

# Athletics

## Introduction

This information is intended to be a generic guide to classification for Athletics. It is not to be used to make classification or athlete selection decisions. The classification of athletes in this sport is performed by authorised classifiers according to the classification rules of the sport, which are determined by IPC Athletics. Sport Classification Rules change from time to time, and this guide represents the classification system current at the date of publication.

## Which Disability groups can compete in this sport?

| Paralympic Categories  | Non-Paralympic Categories   |
|--|---|
| <ul style="list-style-type: none"> <li>• Vision Impaired</li> <li>• Cerebral Palsy</li> <li>• Brain injury</li> <li>• Amputees</li> <li>• Spinal cord injury</li> <li>• Spina Bifida</li> <li>• Dwarfism</li> <li>• Intellectual Disability</li> <li>• Other injuries and impairments</li> </ul> | <ul style="list-style-type: none"> <li>• Hearing Impaired</li> <li>• Transplantees</li> </ul> |

## What is the Minimal Disability?

In order to be eligible to compete in a sport as an athlete with a disability, it is not sufficient simply to have a disability. Specific and objective testing is used to determine whether a person's disability results in sufficient limitation of their ability to perform the core elements of the relevant sport. This is different for each sport and is termed the minimal disability criteria. Only authorised classifiers are able to determine whether a person meets the minimal disability criteria for a particular sport. Below is a rough guide to the criteria – it should not be used to provide athletes with advice regarding eligibility.

| Paralympic Group | Minimal Disability – GUIDE ONLY  |
|------------------|--|
| Vision Impaired  | Visual acuity must be at or below 6/60 or the visual field is less than 20 degrees.  |
| Cerebral Palsy   | Cerebral Palsy or Acquired Brain Injury resulting in physical impairment such as spasticity, ataxia or athetosis in at least one limb. Sensory or speech involvement is not sufficient to meet the minimal disability. |
| Amputees         | Single below knee amputation (through ankle) or below elbow (through wrist) amputation.  |

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|---|---|
| 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 run, jump and / or throw. |
| Short stature   | Achondroplasia or like conditions- maximum height 145cm males and 137cm females.  |
| Intellectual Disability   | 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.  |
| <b>Non-Paralympic</b>   | <b>Minimal Disability – GUIDE ONLY</b>  |
| Hearing Impaired<br>T/F 01 Class  | A hearing loss of at least 55db in the better ear assessed by an Audiologist.   |
| Transplantee<br>T/F 60 Class  | Kidney, heart and lung, liver, kidney or bone marrow transplant   |

### What things are taken into account when classifying athletes in the Paralympic system?

| Disability group                               | Assessments   |
|--|---|
| Vision Impaired                                | Amount of visual acuity or field. Assessment by an Ophthalmologist                    |
| Cerebral Palsy                                 | Diagnosis, a series of neurological tests, amount of spasticity, coordination testing |
| Amputees                                       | Level and location of amputation, stump length  |
| Wheelchair                                     | Level of spinal cord injury, residual muscle strength                                 |
| Other musculoskeletal injuries and impairments | Joint range of motion, muscle strength, other tests as appropriate                    |
| Sport Specific                                 | Track, jumping, throwing skills and use of equipment                                  |

### What are the Paralympic classes for this sport?

The list below contains examples of the type of disabilities found in each class for Athletics, current at the date of publication. It is intended as a guide only. The list is not exhaustive and cannot be used for the classification of athletes, as this classification can only be performed by authorised classifiers. For more specific information, please use the resources on the last page of this information sheet.

| Class  | Examples (Guide Only)   |
|--|---|
| <b>Vision Impairment</b> ( <i>Track &amp; Field Events</i> ) |   |
| T/F 11   | 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.       |
| T/F 12   | 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.                          |
| T/F 13   | 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. |

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| <b>Intellectual disability (Track &amp; Field Events)</b>                  |   |
|--|---|
| T/F 20   | Intellectually disabled athletes must have substantial limitation in intellectual function. 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. |
| <b>Cerebral Palsy and Acquired Brain Injury (Track &amp; Field Events)</b> |   |
| T/F 32   | Severe to moderate quadriplegia.  |
| T/F 33   | Moderate quadriplegia.  |
| T/F 34   | Moderate to severe problems in lower limbs, good functional strength and minimal control problems in upper limbs and torso.   |
| T/F 35   | Moderate problems in lower limbs. Good functional strength and minimal control problems in upper limbs. No wheelchair. May or may not use assistive devices.  |
| T/F 36   | Athetoid or Ataxic - Moderate involvement. Ambulates without walking devices.   |
| T/F 37   | Moderate to minimal hemiplegia (i.e. one half of the body affected – arm and leg on same side). Good functional ability in non affected side. Walks / runs without assistive devices, but with a limp.  |
| T/F 38   | Minimal hemiplegia, ataxia, diplegia or athetosis. May have minimal co-ordination problems, good balance. Runs and jumps freely.  |
| <b>Amputee &amp; Short Stature</b>   |   |
| T/F 40   | People with dwarfism due to achondroplasia or a variant of this.  |
| T/F 42   | Single leg, above or through knee amputation. Combined lower plus upper limb amputations.   |
| T/F 43   | Double leg, below knee amputation. Combined lower plus upper limb amputations. Normal function in throwing arm.   |
| T/F 44   | Single leg below knee amputation. Combined lower plus upper limb amputations. Ambulant with moderately reduced function in one or both lower limbs.   |
| T/F 45   | Double arm above or below elbow amputation.   |
| T/F 46   | Single arm, above or below elbow amputation. Normal function in both lower limbs. Other impairments in trunk. Upper limb function in throwing.  |
| <b>Athletes who use Wheelchairs (Track Events)</b>                         |   |
| T51  | Minimal or no movement of legs and trunk, poor or absent sitting balance, significant weakness of hands, wrist elbow (extension) and also shoulder. E.g. Damage to the spinal cord high to mid areas in the cervical spine. Significantly modified wheelchair propulsion style.   |
| T 52   | Damage to spinal cord in the higher parts of the back. Substantially impaired or no trunk function; minimal or no leg function. Pushing power comes from elbow extensions, and appears close to normal except for use of modified gloves to compensate for grip.  |
| T 53   | Athletes with normal upper limb function, with no abdominal or lower spinal strength (poor sitting balance). Some interference in their ability to perform long and forceful strokes. E.g. high level paraplegia.   |

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| T 54   | Athletes with normal upper limb function with partial or normal trunk function (fair to normal sitting balance). Can produce forceful wheelchair propulsion strokes. E.g. Low level paraplegia, double above the knee amputations.  |
| <b>Athletes who use wheelchairs (Field Events)</b> |   |
| F 51   | Similar to T 51. Minimal or no movement of legs and trunk, poor or absent sitting balance, significant weakness of hands, wrist elbow (extension) and also shoulder.  |
| F 52   | Good shoulder function, usually reasonable elbow and wrist function but impaired hand function. Difficulty gripping with non-throwing arm.<br><i>Shot</i> – Unable to form a fist and therefore do not usually have finger contact with the shot at the release point.<br><i>Discus</i> – Have difficulty placing fingers over the edge of the discus.<br><i>Javelin</i> – Usually grip the Javelin between the index and middle fingers, or between the middle and ring fingers. |
| F 53   | Good shoulder, elbow, wrist and finger function, limited fine grip with wasting of the muscles in the hand. Have nearly normal grip with non-throwing arm.  |
| F 54   | Normal arm function; no trunk or leg function. Shot, Discus and Javelin – Have no sitting balance and usually hold onto part of chair whilst throwing.  |
| F 55   | Normal arm function, partial or normal trunk function; no leg function. Fair to good sitting balance. Eg. Bilateral amputation of both legs at level of hip joint, paraplegia.  |
| F 56   | Normal trunk and upper limb function. Reasonable hip function, may have some knee function. Good balance and movements backwards and forwards. Eg Bilateral high above knee amputees (short stump) or low level spinal cord injury.   |
| F 57   | If spinal cord injury, normal upper limb and trunk function. Normal hip and knee function, affected ankle function. May have one 'good' leg and one 'bad' leg. Good movement of trunk backwards and forwards, usually to one side. Can rise from a sitting to a standing position with assistance during the throw. Eg. Bilateral above knee amputations (long stump) or single amputation at level of hip joint.   |
| F 58   | Seated. Better function than F57 athletes, but not enough to stand to throw. If Spinal cord injury, normal upper limb and trunk strength, normal hip and knee function and nearly normal ankle function. Must meet minimal disability criteria  |

### Further Information

#### Australian Paralympic Committee Website:

<http://www.paralympic.org.au/Sport/Classification/>

#### IPC Website:

[ipc-athletics.paralympic.org](http://ipc-athletics.paralympic.org)

#### Athletics Australia

<http://www.athletics.com.au/>