Eligible Impairment Types and Medical Diagnostic Requirements

All athletes seeking classification in Paralympic sports must have an eligible impairment that is permanent and verifiable.
Athletes are required to provide evidence of the following:

1. Eligible impairment
2. That the eligible impairment is permanent and/or;
3. An underlying health conditions

Athletes are required to provide a written report from their medical specialist and supporting medical diagnostic information prior to classification.
An athlete may be required to present additional evidence of impairment, as indicated in the guidelines below. This is list is not exhaustive and athletes may be required to provide further documentation by a classification panel, the national federation, international federation, Paralympics Australia or IPC as applicable.

Permanent and verifiable impairment type	Examples of health condition (diagnosis) likely to cause such impairment	Additional supporting medical documentation/reports/tests that may be presented to verify diagnosis and eligible impairment
Impaired Muscle Power *Athletes have reduced or no ability to voluntarily contract their muscles in order to move or generate force*	Spinal cord injury (SCI), muscular dystrophy, brachial plexus injury, Erb's palsy, spina bifida, Guillain-Barre syndrome, polio	• Specialist reports (eg reports rehabilitation doctors) detailing condition, date and mechanism of injury, any surgeries or treatment plans, medications etc • Manual Muscle Test Results • ASIA scores (for SCI) • EMG • Nerve conduction velocity
Impaired Range of Movement *Athletes have a restriction or lack of passive movement in one or more joints*	Joint contractures, arthrogryposis, ankylosis	• Specialist reports detailing impairment • Goniometric measurements • Xrays of affected limbs or joints
Limb Deficiency *Athletes have total or partial absence of bones or joints*	Congenital limb deficiency or amputation as a result of trauma or illness	• Specialist reports (eg from orthopaedic surgeon) or other relevant specialist detailing surgery/ dysmelia • Photograph of affected limb • Xrays of affected limb/joint

Short Stature *Athletes have reduced length in bones of upper limbs, lower limbs and/or trunk*	Achondroplasia or similar condition, osteogenesis imperfecta, growth hormone dysfunction	• Specialist reports (eg endocrinologist) • Growth charts (comparison to norm)
Hypertonia *Athletes have an increase in muscle tension and reduced ability of the muscles to stretch caused by damage to the central nervous system*	Cerebral palsy, stroke, brain injury, multiple sclerosis	• Neurology reports detailing condition, date and mechanism of injury, any botox, surgeries or treatment plans, medications etc • Coordination testing • Modified Ashworth Scores • Brain MRI • EMG • For MS, brain and spine MRI less than 6 months old
Athetosis *Athletes have continual slow involuntary movements*	Cerebral palsy, stroke, brain injury	• Neurology reports detailing condition, date and mechanism of injury, any surgeries or treatment plans, medications etc • Coordination testing • Modified Ashworth Scores • MRI • EMG
Ataxia *Athletes have uncoordinated movements caused by damage to the central nervous system*	Cerebral palsy, stroke, brain injury, multiple sclerosis, spinocerebellar ataxia, Freiderichs ataxia	• Neurology reports detailing condition, date and mechanism of injury, any surgeries or treatment plans, medications etc • Coordination testing • Modified Ashworth Scores • MRI • EMG
Leg Length difference *Athletes have difference in length of legs*	Difference in leg length as a result of trauma or disturbance of limb growth	• Xrays of affected limbs or joints

Permanent and verifiable impairment type	Examples of health condition (diagnosis) likely to cause such impairment	Additional supporting medical documentation/reports/tests that may be presented to verify diagnosis and eligible impairment
Vision Impairment *Athletes have reduced or no vision as a result of damage to the eye structure, optical nerves or optical pathways, or visual cortex of the brain*	Retinitis pigmentosa, Rod Cone dystrophy, macular degeneration, congenital cataracts, myopia, tunnel vision	• Ophthalomology reports detailing diagnosis, how acquired, surgeries or treatment plans, medications • Visual acuity testing* • Visual field testing* • ERG • OCT • VEP **conducted within last 12 months, refer also to specific VI testing information.*
Intellectual Impairment *Athletes have a restriction in intellectual functioning and adaptive behaviour present before 18 years*	Intellectual impairment	• Psychology reports, detailing impairment in intellectual functioning and adaptive behaviour (conceptual, social and practical adaptive skills) • IQ test results

Please refer to the IPC Athlete Classification Code and International Standard for Eligible impairments for further information:

https://www.paralympic.org/sites/default/files/document/161004145727129_2016_10_04_International_Standard_for_Eligible_Impairments_1.pdf