

Medical Diagnostics Form and Supporting Documentation Guide for Athletes with Physical Impairments

Per the International Paralympic Committee (IPC) Athlete Classification Code (the “Code”), athletes are required to submit a Medical Diagnostics Form (MDF) and supporting documentation to verify that they have an eligible impairment and that the impairment is caused by an eligible underlying health condition before they can be evaluated by a classification panel. An athlete’s MDF and supporting documentation must answer the following questions in order for the athlete to be evaluated by a classification panel:

- Of the 10 eligible impairments, which impairment(s) does the athlete have?
- What is the underlying health condition(s) that is causing the eligible impairment(s)?
- What is the current state of the health condition(s)/impairment(s)?

The MDF must be completed by a doctor familiar with the athlete’s health condition(s) and impairment(s). In addition to the MDF, all impairments must have supporting medical documentation. Supporting documentation can come from more than one doctor or medical professional. The chart below details the type of supporting documentation generally required for each eligible impairment. **Please note, this list of health conditions and supporting medical documentation is not exhaustive.** Athletes may be required to provide further documentation at the request of IPC and/or the respective sport IF.

Eligible impairment	Health conditions (diagnosis) that may cause such an Impairment	Medical documentation that may be presented
<p>Impaired Muscle Power</p> <p><i>Athletes have reduced or no ability to voluntarily contract their muscles in order to move or generate force</i></p>	<ul style="list-style-type: none"> ➤ Spinal cord injury “SCI” (complete or incomplete, tetra- or paraplegia or paraparesis) ➤ Muscular dystrophy ➤ Brachial plexus injury ➤ Spina bifida ➤ Polio 	<ul style="list-style-type: none"> • ASIA scores (for SCI) • Specialist reports detailing condition, date and cause of injury, any surgeries, etc. • Manual muscle test results • Electromyogram (EMG) • Nerve conduction velocity
<p>Impaired Range of Movement</p> <p><i>Athletes have a restriction or lack of passive movement in one or more joints</i></p>	<ul style="list-style-type: none"> ➤ Arthrogryposis ➤ Joint contractures ➤ Ankylosis 	<ul style="list-style-type: none"> • Specialist reports detailing impairment/condition • Goniometric measurements • X-rays of affected limbs or joints
<p>Limb Deficiency</p> <p><i>Total or partial absence of bones or joints</i></p>	<ul style="list-style-type: none"> ➤ Congenital limb deficiency ➤ Amputations resulting from trauma or illness 	<ul style="list-style-type: none"> • Photograph of affected limb • X-rays of affected limb/joint • Medical report detailing surgery or dysmelia

Eligible impairment	Health conditions (diagnosis) that may cause such an impairment	Medical documentation that may be presented
<p>Short Stature</p> <p><i>Athletes have reduced length in bones of upper limbs, lower limbs and/or trunk</i></p>	<ul style="list-style-type: none"> ➤ Achondroplasia ➤ Osteogenesis imperfecta 	<ul style="list-style-type: none"> • Specialist reports confirming diagnosis • Genetic testing • Growth charts
<p>Hypertonia</p> <p><i>Athletes have an increase in muscle tension and reduced ability of the muscles to stretch caused by damage to the central nervous system</i></p>	<ul style="list-style-type: none"> ➤ Cerebral palsy ➤ Stroke ➤ Traumatic brain injury 	<ul style="list-style-type: none"> • Neurology reports detailing condition, date and cause of injury, any surgeries, treatment plans, etc. • Modified Ashworth scores • Coordination testing • Brain MRI • Electromyogram (EMG)
<p>Athetosis</p> <p><i>Athletes have continual slow involuntary movements</i></p>	<ul style="list-style-type: none"> ➤ Cerebral palsy ➤ Stroke ➤ Traumatic brain injury 	<ul style="list-style-type: none"> • Neurology reports detailing condition, date and cause of injury, any surgeries, treatment plans, etc. • Modified Ashworth Scores • Coordination testing • Brain MRI • Electromyogram (EMG)
<p>Ataxia</p> <p><i>Athletes have uncoordinated movements caused by damage to the central nervous system</i></p>	<ul style="list-style-type: none"> ➤ Cerebral palsy ➤ Stroke ➤ Traumatic brain injury ➤ Spinocerebellar ataxia 	<ul style="list-style-type: none"> • Neurology reports detailing condition, date and cause of injury, any surgeries, treatment plans, etc. • Modified Ashworth scores • Coordination testing • Brain MRI • Electromyogram (EMG)
<p>Leg Length Difference</p> <p><i>Athletes have difference in length of legs</i></p>	<ul style="list-style-type: none"> ➤ Difference in leg length as a result of trauma or disturbance of limb growth 	<ul style="list-style-type: none"> • X-rays of affected limbs or joints • Medical reports detailing impairment/condition

For additional information, please refer to the IPC Athlete Classification Code and International Standards for Eligible Impairments, which can be found at Paralympic.org/Classification