

PARA TEQIS

# CLASSIFICATION REGULATIONS

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Classification provides a structure for competition. Athletes competing in para-sports have an impairment that leads to a competitive disadvantage. Consequently, a system has to be put in place to minimise the impact of impairments on sport performance and to ensure the success of an athlete is determined by skills, fitness, power, endurance, tactical ability and mental focus. This system is called classification. Classification determines who is eligible to compete in a para-sport and it groups the eligible athletes in sport classes according to their activity limitation in a certain sport.

(IPC: Explanatory guide to Paralympic classification Paralympic summer sports September 2015)

**This first Classification Concept (Classification Regulations) for Para Teqis is based on theoretical considerations and experience from other similar sports. It has an open structure, which can and must be supplemented or modified as required and necessary. Additions, changes and optimizations can be made by practical experience - gained during the realization of Para Teqis tournaments.**

# 1. | GENERAL CONSIDERATIONS

The basic goal of Para Teqis is to provide equality of opportunity for athletes (here also called: players) with congenital and acquired musculoskeletal disorders during sports.

Any player wishing to compete in a Para Teqis competition must have an eligible impairment and that Eligible Impairment must be Permanent. If a player does not have a relevant impairment according to these Classification Regulations, or has an activity limitation resulting from a relevant impairment that is not permanent and/or does not limit the player's ability to compete equitably in other sports with players without impairment, the player will be considered ineligible to compete.

The basic regulations of the sport and the classification rules adjust to the relevant regulations of the International Paralympic Committee (IPC). It follows the 2015 Athlete Classification Code and International Standards: the revised 2015 Athlete Classification Code is supplemented by five International Standards for:

- Eligible Impairments: identifies which impairments are eligible in para-sport
- Athlete Evaluation: procedures for sport class and sport class status allocation
- Protests and Appeals: procedures for the management of classification related protests and appeals
- Classifier Personnel and Training: classifier recruitment, training and certification strategies
- Classification Data Protection: ensures the proper use of Athlete classification data

**Classification is undertaken to:**

- define who is eligible to compete in Para sport
- groups athletes into sport classes together in tournaments and aims to ensure that the impact of Impairment is minimised and sporting excellence determines which player or team is ultimately victorious.

In order to provide equality of opportunity, the condition of professional sports, the specific classification examination and rating are performed. Its purpose is to ensure that the outcome of the competition should not be determined by the type of the musculoskeletal disease, but by the aptitude, preparedness, skills and training condition of the athlete.

The conditions below contain the types of musculoskeletal damage. In case of the appropriate involvement type, the extent thereof shall satisfy at least the minimal damage level requirements.

**Accordingly, the steps of the classification:**

1. Clearing the determining medical diagnoses and the determination of involvement based on it.
2. If the requirement determined in the first section is satisfied, then it is to be determined whether at least minimal involvement is present.
3. If the requirements determined in the second section are also satisfied, the musculoskeletal category shall be determined.
4. Following musculoskeletal examination, the technical examination shall determine the results of the classification. If this brings about an unexpected performance, the physical examination shall be repeated.
5. The final checking of the determined category during observation at competitions, in a competitive situation. If this brings about an unexpected performance, the physical examination shall be repeated.

The classification examination shall be performed during competitions announced for this purpose. The leading classification expert appointed for the duration of the competition shall be responsible for the coordination and the administrative checking of the examinations.

## 2. | CLASSIFICATION PANEL

The classification examination shall be performed by panel consisting of minimum two experts. The members of the panel shall have a medical classifier qualification and specific sport branch experience (technical classifier). At least one member of the panel shall be a medical classifier.

When evaluating an athlete, the classification panels always consider three questions, which are answered through the process of athlete evaluation:

1. Does the athlete have an eligible impairment for this sport?
2. Does the athlete's eligible impairment meet the minimum disability criteria of the sport?
3. Which sport class describes the athlete's activity limitation most accurately?

### 2.1. | DOCUMENTS NECESSARY FOR THE CLASSIFICATION EXAMINATION

Application to the classification examination associated with a given competition shall be made six weeks before the start of the competition. Required documents for the application (Medical papers)

- The official medical documentation detailing the involvement of the musculoskeletal system, translated into English
- Filled Medical Diagnosis Sheet, signed by a doctor (Form 3)
- Other, additional medical records (X-ray, MR, other specialized medical records)
- Other required medical documentation, if necessary

Forms 1, 2 and 5 will be filled out and signed during examination during a tournament.

### 2.2. | DISAGREEMENT WITH THE CLASSIFICATION RESULT

If the athlete disagrees with the results of the classification examination, the representative team leader can submit a disagreement within one hour after the announcement of the results (Form 4). This may be performed by filling the appropriate document, which shall contain the details of the competitor and the detailed reasons for the disagreement. In case of acceptance of the disagreement, the Athlete is entitled to a repeated examination in the first possible time, which may be during the given competition, or if it is not possible, during the next event.

### 2.3. | TYPES OF MUSCULOSKELETAL DAMAGE

<b>Weakening of muscular power</b>	Central nervous system injuries leading to the weakening of muscular power, injuries of the spinal medulla, peripheral nervous system injuries
<b>Joint movement restriction</b>	Syndromes with movement restriction
<b>Loss of limbs/dysmelia</b>	Traumatic, other acquired loss of limb/dysmelia
<b>Difference in limb length</b>	Congenital or acquired difference in limb length
<b>Increase of muscle tone</b>	Congenital or acquired central nervous system damage as a result of an injury
<b>Ataxia</b>	Congenital or acquired central nervous system damage as a result of an injury
<b>Athetosis</b>	Congenital or acquired central nervous system damage, involuntary excessive movements as a result of an injury

Table 1.: Types of musculoskeletal damage for classification

Other lesions, pain, joint instability caused any other reason may be classified as involvement.

A player who wishes to compete in a sport must have an eligible impairment that complies with the relevant Minimum Impairment Criteria. Players must meet Para Teqis standards of eligibility and minimal impairment (Table 3 and Chapter 3) to be assigned a classification for competition.

If a player does not have a relevant impairment according to these Classification Regulations, or has an activity limitation resulting from a relevant impairment that is not permanent and/or does not limit the player's ability to compete equitably in Para Teqis with players without impairment, the player will be considered ineligible to compete. In these circumstances, the player will be assigned Sport Class Not Eligible (NE). Some athletes are eligible for other sports, but may not meet eligibility for Para Teqis.

Examples of health conditions and eligible impairments that do not meet the minimum impairment eligibility for Para Teqis are:

- pain
- fatigue
- hearing impairment
- low muscle tone
- hypermobility of joints
- joint instability, such as unstable shoulder joint, recurrent dislocation of a joint
- osteochondritis
- arthritis
- joint replacement
- Impaired muscle endurance (fatigue as in fibromyalgia and myalgic encephalitis)
- Impaired motor reflex functions
- Impaired cardiovascular functions
- Impaired respiratory functions
- Impaired metabolic functions
- Tics and mannerisms, stereotypes and motor perseveration
- generalised debilitating disease
- obesity
- psychiatric conditions
- skin diseases
- haemophilia
- epilepsy
- vertigo or dizziness
- internal organ dysfunction, absence or transplant

*(adapted and modified from Para-Badminton-Classification: <http://www.badmintonpanam.org/wp-content/uploads/2018/04/6.-Para-Badminton-Classification-Regulations-1.pdf>)*

**The eight impairment types eligible in Para Teqis are:**

### **1. Hypertonia**

Players with hypertonia have an increase in muscle tension and a reduced ability of a muscle to stretch caused by damage to the central nervous system. Examples of Underlying Health Conditions that may lead to Hypertonia include cerebral palsy, traumatic brain injury and stroke

### **2. Ataxia**

Players with Ataxia have uncoordinated movements caused by damage to the central nervous system. Examples of an Underlying Health Condition that may lead to Ataxia include: cerebral palsy, traumatic brain injury, stroke and multiple sclerosis.

3. Athetosis	Players with Athetosis have continual slow involuntary movements. Examples of an Underlying Health Condition that may lead to Athetosis include cerebral palsy, traumatic brain injury and stroke.
4. Loss of limb or limb deficiency	Players with Limb Deficiency have total or partial absence of bones or joints as a consequence of trauma (i.e. traumatic amputation), illness (i.e. amputation due to bone cancer) or congenital limb deficiency (i.e. dysmelia).
5. Impaired passive range of movement	Players with Limb Deficiency have total or partial absence of bones or joints as a consequence of trauma (i.e. traumatic amputation), illness (i.e. amputation due to bone cancer) or congenital limb deficiency (i.e. dysmelia or arthrogryposis).
6. Impaired muscle power	Players with Impaired Muscle Power have a health condition that either reduces or eliminates their ability to voluntarily contract their muscles in order to move or to generate force. Examples of Underlying Health Conditions that may lead to Impaired Muscle Power include spinal cord injury (complete or incomplete, tetra- or paraplegia or paraparesis), muscular dystrophy, post-polio syndrome and spina bifida.
7. Leg-length difference	Players with Leg Length Difference have a difference in the length of their legs as a result of a disturbance of limb growth (i.e. congenital dysgenesis) or trauma.
8. Short stature	Players with Short Stature have a reduced length in the bones of the upper limbs, lower limbs and/or trunk. Examples of an Underlying Health Condition that may lead to Short Stature include achondroplasia, growth hormone dysfunction, and osteogenesis imperfecta.

Table 2.: Eligible Impairment types (adapted and modified from Para-Badminton-Classification: <http://www.badmintonpanam.org/wp-content/uploads/2018/04/6.-Para-Badminton-Classification-Regulations-1.pdf>)

## 2.3. | SPORT CLASSES

Athletes are classified in Sport Classes: a Sport Class is a category in which Players are designated by reference to an Activity Limitation resulting from an eligible impairment, and the degree to which that impairment impacts upon Para Teqis performance.

In Para Teqis (PT) are 2 sport-classes (SC) of classification:

1. The class of **minimal** handicap: using a wheelchair: **Sport Class 1 (PTSC 1)**
2. The class of Athletes with **more severe** musculoskeletal damage: using a wheelchair: **Sport Class 2 (PTSC 2)**

Only those Athletes may be present on the field who hold a valid sports category.

One Sport Class 2 category Athlete may be present on the field playing double.

### Minimal Impairment Criteria for Playing Para Teqis

ELIGIBLE IMPAIRMENT TYPE	EXAMPLES OF HEALTH CONDITIONS	PARA TEQIS SPORT CLASS 1	PARA TEQIS SPORT CLASS 2
<b>Hypertonia</b>	Cerebral palsy, stroke, acquired brain injury, multiple sclerosis.	Spastic/ataxic/athetoid hemiplegia/ diplegia/ quadriplegia with severe involvement of lower limb but with no or mild involvement of upper limbs or trunk.	Spastic/ataxic/athetoid hemiplegia/diplegia/ quadriplegia with marked involvement of lower limb but with mild to moderate impairment of upper limbs or trunk.  Demonstrate a limitation in function based on spasticity, ataxia, athetosis or dystonic movements of upper limb or and trunk while performing during match or training.
<b>Ataxia</b>	Ataxia resulting from cerebral palsy, brain injury, Friedreich's ataxia, multiple sclerosis, spinocerebellar ataxia	Demonstrate a limitation in function based on spasticity, ataxia, athetosis or dystonic movements on the legs requiring the use of assistive devices in walking. A shift of centre of gravity may lead to loss of balance e.g. attempting to pivot or stop and start.	
<b>Athetosis</b>	Cerebral palsy, stroke, traumatic brain injury	Clear evidence must include spasticity grade 3 on the legs usually rendering them non-functional for ambulation over a long distance without the use of assistive devices. A wheelchair is usually the choice for sport.	



ELIGIBLE IMPAIRMENT TYPE	EXAMPLES OF HEALTH CONDITIONS	PARA TEQIS SPORT CLASS 1	PARA TEQIS SPORT CLASS 2
<b>Limb deficiency</b>	Amputation resulting from trauma or congenital limb deficiency (dysmelia)	<p>Player must have ONE of the following criteria:</p> <p>Unilateral amputation above the knee with a stump length not more than half of the upper leg measured on the non- amputated leg from the spina iliaca anterior superior (ASIS) to the medial knee (mid joint on medial site) articulation. *Stump should be measured from ASIS to the end of the bony part on the medial side (by palpation).</p> <p>Bilateral amputation: one amputation through or above the knee and the other below the knee (ankle completely missing).</p> <p>Equivalent congenital limb deficiency equivalent point 1 or 2 above.</p>	<p>Same criteria as WH2 plus involvement of at least one upper limb with the same minimal criteria for the playing and non-playing arm or the scoliosis criteria (or equivalent spinal deformity).</p> <p>*Scoliosis criteria <math>\geq 60</math> degree (by x-ray or inclinometer).</p> <p>Or</p> <p>Bilateral above knee amputation with one side shorter or equal to half of the expected thigh length</p>
<b>Impaired Passive Range of Movement (PROM)</b>	Arthrogryposis, ankylosis, post burns joint contractures	Impairment of PROM that meets FIVE (5) of the following criteria in one lower limb: Criterion #1 – Hip flexion deficit of $>45$ degree.	<p>Same criteria as WH2 plus involvement of at least one upper limb with the same minimal criteria for the playing and non-playing arm or the scoliosis criteria. – continue next page</p> <p>Or</p>

ELIGIBLE IMPAIRMENT TYPE	EXAMPLES OF HEALTH CONDITIONS	PARA TEQIS SPORT CLASS 1	PARA TEQIS SPORT CLASS 2
		<p>Criterion #2 – Hip Extension deficit of &gt;25 degree.</p> <p>Criterion #3 – Knee Flexion deficit of &gt;60 degree.</p> <p>Criterion #4 – Knee Extension deficit of &gt;30 degree.</p> <p>Criterion #5 – Less than or equal to 10-degree ankle dorsiflexion and a maximal ankle PROM of 10 degree.</p> <p>Criterion #6 – Less than or equal to 20-degree plantar flexion and a maximal ankle PROM of 10 degree.</p>	<p>At least eight (8) criteria in both lower limbs:</p> <p>Criterion #1 – Hip flexion deficit of &gt;45 degree.</p> <p>Criterion #2 – Hip Extension deficit of &gt;25 degree.</p> <p>Criterion #3 – Knee Flexion deficit of &gt;60 degree.</p> <p>Criterion #4 – Knee Extension deficit of &gt;30 degree.</p> <p>Criterion #5 – Less than or equal to 10 degree ankle dorsiflexion and a maximal ankle PROM of 10 degree.</p> <p>Criterion #6 – Less than or equal to 20 degree plantar flexion and a maximal ankle PROM of 10 degree.</p>
<p><b>Impaired Muscle Power</b></p>	<p>Spinal cord injury, muscular dystrophy, brachial plexus injury, Erb palsy, polio, spina bifida, Guillain-Barré syndrome</p>	<p>Impairment of Muscle power that meets FIVE (5) of the following criteria in one lower limb or FOUR in one leg and TWO (2) in the other leg.</p> <p>Criterion #1 – Hip flexion loss of 3 muscle grade points (muscle grade of two).</p>	<p>Same criteria as WH2 plus involvement of at least one upper limb with the same minimal criteria for the playing and non-playing arm or the scoliosis criteria.</p> <p>Or At least 14 criteria in both lower limbs:</p>

ELIGIBLE IMPAIRMENT TYPE	EXAMPLES OF HEALTH CONDITIONS	PARA TEQIS SPORT CLASS 1	PARA TEQIS SPORT CLASS 2
		<p>Criterion #2 – Hip extension loss of 3 muscle grade points (muscle grade of two)            Criterion #3 – Hip Abduction loss of 3 muscle grade points (muscle grade of two).            Criterion #4 – Hip Adduction loss of 3 muscle grade points (muscle grade of two).            Criterion #5 – Knee extension loss of 3 muscle grade points (muscle grade of two).            Criterion #6 – Knee flexion loss of 3 muscle grade points (muscle grade 2)            Criterion #7 – Ankle plantar flexion loss of 3 muscle grade points (muscle grade of two).            Criterion #8 – Ankle dorsi flexion loss of 3 muscle grade points (muscle grade of two)</p> <p>Or</p> <p>Complete paraplegia L2 and below (neurological L2)</p>	<p>Criterion #1 – Hip flexion loss of 3 muscle grade points (muscle grade of two).            Criterion #2 – Hip extension loss of 3 muscle grade points (muscle grade of two)            Criterion #3 – Hip Abduction loss of 3 muscle grade points (muscle grade of two).            Criterion #4 – Hip Adduction loss of 3 muscle grade points (muscle grade of two).            Criterion #5 – Knee extension loss of 3 muscle grade points (muscle grade of two).            Criterion #6 – Knee flexion loss of 3 muscle grade points (muscle grade 2)            Criterion #7 – Ankle plantar flexion loss of 3 muscle grade points (muscle grade of two).            Criterion #8 – Ankle dorsi flexion loss of 3 muscle grade points (muscle grade of two)</p> <p>Or</p> <p>Complete paraplegia L1 and above (neurological L1)</p>
Leg length difference	Congenital or traumatic cause of bone shortening in one leg	Comparable to limb deficiency	Comparable to limb deficiency

Table 3.: Minimal Impairment Criteria for Playing Para Teqis (adapted and modified from Para-Badminton-Classification: <http://www.badmintonpanam.org/wp-content/uploads/2018/04/6.-Para-Badminton-Classification-Regulations-1.pdf>)

The minimal impairment criteria must be accompanied by the trunk balance assessment and the technical assessment on the court. The trunk balance, in general, should be good in PTSC 1 and poor in PTSC 2.

### 3. | CRITERIA FOR MINIMAL INVOLVEMENT:

It determines that minimal level of disability, with which a athlete might participate in a Para Teqis competition.

#### **Weakening of muscular power**

- A total of 10 points loss on the lower limb(s).
- A total of 10 points loss on the upper limb(s).

#### **Limitation of joint movement range**

The limitation of movement of the joint of at least at a limb on one side, according to the following:

- the flexion movement range of the hip is not greater than 90 degrees
- the flexion movement range of the knee is not greater than 90 degrees
- the functional movement range of the ankle is not greater than 5 degrees
- the abduction of the shoulder is not greater than 90 degrees
- the flexion of the shoulder is not greater than 90 degrees
- the failure of elbow-joint extension with at least 45 degrees
- The movement range of the wrist is maximum 5 degrees

#### **In case of limb-loss:**

- 4 missing fingers on one hand, or missing thumb or and 2 adjacent fingers
- missing thumb on both hands, or 2 missing fingers
- transmetatarsal mutation on the lower limb, or equal dysmelia

#### **Difference in limb length:**

- The involved lower limb is at least 7 cm shorter than the intact limb

#### **Increase of muscle tone**

- Ashwort grade 1 muscle tone increase on one limb

#### **Ataxia:**

- Clearly identifiable coordination disorder

#### **Athetosis:**

- Clearly identifiable involuntary movement disorder

### 4. | SPORTS STATUS

A Sport Class Status will be allocated to a player following allocation of Competition Class. Sport Class Status indicates the extent to which a player will be required to undertake Player Evaluation, and whether the Player's Sport Class may be subject to Protest.

**New (N):** Each new Athlete, who have not yet participated in an international examination.

**Review (R):** If the final result could not be determined for any reason, the Athlete shall participate in a repeated examination at the appearance on the next competition.

**Review Fixed date (F):** A repeated examination is required in a predetermined time. In case of worsening (progressive) conditions, and in case of a young age, if the musculoskeletal status could change with age.

**Confirmed (C):** Final category. The changes in the musculoskeletal status is not expected.

**Not eligible (NE):** Player does not have a relevant impairment according to these Classification Regulations

The finalization of the sports status takes place at the end of the sporting event.

## 5. | PROCESS OF THE MUSCULOSKELETAL EXAMINATION DURING THE RATING PROCEDURE

The musculoskeletal examination shall be performed by a medical classifier with qualification in health care.

### Examining muscular power

**0 points:** No active muscle contraction

**1 point:** Non-effective contraction of muscle fibers

**2 points:** Muscle contraction, causing the active movement of the body segment, if gravity is excluded

**3 points:** Muscle contraction, causing the active movement of the body segment, against gravity, but further resistance overrides the muscular power

**4 points:** Decreased muscular power

**5 points:** normal muscular power

The value of muscular power of the given joint, in the sports-specific functional range.

### Examining limitation of movement range:

**0 points:** No passive movability in the physiological movement range

**1 point:** movement range is maximum 25% of the normal value

**2 points:** movement range is maximum 50% of the normal value

**3 points:** movement range is maximum 75% of the normal value

**4 points:** movement range is more than 75% of the normal value

**5 points:** full movement range

The observed passive mobility of the given joint, in the sports-specific functional movement range, during the examination of the musculoskeletal range.

### Functional movement ranges, the positions thereof and the positions of muscular power examination

#### Loss of limbs/dysmelia:

In case of loss of limbs/dysmelia, the point value of the joint is zero due to the missing body part. In case existing, but not complete limbs, the extent of the decrease in function is to be taken into consideration.

#### In case of difference in limb length:

- When measuring the length of the upper limb, the lower pole of the acromion, the lateral epicondylus of the humerus, and the stiloïd of the radius processus are relevant. The length of the hand is determined by the distance measured between the radiocarpal joint and the endpoint of the middle finger.
- In case of the measurement of length of the upper spina (spina iliaca anterior superior), the lateral knee joint gap and outer ankle tip are relevant. The length of the foot is determined by the distance between the most emergent part of carpal bone and the big toe measured from sole.

#### Pathological muscle tone increase:

Determination is performed using the Ashwort scale:

- 0: normal muscular tone
- 1: mild muscle tone increase, low grade
- 2: medium muscle tone increase, but the flexing and stretching of the examined body part is noticeable
- 3: strong muscle tone increase, which can hardly be defeated during passing movement
- 4: the involved body part in rigid flexion or stretched position

**Ataxia:**

The disorder of the muscle coordination of voluntary movements.

Examination methods recommended, but not exclusive, for testing:

- finger-nose test
- finger-finger test
- finger-toe test
- heel-leg test
- examination of the walking pattern

**Athetosis:**

Involuntary muscle movements

- Involuntary movements on the upper limbs, fingers, the Athlete cannot stay motionless.
- Involuntary movements on the lower limbs, fingers, the Athlete cannot stay motionless.

**In case of combined damage**, all functions shall be assessed, but the lower point value shall be taken into consideration at the final calculation. For example, if in case of knee joint flexion, the muscular power is 3 points, the passive movement range is 4 points, then the 3 points shall be relevant.

## SPORTS CLASSES

### PARA TEQIS SPORT CLASS 1 (PTSC 1)

(The category to be considered minimally damaged according to the Para Teqis regulations)

**Weakening of muscular power**

- An overall loss of 10–15 point on the lower limb(s)
- An overall loss of 10–15 point on the upper limb(s)

**Limitation of joint movement range**

The limitation of movement of the joint of at least at a limb on one side, according to the following:

- the flexion movement range of the hip is not greater than 90 degrees
- the flexion movement range of the knee is not greater than 90 degrees
- the functional movement range of the ankle is not greater than 5 degrees
- the abduction of the shoulder is not greater than 90 degrees
- the flexion of the shoulder is not greater than 90 degrees
- the failure of elbow-joint extension with at least 45 degrees
- The movement range of the wrist is maximum 5 degrees
- Fingers on one hand cannot be used due to loss of movement range

**In case of limb-loss:**

- 4 missing fingers on one hand, or missing thumb or and 2 adjacent fingers
- missing thumb on both hands, or 2 missing fingers
- Transmetatarsal amputation on the lower limb.
- dysmelia equal to the above
- One-sided, upper limb dysmelia, resulting in the minimum 20–25 cm decrease of the full length of the given limb, measured from the acromion.

**Difference in limb length:**

- The involved limb is minimum 7–20 cm shorter than the intact limb.

**Increase of muscle tone, ataxia, athetosis:**

- Class 8 according to CP-ISRA

## **PARA TEQIS SPORT CLASS 2 (PTSC 2)**

(The category to be considered more severely damaged according to the Para Teqis regulations)

### **Weakening of muscular power**

- A loss of minimum 15 points on the lower limbs.
- A total of 15 points loss on the upper limb(s).

### **Limitation of joint movement range**

- The limitation of movement of the joint of at least at a limb on one side, according to the following:
  - totally rigid hip in all positions
  - the flexion movement range of the knee is maximum 45 degrees, or rigid knee in all positions
  - The abduction of the shoulder is not greater than 90 degrees on either side
  - The flexion of the shoulder is not greater than 90 degrees on either side
  - Loss of minimum 90 degrees extension of the elbow joint, or rigid elbow in minimum 90 degrees flexion situation
  - Rigid wrist joint

### **In case of limb-loss:**

- five fingers missing on one hand, or higher-grade amputation
- On both hands: eight missing fingers or missing first 3 fingers
- Ankle, or higher-grade amputation on the lower limb
- Dysmelia equal to the above
- One-sided, upper limb dysmelia, resulting in the minimum 25 cm decrease of the total length of the given limb, measured from the acromion.

### **Difference in limb length:**

- The involved lower limb is at least 20 cm shorter than the intact limb

### **Increase of muscle tone, ataxia, athetosis:**

- Class 7 or lower, according to CP-ISRA

**Technical examination and monitoring during competition:**

Its purpose is to monitor by the Classifiers the expected sport-specific movement culture determined by physical examination.

During this, the **quality** of the following functions and method of realization are to be assessed, taking into consideration the level of damage:

ITEMS	QUALITY SCORE (GOOD)	QUALITY SCORE (POOR)	REMARKS
Serving			
Lower hits			
Hits over the head			
Coordination			
Movement on the field			
Balance in the wheelchair			
Agility			

*Table 4.: Monitoring during Match*



## 5. | FORMS

### FORM 1: CLASSIFICATION SCORING SHEET

Name:

Diagnosis:

Starting date:

Progressive:

TEST	SCORE		SCORE		TECHNICAL EXAMINATION	COMPETITION
	MUSCULAR POWER		ROM			
	RIGHT	LEFT	RIGHT	LEFT		
plant flex						
plant ext						
knee flex						
knee ext						
hip ext						
hip flex						
hip abd						
hip add						
shoulder abd						
shoulder add						
shoulder ext						
shoulder flex						
elbow flex						
elbow ext						
elbow pro						
elbow sup						
wrist flex						
wrist ext						
finger flex						
finger add						
Description of limb-loss/dysmelia:						
Description of limb-length difference						
CP-ISRA class						
Other Results						
Para Teqis Sport Class	1 ( )				2 ( )	

Examination site and date:

Examining panel:

## FORM 2: ATHLETE CONSENT FORM FOR CLASSIFICATION EXAMINATION

FAMILY NAME	
GIVEN NAME	
NATIONALITY	
COUNTRY	
DATE OF BIRTH (DD.MM.YYYY)	
PLAYER'S PARA TEQIS SPORT CLASS	DATE OF CLASSIFICATION:

I acknowledge the following:

- I agree to the examination required to determine the sports category
- I cooperate with the examining experts
- I exert my maximal physical power and sports preparedness possible during the examination procedure, which might be during competition or monitoring during training
- I accept that the examination may entail unpleasantness or pain – without intentionality from the examining experts
- I acknowledge that the examining experts are not responsible for the unpleasant feelings or feeling of pain during the examination
- I have to present the written certificate of my trainer (and/or association leader) at the sports classification examination proving that I have been regularly training in my chosen sport
- I have to present the examining experts the medical documents in connection with my disease or musculoskeletal condition (such as hospital discharge summaries, doctor's notes, X-ray, MR and CT recordings)
- I have the right to know the procedure of the examination required to determine my sports category classification
- I have the right to view my examination documentation – based on a preliminary request – and request the documents by a handover certified by my signature
- I accept that that in case of non-compliance with any of the rules above, the experts will not perform the examination

PLAYER'S SIGNATURE		DATE (DD.MM.YYYY)	
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### FORM 3: MEDICAL DIAGNOSIS SHEET

#### ATHLETES DETAILS *(To be filled by Athlete or coach)*

FAMILY NAME	
GIVEN NAME	
NATIONALITY	
COUNTRY	
DATE OF BIRTH (DD.MM.YYYY)	

Start of emergence:

Progressive:	Yes	No
Stable	Yes	No

#### MEDICAL DIAGNOSIS *(To be filled by doctor.)*

Please provide brief details of the **medical diagnosis**. Include **dates** and **details** of anything which affects the MOTOR functions of the body, for example: Congenital conditions; Spinal cord injuries / diseases; Head injuries; Neurological conditions; Amputation of limbs; Peripheral Nerve lesions; Arthrodesis of joints.

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Any additional impairments? (Scoliosis, arthrodesis, spasticity, etc.)

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**OPERATIONS IN THE PAST** *(To be filled by doctor.)*

*List the operations undergone in the past.*

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**DETAILED DESCRIPTION OF MOVEMENT** *(To be filled by doctor/Athlete/coach.)*

*Please describe the movement depending on impairment*

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**CURRENT MEDICATIONS** *(To be filled by doctor/Athlete/coach.)*

List the medications currently taking (name the substance – not the medicaments name).  
The Athlete and coach are advised to refer to current WADA list for banned substances and submit TUE form if needed.

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**DOCTOR DETAILS** *(To be filled and signed by doctor.)*

FULL NAME		
ADDRESS / CONTACT DETAILS	POSTAL ADDRESS	OFFICIAL DOCTOR STAMP
	MOBILE PHONE NUMBER	SIGNATURE
	EMAIL ADDRESS	
DATE / PLACE OF EXAMINATION	(DD.MM.YYYY) PLACE	

**ATHLETEE'S DECLARATION** *(To be filled and signed by Athlete.)*

I (Athletes' name) \_\_\_\_\_ declare that this is a true and accurate record:

PLAYER'S SIGNATURE		DATE (DD.MM.YYYY)	
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## FORM 4: CLASSIFICATION DISAGREEMENT FORM

FAMILY NAME	
GIVEN NAME	
NATIONALITY	
COUNTRY	
DATE OF BIRTH (DD.MM.YYYY)	

Disagreed category:

Name of person submitting the disagreement:

Position:

Detailed reasons for disagreement:

SIGNATURE		DATE (DD.MM.YYYY)	
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Name of classification leader receiving the disagreement:

Acceptance of disagreement:

Yes

No

Reasons:

SIGNATURE		DATE (DD.MM.YYYY)	
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## FORM 5: TECHNICAL EXAMINATION AND MONITORING DURING COMPETITION

FAMILY NAME	
GIVEN NAME	
NATIONALITY	
COUNTRY	
DATE OF BIRTH (DD.MM.YYYY)	

ITEMS	QUALITY SCORE (GOOD)	QUALITY SCORE (POOR)	REMARKS
Serving			
Lower hits			
Hits over the head			
Coordination			
Movement on the field			
Balance in the wheelchair			
Agility			

SIGNATURE		DATE (DD.MM.YYYY)	
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