IPC Policy on Eligible Impairments in the Paralympic Movement

Approval Authority: Governing Board
Responsible Office or Department: IPC Medical & Scientific Department
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Revision Date(s): Subsequent later revisions (n/a)
Related Policies:
- IPC Classification Code (IPC Handbook, Section 2, Chapter 1.3)
- IPC Position Statement on background and scientific rationale on Classification in Sport (IPC Handbook, Section 2, Chapter 4.4)

1. Policy Statement:
The Paralympic Movement originates from the creation of an umbrella organization by the ‘International Organizations 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 Organization 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 systematical way, for example due to arthrogryposis. 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 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 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 characterized by unbalanced, involuntary movements and a difficulty in maintaining a symmetrical posture. When the condition occurs in children under the age of 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 Organization International Classification of Functioning, Disability and Health (2001, World Health Organization, Geneva)*
<table>
<thead>
<tr>
<th>Impairment Type</th>
<th>Examples of health conditions likely to cause such impairments</th>
<th>Impairment as described in the ICF*</th>
<th>Relevant ICF Impairment Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impaired Muscle Power</td>
<td>Spinal cord injury, muscular dystrophy, brachial plexus injury, Erb’s palsy, polio, spina bifida, Guillain-Barré syndrome</td>
<td>Muscle power</td>
<td>b730</td>
</tr>
<tr>
<td>Impaired Passive Range of Movement (PROM)</td>
<td>Arthrogryposis, ankylosis, post burns joint contractures</td>
<td>Impaired joint mobility</td>
<td>b7100 – b7102</td>
</tr>
<tr>
<td>Limb deficiency</td>
<td>Amputation resulting from trauma or congenital limb deficiency (dysmelia).</td>
<td>Total or partial absence of the bones or joints of the shoulder region, upper extremities, pelvic region or lower extremities.</td>
<td>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.</td>
</tr>
</tbody>
</table>
| 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.  
Inclusions: shortening of bones of one lower limb  
Exclusions: 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                    | b735                         |

*ICF: International Classification of Functioning, Disability and Health
<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
<th>Inclusion/Exclusion</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ataxia</td>
<td>Ataxia resulting from cerebral palsy, brain injury, Friedreich’s ataxia, multiple sclerosis, spinocerebellar ataxia</td>
<td>Control of voluntary movement <em>Inclusions: Ataxia only</em>  <em>Exclusions: Problems of control of voluntary movement that do not fit description of Ataxia</em></td>
<td>b760</td>
</tr>
<tr>
<td>Athetosis</td>
<td>Cerebral Palsy, stroke, traumatic brain injury</td>
<td>Involuntary contractions of muscles <em>Inclusions: Athetosis, chorea</em> <em>Exclusions: Sleep related movement disorders</em></td>
<td>b7650</td>
</tr>
<tr>
<td>Vision Impairment</td>
<td>Myopia, tunnel vision, scotoma, retinitis pigmentosa, glaucoma, congenital cataract, macular degeneration</td>
<td>Seeing functions, structure of eyeball</td>
<td>b210, s220</td>
</tr>
<tr>
<td>Intellectual Impairment</td>
<td>Intellectual retardation, learning deficiency</td>
<td>Intellectual functions *Exclusions: dementia, non-development-related impairments occurring after the age of 18 years old</td>
<td>b117</td>
</tr>
</tbody>
</table>