

Physical Impairment Classification

Guidance to the medical doctor



Dear medical doctor,

We wish to thank you for your help in facilitating evaluation of your client who is hoping to be classified as a physical impaired athlete for Competitive Para sport. Please note that to be eligible for Para sport, a disabled athlete must have an underlying health condition, that results in one or more of the 8 eligible impairment types, recognized by the International Paralympic Committee, the IPC, and be permanent in nature.

Eligibility for a Para sport can only be verified upon receipt of the Medical Diagnostics Form (MDF) that **MUST** be completed by a medical doctor **AND** support medical documentation relevant to the impairment (see below some examples of documents that can be completed by a physio/doctor).

Attachments to the Medical Diagnostic Form:

| Eligible Impairment | Examples of Underlying Health Condition that can lead to the eligible impairment | Examples of Supporting Medical Evidence + Templates |
|---|---|---|
| <p>Impaired muscle power</p> <p>Athletes with Impaired Muscle Power have a Health Condition that either reduces or eliminates their ability to voluntarily contract their muscles in order to move or to generate force.</p> | <p>Spinal cord injury (complete or incomplete, tetra-or paraplegia or paraparesis), muscular dystrophy, post-polio syndrome and spina bifida.</p> | <ul style="list-style-type: none"> • Medical report stating the level of injury and if it's complete or incomplete • Manual muscle power test (https://paralympics.ie/wp-content/uploads/9_Muscle-Power-Test-template-2020.pdf) • ASIA scale (https://paralympics.ie/wp-content/uploads/10_ASIA-Scale-2020.pdf) |
| <p>Impaired passive range of movement</p> <p>Athletes with Impaired Passive Range of Movement have a restriction or a lack of passive movement in one or more joints.</p> | <p>Arthrogryposis and contracture resulting from chronic joint immobilization or trauma affecting a joint.</p> | <ul style="list-style-type: none"> • Passive range of movement (https://paralympics.ie/wp-content/uploads/Passive-Range-of-Movement-template-2020.pdf) |
| <p>Limb deficiency</p> <p>Athletes with Limb Deficiency have total or partial absence of bones or joints as a consequence of trauma, illness or congenital.</p> | <p>Traumatic amputation, amputation due to bone cancer and dysmelia.</p> | <ul style="list-style-type: none"> • Medical report • X-rays for dysmelia • Photos for amputations |
| <p>Leg length difference</p> <p>Athletes with Leg Length Difference have a difference in the length of their legs</p> | <p>Dysmelia and congenital or traumatic disturbance of limb growth.</p> | <ul style="list-style-type: none"> • Medical report |

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| | | |
|--|--|---|
| Short Stature Athletes with Short Stature have a reduced length in the bones of the upper limbs, lower limbs and/or trunk. | Achondroplasia, growth hormone dysfunction, and osteogenesis imperfecta. | <ul style="list-style-type: none">• Medical report stating athlete's height measurement |
| Hypertonia/Spasticity Athletes with hypertonia have an increase in muscle tension and a reduced ability of a muscle to stretch caused by damage to the central nervous system. | Cerebral palsy, traumatic brain injury and stroke. | <ul style="list-style-type: none">• Modified Ashworth Scale (https://paralympics.ie/wp-content/uploads/11_Modified-Ashworth-Scale-2020.pdf) |
| Ataxia Athletes with Ataxia have uncoordinated movements caused by damage to the central nervous system. | Cerebral palsy, traumatic brain injury, stroke and multiple sclerosis. | <ul style="list-style-type: none">• SARA Scale (https://paralympics.ie/wp-content/uploads/SARA-scale.pdf) |
| Athetosis Athletes with Athetosis have continual slow involuntary movements. | Cerebral palsy, traumatic brain injury and stroke. | <ul style="list-style-type: none">• Medical Report |

Further information on eligible impairments can be found [here](#).

If you have any questions, feel free to contact classification@paralympics.ie.

We appreciate your support,

Paralympics Ireland Classification Team

Medical Diagnostics Form - Physical Impairment

To be eligible for Para Sport an athlete must have an underlying medical diagnosis (Health Condition) that results in Permanent and Eligible Impairment.

The measurement of impairment conducted during classification process must correspond to the diagnosis indicated below.

Please ensure relevant Support Medical Evidence is attached to this form. Incomplete applications will not be considered.

Paralympics Ireland reserves the right to request further information, if additional information is required.

| Athlete Personal Details | | | |
|--------------------------|--|---------|---|
| First Name: | | Surname | |
| Date of Birth: | | Gender | <input type="checkbox"/> Female <input type="checkbox"/> Male |

| Contact Details (Parent/Guardian Details if under 18) | | | |
|---|--|---------|--|
| Address: | | | |
| City: | | County: | |
| Phone: | | Email: | |
| Parent / Guardian | | | |

| Medical Information – to be completed by a registered medical doctor, M.D. | |
|---|--|
| Athlete's Medical Diagnosis (Health Condition): | |
| Include description of body part/s affected and limitations: | |
| Primary Impairment/s arising from the Medical Diagnosis (Health Condition): | |
| <input type="checkbox"/> Impaired muscle power <input type="checkbox"/> Ataxia <input type="checkbox"/> Leg length difference <input type="checkbox"/> Impaired Passive Range of Movement <input type="checkbox"/> Athetosis <input type="checkbox"/> Limb deficiency/loss <input type="checkbox"/> Hypertonia <input type="checkbox"/> Short stature | |
| Medical condition is: | <input type="checkbox"/> Permanent <input type="checkbox"/> Stable <input type="checkbox"/> Progressive <input type="checkbox"/> Fluctuating |
| Treatment History: | |
| Regular Medication: | |

Medical Diagnostics Form - Physical Impairment

| Diagnostic Evidence to be attached: |
|---|
| <p>Evidence to support the above diagnosis MUST be attached for ALL athletes:</p> <p>Medical Diagnostic Report and Physical Examination results (for example ASIA scale for athletes with <u>Spinal Cord Injury</u>, Ashworth Scale for athletes with <u>Cerebral Palsy</u>, X-rays for athletes with <u>Dysmelia</u>, photo for athletes with <u>Amputation</u>)</p> <p>Paralympics Ireland holds the right to request additional diagnostic evidence, including but not limited to: Report(s) from additional diagnostic testing (for example, EMG, MRI, CT, X-ray)</p> |

| Presence of additional medical conditions/diagnoses: | | |
|---|--|---|
| <input type="checkbox"/> Vision impairment <input type="checkbox"/> Intellectual impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Psychological diagnoses | <input type="checkbox"/> Impaired respiratory function <input type="checkbox"/> Impaired metabolic functions <input type="checkbox"/> Impaired cardiovascular functions <input type="checkbox"/> Pain | <input type="checkbox"/> Joint hypermobility/ instability <input type="checkbox"/> Impaired muscle endurance <input type="checkbox"/> Other |
| <p>Describe:</p> | | |

| Sport Details: | |
|---|--|
| Sport to be classified in? | |
| How long involved in sport? | |
| Club: | |
| Coach: | |
| Number training sessions per week: | |
| Length of each training session: | |
| Number of competitions in last 12 months: | |
| Is the athlete member of the Sport National Governing Body? | |

| | |
|---|--------------------------|
| <input type="checkbox"/> I confirm that the above information is accurate | |
| <p>Doctors Name:</p> | |
| <p>Medical Specialty:</p> | |
| <p>Registration Authority and Number:</p> | |
| <p>Address:</p> | |
| <p>City:</p> | <p>County:</p> |
| <p>Phone:</p> | <p>Email:</p> |
| <p>Date:</p> | <p>Signature:</p> |

Data Protection Statement

Data Protection Statement:

This form should be sent directly to Paralympics Ireland. The data contained in this form is classed as sensitive personal data under the Data Protection National Classification Policy & Standards. Your express written consent is required in order to process and store this information (data), which you are providing by signing this form. The data will be held securely and will be used to administer your Request for Classification. It may be shared with Paralympics Ireland accredited National Classifiers. It may be used to assist in determining the allocation of a Sports Class and a Sports Class Status during the Athlete Evaluation Process.

You have the right to ask for a copy of all the classification information we hold about you. If you wish to exercise this right, please contact the Classification Coordinator at Paralympics Ireland (01 6251175). You will be asked to formally prove your ID before your data can be released.

For further information regarding the Data Protection Policy, please refer to the following website page:

<https://www.paralympics.ie/classification>

Signature of the Athlete:

Sign: _____ Date: _____

Signature of Parent or Guardian (if under 18 years of age)

Sign: _____ Date: _____

Please return this form to:

Email

Classification@paralympics.ie / Ana@paralympics.ie

Post

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