



BRITISH
ATHLETICS

FACT SHEET: British Athletics – National Classification Process

INTRODUCTION

This fact sheet provides a general guidance on national classification for athletics in the UK across the three eligible impairment groups. National classification in athletics is performed by authorised classifiers according to the classification rules of the sport, and governed by IPC Athletics. British Athletics adhere to the IPC Classification Code and International Standards. Sport classification rules do change from time to time, and this guidance is current for the date of publication.

The aim of classification in athletics is to ensure fair competition by minimising the impact of eligible impairments on the outcome of competition. To do this, athletes are assessed and then placed into competition categories, called sport classes, according to how much their impairment affects sports performance. In general athletes with impairments that have a similar impact on sport performance will compete in the same sport class. The system ensures that athletes do not succeed simply because they have an impairment that causes less of a disadvantage than their competitors, but because of their skill, determination, tactics, fitness and preparation.

The purpose of national classification in athletics is to determine an athlete's eligibility to compete and allocate eligible athletes a sport class. National classification allows eligible athletes to compete in all NDSOs and UKA competitions (including Parallel Success events), in addition to any mainstream club and open competitions (which athletes can enter without a classification), and go on the UK Disability Rankings (Power of 10). Athletes must be at least 11 years old and training in a club for a minimum of 3 months before they can be classified within the UK.

ELIGIBLE IMPAIRMENT GROUPS IN ATHLETICS

Impairment Group	Description
Physical Impairments	A group of eligible impairments affecting an athlete's biomechanical execution of sporting activities, comprising of ataxia, athetosis, hypertonia, impaired muscle power, impaired passive range of movement, limb deficiency, leg length difference and short stature.
Visual Impairments	An impairment of the eye structure, optical nerve or optical pathways, or visual cortex of the central brain, which adversely affects an athlete's vision in both eyes.
Intellectual Impairments	A type of impairment which is defined as a limitation in intellectual functioning and adaptive behaviour as expressed in conceptual, social and practical adaptive skills. This impairment must originate before the age of 18.

The classification process for each impairment group (visual impairments, physical impairments, and intellectual impairments) is different and each has a minimum disability criteria (MDC) that athletes must meet to be eligible for classification. Only authorised classifiers are able to determine whether a person meets the MDC for a particular sport. Further guidance of the MDC for each impairment group is outlined below but should not be used to provide athletes with advice regarding eligibility.

PHYSICAL IMPAIRMENTS – NATIONAL CLASSIFICATION

To be eligible for physical impairment classification in athletics, athletes must have a confirmed medical diagnosis of a permanent measurable physical impairment that affects their ability to perform the sport, and meet the MDC for at least one of the 8 eligible impairment types, including hypertonia, ataxia, athetosis, limb deficiency, impaired passive range of movement, impaired muscle power, leg length difference and short stature.

Impairment type	Description
Hypertonia	Abnormal increase in muscle tension with reduced ability of muscles to stretch, and joint stiffness, slowness of movement and poor postural adaptation and balance, due to problems in the central nervous system, typical of conditions such as cerebral palsy, acquired brain injury, multiple sclerosis and stroke.
Ataxia	Lack of muscle co-ordination due to problems with the parts of the central nervous system that control movement and balance, typical of conditions such as brain injury, cerebral palsy, multiple sclerosis, Friedreich's ataxia, spinocerebellar ataxia.
Athetosis	Repetitive and more or less continual involuntary movements caused by fluctuating muscle tone arising from problems in the central nervous system, typical of conditions such as cerebral palsy, stroke, traumatic brain injury.
Limb deficiency	A total or partial absence of bones or joints of the shoulder region, upper extremities, pelvic region or lower extremities, resulting as a consequence of trauma (e.g. traumatic amputation) or illness (e.g. amputation due to cancer), or congenital limb deficiency (dysmelia).
Impaired passive range of movement (PROM)	Range of movement in one or more joints is permanently reduced due to trauma, illness or congenital deficiency (e.g. conditions such as arthrogyrosis, ankylosis or joint contracture resulting from trauma).
Impaired muscle power	The muscles in the limbs or trunk are completely or partially paralysed as a consequence of conditions such as spinal cord injury, muscular dystrophy, brachial plexus injury, polio, or spina bifida
Leg length difference	Minimum of 7cm leg length difference in one leg due to trauma, illness or congenital conditions.
Short Stature	Standing height and limb length are reduced due to conditions such as achondroplasia, osteogenesis imperfecta, or growth dysfunction.

PHYSICAL IMPAIRMENT SPORT CLASS PROFILES

The tables below outline the sport class profiles for each athletics sport class for athletes with a physical impairment (current at the date of publication). This is a guide only and cannot be used for the classification of athletes, as this can only be performed by authorised classifiers.

T = Track athletes, F = Field athletes

Athletes in the following classes are affected by <u>hypertonia</u>, <u>ataxia</u> and <u>athetosis</u> all of which typically affect co-ordination of movement	
T32-4 (wheelchair track), T35-38 (running track), F31-34 (seated throws) and F35-38 (standing throws)	
Sport Class	Description (guidance only)
F31	Severe quadriplegia. Athletes have severe hypertonia or athetosis, with very poor functional range, and/or control of movement in all four limbs and the trunk. Hand

	function is very poor with a limited static grip, severely reduced throwing motion and poor follow through and release. Compete in seated club throw only. F31 athletes are allowed assistance onto the field of play.
F32	Severe/moderate quadriplegia. Athletes have moderate to severe hypertonia, ataxia and/or athetosis affecting all four limbs and trunk, usually with slightly more function on one side of the body or in the legs. A cylindrical and/or spherical grasp is possible, but grasp and release in combination with throws are poorly co-ordinated. Dynamic trunk control is poor. Athletes compete in seated throws only. F32 athletes are allowed assistance onto the field of play.
T/F33	Moderate quadriplegia, triplegic or severe hemiplegic, typically with almost full functional control in the least impaired arm causing significant asymmetry in wheelchair propulsion. While athletes are able to grasp implements, release of implements is affected by poor finger dexterity. Trunk movements are limited by extensor tone, so that throwing motions are mainly from the arm. Athletes in this class compete as a wheelchair racer or seated thrower.
T/F34	Moderate to severe impairment in lower limbs with significant difficulty in standing balance and walking. Good functional strength and minimal control problems in upper limbs and trunk, with near to full grasp, release and follow through for throws and symmetrical wheelchair propulsion. Athletes in this class compete as a wheelchair racer or seated thrower.
T/F35	Moderate impairment in lower limbs. Good functional strength and minimal control problems in upper limbs and trunk. The athlete will have near to normal grasp and release and follow through in the throwing arm. Running gait is moderately to severely impacted, with stride length typically shortened. Competes as an ambulant athlete.
T/F36	Moderate athetosis or ataxia and sometimes hypertonia may be seen in all four limbs. The arms are usually similarly or more affected than the legs. Involuntary movements are evident throughout the trunk and/or in the limbs. Competes as an ambulant athlete.
T/F37	Moderate hypertonia, ataxia or athetosis in one half of the body (hemiplegia). The other side of the body may be minimally affected with good functional. Arm action is asymmetrical and the affected arm may demonstrate no to some functional ability. Some trunk asymmetry is usually evident and transfer of weight onto the affected leg is poor. Knee pick-up on the affected side is weak in sprinting and associated with an asymmetrical stride length. Competes as an ambulant athlete.
T/F38	Mild hypertonia, ataxia, or athetosis in one to four limbs. Have minimal co-ordination and balance problems. Competes as an ambulant athlete.

Athletes with short stature compete in sport class T/F40 and T/F41. There are two classes depending on the body height of the athlete and the proportionality of the upper limbs.

Sport Class	Description (guidance only)
F40	For males, standing height $\leq 130\text{cm}$ and arm length $\leq 59\text{cm}$. Sum of standing height and arm length $\leq 180\text{cm}$. For females, standing height $\leq 125\text{cm}$ and arm length $\leq 57\text{cm}$. Sum of standing height and arm length $\leq 173\text{cm}$. No track events offered at international competitions.
F41	For males, standing height $\leq 145\text{cm}$ and arm length $\leq 66\text{cm}$. Sum of standing height and arm length $\leq 200\text{cm}$. For females, standing height $\leq 137\text{cm}$ and arm length $\leq 63\text{cm}$. Sum of standing height and arm length $\leq 190\text{cm}$. No track events offered at international competitions.

<p style="text-align: center;">Athletes in the following classes have one or more lower and/or upper limb affected by limb deficiency, leg length difference, impaired muscle power or impaired range of movement, and compete standing without support.</p> <p style="text-align: center;">T42–47 (running track) and F42-46 (standing throws)</p>	
Sport Class	Description (guidance only)
T/F42	Athletes have one or more impairment types affecting hip and/or knee function in one or both limbs and with activity limitations comparable to that of an athlete with single/double through or above knee amputations.
T/F43	Athletes with bilateral lower limb impairments where both limbs have functional loss in the feet, ankles and/or lower legs. The activity limitation is comparable to that of an athlete with double below knee amputations.
T/F44	Athlete with functional loss in one foot, ankle and/or lower leg or a combination of lower limb impairment/s where the impairment in only one limb meets the MDC. The activity limitation is comparable to an athlete with a single through ankle or below knee amputation.
T/F45	Athletes have impairments of both arms affecting the shoulder and/or elbow joints which are comparable to an athlete with bilateral above or through elbow amputations. In throwing, the extent of the impairment should demonstrate significant activity limitation in both arms for gripping and/or throwing the field implements.
T/F46	Athletes with an upper limb impairment equivalent to a single through or above elbow amputation or athletes with an upper limb impairment of both arms that is equivalent to a double through or above wrist amputation (below elbow). Eligible to compete in track events from 100m to marathon and jumping events. Athletes with upper limb impairment to one arm comparable to an athlete with a single through or above wrist amputation are eligible to compete in throwing events in this class. Athletes in this class have full function in both lower limbs.
T47	Athletes with upper limb impairment comparable to an athlete with a single through wrist/below elbow amputation and are eligible for track events from 100m to 400m and jumping events only.

<p style="text-align: center;">Athletes in the following classes are affected by one or more of the musculoskeletal impairments of limb deficiency, leg length difference, impaired muscle power or impaired range of movement and compete use racing wheelchairs.</p> <p style="text-align: center;">T51-T54 (wheelchair track)</p>	
Sport Class	Description (guidance only)
T51	Equivalent activity limitation to athletes with complete cervical spinal cord injury (C5-6) resulting in significant reduction in muscle power of shoulders, elbow extensors, hands and wrists. No muscle power in legs or trunk, and absent sitting balance. Difficulty straightening elbows against gravity for a pushing action required for wheelchair racing propulsion. Propulsion is achieved with a pulling action using the elbow flexor and wrist extensor muscles.
T52	Equivalent activity limitation to athletes with complete low cervical spinal cord injury (C7-8) resulting in absent muscle power in trunk or legs. Athletes have normal shoulder, elbow and wrist muscle power but may have reduced function of the finger flexors/extensors with evidence of wasting of the intrinsic hand muscles.
T53	Equivalent activity limitation to athletes with complete thoracic spinal cord injury (T1-7) resulting in normal upper limb function, with no abdominal or lower spinal muscle activity or leg function.
T54	Equivalent activity limitation to athletes with complete spinal cord injury (T8-S4) resulting in normal upper limb function, with partial to normal trunk muscle

	activity. Athletes may have some leg muscle power. Single and/or double above or below knee amputees (or equivalent impairment) who meet the MDC for T42, T43 or T44 can also compete in this class.
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**Athletes in the following classes are affected by one or more of the musculoskeletal impairments of limb deficiency, leg length difference, impaired muscle power or impaired range of movement and compete using a throwing frame.
F51-57 (seated throws)**

Sport Class	Description (guidance only)
F51	Athletes have significant reduction in muscle power of shoulders, elbow extensors, hands and wrists. No muscle power in legs or trunk, and absent sitting balance. No function of triceps muscles against gravity. Athletes use elbow flexors, and wrist extensors for throwing an implement. Grip of the implements is difficult due to non-functional finger flexors and a sticky product is used to assist grip. Athlete's non-throwing hand is usually strapped to a support bar to assist with balance and stability. F51 athletes are allowed assistance onto the field of play.
F52	Athletes usually have good shoulder function, and almost normal elbow and wrist function. Athletes have no trunk or leg function and finger flexor/extensor muscles are significantly impaired making gripping throwing implements difficult. Wasting of the intrinsic hand muscles is evident. A sticky product is used to assist grip and the athlete's non-throwing hand is usually strapped to a support bar to help with balance and stability. F52 athletes are allowed assistance onto the field of play.
F53	Athletes have full function of shoulders, elbows, and wrists. Some weakness of the finger flexor/extensor muscles resulting in wasting of the intrinsic hand muscles may be evident but can grip the throwing implement normally. Athletes have no trunk activity or leg function and most likely will need a bar for the non-throwing arm to assist with balance and stability.
F54	Athletes have normal arm function, but no trunk or leg function and typically no sitting balance. Likely to need a bar for non-throwing arm to assist with balance and stability.
F55	Athletes have normal arm muscle power, and partial to full trunk function. Athletes demonstrate fair to good sitting balance. A flicker of movement in the hip flexors may be evident but there is no movement in the lower limbs. Athletes with bilateral amputations of both legs at the hip joint (or equivalent impairment) are also eligible for this class.
F56	Athletes have normal arm and trunk muscle power, with reasonable hip function and some knee activity (typically reduced knee flexor function and no hip extension or hip abduction muscle power). Athletes demonstrate good balance and trunk movement backwards and forwards. Equivalent activity limitations are seen in athletes with bilateral high above knee amputations. Athletes with some but non-functional muscle power in the lower limbs will also fit in this class.
F57	Athletes have normal arm, trunk, hip and knee function, with only the ankle function affected of one or both legs. Athletes demonstrate good balance and trunk movement backwards and forwards. Bilateral above knee amputations (long stump), single amputation of hip joint or single/double below knee amputations are also included in this class.

HOW TO GET CLASSIFIED IN THE UK - PHYSICAL IMPAIRMENTS

1. Athletes with a physical impairment must have a Physical Impairment Medical Diagnostics Form (MDF) completed by their GP or medical consultant. MDFs should be accompanied by

additional supporting medical documentation i.e. doctors letters supporting diagnosis and/or physiotherapist reports that discuss movement and functioning.

Note: MDFs can only be signed by a medical doctor (i.e. not a nurse, physiotherapist, parent or coach).

2. If MDF and supporting documentation demonstrates eligibility for national classification, athletes are then invited to attend a classification clinic to be assessed by UKA national classifiers. National classification clinics for physical impairment classification run throughout the winter each year (i.e. October to March).
3. Following national classification, if the athlete meets the relevant MDC a sport class will be allocated

For general classification enquiries or to receive an MDF, please contact the British Athletics classification coordinator:

Phone: +44 (0) 7702 335 861

Email: classification@britishathletics.org.uk

INTELLECTUAL IMPAIRMENTS – NATIONAL CLASSIFICATION

To be eligible for national classification for intellectual impairment athletes must meet the following criteria:

1. **Evidence of an IQ of 75 or lower**
2. **Evidence of significant limitations in adaptive behaviour** - a measure of how intellectual impairment affects both daily life and the ability to respond to life changes and environmental demands.
3. **Evidence of Age of Onset pre 18** - must be able to demonstrate that the intellectual impairment was evident before 18 years of age

INTELLECTUAL IMPAIRMENT SPORT CLASS PROFILES

The table below outlines the sport class profile for athletes with an intellectual impairment in athletics, current at the date of publication. This is a guide only and cannot be used for the classification of athletes, as this can only be performed by authorised classifiers.

T = Track athletes, F = Field athletes

Sport Class	Description (guidance only)
T/F20	Athletes in this class have an intellectual impairment that impacts on the activities of running, jumping, or throwing events. There is one sport class for running and jumping events (T20) and one for field events (F20). Within the UK eligible T/F20 athletes can compete in all running, jumping and field events. The official IPC events available for T/F20 classified athletes at international level are 400m, 1500m, Long Jump and Shot Put.

HOW TO GET CLASSIFIED IN THE UK – INTELLECTUAL IMPAIRMENTS

1. Athletes with an intellectual impairment must provide supporting documentation to show that they meet the above criteria and are eligible for national classification. This includes:
 - A recent IQ assessment (IQ 75 or lower) or equivalent that clearly illustrates impairment in intellectual functioning i.e. academic statement from a recognised special educational needs school/college for students with an intellectual disability, Statement of Educational Needs or psychology report
 - A recent Adaptive Behaviour Assessment or equivalent that outlines adaptive behaviour limitations in conceptual, social and practical adaptive skills i.e. Statement of Educational Needs, psychology report or Disability Living Allowance/Housing Assessment that clearly identifies the support required as resulting from an intellectual disability
 - One of the following if older than 18: IQ test conducted before the age of 18, Statement of Educational Needs, formal report from GP or psychologist with a statement outlining diagnosis prior to the age of 18

2. If supporting documentation demonstrates eligibility for national classification, a provisional national sport class (T/F20) will be allocated and performances will then be monitored to determine if/when INAS (international) classification should be commenced

For general classification enquiries, please contact the British Athletics classification coordinator:

Phone: +44 (0) 7702 335 861

Email: classification@britishathletics.org.uk

VISUAL IMPAIRMENTS – NATIONAL CLASSIFICATION

To be eligible for national classification as an athlete with a visual impairment, athletes must meet the following criteria:

1. Have at least one of the following impairments in both eyes:
 - Impairment of the eye structure
 - Impairment of the optical nerve/optic pathways
 - Impairment of the visual cortex

2. The athlete's visual impairment must result in a visual acuity of less than or equal to LogMAR 1.0 or a visual field restricted to less than 20 degrees radius in both eyes.

VISUAL IMPAIRMENT SPORT CLASS PROFILES

The table below outlines the sport class profiles for each class for athletes with a visual impairment in athletics, current at the date of publication. This is a guide only and cannot be used for the classification of athletes, as this can only be performed by authorised classifiers.

T = Track athletes, F = Field athletes

Sport Class	Description (guidance only)
T/F11	Visual acuity is very low, poorer than LogMAR 2.60. From no light perception in either eye to some light perception, but inability to recognise the shape of a hand

	at any distance or in any direction. Must compete blind-folded and with a guide.
T/F12	Visual acuity ranges from LogMAR 1.50 to 2.60 (inclusive) i.e. ability to recognise objects up to a distance of 2 metres, and/or the visual field is constricted to a radius of less than 5 degrees. Have the choice to compete with or without a guide.
T/F13	Visual acuity ranges from LogMAR 1.40 to 1 (inclusive) i.e. can recognise contours up to 6 metres away, and/or the visual field is constricted to a radius of less than 20 degrees. Not allowed to run with a guide.

HOW TO GET CLASSIFIED IN THE UK - VISUAL IMPAIRMENTS

1. Athletes with a visual impairment must have a Visual Impairment (VI) Medical Diagnostics Form (MDF) completed by an ophthalmologist and returned with copies of visual field tests and additional supporting medical documentation (i.e. letters from their consultant or ophthalmologist outlining diagnosis, OCT scans, electroretinogram tests for retinal conditions, brain scans for neurological conditions etc.), including information of any recent surgical or medical treatments related to their condition.

Note: MDFs can only be signed by an ophthalmologist

2. If MDF and supporting documentation demonstrates eligibility for classification, athletes will be invited to attend a national classification clinic to be assessed by UKA national classifiers. Classification clinics for visual impairment classification run throughout the year.
3. Following national classification, if the athlete meets the MDC a sport class will be allocated

For general classification enquiries or to receive an MDF, please contact the British Athletics classification coordinator:

Phone: +44 (0) 7702 335 861

Email: classification@britishathletics.org.uk

WHEN SHOULD AN ATHLETE BE NATIONALLY CLASSIFIED?

National classification is a necessary process for all impairment groups and although all competitive athletes will need to be classified if they wish to compete in disability athletics, they may not need to be classified straight away.

The UK Athletics Classification Advisory Group has put together a criteria checklist to help athletes and coaches to understand when it is the right time for an athlete to be classified. Coaches should use this checklist to help decide who should be put forward for classification and when.

CRITERIA CHECKLIST

1. Athlete is 11 years or older
2. Athlete has been training in a club for a minimum of 3 months
3. Diagnosis – Athletes must have a confirmed medical diagnosis of a permanent disability with supportive information from a suitably qualified medical practitioner relevant to their impairment group e.g. medical consultant, GP, physiotherapist, optometrist, ophthalmologist, psychologist.

- Whilst a diagnosis will not decide if someone is eligible or not, it does act as supportive information to the classifiers who need to be sure that the athlete's activity limitations are attributable to a medical condition
 - Where there is no clear explanation for the presenting symptoms, it may not be possible to complete the classification process until more information is provided.
 - Bringing additional medical documentation to classification is recommended and it should be in typed summary format and from a suitably qualified medical expert. It should outline the history of the condition with timescales/dates for key points. It should also describe the nature of the condition and where relevant give reference to how the condition affects or limits the athlete. Supporting information can be a report from a consultant, GP or physiotherapist, X-rays, MRI reports or similar.
 - If unsure about the eligibility of a condition or diagnosis, or for conditions that are rare or undiagnosed, please contact the British Athletics classification coordinator (classification@britishathletics.org.uk) who will be able to consult UK Athletics Classification Advisory Group prior to arranging a classification appointment.
4. Athletes must have a disability that has been present for over 12 months. The only exceptions are ones that are not going to significantly change with rehabilitation e.g. amputation.
 5. All athletes must have begun training for the event that they are to be classified in.
 - To provide an accurate classification, classifiers will need to ask the athlete (or a representative) to describe their training programme. For physical impairments, the classifiers will also need to see the athlete performing the event (i.e. throwing, jumping, running, wheelchair racing) as part of the classification process. Because of this, it is advised that the athlete has trained in the event for a minimum of 3 months prior to classification.
 6. For physical impairments, all athletes must be fit for medical examination and for performing the event that they are to be classified for.
 - Due to the nature of classification, it is impossible for a panel to provide a class to an athlete if they have not been able to carry out the full process. The process will always require a physical assessment of some form and so if an athlete is injured or in pain, it is advised that they wait for a later time or contact British Athletics with any specific questions about what is expected.

Finally, it is important to point out that the outcome of national classification is a UK national athletics classification only. This will be recognised for all national competitions/meetings but it does not mean an athlete with a national classification will automatically go on to have an international classification.

Whilst the outcome may be helpful in providing information to people involved in other sports it should be remembered that each sport has its own system for classifying. This is because classification is about functional ability and different sports need different types of functional ability, e.g. cyclists need to grip handlebars but distance runners do not need to be able to do this.

USEFUL LINKS:

England Athletics: www.englandathletics.org/disabilityathletics

IPC Athletics: www.paralympic.org/Athletics/RulesandRegulations/Classification