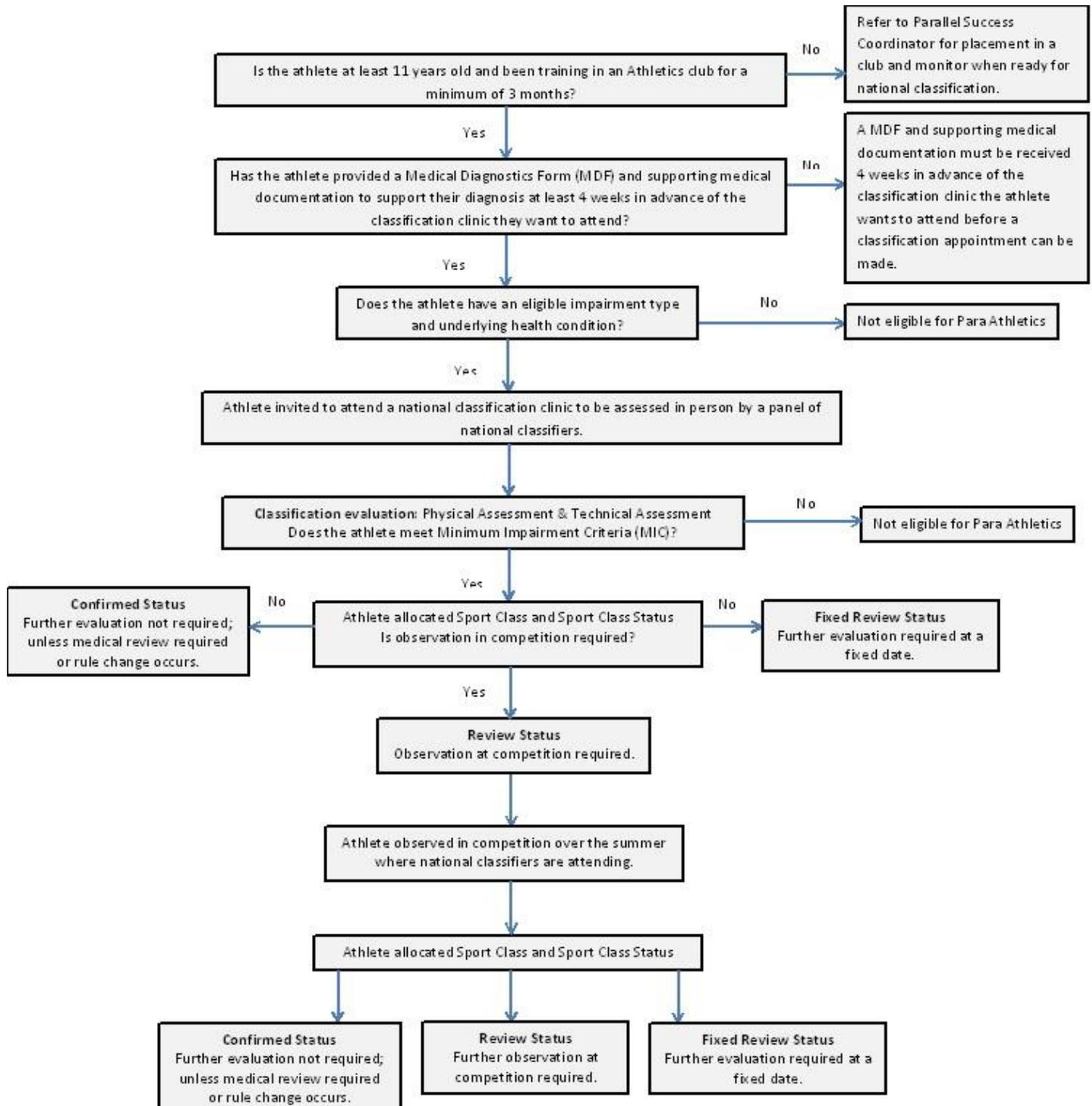
To be eligible for physical impairment (PI) classification in Para Athletics, athletes must have an eligible impairment that meets the Minimum Impairment Criteria (MIC) and results from a confirmed underlying health condition. The eligible impairment must be permanent and affect the athlete's ability to perform the sport. Athletes are required to supply medical diagnostic information that outlines their underlying health condition and primary impairment type before being considered for national classification.

Eligible Impairment Types for Physical Impairment classification in Para Athletics:

Impairment type	Description
Hypertonia	Increase in muscle tension caused by damage to the central nervous system which results in a reduced ability of a muscle to stretch. Can also contribute to joint stiffness, slowness of movement and poor postural adaptation and balance. Examples of an underlying health condition that may lead to Hypertonia include cerebral palsy, traumatic brain injury, multiple sclerosis, and stroke.
Ataxia	Lack of muscle coordination caused by damage to parts of the central nervous system that control movement and balance. Examples of an underlying health condition that may lead to Ataxia include traumatic brain injury, cerebral palsy, multiple sclerosis, Friedreich's ataxia, and spinocerebellar ataxia.
Athetosis	Continual involuntary movements and posturing due to fluctuating muscle tone caused by damage to the central nervous system. Examples of an underlying health condition that may lead to Athetosis include cerebral palsy, stroke, and traumatic brain injury.
Limb deficiency	A total or partial absence of bones or joints as a consequence of trauma (e.g. traumatic amputation), illness (e.g. amputation due to cancer), or congenital limb deficiency (dysmelia).
Impaired passive range of movement (PROM)	Permanent reduction or lack of passive range of movement in one or more joints. Examples of an underlying health condition that may lead to Impaired Passive Range of Movement include arthrogyriposis ankylosis or joint contracture resulting from chronic joint immobilisation, illness, congenital deficiency or trauma affecting a joint.
Impaired muscle power	The muscles in the limbs or trunk have either a reduced or complete loss of the ability to voluntarily contract in order to move or to generate force. Examples of an underlying health condition that may lead to Impaired Muscle Power include spinal cord injury (complete or incomplete, tetra- or paraplegia or paraparesis), muscular dystrophy, brachial plexus injury, post-polio syndrome, and spina bifida.
Leg length difference	A difference in the length between the right and left legs by 7cm or more as a result of a disturbance of limb growth, or as a result of trauma, illness or congenital conditions.
Short Stature	Reduced length in the bones of the upper limbs, lower limbs, and/or trunk. Examples of an underlying health condition that may lead to Short Stature include achondroplasia, osteogenesis imperfecta, or growth hormone dysfunction.

World Para Athletics Classification Rules and Regulations (January 2018)

Athlete Evaluation flowchart:



Physical impairment sport class profiles:

The tables below outline the sport class profiles for each athletics sport class for athletes with a physical impairment (current at the date of publication). This is a guide only and cannot be used for the classification of athletes, as this can only be performed by authorised classifiers.

T = Track athletes, F = Field athletes

Athletes in the following classes are affected by <u>hypertonia</u>, <u>ataxia</u> and <u>athetosis</u> all of which typically affect co-ordination of movement.	
T32-4 (wheelchair racing), T35-38 (ambulant track), F31-34 (seated throws) and F35-38 (ambulant throws)	
Sport Class	Description (guidance only)
F31	Severe quadriplegia. Athletes have severe hypertonia or athetosis, with very poor functional range, and/or control of movement in all four limbs and the trunk. Hand function is very poor with a limited static grip, severely reduced throwing motion and poor follow through and release. Compete in seated club throw only. F31 athletes are allowed assistance onto the field of play.
F32	Severe/moderate quadriplegia. Athletes have moderate to severe hypertonia, ataxia and/or athetosis affecting all four limbs and trunk, usually with slightly more function on one side of the body or in the legs. A cylindrical and/or spherical grasp is possible, but grasp and release in combination with throws are poorly co-ordinated. Dynamic trunk control is poor. Athletes compete in seated throws only. F32 athletes are allowed assistance onto the field of play.
T/F33	Moderate quadriplegia, triplegic or severe hemiplegic, typically with almost full functional control in the least impaired arm causing significant asymmetry in wheelchair propulsion. While athletes are able to grasp implements, release of implements is affected by poor finger dexterity. Trunk movements are limited by extensor tone, so that throwing motions are mainly from the arm. Athletes in this class compete in wheelchair racing or seated throws.
T/F34	Moderate to severe impairment in lower limbs with significant difficulty in standing balance and walking. Good functional strength and minimal control problems in upper limbs and trunk, with near to full grasp, release and follow through for throws and symmetrical wheelchair propulsion. Athletes in this class compete in wheelchair racing or seated throws.
T/F35	Moderate impairment in lower limbs. Good functional strength and minimal control problems in upper limbs and trunk. The athlete will have near to normal grasp and release and follow through in the throwing arm. Running gait is moderately to severely impacted, with stride length typically shortened. Competes as an ambulant athlete.
T/F36	Moderate athetosis or ataxia and sometimes hypertonia may be seen in all four limbs. The arms are usually similarly or more affected than the legs. Involuntary movements are evident throughout the trunk and/or in the limbs. Competes as an ambulant athlete.
T/F37	Moderate hypertonia, ataxia or athetosis in one half of the body (hemiplegia). The other side of the body may be minimally affected with good functional strength. Arm action is asymmetrical and the affected arm may demonstrate none to some functional ability. Some trunk asymmetry is usually evident and transfer of weight onto the affected leg is poor. Knee pick-up on the affected side is weak in sprinting and associated with an asymmetrical stride length. Competes as an ambulant athlete.
T/F38	Mild hypertonia, ataxia, or athetosis in one to four limbs. Has minimal co-ordination and balance problems. Competes as an ambulant athlete.

Athletes with short stature compete in sport class T/F40 and T/F41. There are two classes depending on the body height of the athlete and the proportionality of the upper limbs.

Sport Class	Description (guidance only)
F40	For males, standing height ≤130cm and arm length ≤59cm. Sum of standing height and arm length ≤180cm. For females, standing height ≤125cm and arm length ≤57cm. Sum of standing height and arm length ≤173cm. No track events offered at international competitions. Competes as an ambulant athlete.
F41	For males, standing height ≤145cm and arm length ≤66cm. Sum of standing height and arm length ≤200cm. For females, standing height ≤137cm and arm length ≤63cm. Sum of standing height and arm length ≤190cm. No track events offered at international competitions. Competes as an ambulant athlete.

Athletes in the following classes have one or both lower and/or upper limbs affected by limb deficiency, leg length difference, impaired muscle power or impaired range of movement, and compete standing.

T42–47 & T61-64 (ambulant track) and F42-46 & F61-64 (ambulant throws)

Sport Class	Description (guidance only)
T/F42	Athletes competing without prosthesis/protheses with bilateral and/or single through and above knee lower limb impairments such as impaired muscle power, impaired range of movement and lower limb deficiency.
T/F43	Athletes competing without prostheses with bilateral below knee impairments such as impaired muscle power, impaired range of movement and lower limb deficiency.
T/F44	Athlete competing without a prosthesis with single below knee impairments such as impaired muscle power, impaired range of movement, leg length difference and lower limb deficiency.
T/F45	Athletes have impairments of both arms affecting the shoulder and/or elbow joints which are comparable to an athlete with bilateral above or through elbow amputations. In throwing, the extent of the impairment should demonstrate significant activity limitation in both arms for gripping and/or throwing the field implements.
T/F46	Athletes with an upper limb impairment equivalent to a single through or above elbow amputation or athletes with an upper limb impairment of both arms that is equivalent to a double through or above wrist amputation (below elbow). Eligible to compete in track events from 100m to marathon and jumping events. Athletes with upper limb impairment to one arm comparable to an athlete with a single through or above wrist amputation are eligible to compete in throwing events in this class.
T47	Athletes with upper limb impairment comparable to an athlete with a single through wrist/below elbow amputation and are eligible for track events from 100m to 400m and jumping events only.
T/F61	Athletes with bilateral through knee or above knee limb deficiency (amputation/dysmelia) competing with prostheses . An athlete with a combination of a unilateral above knee limb deficiency and unilateral below knee limb deficiency will also compete in this class.
T/F62	Athletes with bilateral below knee limb deficiency (amputation/dysmelia) competing with prostheses .
T/F63	Athletes with single through knee and above knee limb deficiency (amputation/dysmelia) competing with a prosthesis .

T/F64	Athletes with single below knee limb deficiency (amputation/dysmelia) and leg length difference, competing with a prosthesis .
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Athletes in the following classes are affected by one or more of the musculoskeletal impairments of limb deficiency, leg length difference, impaired muscle power or impaired range of movement and compete in wheelchair racing.

T51-T54 (wheelchair racing)

Sport Class	Description (guidance only)
T51	Equivalent activity limitation to athletes with complete cervical spinal cord injury (C5-6) resulting in significant reduction in muscle power of shoulders, elbow extensors, hands and wrists. No muscle power in legs or trunk, and absent sitting balance. Difficulty straightening elbows against gravity for a pushing action required for wheelchair racing propulsion. Propulsion is achieved with a pulling action using the elbow flexor and wrist extensor muscles.
T52	Equivalent activity limitation to athletes with complete low cervical spinal cord injury (C7-8) resulting in absent muscle power in trunk or legs. Athletes have normal shoulder, elbow and wrist muscle power but may have reduced function of the finger flexors/extensors with evidence of wasting of the intrinsic hand muscles.
T53	Equivalent activity limitation to athletes with complete thoracic spinal cord injury (T1-7) resulting in normal upper limb function, with no abdominal or lower spinal muscle activity or leg function.
T54	Equivalent activity limitation to athletes with complete spinal cord injury (T8-S4) resulting in normal upper limb function and with any amount of trunk muscle activity. Athletes may have some leg muscle power. Single and/or double above or below knee amputees (or equivalent impairment) who meet the MIC for T42, T43 or T44 can also compete in this class.

Athletes in the following classes are affected by one or more of the musculoskeletal impairments of limb deficiency, leg length difference, impaired muscle power or impaired range of movement and compete using a throwing frame.

F51-57 (seated throws)

Sport Class	Description (guidance only)
F51	Athletes have significant reduction in muscle power of shoulders, elbow extensors, hands and wrists. No muscle power in legs or trunk, and absent sitting balance. No function of triceps muscles against gravity. Athletes use elbow flexors, and wrist extensors for throwing an implement. Grip of the implements is difficult due to non-functional finger flexors and a sticky product is used to assist grip. Athlete's non-throwing hand is usually strapped to a support bar to assist with balance and stability. F51 athletes are allowed assistance onto the field of play.
F52	Athletes usually have good shoulder function, and almost normal elbow and wrist function. Athletes have no trunk or leg function and finger flexor/extensor muscles are significantly impaired making gripping throwing implements difficult. Wasting of the intrinsic hand muscles is evident. A sticky product is used to assist grip and the athlete's non-throwing hand is usually strapped to a support bar to help with balance and stability. F52 athletes are allowed assistance onto the field of play.
F53	Athletes have full function of shoulders, elbows, and wrists. Some weakness of the finger flexor/extensor muscles and wasting of the intrinsic hand muscles may be evident but can grip the throwing implement normally. Athletes have no trunk activity or leg function and most likely will need a bar for the non-throwing arm to assist with balance and stability.

F54	Athletes have normal arm function, but no trunk or leg function and typically no sitting balance. Likely to need a bar for non-throwing arm to assist with balance and stability.
F55	Athletes have normal arm muscle power, and partial to full trunk function. Athletes demonstrate some to good sitting balance. A flicker of movement in the hip flexors may be evident but there is no movement in the lower limbs. Athletes with bilateral amputations of both legs at the hip joint (or equivalent impairment) are also eligible for this class.
F56	Athletes have normal arm and trunk muscle power, with reasonable hip function and some knee activity (typically reduced knee flexion and no hip extension or hip abduction). Athletes demonstrate good balance and trunk movement backwards and forwards. Equivalent activity limitations are seen in athletes with bilateral high above knee amputations. Athletes with some but non-functional muscle power in the lower limbs will also fit in this class.
F57	Athletes have normal arm, trunk, hip and knee function, with only the ankle function affected of one or both legs. Athletes demonstrate good balance and trunk movement backwards and forwards. Bilateral above knee amputations (long stump), single amputation of hip joint or single/double below knee amputations are also included in this class.

How to get nationally classified in the UK:

1. Athletes with a physical impairment must have a Physical Impairment Medical Diagnostics Form (MDF) completed by their GP or medical consultant.

MDFs should be accompanied by additional supporting medical documentation i.e. doctors letters supporting diagnosis, hospital discharge report, evidence of diagnostic investigations (MRI scan, CT scan, blood tests, x-rays etc.) and/or physiotherapist reports that discuss function.

Note: MDFs can only be signed by a medical doctor (i.e. not a nurse, physiotherapist, parent, athlete or coach).

2. If the MDF and supporting documentation provides enough information for national classification, athletes will then be invited to attend a classification clinic to be assessed in person by UKA national classifiers.

Note: National classification clinics for physical impairment classification run between October and March each year at various locations throughout the UK. Deadline for MDF/supporting documentation is 4 weeks prior to the date of the classification clinic the athlete wishes to attend.

3. Following a national classification assessment, if the athlete meets the relevant MIC, a Sport Class and Status will be allocated.

For general classification enquiries or to receive an MDF, please contact the British Athletics classification coordinator:

Phone: +44 (0) 7702 335 861

Email: classification@britishathletics.org.uk