Para-sport Classification Manual
Introductory article

This introductory article prepared for those people - athletes, doctors, therapists, etc. who want to know more about IBSF Para-sports, as well as to understand the environment in which the athlete is exposed to activity.

IBSF para-sports, as well as bobsled and skeletons is a high-risk sport and this sport athlete is exposed to various external factors:

- **G force** - depending on the track, it may reach 5G what is affecting the circulatory system. Increased gravitational pressure athlete accelerate heartbeat. If the body is not trained and accustomed to the load, as the first signal begins with a visual field loss as well as visual acuity and contrast can remain fainter. Athlete subjected to these forces for a longer period of time, it can lead to unconsciousness. (1)

- **Coldness** – athletes during training and competition can be affected by cold weather. The distal part of the body temperature fell to -3.7 degrees on the upper limbs, as well as -11.8 and more degrees in lower body limbs. Measurement was made for athletes in para-bobsleigh and para-skeleton. (2)

- **Moisture** – in this sport athlete is spending his track time on the ice or snow. Snow or ice may get on the clothes or other surfaces of sled, so melting it moisturize clothes, and can contribute to skin disadvantage

- **Speed** - track speed reaches 130 km/hour.

- **Vibration** - vibration while driving the sleds remains within normal limits. (3)

- **Risk of injury** - any inattention or lack of concentration can lead to injuries. Protective pads are one of the way to protect the body from bruises, abrasion or fracture. (2)

If the athlete is not prepared for high intensity physical load, it can lead to injuries occurred. Participation in this sport is to understand each athlete and should consult with your doctor about the external impact of environmental factors on health, as well as the consequences that may arise in dealing with this sport.

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...very fast, very intense sport and allowing people with disabilities to be a part of it...

/Brian McPherson
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...some guys need to have that high-energy sport and high-adrenalin, and I think this sport is perfect for those...

/Lonnie Bissonnette
1. **PURPOSE OF CLASSIFICATION**

IBSF para-sports Classification have been constructed in conjunction with International Rules and Regulations of the International Bobsleigh and Skeleton Federation (IBSF) with purpose to determine Eligibility to compete in Para-skeleton, Para-bobsleigh and Para-bobsleigh (seated).

This Classification is constantly being updated and improved to make competition as fair as possible. In order to ensure fair play, every Athlete is expected to act in good faith for the integrity of the Sports.

Classification provides a Guideline to the process by which Athletes are assessed by Classifiers and further, to explain the meaning of the Classification process.

2. **CLASSIFIERS**

2.1. **CLASSIFIER ELIGIBILITY**

Classifiers are individuals with formal medical and/or health-related education and training in neuromuscular evaluation and testing (for example, physicians, physical therapists or physiotherapists and occupational therapists).

To be eligible to become a Classifier in IBSF para-sports an individual must have the following prerequisites:

2.1.1. Experience in the evaluation of individuals with impairment and activity limitation, especially those most common in Para-bobsleigh & Para-skeleton Sports (such as spinal cord injury and other neuromuscular and orthopedic conditions);

2.1.2. Knowledge of Para-bobsleigh & Para-skeleton Sports and a willingness to increase knowledge through participating in the Para-bobsleigh & Para-skeleton events and Para-development Schools and Competitions;

2.1.3. Demonstrate competence in manual muscle testing of the upper and lower extremities and trunk;

2.1.4. To make a final determination of eligibility to become a Classifier in IBSF para-sports, the interested individual must submit the IBSF Classifier Application and any other requested documents needed to confirm credentials and qualifications.

2.2. **PURPOSE OF CLASSIFIERS**

During a competition, Members of the International Classification Panel should not have any other duties or official responsibilities that are not in connection with Classification.

The duties of a Classifier include:

2.2.1. Work as a Member of a Classification Panel to allocate Athlete sport class and sport class status;

2.2.2. Classifiers will observe players in training and in competition to ensure that eligibility and classification results are consistent;

2.2.3. Work as a Member of a Protest Panel as required to conduct Athlete evaluation and resolve an objection to an Athlete’s sport class.;

2.2.4. Classifier’s duties consists of evaluating the classification system and recommending improvements and classifications to the IBSF Para-sport Committee.
2.3. Classifiers Code of Conduct

2.3.1 General principles

2.3.1.1 The role of Classifiers is to act as impartial evaluators in determining a player’s Sport Class and Sport Class Status. The integrity of Classification in para-bobsleigh, para-bobsleigh (seated) and para-skeleton rests on the professional conduct and behavior of each individual Classifier.

2.3.1.2 The Classifier Code of Conduct includes:

- Recognition of the need to preserve and encourage confidence in the professionalism of Classification Rules and the Classification Personnel. This confidence must be inherent within all those involved in para-bobsleigh, para-bobsleigh seated and para-skeleton and within the general public;
- Description of transparent and agreed-upon standards of practice and provide a meaningful set of guidelines for professional conduct of Classification Personnel;
- Provision to others (including, but not limited to players, player support personnel, administrators, Organizing Committees, media and the public) of criteria by which to assess the professional conduct of classification personnel.

2.3.2. Classifier compliance with the Classifier Code of Conduct

2.3.2.1 Classifiers should value and respect the Athletes and Athlete Support Personnel and:

- Treat Athletes and Athlete Support Personnel with understanding, patience and dignity;
- Be courteous, objective, honest and impartial in performing their classification duties for all Athletes, regardless of team affiliation or national origin.
- Accept responsibility for all actions and decisions taken and be open to discussion and interaction with Athletes and Athletes Support Personnel in accordance with the International Standard for Athlete Evaluation and the International Standard for Protest and Appeals, and the IF and/or competition rules;
- Perform classification duties and related responsibilities while not being under the influence of alcohol or illegal substances;
- Maintain confidentiality of Athlete information wherever possible, according to the International Standard for Athlete Evaluation and the International Standard for Protest and Appeals.

2.3.2.2 Classifiers should respect the Classification Rules and:

- Accurately and honestly represent their qualifications and abilities when applying for training and certification and when accepting classification appointments to competitions;
- Understand the theory and practical aspects of the Classification Rules and make them widely known and understood by Athletes and Athlete Support Personnel;
- Continuously seek self-improvement through study of the Sport, Classification Rules, mentoring lesser-experienced classifiers and developing trainee classifiers;
• Perform duties without yielding to any economic, political, sporting or human pressure;

• Recognize that anything that may lead to a Conflict of Interest, either real or apparent, must be avoided;

• Disclose any relationship with a team, athlete or Athlete Support Personnel that would otherwise constitute a Conflict of Interest.

2.3.2.3. Classifiers should respect their colleagues and:

• Treat all discussions with colleagues as confidential information;

• Explain and justify decisions without showing anger or resentment;

• Treat other Classifiers with professional dignity and courtesy, recognizing that it is inappropriate and unacceptable to criticize other Classifiers, Competitions Officials or Technical Advisers in public;

• Publicly and privately respect the decisions and decision making process of fellow Classifiers, Competitions Officials and Technical Advisers whether you agree or not;

• Share theoretical, technical and practical knowledge and skills with less experienced Classifiers and assist with the training and development of Classifiers in para-bobsleigh and para-skeleton.

2.3.3. Consequences of Non-compliance with Classifier Code of Conduct

• The IBSF will take disciplinary action against Classifiers if a violations of the Classification Code of Conduct occurs;

• Classifiers must acknowledge and accept that disciplinary action against them may include a variety of sanctions from verbal or written reprimands to decertification as a classifier to the IBSF.

3. ATHLETES

3.1. ATHLETE RESPONSIBILITIES

• The Athlete is responsible for educating themselves on the rules and staying up to date with changes to the rules;

• Athletes must cooperate fully, honestly and in good faith. If the Classifiers believe that the Athlete is not cooperating with the Classification Process, then the Athlete will not be eligible to compete in IBSF para-sports until such time as decided by the IBSF and will receive a new call for Classification;

• Athletes must arrive at the assigned time with their equipment;

• The Classification Process will be conducted in English;

• Athletes must dress appropriately and bring all documentation, equipment and devices that he/she uses on the Ice Track Venue;

• Athletes must bring safety guards, helmet, equipment, straps or assistive devices, prostheses or orthotics which they use during the Competition;

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• Athletes who are undergoing Classification have the right to choose an Observer to be present during the Classification Process. The Observer is only there to witness the process and as appropriate, facilitate the Classification Process for the translation of medical terms;

• Athletes must bring a passport photo to the Classification Evaluation Session and provide the photo to the Event Classifier for making the Athlete’s IBSF Classification Card;

• Once the Athlete receives an official IBSF Classification Card, it is the Athlete’s responsibility to bring the Card to every IBSF Event. Failure to bring the Card to an Event will result in a fine of €20 (or local equivalent). A new Classification Card must be issued for the Athlete to compete in the Event and the replacement fee is €10 (or local equivalent).

4. **CLASSIFICATION**

The following (section 4.1. – 4.4) is adapted from:

1) Tweedy, S.M. & Bourke, J. (2009), IPC Athletics Classification Project for Physical Impairments: Final Report – Stage 1, IPC Athletics, Bonn;

and assembled with:

2) IBSF Para-sport Committee analysis, observations and measurements in 2014/2015 season.

An athlete may compete in IBSF para-sports:

• if they have a permanent impairment that alters the biomechanical execution of the running action in a way that is demonstrable and which will adversely affect sports performance. The effect of the impairment is considered without aids or prosthetics;

• if they meet Minimal Disability Criteria and they can do para-bobsleigh or para-skeleton sport specific tasks;

• if he/she has had a permanent physical impairment which in the opinion of the “Classification Panel" reduces the function of the lower limbs to a degree where they cannot run or jump at a speed and with the control, safety, stability and endurance of an able-bodied Bobsleigh and Skeleton athlete;

• if the physical impairment can be objectively verified by acknowledged medical and/or paramedical investigations such as measurement, x-ray, CT, MRI or similar objective measurement tools

• if he/she has had hip, knee or ankle joint replacement and can provide confirmation of the relevant surgery from their attending physician or surgeon along with supporting verification x-rays/scans are deemed to have met the Minimal Disability Criteria
### 4.1. Eligible Impairment Types (in Lower Extremities)

<table>
<thead>
<tr>
<th>Working description</th>
<th>Examples of health conditions likely to cause such impairments</th>
<th>Impairment as described in the ICF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertonia (e.g. Diplegia, monoplegia)</td>
<td>Cerebral palsy</td>
<td>High muscle tone, Low muscle tone</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 lower extremeties</td>
</tr>
<tr>
<td>Impaired Passive Range of Movement (PROM)</td>
<td>Arthrogryposis, ankylosis</td>
<td>Joint mobility Exclusions: hyper mobility of joints</td>
</tr>
<tr>
<td>Impaired muscle strength</td>
<td>Spinal cord injury, spina bifida,</td>
<td>Muscle power</td>
</tr>
<tr>
<td>Leg length difference</td>
<td>Congenital or traumatic causes of bone shortening in one leg</td>
<td>Aberrant dimensions of bones of right lower limb OR left lower limb Inclusions: shortening of bones of one lower limb Exclusions: shortening of bones of lower limbs; any increase in dimensions</td>
</tr>
</tbody>
</table>
4.2. EXCLUSIONS

Some specific exclusions are noted in the list below. Note that if an impairment is listed as an exclusion, this means that people with those impairments and only those impairments cannot be classified in this System. For instance, cardiovascular impairment is listed as an exclusion. This indicates that a person with only a cardiovascular impairment cannot be classified in this System. However a person who was affected by hypertonia and also had a cardiovascular impairment would be eligible for this System because hypertonia is an eligible impairment. However such an athlete’s class should only reflect the extent of activity limitation resulting from the eligible impairment type (hypertonia) and not ineligible types of impairment. Vision impairment would be another example. People who have vision impairments (as people with brain injury sometimes do) may compete in this system, but only if they also have an eligible impairment (e.g., hypertonia or ataxia).

The following impairments are exclusions in this System:

- Mental functions (b140-189), for example impairments of:
  1) psychomotor control (b1470) – mental functions that regulate speed of behavior or response time that involves both motor and psychological components;
  2) quality of psychomotor functions (b1471) – mental functions that produce nonverbal behavior in the proper sequence and character of its subcomponents, such as hand and eye coordination or gait;
  3) visuospatial perception (b1565) – mental functions involved in distinguishing by sight the relative position of objects in the environment or in relation to oneself;
  4) higher-level cognitive functions required for organization and planning movement (b1641);
  5) mental functions required for sequencing and coordinating complex, purposeful movements (b176).
- Hearing functions (b230-249);
- Pain (b280 – b289);
- Joint stability (b715), such as unstable shoulder joint, dislocation of a joint;
- Muscle endurance functions (b740);
- Motor reflex functions (b750);
- Involuntary movement reaction functions (b755);
- Tics and mannerisms (b7652), Stereotypies and motor perseveration (b7653);
- Cardiovascular functions (b410-429);
- Respiratory functions (b440-449)
4.3. Overview of the classification process for the IBSF para-bobsleigh, para-bobsleigh (seated) and para-skeleton Classification System for Physical Impairments

Does the athlete have an Eligible type of impairment?

Yes

Meet Minimum Disability Criteria for IBSF para-bobsleigh (seated)?

Yes

Complete sport specific Tasks for IBSF para-bobsleigh seated?

Yes

Class PBS

No

Meet Minimum Disability Criteria for IBSF para-bobsleigh?

Yes

Complete sport specific Tasks for IBSF para-bobsleigh?

Yes

Class PB

No

Meet Minimum Disability Criteria for IBSF para-bobsleigh?

Yes

Complete sport specific Tasks for IBSF para-skeleton?

Yes

Class PS

No

No

No

No

No

Ineligible for IBSF para-bobsleigh, para-bobsleigh seated and para-skeleton (Physical impairments)
...because it is a sport that you need to be fit...
/Davin Bretherton

...I would say it’s the craziest sport I’ve ever done...
/Mark Urquhart
4.4. Minimal Disability Criteria in lower extremities for para-bobsleigh and para-skeleton

If Minimal Disability Criteria is affecting only one lower extremity athlete is Eligible for PB Class or PS Class, but if this Criteria is affecting both lower extremities athlete is Eligible for PBS.

4.4.1. Hypertonia

Hypertonia is defined as increased muscle tone which is caused by central nervous system impairment and which results in increased resistance to passive lengthening of the muscle (1). One of the following types of hypertonia must be clearly clinically detectable – i.e., grade 1 on the Ashworth scale – at the ankle, knee or hip

1) Spastic Hypertonia: which is defined as a velocity dependent resistance to passive movement with a clasp-knife type of resistance (1). Clasp-knife resistance is resistance that is initially high and followed by a sudden relaxation. Velocity-dependence indicates as the speed of the passive movement increases, the resistance becomes greater and starts earlier in the range.

Spastic hypertonicity tends to predominate in the antigravity muscles particularly the extensors of the legs and may affect certain parts of the body more than others. In classification, testing for spastic hypertonicity involves rapid, passive movement through the principal ranges of movement at the ankle, knee or hip and people with clearly clinically detectable spastic hypertonicity are eligible.

When testing for spastic hypertonicity at the ankle, clonus may be elicited. Clonus is rapid, involuntary alternation of muscle contraction and relaxation and typically occurs in the ankle plantarflexors in response to rapid, passive dorsiflexion in response to rapid, passive wrist extension. Clonus that lasts for 4 beats or more and which can be reliably reproduced during a single classification session (i.e., is non-damping clonus) is considered to indicate presence of spastic hypertonicity that meets the general standard and such people are eligible.

2) Rigidity: which is defined as a heightened resistance to passive movement of a limb that is independent of the velocity of stretch and relatively uniform throughout the range of motion of that limb (8). The uniform resistance is often referred to as ‘lead pipe’ type of resistance. Usually has a predominant pattern with a flexor pattern being more common.

3) Dystonia: which is resistance to passive movement that may be focal (affecting muscles of one limb or joint) or general (affecting the whole body). Contractions are powerful and sustained and cause twisting or writhing of the affected area. The pattern is highly variable – contractions may be fast or slow; painful or not; and the direction of greatest resistance may change regularly (e.g., a limb may move regularly from an extreme flexion pattern to an extreme extension pattern) (1,2).

A person who does not have one of the three types of hypertonia in lower extremities – spastic, rigidity or dystonia – is not eligible. The classification team should satisfy themselves that the resistance to passive lengthening of the muscle is due to central nervous system impairment and the following signs may be useful in this regard:

- Presence of non-damping clonus on the side on which the tone is increased;
- Abnormally brisk reflexes in the limb in which the tone is increased;
- Mild atrophy in the limb in which the tone is increased;
- Positive Babinski on the side on which the tone is increased.

4.4.2. Ataxia

Ataxia refers to an unsteadiness, incoordination or clumsiness of volitional movement (1) and eligible ataxias must result from either motor or sensory nervous system dysfunction. Motor ataxias most frequently result from malformation or damage to the cerebellum and are often associated with hypotonia (1). Motor ataxias are poorly compensated for by visual input. Sensory ataxias most frequently result from lower motor neuron damage or spinal cord disease, affecting vestibular function or proprioceptive function. Visual input can help compensate for sensory ataxia and so sensory ataxias are often more evident when eyes are closed (8).

When evaluating an athlete the classification team should be satisfied that the ataxic movement is demonstrable and clearly evident during classification and that the observed ataxia is due to motor or sensory nervous system dysfunction as described. Clearly evident means that characteristically ataxic movement should be observable during at least one of the following tests of voluntary movement:

- toe-to-finger test (classifier presents their index finger and asks the athlete to touch it with their toe);
- heel draw test (i.e., draw the heel of one leg along the length of the contralateral shin, from ankle to knee and then in the reverse direction);
- straight line heel-to-toe walking;
- walking

4.4.3. Athetosis

Athetosis refers to unwanted movement and posturing resulting from damage to motor control centers of the brain, most frequently the basal ganglia (1). When evaluating an athlete the classification team should satisfy themselves that athetosis is clearly evident and that it is neurological in origin. Clearly evident athetosis is unwanted movement and posturing that is characteristically athetoid and is observable as at least one of the following:
• involuntary movement of the toes or lower extremities despite the person trying to remain still;

• inability to hold the body still – swaying of the body. Swaying should not be due to other neurological deficits such as vestibular or proprioceptive impairments and therefore should not be exacerbated by closing of the eyes;

• characteristic athetoid posturing.

4.4.4. Limb deficiency – Lower limb Complete unilateral amputation of half the length of the foot (i.e., measured on the nonamputated foot from the tip of the great toe to the posterior aspect of calcaneus) or equivalent congenital limb deficiency.

4.4.5. Impaired Passive range of movement (PROM)

Method of assessment: Unless otherwise indicated, PROM should be assessed using the protocols described by Clarkson (3). In brief, measurement of PROM requires the athlete to relax completely while the classifier moves the joint of interest through the available range. The athlete is relaxed and is not attempting voluntary movement during these tests. Active range of movement or AROM (i.e., where the athlete is asked to move the joint themselves, without assistance) is assessed as a component of conventional muscle power testing (see section on testing muscle power in this document). Approach used in development: The development of these criteria is based upon research indicating the range of movement required for sprinting (4, 5).

4.4.5.1. Impaired PROM - Lower limb

An athlete who has impaired PROM in the lower limbs may be eligible to compete in one of two ways. They may have impaired PROM that meets:

• one of the 5 primary criteria presented in 4.4.5.1.i.; OR

• two of the 5 secondary criteria presented in 4.4.5.1.ii.

4.4.5.1.i. Primary Criteria for impaired PROM - Lower limb

Athletes are eligible if they meet ONE OR MORE of the following criteria:

Primary Criterion #1 – Hip flexion deficit of ≥60°. The figure 1 (page 37) shows normal anatomical range of 120° hip flexion (6) and the maximum amount of hip flexion ROM that is permissible in order to meet this criterion (60° hip flexion);


Primary Criterion #2 – Hip Extension deficit of ≥40°. The figure 2 (page 37) shows normal anatomical range of 20° hip extension (6). The neutral position (0°) is also shown, as is the maximum amount of hip extension ROM that is permissible in order to meet this criterion (40° hip extension deficit);

Primary Criterion #3 – Knee Flexion deficit of ≥75°. The figure 3 shows normal anatomical range of 135° knee flexion (6) and the maximum amount of knee flexion ROM that is permissible in order to meet this criterion (60° knee flexion);

Primary Criterion #4 – Knee Extension deficit of ≥35°. The figure 4 shows normal knee extension range – i.e., 0° flexion (6) and the maximum amount of knee extension ROM that is permissible in order to meet this criterion (extension deficit of 35°);

Primary Criterion #5 – Less than or equal to 10° ankle dorsiflexion / plantarflexion available in the range between 10° dorsiflexion and 25° plantar flexion. Test conducted with knee in 90°. The outer (dashed) lines in the figure 5 show 10° dorsiflexion and 25° plantar flexion – this range was chosen because it is the range of ankle movement used in running (4, 5). The inner lines show an example of a 10° arc within this range – this is the maximum PROM is that is permissible in order to meet this criterion. Normal anatomical PROM is not shown in the figure but is 20° dorsiflexion to 45° plantar flexion (6).

4.4.5.1.ii. Secondary Criteria impaired PROM (Lower limb) Athletes are eligible if they meet TWO OR MORE of the following secondary criteria:

Secondary Criterion #1 – Hip flexion deficit of ≥45° but <60°. The figure 6 shows normal anatomical range of 120° hip flexion (6) as well as a 45° flexion deficit – the maximum amount of hip flexion ROM that is permissible in order to meet this criterion. Athletes with ≥60° loss of flexion meet the primary criterion for loss of hip PROM;

Secondary Criterion #2 – Hip extension deficit of ≥25° but <40°. The figure 7 shows normal anatomical range of 20° hip extension (6) as well as the neutral position and a 25° extension deficit (i.e., 5° flexion, just in front of the 0° line). A 25° deficit is the maximum amount of hip extension that is permissible in order to meet this criterion. Athletes with ≥40° loss of extension meet the primary criterion for loss of hip PROM.

Secondary Criterion #3 – Knee flexion deficit of ≥55° but ≤75°. The figure 8 shows normal anatomical range of 135° knee flexion (6) as well as 0° flexion and a 55° flexion deficit – the maximum amount of knee flexion that is permissible in order to meet this criterion. Athletes with ≥75° loss of extension meet the primary criterion for loss of hip PROM.

Secondary Criterion #4 – Knee Extension deficit of ≥25° but <35°. The figure 9 shows normal knee extension range – i.e., 0° flexion (6) as well as a 25° extension deficit, the maximum amount of knee extension that is permissible in order to meet this criterion. Athletes with ≥35° loss of extension meet the primary criterion for loss of knee PROM.
Secondary Criterion #5 – Less than or equal to 20° ankle dorsi / plantarflexion available in the range between 10° dorsiflexion and 25° plantar flexion. Test conducted with knee in 90°. The outer (dashed) lines in the figure 10 show 10° dorsiflexion and 25° plantar flexion – this range was chosen because it is the range of ankle movement used in running (4, 5). The inner lines show an example of a 20° arc within this range – this is the maximum PROM is that is permissible in order to meet this criterion. Athletes with ≤10° PROM available meet the primary criterion for ankle PROM.

4.4.6. Impaired Muscle Power - Lower limb

Classifiers should satisfy themselves that impaired muscle power results from injury or pathological deficits in the neuromusculoskeletal system and not from chronic disuse.

Method of assessment: Muscle power will be assessed according to the Daniels and Worthingham (D&W) scale published in the 2002 (6). The scale has 6 levels, from 0-5:

5: normal muscle power through available ROM;
4: active movement through available ROM, against gravity plus some resistance;
3: active movement through full available ROM against gravity but no resistance;
2: active movement with gravity eliminated (some movement against gravity may be possible, but not full range);
1: trace muscle activity but no movement of the limb;
0: No muscle activity.

NOTE: While manual muscle testing methods in this System are based upon the published D&W text (6), some elements have been modified in order to make the grades more relevant to the sport of athletics.

Approach used in development: Not all muscle actions make an equal contribution to running (for example, hip extension is much more important to running performance than hip adduction). Therefore criteria have been developed for the major individual muscle actions of the lower limb (e.g., impaired power for hip flexion, hip ext). The main muscles actions of the lower limbs have been divided into three categories:

- “principal” – those muscle actions making direct or major contribution to the generation of forward momentum;
- “supporting” – muscle actions contributing indirectly to generation of forward momentum by stabilizing segments or providing counter-rotational movements;
- “minimal impact” – muscle actions which would be unlikely to meet the general standard, even if they were severely weakened. Because Principal muscle actions are more important, fewer muscle grade points need to be lost from these actions in order to meet the General standard, than the Supporting muscle actions.
4.4.6.1. Impaired muscle power - Lower limb

An athlete who has impaired muscle power in the lower limbs may be eligible to compete in disability athletics in one of two ways. They may have impaired muscle power that meets:

- One of the 7 primary criteria presented in 4.4.6.1.i.; OR
- Two or more of 5 secondary criteria presented in 4.4.6.1.ii.

4.4.6.1.i.Primary Criteria for impaired muscle power (Lower limb) Athletes are eligible if they meet ONE OR MORE of the following criteria

Athletes are eligible if they meet ONE OR MORE of the following criteria:

Primary Criterion #1 – Hip flexion loss of 3 muscle grade points (muscle grade of two). The figure shows manual resistance being applied at 90° hip flexion. To meet this criterion the athlete should not be able to actively flex the hip to 90° against gravity OR, if PROM is <90°, should not be able to actively flex through available PROM;

Primary Criterion #2 – Hip extension loss of 3 muscle grade points (muscle grade of two). The figure shows manual resistance being applied at 5° hip extension. To meet this criterion the athlete should not be able to actively extend the hip 5° against gravity;

Primary Criterion #3 – Hip Abduction loss of 3 muscle grade points (muscle grade of two). The figure shows manual resistance being applied at 5° hip abduction. To meet this criterion the athlete should not be able to actively Abduct the hip 5° against gravity;

Primary Criterion #4 – Hip Adduction loss of 4 muscle grade points (muscle grade of one). The figure shows the athlete in a gravity eliminated position for adduction and the examiner has moved the leg into 10° of abduction. To meet this criterion the athlete should not have any active adduction in the direction of the arrow.

Primary Criterion #5 – Knee extension loss of 3 muscle grade points (muscle grade of two). The figure shows manual resistance being applied at full knee extension (0° flexion). To meet this criterion the athlete should not be able to fully extend the knee against gravity OR, if knee extension is restricted, should not be able to actively extend through available PROM.

Primary Criterion #6 – Ankle plantar flexion loss of 3 muscle grade points (muscle grade of two). The outer (dashed) lines on the figure show 0° plantar flexion and 45° plantar flexion (normal anatomical AROM). The center line shows the athlete raising her heel in 25° plantar flexion. In the Daniels and Worthingham system plantar flexion is tested differently to all other muscle groups (6). Below is the method with the range of movement adjusted from full anatomical to 25° (the ROM required for running). Grade 5 = can do 20 single leg heel rises to 25°; Grade 4 = can do 10-19 single leg heel rises to 250; Grade 3 = can do 1-9 single leg heel rises to 250; Grade 2 = can’t complete 1 heel rise to 25°. In lying may complete full ROM with resistance. Grade 1 = in lying, trace muscle activity but no actual movement.
PrimaryCriterion #7 – At least two of the following three muscle actions must have a loss of 3 points each: Ankle Dorsiflexion, Ankle Eversion, and Ankle Inversion. Test conducted in sitting, knee in 90°.

The top left figure shows inversion and eversion and the top right shows 0° dorsiflexion and 10° dorsiflexion. To meet this criterion the athlete must not be able to perform two of the following movements:

Active eversion through available PROM;
Active inversion through available PROM;
Active dorsiflexion to 10°.

Muscle power in knee flexion is not expressly examined as an independent criterion. Knee flexors are active in late swing and act to retard forward swing of the leg. Impaired power would only result in a more rapid knee extension prior to contact and therefore this is not important. Moreover the main knee flexors contribute to other Principal muscle actions - Hamstrings perform hip extension and Gastrocnemius plantar flexes – so any weakness in these muscles will be reflected in assessment of those actions.

4.4.6.1.ii Secondary Criteria for impaired muscle power (Lower limb) An athlete will be eligible if they lose a total of 6 muscle grade points in the following 5 “principal” muscle actions:
• Hip Flexion;
• Hip Abduction;
• Ankle Plantar Flexion;
• Hip Extension;
• Knee Extension.

Two of the movements must have a loss of 2 points (i.e., a combination of 4 x 1 point losses and 1x 2 point loss would not meet this criterion).

4.4.7. Leg length difference

The difference in length between right and left legs should be at least 7cm. To measure, the athlete should lie supine with legs relaxed and fully extended. Measure from anterior superior iliac spine to the tip of the medial malleolus on each leg and then compare.
4.5. Trunk control examination and adaptations

4.5.1. Board test for trunk function

To conduct the Board Test, the following equipment is required:

- Testing board with 3 straps;
- 1 kg medicine ball;
- Knee flexion roll;
- Wooden wedges to stabilize board.

The testing board requires the following components:

- Wooden top board and two rockers;
- Slits cut on both sides;
- Straps in slits to hold athlete’s hips, knees and ankles firm during testing;
- Velcro or snap fastenings on straps;
- Top can be covered with thin compressed foam to stop athlete slipping.

4.5.2. Trunk function is assessed by way of the Board Test, which consists of the following 5 tests:

Test 1: Sitting balance, in the sagittal plane. Sitting with the hands behind the neck, flex forwards at the waist as much as possible. Then extend the trunk and lift to a position of 45° forward flexion. Hold that position, keeping the hands behind the neck. The test board is secured for this test;

Test 2: Sitting balance in the sagittal plane. Arms folded over the chest, extend back to hold 45° backward extension;

Test 3: Sitting balance in the sagittal and frontal planes. Free rotation of the trunk, in sitting, arms fully abducted;

Test 4: Sitting balance in the frontal plane. The athlete has arms abducted and tilts the testing board from side to side, shifting the body weight sideways and maintaining the maximum tilt without losing balance;

Test 5: Sitting balance, in the frontal and sagittal planes to test stability of trunk and pelvis. A 1kg ball is placed beside the athlete’s hip at the level of the testing board. The athlete picks up the ball with both hands and lifts the ball above the head to place it beside the hip on the opposite side of the testing board. Repeat in the other direction.
4.5.3. Trunk control evaluation

For each test of the Board Test, one of the following scores are allocated:

- 0 = No function, test impossible;
- 1 = Weak or poor function;
- 2 = Fair function;
- 3 = Normal function.

4.5.4. Adaptation of the seat

<table>
<thead>
<tr>
<th>Points in Board Test</th>
<th>Illustration</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 points</td>
<td><img src="image1.png" alt="Image" /></td>
<td>Seat height complies with regular Bobsleigh seat height - 25 cm</td>
</tr>
<tr>
<td>6 - 14 points</td>
<td><img src="image2.png" alt="Image" /></td>
<td>Seat height is higher and reaches 30 cm.</td>
</tr>
<tr>
<td>0 – 5 points</td>
<td><img src="image3.png" alt="Image" /></td>
<td>Seat height is higher and reaches 35 cm.</td>
</tr>
</tbody>
</table>

4.6. Sport Specific Tasks for sport classes PB and PBS

4.6.1. Task 1. – The ability to pull the braking device with force more than 60 kg.

For this Task athlete is sitting on Board Test and pulling device in front of athlete for braking simulation in front of his body. Athlete who can pull and hold this device for 5 seconds can pass to the next sport specific Task.

4.6.2. Task 2. – The ability to get in and get out of the sled without assistance.

For this Task athlete need to show his ability to be independent and fit to transfer his body in and out the sled.

4.6.3. Task 3. – The ability to take a safe body position in the sled after rollover.

For this Task athlete need to show his ability to keep safe position, when the sled is turned over.
4.7. Sport Specific Task for sport class PS

Task 1. – The ability to take starting position on the sled.

For this task athlete need to show his ability to take starting position to participate in sport against all other athletes.

4.8. Adaptation of prosthesis in sport class PS

All adaptations including prosthesis which an athlete is using during para-skeleton or para-bobsleigh require authorization of International Classification Panel. All adaptations must be shown during classification. If a change in adaptations occurs after athlete is classified the new equipment must be shown to a classifier and approved prior to it being used in competition. If this condition is violated, than athlete can be disqualified.

4.9. Sport Class Statuses

In para-bobsleigh & para-skeleton the Athlete receives status of Sport Class:

- New – N;
- Review – R;
- Confirmed – C.

4.9.1. The (N) Sport Class Status is used when:

- An Athlete is a new Athlete/Beginner who has not been previously evaluated by an International Classification Panel;
- The Athlete has been practicing for first time and it is the Athlete’s first International Classification;
- The Athlete has a changing condition with fluctuating impairment; and should be reviewed prior to a competition;
- Sport class status N includes Athletes who have been allocated a Sport Class by their National Federation for entry purposes.
- Athletes with sport class status N must complete Athlete Evaluation prior to competing at international competitions;
- The Athlete has a non-progressive, acquired injury of two years duration or less. The Athlete should be examined one year after the Initial evaluation at which point the N sport class status should be removed or changed to R if further review is necessary or C.
4.9.2. The (R) Sport Class Status is used when:

Athletes require further observation during competition or season to confirm their sport class;

Athletes previously evaluated by an International Panel continue to require review to confirm their sport class;

The Athlete’s sport class is valid for entry in a competition, but the Athlete is subject to re-evaluation and the sport class may be changed before or during competition;

When the R sport class status is removed from a new Athlete undergoing his/her first classification at an International Event, this evaluation will be considered as the Athlete’s first international sport class.

4.9.3. The (C) Sport Class Status is used when:

An International Classification Panel has previously evaluated an Athlete and the Panel has confirmed that the sport class will not change;

The Athlete with a sport class status C will not have a change in sport class;

There is a change in the degree of impairment of an Athlete;

The Athlete demonstrates significantly less or greater ability prior to competition that does not reflect the athlete’s current sport class;

There is a change in the sport class allocation criteria (change in classification rules).

4.10. Request for Classification by a Member Nation

Member Nations are able to request Classification in their own country under the following conditions:

If both Classifiers are from another country than Athlete;

The Member Nation will be responsible for the costs of all travel, accommodation and food for Classifier(s). The Member Nation will be required to pay a Classification Fee;

All administration for Member Nations requesting Classification and payments must be done through the IBSF Office.
4.11. Protests

4.11.1. The term “Protest” is used in these Rules refers to the procedure by which a formal objection to the allocation of a Sport Class is made and subsequently resolved.

4.11.2. A National Body may make a Protest in respect of a Sport Class of any Athlete who entered the relevant Competition where Classification is offered with either Sport Class Status New (N) or Sport Class Status Review (R).

4.11.3. The decision that is the subject of the Protest is referred to in this part of the Rules as “the Protested Decision”, and the Athlete in respect of whose Sport Class the Protest is made is referred to as “the Protested Athlete”.

4.11.4. No National Body may make a Protest in respect of any Athlete who entered the relevant Competition with Sport Class Status Confirmed (C).

4.11.5. The Chief Classifier for the relevant Competition may make a Protest in respect of any Athlete regardless of their Sport Class Status pursuant to the provisions contained in these Rules regarding Protests under Exceptional Circumstances.

4.11.6. An Athlete's Sport Class may only be protested once in any individual Competition, unless an additional Protest is made pursuant to the provisions concerning Protests made in Exceptional Circumstances.

4.11.7. The National Body making a Protest is responsible for ensuring that all Protest process requirements are observed.

Protests submissions

4.11.8. A Protest may only be submitted by a National Body, an Athlete cannot submit a Protest.

4.11.9. The Chief Classifier, or a person designated IBSF para-sports for the relevant Competition, will be the person authorized to receive Protests on behalf of IBSF para-sports.

4.11.10. If a Classification decision is published during the Classification Evaluation Period, the National Body must make a Protest within one (1) hour of the Classification decision being published.

4.11.11. Protests must be made by way of a designated Protest Form that will be made available by IBSF para-sports at the relevant Competition. The Protest Form will prescribe certain information and documentation that must be submitted with the Protest form.

This will include the following:

4.11.11.1. Name, Nation and Sport of the Athlete whose Sport Class is being protested;

4.11.11.2. The details of the Protested Decision;

4.11.11.3. An explanation as to why the Protest has been made and the basis on which the National Body believes that the Protested Decision is flawed;
4.11.11.4. All documents and other evidence referred to in the Protest;

4.11.11.5. The signature of the authorized National Body; and

4.11.11.6. A Protest Fee of 200 EUR.

4.11.12 Upon receipt of the Protest Form the Chief Classifier will conduct a review of the Protest submission. If it appears to the Chief Classifier that the Protest is not made bona fide or is based on mere assertion without credible supporting evidence and/or the Protest submission is otherwise not in compliance with these Rules, the Chief Classifier shall decline the protest and notify all relevant parties. In such cases the Chief Classifier shall provide a written explanation to the National Body as soon as is practicable. The Protest fee will be retained by IBSF para-sports.

4.11.13. If the Chief Classifier declines a Protest, the National Body may resubmit the Protest if it is able to remedy the deficiencies identified by the Chief Classifier in respect of the Protest. The time frames for submitting a Protest shall remain the same in such circumstances. If a National Body resubmits a Protest, all protest procedure requirements will apply. A second Protest fee must be paid.

Resolving a Protest

4.11.14 If the Protest is accepted, the Chief Classifier shall appoint a Classification Panel to conduct Athlete Evaluation in respect of the Athlete. This Classification Panel is referred to as a “Protest Panel”.

4.11.15. A Protest Panel should comprise, at a minimum, the same number of Classifiers as those comprised in the Classification Panel that made the Protested Decision. Only if practicable given all the circumstances of the Competition, the Protest Panel should comprise Classifiers of equal or greater level of experience and/or certification as who comprised the Classification Panel that made the Protested Decision

4.11.16. The Protest Panel must not include any person who was a Member of the Classification Panel that made the Protest Decision. Further, it should not include any person who has been a Member of any Classification Panel that has conducted any Athlete Evaluation in respect of the Protested Athlete within a period of eighteen (18) months prior to the date of the Protest Decision.

4.11.17. IBSF para-sports will supply all documentation submitted with the Protest Form to the Protest Panel. The Chief Classifier will notify all relevant parties of the time and date for the Athlete Evaluation that will be conducted by the Protest Panel.

4.11.18. The Protest Panel will conduct Athlete Evaluation in respect of the Protested Athlete according to the provisions concerning Athlete Evaluation in these Rules.
4.11.19. The Protest Panel may make enquiries of the Classification Panel that made the Protested Decision and the Chief Classifier, if such enquiries will enable the Protest Panel to complete Athlete Evaluation in a fair and transparent manner. In addition, it may seek medical, sport, technical or scientific expertise in its conduct of Athlete Evaluation.

4.11.20. The Protest Panel will conclude Athlete Evaluation and, if appropriate, allocate a Sport Class. All relevant parties shall be notified of the Protest Panel’s decision as quickly as possible following Athlete Evaluation.

4.11.21. If the Protest is upheld and the Sport Class of the Athlete is changed by the Protest Panel, the Protest Fee will be refunded to the National Body. If the Protest is not upheld and if the Sport Class of the Athlete is not changed by the Protest Panel, the Protest fee will be retained by IBSF para-sports.

4.11.22. The decision of the Protest Panel is final and is not subject to any further Protest.

Protests under Exceptional Circumstances

4.11.23. A Protest in Exceptional Circumstances may be made in respect of an Athlete if the Chief Classifier believes that because of exceptional circumstances, the Athlete should undertake Athlete Evaluation in order that his or her Sport Class may be reviewed.

4.11.24. Examples of exceptional circumstances that may arise that may warrant an Athlete participating in Athlete Evaluation include, but are not limited to:

4.11.24.1. An obvious and permanent change in the degree of Impairment of an Athlete;

4.11.24.2. An Athlete demonstrating significantly less or greater ability prior to or during Competition which does not reflect the Athlete’s current Sport Class;

4.11.24.3. An error made by a Classification Panel which has led to the Athlete being allocated a Sport Class which is not in keeping with the Athlete’s ability;

4.11.24.4. Sport Class allocation criteria having changed since the Athlete’s most recent evaluation.

4.11.25. The procedure for the making of a Protest in Exceptional Circumstances shall be as follows:

4.11.25.1. The Chief Classifier shall advise the Athlete and relevant National Body that a Protest is being made in Exceptional Circumstances;

4.11.25.2. The Chief Classifier will provide a written summary of the reasons for the making of the Protest, which at a minimum shall explain why the Chief Classifier believes that the Athlete’s Sport Class appears to be inconsistent with the Athlete’s perceived Impairment(s) and/or Activity Limitation(s) and/or with these Rules;

4.11.25.3. The Athlete’s Sport Class Status will be amended to Review (R) with immediate effect;
4.11.25.4. The process for making such a Protest shall be the same as that stated in these Rules in respect of Protests made by National Bodies save that the Chief Classifier is not required to pay a Protest fee.

4.12. Appeals

4.12.1. An Appeal is a formal objection to the manner in which Classification procedures have been conducted is submitted and subsequently resolved.

4.12.2. If an Athlete believes that an unfair decision has been made pursuant to these Rules, he or she may apply to have that decision set aside following the Appeal procedure.

4.12.3. A decision will be considered unfair, if it has been made in contravention of the procedures set out in these Rules and there is some manifest unfairness associated with the decision such that it should be set aside.

4.12.4. The outcome of an Appeal will be that either the relevant decision is upheld, or is set aside. An Appeal decision cannot amend a Sport Class or Sport Class Status.
5. **ATHLETE’S FUNCTIONAL EVALUATING FORM**

<table>
<thead>
<tr>
<th>Name</th>
<th>Surname</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left</td>
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<td></td>
</tr>
<tr>
<td>Hip flexion</td>
<td>Hip flexion</td>
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<tr>
<td>Hip extension</td>
<td>Hip extension</td>
<td></td>
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<tr>
<td>Hip abduction</td>
<td>Hip abduction</td>
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<tr>
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<td>Hip adduction</td>
<td></td>
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<tr>
<td>Knee flexion</td>
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<tr>
<td>Knee extension</td>
<td>Knee extension</td>
<td></td>
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<tr>
<td>Plantar flexion</td>
<td>Plantar flexion</td>
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<tr>
<td>Dorsiflexion</td>
<td>Dorsiflexion</td>
<td></td>
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<tr>
<td>Toe flexion</td>
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<td></td>
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<tr>
<td>Toe extension</td>
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</table>

**Extension deficit**

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<tr>
<th>Left</th>
<th>Right</th>
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**Amputee level**

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<tr>
<th>Left</th>
<th>Right</th>
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**Leg shortening (cm)**

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<tr>
<th>Left</th>
<th>Right</th>
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**Foot ankylosis (Yes/No)**

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<th>Right</th>
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<table>
<thead>
<tr>
<th>Normal</th>
<th>Abnormal Findings</th>
<th>Initials</th>
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<tbody>
<tr>
<td>Neck</td>
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</tr>
<tr>
<td>Back</td>
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</tr>
<tr>
<td>Shoulder/Arm</td>
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<td></td>
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<tr>
<td>Elbow/Forearm</td>
<td></td>
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<tr>
<td>Wrist/Hand</td>
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<tr>
<td>Hip/Thigh</td>
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<tr>
<td>Knee</td>
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<tr>
<td>Leg/Ankle</td>
<td></td>
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<tr>
<td>Foot</td>
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</tbody>
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<th>Right</th>
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<table>
<thead>
<tr>
<th>Shoulder flexion</th>
<th>Shoulder extension</th>
<th>Shoulder abduction</th>
<th>Shoulder adduction</th>
<th>Shoulder ext.rotation</th>
<th>Shoulder int.rotation</th>
<th>Elbow flexion</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Elbow extension</th>
<th>Wrist extension</th>
<th>Wrist flexion</th>
<th>Ulnar deviation</th>
<th>Radial deviation</th>
<th>Finger abduction</th>
<th>Finger adduction</th>
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<tbody>
<tr>
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<td>Right</td>
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</tr>
<tr>
<td>Assessment Methods for Athletes with Ataxia, Athetosis and/or Hypertonia</td>
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<td></td>
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<td>------------------------------------------------</td>
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</tr>
<tr>
<td><strong>University of Utah test</strong></td>
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</tr>
<tr>
<td><strong>Activity Description</strong></td>
<td>Abnormal (Score = 0)</td>
<td>Normal (Score = 1)</td>
<td>Athlete’s evaluation score</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Foot Rapid Alternating Movements</strong></td>
<td>The athlete is in a seated position and taps her/his toes up and down on the classifier’s hand or the floor as quickly as he/she can.</td>
<td>Movements are slow and irregular with imprecise timing of agonist and antagonist muscle action.</td>
<td>Responses will be quick and remain consistently quick with regular timing. As many as 30 repetitions may be done in 15 seconds.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Heel to shin</strong></td>
<td>The athlete is in the seated position and places her/his heel on the opposite knee, then runs the heel down the shin to the ankle and repeats knee to ankle slide quickly.</td>
<td>Athlete will demonstrate decreased speed of movement and lack of control.</td>
<td>Responses may show 50 repetitions possible in 30 seconds.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Toe to Finger</strong></td>
<td>The athlete is in a seated position and touches the classifier’s finger with his/her toe repetitively as the classifier moves their finger to all four quadrants</td>
<td>Athletes will demonstrate undershooting and/or overshooting of the target and the decomposition of movement with irregular and impaired timing and muscle activity.</td>
<td>Responses will be quick, repetitively correct and accurate and will not demonstrate movement decomposition.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tandem Gait</strong></td>
<td>The athlete is asked to walk heel-to-toe along a line. This requires a narrow base of support and the athlete to maintain balance over a 12cm width.</td>
<td>Athletes with midline ataxias have a difficult time with maintaining balance with tandem gait due to the narrow base of support.</td>
<td>Normal tandem gait is quick, steady and stable over the narrow base of support.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Jogging Straight</strong></td>
<td>The athlete jogs straight ahead for 15-20m.</td>
<td>Athletes with ataxia will deviate from a narrow base of support and may wobble.</td>
<td>Normal jogging has a regular, steady quick movement without decomposition.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Jogging Sideways</strong></td>
<td>The athlete jogs sideways and may skip and then do the jog with: a) crossover in the front and behind the lead leg called b) carioca for 15-20m.</td>
<td>Athletes with ataxia will have decreased speed of movement and difficulty crossing over legs in front and back.</td>
<td>Normal sideways motion demonstrates stability along a line, crossover motion that is regular and quick without loss of balance.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total:**
## Sensation (List spinal level)

<table>
<thead>
<tr>
<th>Normal</th>
<th>Spasticity (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abnormal</td>
<td>Modified Ashworth Scale (0-5)</td>
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</table>

<table>
<thead>
<tr>
<th>Transferring in the sled and out (Para Bobsleigh)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulling and holding the brake device for 5 seconds (Para Bobsleigh)*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take starting position on skeleton (Para Skeleton)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take a safe body position in the sled after rollover</td>
<td></td>
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</table>

## Impaired passive range of movement

<table>
<thead>
<tr>
<th>Impaired passive range of movement</th>
<th>Left</th>
<th>Right</th>
<th>Normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip</td>
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</tr>
<tr>
<td>Flexion</td>
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<td></td>
<td>120</td>
</tr>
<tr>
<td>Extension</td>
<td></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>Abduction</td>
<td></td>
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<td>45</td>
</tr>
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<td>Adduction</td>
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<td>20</td>
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<tr>
<td>Knee</td>
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<tr>
<td>Eversion</td>
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### 6. MEDICAL DIAGNOSTIC FORM FOR ATHLETES WHO ARE PARTICIPATING IN IBSF PARA-SPORT EVENTS

- This form needs to be completed in English by the athlete and athlete’s individual physician.
- The completed form must be sent to national level classifier for verification at least six weeks before the athlete undergoes athlete evaluation.
- The athlete’s health condition as stated on this form and the resulting impairment must fully explain the loss of function exhibited by the athlete during athlete evaluation. Otherwise no sport class can be allocated by the Classification Panel.
- Reports on additional testing by physicians, physiotherapists and other health professionals are welcomed, where relevant, to complement the medical diagnostic information.
- The International Bobsleigh & Skeleton Federation and Classification Panel can ask for further information to be submitted depending on the individual athlete’s health condition and impairment.

#### Full name: ___________________________________________________________

#### Country: ______________________

#### Address: ___________________________________________________________

#### Date of birth : (dd.mm.yyyy.) ___________________ Female ☐ Male ☐

#### Height: ___________

#### Weight: ___________

#### Phone number: ________________________

#### Email: _______________________________

#### Date: _______________

Please check the type of physical disability that the athlete has:
- ☐ complete spinal cord injury: list spinal level of injury: ____________
- ☐ incomplete spinal cord injury: list spinal level of injury: ___________
- ☐ lower limb deficiency: list side(s) and level of limb deficiency: __________
- ☐ upper limb deficiency: list side(s) and level of limb deficiency: __________
- ☐ cerebral palsy
- ☐ other: _________________________

Description of the Athlete’s medical diagnosis and the loss of function this health condition results in:

---

Health condition is: ☐ progressive ☐ stable ☐ fluctuating

Health condition is: ☐ acquired ☐ congenital

---
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. Bone, joint, or other deformity</td>
<td>23. Eye trouble</td>
<td></td>
</tr>
<tr>
<td>2. Stomach, liver, or intestinal trouble</td>
<td>24. Severe tooth or gum trouble</td>
<td></td>
</tr>
<tr>
<td>3. Ear, nose, or throat trouble</td>
<td>25. Loss of finger or toe</td>
<td></td>
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<tr>
<td>4. Gall bladder trouble or gall stones</td>
<td>26. Jaundice or hepatitis</td>
<td></td>
</tr>
<tr>
<td>5. Chronic or frequent cold</td>
<td>27. Hearing loss</td>
<td></td>
</tr>
<tr>
<td>6. Recurrent back pain</td>
<td>28. Broken bones</td>
<td></td>
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<tr>
<td>7. Rupture or hernia</td>
<td>29. Hay fever</td>
<td></td>
</tr>
<tr>
<td>8. Sinusitis</td>
<td>30. Neuritis</td>
<td></td>
</tr>
<tr>
<td>9. Tumor, growth, cyst, or cancer</td>
<td>31. Frequent or painful urination</td>
<td></td>
</tr>
<tr>
<td>10. Head injury</td>
<td>32. Skin diseases</td>
<td></td>
</tr>
<tr>
<td>11. Paralysis</td>
<td>33. Epilepsy</td>
<td></td>
</tr>
<tr>
<td>12. Depression or excessive worry</td>
<td>34. Kidney stone or blood in urine</td>
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<tr>
<td>13. Pain or pressure in the chest</td>
<td>35. Tuberculosis</td>
<td></td>
</tr>
<tr>
<td>14. High or low blood pressure</td>
<td>36. Frequent trouble sleeping</td>
<td></td>
</tr>
<tr>
<td>15. Scarlet fever</td>
<td>37. Frequent indigestion</td>
<td></td>
</tr>
<tr>
<td>16. Recent weight gain or loss</td>
<td>38. Shortness of breath</td>
<td></td>
</tr>
<tr>
<td>17. Heart trouble</td>
<td>39. Loss of memory or amnesia</td>
<td></td>
</tr>
<tr>
<td>18. Swollen/painful joints</td>
<td>40. Venereal Disease</td>
<td></td>
</tr>
<tr>
<td>19. Frequent/severe headache</td>
<td>41. Palpitation or pounding heart</td>
<td></td>
</tr>
<tr>
<td>20. Dizziness or fainting spells</td>
<td>42. Rheumatic fever</td>
<td></td>
</tr>
<tr>
<td>21. Leg cramps</td>
<td>43. Arthritis, rheumatism or bursitis</td>
<td></td>
</tr>
<tr>
<td>22. Chronic cough</td>
<td>44. Adverse reaction to serum drug or medicine</td>
<td></td>
</tr>
</tbody>
</table>

**Explain „✓” answers:**

**Past surgical procedures (attach additional page if necessary):**

<table>
<thead>
<tr>
<th></th>
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<th>Date:</th>
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<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<tr>
<td>3.</td>
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</tbody>
</table>

**Blood type: ____**

**Allergies:** □ No known allergies

□ Allergies

1. ________ Reaction: ______________________

2. ________ Reaction: ______________________

**GLASSES:** □ Yes □ No

**CONTACT LENSES:** □ Yes □ No
Medication(s) currently used:

Attachments

- The athlete’s health condition as stated on this form and the resulting impairment must fully explain the loss of function exhibited by the athlete during athlete evaluation. Otherwise no sport class can be allocated by the Classification Panel.
- Reports on additional testing by physicians, physiotherapists and other health professionals are welcomed, where relevant, to complement the medical diagnostic information.
- The International Bobsleigh & Skeleton Federation and Classification Panel can ask for further information to be submitted depending on the individual athlete’s health condition and impairment.
- Additional medical documentation must be in English (or translated into English by a certified translation agency).

Therefore, additional, recent and relevant medical documentation has to be attached to this form if the athlete has:

- an impairment or diagnosis that cannot be ascertained by clear signs and symptoms;
- a complex or rare health condition, or multiple impairments;
- limb deficiency (amputation or dysmelia) at the level of an ankle, knee, (Xrays for the respective joints to be enclosed);
- a spinal cord injury (recent ASIA scale results to be enclosed);

one of the coordination related impairments in lower body - ataxia, athetosis or hypertonia (Modified Ashworth Scale scores to be enclosed).

Additional required documentation as it relates to specific impairments is as follows:

- Multiple Sclerosis – brain and spine MRI and lab results confirming MS diagnosis, documentation must be less than six (6) months old;
- Spinal cord injury – Medical report that states the date of injury, mechanism of injury, ASIA score, extent of fixation (if applicable) and any subsequent relevant surgeries that have impacted eligibility criteria;
- Dysmelia in lower extremities – radiograph of limb(s) affected;
- Amputation – report from surgical procedure or documentation noting congenital deformity, radiograph of the residual limb(s);
- Neurological impairments (cerebral palsy, spina bifida or similar) – documentation from medical specialist including discussion of condition, surgeries, all medications used and recent or planned treatments.

Athletes and NPCs/ NFs are advised to observe the Eligible Impairments defined in each Sport’s classification rules, as not all of the impairments mentioned above are considered Eligible Impairments in all sports.
☐ I confirm that the above information is accurate.

Name: ______________________
Health care profession: ______________________
Registration Authority and Number: ______________________
Address: ____________________________________________
City: ______________________
Country: ______________________
Phone: ______________________
E-mail: ______________________
Date: ______________________
Signature: ______________________

☐ I certify that the above-mentioned information is correct. My data will be used to obtain the information for IBSF and will not be disclosed to third person.

Date: ______________________
Signature of Athlete ______________________
7. CLASSIFICATION PROTEST FORM

Protest submitted by:  
Country:  
Position:  

According to the Classification Rules, all protests must be presented to the Chief Classifier within the following timelines:

- During the Classification Evaluation Period within one (1) hour of the protested decision being published.
- Following completion of Athletes observation in Competition, within fifteen (15) minutes of the protested decision being published.

The protest must include a deposit of €200.00 or its equivalent.

*If the Protest fails, the deposit will not be returned.*

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
<th>Name of competitor:</th>
<th>Country:</th>
<th>Class:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Reason for Protest:


Signature __________________________________________ Position __________________________________________

OFFICIAL USE ONLY

Date and Time received:  
Protest fee paid?  Yes  No  
Signature of person receiving protest: ______________________

Outcome of Protest:

Sport Class Changed:  
Previous Sport Class:___________ Sport Class following Protest:___________

Sport Class Not Changed:  
Details of the decision: __________________________________________

If the fee will be returned: Returned  No  Not Returned  No

The person making the Protest was informed: Date __________/________/________  
Time ______:____:____

The athlete concerned was informed: Date __________/________/________  
Time ______:____:____

Printed Name of Chief Classifier: ______________________

Signature of Chief Classifier: ______________________
8. LIST OF CLASSIFIERS WHO ARE ELIGIBLE TO EXAMINE ATHLETES' APPLICATIONS AND ANSWER ON QUESTIONS IN RELATION TO IBSF PARA-SPORT.

<table>
<thead>
<tr>
<th>National Classifier:</th>
<th>Kathy DeTemple</th>
</tr>
</thead>
<tbody>
<tr>
<td>1601 W Silver Springs Road</td>
<td>1601 W Silver Springs Road</td>
</tr>
<tr>
<td>Park City, Utah 84098</td>
<td>Park City, Utah 84098</td>
</tr>
<tr>
<td><a href="mailto:Kathy.detemple@hsc.utah.edu">Kathy.detemple@hsc.utah.edu</a></td>
<td><a href="mailto:Kathy.detemple@hsc.utah.edu">Kathy.detemple@hsc.utah.edu</a></td>
</tr>
<tr>
<td>Phone (435) 640-4111</td>
<td>Phone (435) 640-4111</td>
</tr>
<tr>
<td>Fax (435)649-2963</td>
<td>Fax (435)649-2963</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National Classifier:</th>
<th>Jeff Erenstone</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Old Military Road</td>
<td>7 Old Military Road</td>
</tr>
<tr>
<td>Lake Placid NY 12946</td>
<td>Lake Placid NY 12946</td>
</tr>
<tr>
<td><a href="mailto:erenstone@gmail.com">erenstone@gmail.com</a></td>
<td><a href="mailto:erenstone@gmail.com">erenstone@gmail.com</a></td>
</tr>
<tr>
<td>Phone (518) 523-2419</td>
<td>Phone (518) 523-2419</td>
</tr>
<tr>
<td>Fax (518) 523-7192</td>
<td>Fax (518) 523-7192</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Head of Classification:</th>
<th>Filips Bernadskis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asaru prospekts 61,</td>
<td>Asaru prospekts 61,</td>
</tr>
<tr>
<td>Jurmala, LV-2008</td>
<td>Jurmala, LV-2008</td>
</tr>
<tr>
<td><a href="mailto:filipsber@gmail.com">filipsber@gmail.com</a></td>
<td><a href="mailto:filipsber@gmail.com">filipsber@gmail.com</a></td>
</tr>
<tr>
<td>Phone (371) 20099462</td>
<td>Phone (371) 20099462</td>
</tr>
</tbody>
</table>

9. IBSF PARA-SPORT COMMITTEE

<table>
<thead>
<tr>
<th>Chairman:</th>
<th>John S. Rosen</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:jsrparkcity@gmail.com">jsrparkcity@gmail.com</a></td>
<td><a href="mailto:jsrparkcity@gmail.com">jsrparkcity@gmail.com</a></td>
</tr>
<tr>
<td>Phone (435) 602-9829</td>
<td>Phone (435) 602-9829</td>
</tr>
</tbody>
</table>
10. LIST OF PRIMARY AND SECONDARY CRITERIA

<table>
<thead>
<tr>
<th>Primary Criterion</th>
<th>Figure 1 - 5</th>
<th>Secondary Criterion</th>
<th>Figure 6 - 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Criterion #1 Figure 1</td>
<td><img src="image1" alt="Figure 1" /></td>
<td>Secondary Criterion #1 Figure 6</td>
<td><img src="image2" alt="Figure 6" /></td>
</tr>
<tr>
<td>Primary Criterion #2 Figure 2</td>
<td><img src="image3" alt="Figure 2" /></td>
<td>Secondary Criterion #2 Figure 7</td>
<td><img src="image4" alt="Figure 7" /></td>
</tr>
<tr>
<td>Primary Criterion #3 Figure 3</td>
<td><img src="image5" alt="Figure 3" /></td>
<td>Secondary Criterion #3 Figure 8</td>
<td><img src="image6" alt="Figure 8" /></td>
</tr>
<tr>
<td>Primary Criterion #4 Figure 4</td>
<td><img src="image7" alt="Figure 4" /></td>
<td>Secondary Criterion #4 Figure 9</td>
<td><img src="image8" alt="Figure 9" /></td>
</tr>
<tr>
<td>Primary Criterion #5 Figure 5</td>
<td><img src="image9" alt="Figure 5" /></td>
<td>Secondary Criterion #5 Figure 10</td>
<td><img src="image10" alt="Figure 10" /></td>
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</tbody>
</table>