

International  
**Paralympic**  
Committee

## **IPC Policy on Eligible Impairments in the Paralympic Movement**

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**International Paralympic Committee**

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## 1 Policy statement

The Paralympic Movement originates from the creation of an umbrella organisation by the 'International Organisations of Sport for Disabled' (IOSDs) in membership of the IPC, and by their respective national members. Today, and as a result of the activities of the IOSDs that founded the IPC and are currently in membership of the IPC, the Paralympic Movement identifies ten (10) eligible impairment types.

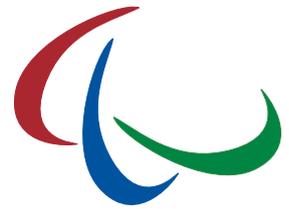
Consequently, any new 'eligible impairment' other than the below mentioned eligible impairment types may only be introduced subject to a new International Sport Organisation being granted membership of the Paralympic Movement by the IPC General Assembly.

## 2 Application

The Paralympic Movement offers sport opportunities for athletes that have a primary impairment that belongs to one of the following ten (10) eligible impairment types (\*):

### 2.1 Impaired muscle power

Impairments in this category have in common that there is reduced force generated by the contraction of a muscle or muscle groups, such as muscles of one limb, one side of the body or



the lower half of the body. Examples of conditions included in this category are paraplegia and quadriplegia, muscular dystrophy, post poliomyelitis and spina bifida.

## 2.2 Impaired passive range of movement

The range of movement in one or more joint is reduced in systematic way, for example due to arthrogyrosis. However, hypermobility of joints, joint instability, and acute conditions causing reduced range of movement, such as arthritis, are not considered eligible impairments.

## 2.3 Limb deficiency

There is a total or partial absence of bones or joints as a consequence of trauma (e.g. traumatic amputation), illness (e.g. bone cancer) or congenital limb deficiency (e.g. dysmelia)

## 2.4 Leg length difference

Due to congenital deficiency or trauma, bone shortening occurs in one leg.

## 2.5 Short stature

The standing height is reduced due to aberrant dimensions of bones of upper and lower limbs or trunk, for example due to Achondroplasia or growth hormone dysfunction.

## 2.6 Hypertonia

Hypertonia is a condition marked by an abnormal increase in muscle tension and a reduced ability of a muscle to stretch. Hypertonia may result from injury, illness, or conditions that involve damage to the central nervous system. When the condition occurs in children under the



age of two (2), the term cerebral palsy is often used, but it also can be due to brain injury (e.g. stroke, trauma) or multiple sclerosis.

## 2.7 Ataxia

Ataxia is a neurological sign and symptom that consists of a lack of co-ordination of muscle movements. When the condition occurs in children under the age of two (2), the term cerebral palsy is often used, but it also can be due to brain injury (e.g. stroke, trauma) or multiple sclerosis.

## 2.8 Athetosis

Athetosis can vary from mild to severe motor dysfunction. It is generally characterised by unbalanced, involuntary movements and a difficulty in maintaining a symmetrical posture. When the condition occurs in children under the age of two (2), the term cerebral palsy is often used, but it also can be due to brain injury (e.g. stroke, trauma).

## 2.9 Vision impairment

Vision is impacted by either an impairment of the eye structure, optical nerves or optical pathways, or visual cortex of the central brain.

## 2.10 Intellectual impairment

An intellectual impairment is characterised by a limitation in intellectual functioning and adaptive behaviour as expressed in conceptual, social and practical adaptive skills. This impairment originates before the age of 18.

Each Paralympic sport has to clearly define for which impairment groups they provide sports opportunities. This is described in the Classification Rules of each sport. While some sports



include athletes of all impairment types (e.g. athletics, swimming), other sports are limited to one impairment type (e.g. goalball, boccia) or a selection of impairment types (e.g. equestrian, cycling)

The presence of an applicable eligible impairment is a prerequisite but not the sole criterion of entry into a particular Paralympic sport.

\*The Paralympic Movement adopted the definitions for the eligible impairment types as described in the World Health Organisation International Classification of Functioning, Disability and Health (2001, World Health Organisation, Geneva)

Impairment Type	<u>Examples</u> of health conditions likely to cause such impairments	Impairment as described in the ICF*	Relevant ICF Impairment Codes
Impaired muscle power	Spinal cord injury, muscular dystrophy, brachial plexus injury, Erb's palsy, polio, spina bifida, Guillain-Barré syndrome	Muscle power	b730
Impaired passive range of movement (PROM)	Arthrogryposis, ankylosis, post burns joint contractures	Impaired joint mobility <i>Exclusions:</i> Hypermobility of joints.	b7100 – b7102
Limb deficiency	Amputation resulting from trauma or congenital limb deficiency (dysmelia).	Total or partial absence of the bones or joints of the shoulder region, upper extremities, pelvic region or lower extremities.	s720, s730, s740, s750  Note: These codes would have the extension .81 or 0.82 to indicate total or partial



			absence of the structure respectively.
Leg length difference	Congenital or traumatic causes of bone shortening in one leg	Aberrant dimensions of bones of right lower limb OR left lower limb but not both.  <i>Inclusions:</i> shortening of bones of one lower limb  <i>Exclusions:</i> shortening of bones of both lower limbs; any increase in dimensions	s75000, s75010, s75020  Note: for coding purposes aberrant dimensions of bones of right lower limb is indicated by addition of the qualifying code .841 and in the left lower limb, .842
Short stature	Achondroplasia, growth dysfunction	Aberrant dimensions of bones of upper and lower limbs or trunk which will reduce standing height	s730.343, s750.343, s760.349
Hypertonia	Cerebral palsy, stroke, acquired brain Injury, multiple sclerosis	High muscle tone  <i>Inclusions:</i> Hypertonia / High muscle tone  <i>Exclusions:</i> Low muscle tone	b735
Ataxia	Ataxia resulting from cerebral palsy, brain injury, Friedreich's ataxia, multiple sclerosis, spinocerebellar	Control of voluntary movement  <i>Inclusions:</i> Ataxia only  <i>Exclusions:</i>	b760



	ataxia	Problems of control of voluntary movement that do not fit description of Ataxia	
Athetosis	Cerebral palsy, stroke, traumatic brain injury	Involuntary contractions of muscles <i>Inclusions:</i> Athetosis, chorea <i>Exclusions:</i> Sleep related movement disorders	b7650
Vision impairment	Myopia, tunnel vision, scotoma, retinitis pigmentosa, glaucoma, congenital cataract, macular degeneration	Seeing functions, structure of eyeball	b210, s220
Intellectual impairment	Intellectual retardation, learning deficiency	Intellectual functions <i>Exclusions:</i> dementia, non-development-related impairments occurring after the age of 18 years old	b117