

Disability Athletics Factsheet

Classification



BRITISH
ATHLETICS



Introduction

This factsheet provides some generic guidance for classification in athletics. The classification of athletes in athletics is performed by authorised classifiers according to the classification rules of the sport, and governed by IPC Athletics. Sport Classification Rules change from time to time, and this guidance is current for the date of publication.

Which Impairment Groups can Compete in Athletics?

Paralympic Categories
Blind and visually impaired
Intellectually impaired
Cerebral Palsy (or other impairments displaying similar movement patterns e.g. stroke, brain injury)
Amputees (or other impairments displaying similar movement patterns e.g. Erb's palsy, limb deficiencies, brachial plexus injury for arm, and talipes for leg)
Spinal cord injury (including spina bifida)
Dwarfism and Short Stature

What are the Minimal Disability Criteria?

In order to compete in disability athletics it is necessary to have a permanent measurable impairment that affects the ability to perform the sport, so although someone may be disabled their impairment might have enough impact for them to be eligible in a particular sport although they could be eligible in another. **Only authorised classifiers are able to determine whether a person meets the minimal disability criteria for a particular sport. Below is a rough guidance to the criteria – it should not be used to provide athletes with advice regarding eligibility.**

Paralympic Group	Minimal Disability - GUIDANCE ONLY
Visually impaired	Visual acuity must be at or below 6/60 or the visual field less than 20 degrees.
Cerebral Palsy	Includes brain Injury and stroke, resulting in physical impairment such as spasticity, ataxia or athetosis in at least one limb.
Amputees	Single below knee amputation (through mid foot) or below elbow (through wrist) amputation.
Spinal cord injury or other impairments causing paralysis or paresis (e.g. spina bifida or polio)	Level of spinal cord injury and residual muscle strength determines class. Muscle weakness in the legs, trunk and/ or arms, as tested using a 5 point scale, is sufficient to limit the person's ability to push and throw.
Short Stature	Achondroplasia, maximum height 145cm males and 137cm females. Maximum arm length 66cm males and 63cm females.
Intellectually Impaired	IQ of 75 or lower on standard tests, prior to 18 years. Evidence of significant limitations in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills.

Paralympic Classes for Athletics

The table below contains examples of the type of impairments found in each class for athletics (see glossary for explanation of terms), current at the date of publication. It 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.

The lower the number the greater the impairment

Visual Impairment

Class	Examples (guidance only)
T/F11	From no light perception in either eye to light perception, but inability to recognise the shape of a hand at any distance or in any direction. Must compete blind-folded or wearing blackened glasses. Allowed a guide.
T/F12	Ability to recognise objects up to a distance of 2 metres i.e. below 2/60 and/or visual field of less than five (5) degrees. Allowed a guide.
T/F13	Can recognise contours between 2 and 6 metres away i.e. 2/60 – 6/60 and visual field of more than five (5) degrees and less than twenty (20) degrees. No guide allowed.

Intellectual Disability

Class	Examples (guidance only)
T/F20	The athlete's intellectual function is approximately 70 – 75 or below. Limitations in two or more of the following adaptive skill areas; communication, self-care; home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work. They must have acquired their condition before age 18.

Cerebral Palsy (or other conditions resulting in similar functional limitations)

Class	Examples (guidance only)
F31	Severe quadriplegia. Difficulty gripping. Seated Club thrower only. F31 athletes are allowed a guide onto the field of play.
F32	Severe/moderate quadriplegia. Competes as a seated thrower. F32 athletes are allowed a guide onto the field of play.
T/F33	Moderate quadriplegia. Competes as a wheelchair racer or seated thrower.
T/F34	Moderate to severe impairment in lower limbs. Good functional strength and minimal control problems in upper limbs and trunk. Competes as a wheelchair racer or seated thrower.
T/F35	Moderate impairment in lower limbs. Good functional strength and minimal control problems in upper limbs and trunk. Competes as an ambulant athlete.
T/F36	Moderate involvement, athetoid or ataxic movement may be seen in all four limbs. Ambulates without walking devices. Competes as an ambulant athlete.
T/F37	Moderate to minimal hemiplegia. Competes as an ambulant athlete.
T/F38	Minimal hemiplegia, ataxia, diplegia or athetosis. May have minimal co-ordination problems, good balance. Competes as an ambulant athlete.

Short Stature

Class	Examples (guidance only)
T/F40	Athletes with dwarfism due to achondroplasia. For males, standing height ≤ 130 cm and arm length ≤ 59 cm. For females, standing height ≤ 125 cm and arm length ≤ 57 cm. Athletes must be ≥ 18 years of age for international classification. No track events offered at Paralympic Games.
T/F41	Athletes with dwarfism due to achondroplasia. For males, standing height ≤ 145 cm and arm length ≤ 66 cm. For females, standing height ≤ 137 cm and arm length ≤ 63 cm. Athletes must be ≥ 18 years of age for international classification. No track events offered at Paralympic Games.

Amputee (or other conditions resulting in similar functional limitations)

Class	Examples (guidance only)
T/F42	Single/double above or through knee amputation. Other conditions that result in similar functional limitations. Competes as an ambulant athlete.
T/F43	Double below knee amputation. Other conditions that result in similar functional limitations. Competes as an ambulant athlete.
T/F44	Single below knee amputation. Ambulant with moderately reduced function in one or both lower limbs.
T/F45	Double above or through elbow amputation. Other conditions that result in similar functional limitations. Likely to be a track athlete only.
T/F46	Single through or above elbow amputation. Other conditions that result in similar functional limitations. Full function in both lower limbs. Double above or through wrist amputees are eligible to compete as T46 in 100m-marathon.
T47	Single or double through wrist amputation or similar, events up to 400m.

Spinal Cord Injury and Lower Limb Amputees – Seated Throwers
(and other conditions resulting in similar functional limitations)

Class	Examples (guidance only)
F51	Quadriplegia – no leg or trunk function, absent sitting balance, significant weakness of hands, wrist, elbow (extension) and shoulder. No triceps function (against gravity). Difficulty with gripping and is allowed to use sticky product or other equipment to assist. Likely to need a bar or pole for non-throwing arm to assist with balance and stability. F51 athletes are allowed a guide onto the field of play.
F52	Quadriplegia – good shoulder function, usually reasonable elbow and wrist function, but significantly impaired hand function, and no trunk or leg function. Has difficulty with gripping and is allowed to use sticky product or other equipment to assist. Likely to need a bar or pole for non-throwing arm to assist with balance and stability. F52 athletes are allowed a guide onto the field of play.
F53	Quadriplegia – good shoulder, elbow, wrist and finger function. Limited fine grip, may have wasting of muscles in hand, no trunk or leg function. Likely to need a bar or pole for non-throwing arm to assist with balance and stability. No guide allowed.
F54	Paraplegia – normal arm function, no trunk or leg function. Likely to need a bar or pole for non-throwing arm to assist with balance and stability. No guide allowed.
F55	Paraplegia – normal arm function, partial or normal trunk function. Fair to good sitting balance. Bilateral amputation of both legs at hip joint also included.
F56	Paraplegia – normal trunk and upper limb function. Reasonable hip function, may have some knee function. Good balance and movements backwards and forwards. Bilateral high above knee amputees also included.
F57	Normal upper limb and trunk function, if spinal cord injury. Normal hip and knee function, affected ankle function. May have one affected leg only e.g. polio. Good movement of trunk backwards and forwards. Bilateral above knee amputations (long stump) or single amputation of hip joint included.
F58	Better function than F57 athletes. Normal upper limb and trunk strength, normal hip and knee function and nearly normal ankle function. Single above knee amputees included. Must meet minimal disability criteria.

Spinal Cord Injury and Lower Limb Amputees – Wheelchair Racers (and other conditions resulting in similar functional limitations)

Class	Examples (guidance only)
T51	Damage to spinal cord high to mid areas in the cervical spine results in no movement of legs and trunk, absent sitting balance, significant weakness of hands, wrist, elbow (extension) and shoulder. Unable to straighten elbow (extend) against gravity or use this movement to push wheelchair.
T52	Damage to spinal cord in higher parts of the thoracic spine results in no trunk or leg function but able to extend elbows and uses this movement to push wheelchair.
T53	Damage to spinal cord in higher parts of the thoracic spine results in normal upper limb function, with no abdominal or lower spinal strength or leg function.
T54	Damage to spinal cord in lower parts of thoracic spine results in normal upper limb function, with partial to normal trunk function. Single and/or double above knee amputees compete in this class too.

When Should an Athlete with a Physical Impairment be Nationally Classified?

Classification is essential to make sure that competition is fair by ensuring all athletes are eligible to compete as a disabled athlete and then to group individuals with similar levels of function. This means that the winner is the best at the sport rather than having a physical advantage. It is a necessary process and although all competitive athletes will need to be classified if they wish to compete in disability athletics, they may not need to be classified straight away.

The UK Athletics National Classifiers have put together a criteria checklist to help athletes and coaches to understand when it is the right time for an athlete to be classified. Coaches should use this checklist to help decide who should be put forward for classification and when.

Criteria Checklist

1. Diagnosis – Athletes must have either a clear medical diagnosis with supportive information from a suitably qualified medical practitioner eg consultant, GP, physiotherapist.
 - ◆ Whilst a diagnosis will not decide if someone is eligible or not, it does act as supportive information to the classifiers who need to be sure that the athlete's difficulties are attributable to a medical condition.
 - ◆ Where there is no clear explanation for the presenting symptoms, it may not be possible to complete the classification process until more information is provided.
 - ◆ Bringing Medical Documentation to classification is recommended and it should be in typed summary format and from a suitably qualified medical expert. It should outline the history of the condition with timescales / dates for key points. It should also describe the nature of the condition and where relevant give reference to how the condition affects or limits them. Supporting information can be a report from a consultant, GP or physiotherapist, X-rays, MRI reports or similar.
 - ◆ If unsure about the eligibility of a condition or diagnosis or for conditions that are rare or undiagnosed, it may be worth contacting UK athletics who will be able to consult their classification advisory group prior to arranging a classification date (classification@uka.org.uk).
2. Athletes should have a disability that has been present for over 12 months. The only exceptions are ones that are not going to significantly change with rehabilitation e.g. amputation.
3. All athletes must have begun training for the event that they are to be classified in.
 - ◆ To provide an accurate classification, Classifiers will need to ask the athlete (or a representative) to describe their training programme. They will also need to see the

athlete performing the event (throwing, jumping, running, wheelchair racing) as part of the classification process. Because of this, it is advised that the athlete has trained in the event for a minimum of 3 months prior to classification.

4. All athletes must be fit for medical examination and for performing the event that they are to be classified for.
 - ◆ Due to the nature of classification, it is impossible for a panel to provide a class to an athlete if they have not been able to carry out the full process. The process will always require a physical assessment of some form and so if an athlete is injured or in pain, it is advised that they wait for a later time or contact UK athletics with any specific questions about what is expected.

Finally, it is important to point out that the outcome of the classification is a UK national athletics classification only. This will be recognised for all national competitions / meetings and it will form the basis of a 'new entry' into the IPC (International Paralympic Committee) international classification system.

Whilst the outcome may be helpful in providing information to people involved in other sports it should be remembered that each sport has its own system for classifying. This is because classification is about functional ability and different sports need different types of functional ability eg cyclists need to grip handlebars but distance runners do not need to be able to do this.

During and after classification the classifiers will do their best to explain all about the process and how it affects the individual.

How to Get Classified in the UK

For classification for athletes with a physical impairment and general classification enquires please contact: classification@uka.org.uk

For classification for athletes with an intellectual impairment please visit: www.uksportsassociation.org/athlete_classification

For classification for athletes with a visual impairment please visit: www.britishblindsport.org.uk

Useful Links

England Athletics: www.englandathletics.org/disabilityathletics

IPC Athletics: www.paralympic.org/Athletics/RulesandRegulations/Classification

Glossary

Achondroplasia – an inherited skeletal disorder beginning before birth; cartilage is converted to bone resulting in dwarfism

Ambulant – able to walk

Ataxia – inability to coordinate voluntary muscle movements; ataxic (unsteady) movements and staggering gait

Athetosis – involuntary writhing movements, typically of the hands and feet which are uncontrollable, irregular and athetoid

Diplegia – paresis of legs caused by Cerebral Palsy, arms are usually only slightly affected if at all

Extension – to straighten

Hemiplegia – paresis or paralysis affecting the arm and leg on the same side of the body, also known as stroke

Paresis – a condition of muscular weakness caused by nerve damage or disease; partial paralysis

Quadriplegia – paralysis of all four limbs