



**EXPLANATORY GUIDE TO
PARALYMPIC
CLASSIFICATION
PARALYMPIC WINTER SPORTS
JULY 2020**

INTERNATIONAL PARALYMPIC COMMITTEE

INTRODUCTION

The purpose of this guide is to explain classification and classification systems of Para sports that are currently on the Paralympic Winter Games programme. The document is intended for anyone who wishes to familiarise themselves with classification in the Paralympic Movement.

The language in this guide has been simplified in order to avoid complicated medical terms. They do not replace the [2015 IPC Athlete Classification Code and accompanying International Standards](#) but have been written to better communicate how the Paralympic Classification system works.

The guide consists of several chapters:

1. Explaining what classification is
2. Guiding through the eligible impairments recognised in the Paralympic Movement
3. Explaining classification systems; and
4. Explaining sport classes per sport on the Paralympic Winter Games programme:
 - [Para alpine skiing](#)
 - [Para ice hockey](#)
 - [Para nordic skiing](#)
 - [Para snowboard](#)
 - [Wheelchair curling](#)

WHAT IS CLASSIFICATION?

Classification provides a structure for competition. Athletes competing in para-sports have an impairment that leads to a competitive disadvantage. Consequently, a system has been put in place to minimise the impact of impairments on sport performance and to ensure the success of an athlete is determined by skill, fitness, power, endurance, tactical ability and mental focus. The system is called classification.

Classification determines who is eligible to compete in a Para sport and it groups the eligible athletes in sport classes according to their activity limitation in a certain sport.

TEN ELIGIBLE IMPAIRMENTS

The Paralympic Movement offers sport opportunities for athletes with physical, visual and/or intellectual impairments that have at least one of the 10 eligible impairments identified in the table below. This list of impairments is exclusive.

Note, on the left-hand-side of the table the eligible impairments are listed and, on the right-hand-side each eligible impairment is accompanied with an explanation. If medical terms are used, these are explained at the bottom of the page.:

Impairment	Explanation
Impaired muscle power	Athletes with impaired muscle power have a health condition that either reduces or eliminates their ability to voluntarily contract their muscles in order to move or to generate force. Examples of an underlying health condition that may lead to impaired muscle power include spinal cord injury (complete or incomplete, tetraplegia ¹ or paraplegia ² or paraparesis ³), muscular dystrophy ⁴ , post-polio syndrome ⁵ and spina bifida ⁶ .
Impaired passive range of movement	Athletes with impaired passive range of movement have a restriction or a lack of passive movement in one or more joints. Passive means that the joint is not actively or voluntarily moved by the athlete, but the movement is performed by a person

¹ This is another term for quadriplegia, meaning paralysis of all four limbs

² Paralysis of the legs and lower body

³ Partial paralysis of the legs

⁴ A hereditary condition marked by progressive weakening and wasting of the muscles

⁵ Post-polio syndrome is a condition that affects polio survivors after an initial acute attack of the polio virus.

⁶ Spina bifida occurs when the spine and membranes around the spinal cord don't close completely during pregnancy.

	assessing the athlete. Examples of an underlying health condition that may lead to impaired passive range of movement include arthrogryposis ⁷ and contracture resulting from chronic joint immobilisation or trauma affecting a joint.
Limb deficiency	Athletes with limb deficiency have a total or partial absence of bones or joints as a consequence of trauma (for example traumatic amputation), illness (for example amputation due to bone cancer) or congenital limb deficiency (for example dysmelia ⁸).
Leg length difference	Athletes with leg length difference have a difference in the length of their legs as a result of a disturbance of limb growth, or as a result of trauma.
Short stature	Athletes with short stature have a reduced length in the bones of the arms, legs and/or trunk. Examples of an underlying health condition that may lead to short stature include achondroplasia ⁹ , growth hormone dysfunction ¹⁰ , and osteogenesis imperfecta ¹¹
Hypertonia	Athletes with hypertonia have an increase in muscle tension and a reduced ability of a muscle to stretch caused by damage to the central nervous system. Examples of an underlying health condition that may lead to hypertonia include cerebral palsy ¹² , traumatic brain injury and stroke. For the purposes of this document, hypertonia will be referred to as muscle tension for the rest of this document.

⁷ Arthrogryposis is a condition caused by a limitation on joint motion during pregnancy, causing joint contractures - a condition of shortening and hardening of muscles, tendons or other tissue, often leading to malformed or rigid joints. The limited motion can be caused by neurologic deficits, muscle defects, connective tissue defects or lack of room in the womb.

⁸ Dysmelia is an abnormality present at birth which is characterised by missing or shortened limbs. For the purposes of this document, dysmelia will be referred to a "missing or shortened limbs at birth".

⁹ Achondroplasia is a hereditary condition that is characterised by short limbs and a normal torso.

¹⁰ Growth hormone dysfunction occurs when the pituitary gland does not produce enough growth hormone.

¹¹ Osteogenesis imperfecta, also known as brittle bone diseases, results in bones that break easily.

¹² Cerebral palsy is a condition marked by impaired muscle co-ordination, typically caused by damage to the brain before or at birth.

Ataxia	<p>Athletes with Ataxia have uncoordinated movements caused by damage to the central nervous system. Examples of an underlying health condition that may lead to Ataxia include: cerebral palsy, traumatic brain injury, stroke and multiple sclerosis.</p> <p>For the purposes of this document ataxia will be referred to as “uncoordinated movements” for the rest of this document.</p>
Athetosis	<p>Athletes with Athetosis have continual slow involuntary movements. Examples of an underlying health condition that may lead to Athetosis include cerebral palsy, traumatic brain injury and stroke.</p> <p>For the purposes of this document athetosis will be referred to as “involuntary movements” for the rest of this document.</p>
Vision impairment (VI)	<p>Athletes with a vision impairment have reduced or no vision caused by damage to the eye structure, optical nerves or optical pathways, or visual cortex of the brain. Examples of an underlying health condition that may lead to vision impairment include retinitis pigmentosa¹³ and diabetic retinopathy¹⁴.</p>
Intellectual impairment	<p>Athletes with an intellectual Impairment have a restriction in intellectual functioning and adaptive behaviour which affects conceptual, social and practical adaptive skills required for everyday life. This Impairment must be present before the age of 18.</p>

For further details please see the International Standard for Eligible Impairments ([link](#)) or Classification Rules and Regulations of each Para sport.

OTHER SIMPLIFICATIONS

Upper limb refers to the area from the shoulder to the fingers. For the purposes of this document, we will use the term “arm” when referring to the upper limb.

Lower limb refers to the area from the hips to the toes. For the purposes of this document, we will use the term “leg” when referring to the lower limb.

¹³ Retinitis Pigmentosa is a group of rare, genetic disorders that involve the loss of cells in the retina, which is the light sensitive tissue at the back of the eye.

¹⁴ Diabetic retinopathy is a complication of diabetes affecting the blood vessels in the retina, the light sensitive tissue at the back of the eye.

CLASSIFICATION SYSTEMS

Classification systems differ by sport and are developed by the International Federations (IF) governing the sport. The IF is also responsible to review the system from time to time.

IFs decide which eligible impairments their sport will cater to.

IFs also decide how severe an impairment must be for an athlete to be eligible to compete in their sport. For an athlete to be eligible the impairment must be severe enough that it impacts his or her sport performance. This is called the 'Minimum Impairment Criteria'. If an athlete fails to meet the Minimum Impairment Criteria, it does not question the presence of a genuine impairment. It merely means that that athlete does not meet the eligibility rules to compete in a particular sport under the IF sport rules.

Since different sports require different abilities, each sport logically requires its own classification system. For example, amputation at the ankle affects performance in sitting ice sledge hockey players to a lesser extent than it affects performance in standing Nordic skiers.

The only exception to the sport-specific character of classification is the classification for athletes with a vision impairment. This system is still a medical system and the sport classes allocated therefore applies across all other sports, but the naming of the class may differ. For further details, see the next section.

VISION IMPAIRMENT

The following is the general structure used for the classification of athletes with a vision impairment.

B1: The clarity of these athletes' vision is very low and/ or they have no light perception.

B2: Athletes with a B2 sport class have a better clarity of vision than athletes competing in the B1 sport class and/ or a visual field of less than 10 degrees diameter.

B3: Athletes with a B3 (or equivalent) sport class have the least severe vision impairment eligible for Paralympic sport. They have a better clarity of vision than athletes competing in the B2 sport class and/or a visual field of less than 40 degrees diameter.

Although these are the standardised sport classes for athletes with a vision impairment the names they are given will differ by sport.

SPORT CLASSES

A sport class is a category which groups athletes depending on how much their impairment impacts performance in their sport. Therefore, a sport class is not necessarily comprised of one impairment type alone but can be made up of athletes with different impairments. However, these different impairments affect sport performance to a similar extent. For example, you will find athletes with some loss of muscle power in one arm and amputation below the elbow in one arm competing in the same sport class in Nordic skiing because their different types of impairment have a comparable effect on their ability to race using arm propulsion.

In individual sports, athletes should compete against athletes in their own sport class to ensure the impact of impairment is minimised. In national events and smaller international competitions athletes in different sport classes may compete together for one medal, because there are not enough athletes for each sport class to create a competitive event. In these cases, and also generally in some sports, athletes in different sport classes are given a 'coefficient' or correction score to account for the different levels of activity limitation (this is the case in Para Alpine skiing and Para Nordic skiing).

Some Para sports only have one sport class, such as wheelchair curling and ice sledge hockey.

HOW IS A SPORT CLASS ALLOCATED TO AN ATHLETE?

A sport class is allocated through athlete evaluation by a panel of classifiers. Each International Federation trains and certifies classifiers to conduct athlete evaluation in its sport.

Classifiers assessing athletes with the various physical impairments listed above either have a medical or paramedical background and/or are technical experts in their sport. Classifiers for athletes with a visual impairment have a background in ophthalmology or optometry. Psychologists and sport experts are responsible for the classification of athletes with an intellectual impairment.

Athlete evaluation takes place before competitions. Therefore, athletes who need to be evaluated arrive at the competition a few days early. Depending on the type and severity of the eligible impairment an athlete might undergo athlete evaluation several times throughout his or her career. Some impairments change over time, e.g. clarity of vision might decrease over time or muscle tension may increase. Also, junior athletes may not yet have reached skeletal maturity by the time of their first evaluation. In these cases, classifiers can decide that the athlete

must be seen again at the next competition or at set timeframes (e.g. (bi-annual review)).

Decisions taken by classification panels can be challenged under specific conditions. The [2015 IPC Athlete Classification Code and accompanying International Standards](#) define protest and appeal procedures, which need to be adhered to.

CLASSIFICATION SYSTEMS - PARALYMPIC WINTER SPORTS

This section provides a general overview of the classification system for each sport, the information and examples provided are not the sole profile of the sport class. Some sports use a numerical weighting system to divide athletes into sport classes. For further detail on the specifics of the classification systems please consult the relevant sport classification rules or the International Federation of that sport.

PARA ALPINE SKIING

ELIGIBLE IMPAIRMENTS:

Impaired muscle power	✓	Involuntary movements	✓
Impaired passive range of movement	✓	Muscle tension	✓
Limb deficiency	✓	Uncoordinated movements	✓
Leg length difference	✓	Short stature	
Intellectual impairment		Vision impairment	✓

SPORT CLASSES:

STANDING SKIERS

SKIERS WITH LEG IMPAIRMENTS:

It is possible for skiers in sport classes LW1-4 to also compete as sit-skiers in sport class LW12. These athletes choose if they want to compete sitting or standing at the beginning of their career.

LW1

This sport class is allocated to athletes with an impairment that strongly affects both legs. Athletes may have a double above knee amputation, one above knee and one below knee amputation or significant muscle weakness in both legs. These skiers use two skis and two poles/outriggers; they may have their skis tied together.

LW2

This sport class is allocated to athletes who have a significant impairment in one leg. Athletes may have a single above or below knee amputation, at minimum unilateral through ankle amputation or nerve injury resulting in muscle power impairment. These skiers use only one ski and two poles/outriggers.

LW3

This sport class is for athletes who have a moderate impairment in both legs. Athletes may have mild co-ordination problems or muscle weakness in both legs; others may have a bilateral through ankle amputation, including double below-knee amputation. They will use two skis, two poles/outriggers and orthosis or prosthesis if they have amputations.

LW4

This sport class is for athletes who have an impairment in one leg, similar to the LW2 sport class, but with less activity limitation. Athletes may have a minimum unilateral through ankle amputation, including below knee amputation or nerve injury resulting in muscle power impairment. They will use two skis, two poles/outriggers and orthosis or prosthesis if they have amputations.

SKIERS WITH ARM IMPAIRMENTS:

LW5/7

Athletes in this sport class have an impairment in both arms. Some athletes have amputations and others have limited muscle power or co-ordination problems. These skiers use two skis but no poles.

- **LW5/7-1**

Athletes may have a bilateral above elbow amputation, a bilateral limb deficiency (residual limb length equivalent to bilateral above elbow amputation) or a nerve injury resulting in muscle power impairment.

- **LW5/7-2**

Athletes may have one arm amputated above the elbow and one below the elbow, a bilateral limb deficiency (residual limb lengths equivalent to one arm above elbow amputation and the other below elbow amputation) or a nerve injury resulting in muscle power impairment.

- **LW5/7-3**

Athletes may have a bilateral below elbow amputation, a bilateral limb deficiency (residual limb lengths equivalent to below elbow limb amputation) or a nerve injury resulting in muscle power impairment.

LW6/8

Athletes in this sport class have a unilateral arm impairment. These skiers use two skis and only one pole.

- **LW6/8-1**

Athletes may have unilateral above elbow amputation, a unilateral limb deficiency (residual limb length equivalent to unilateral above elbow amputation) or a nerve injury resulting in muscle power impairment.

- **LW6/8-2**

Athletes may have unilateral below elbow amputation, a unilateral limb deficiency (residual limb length equivalent to unilateral below the elbow amputation) or a nerve injury resulting in muscle power impairment.

SKIERS WITH COMBINED ARM AND LEG IMPAIRMENTS:

LW9

Athletes in this sport class have ipsilateral or contralateral upper limb and lower limb impairment. Some skiers in this class have co-ordination problems, such as spasticity¹⁵ or some loss of control over one side of their body. Depending on their abilities, they will use one or two skis with one or two poles or outriggers.

- **LW9-1**

Athletes may have above knee amputation and unilateral above or below elbow amputation or a unilateral limb deficiency; others may present with unilateral involuntary movements, uncoordinated movements or muscle tension in the upper and lower limbs.

- **LW9-2**

Athletes may have a minimum of unilateral through ankle amputation and unilateral above or below elbow amputation; others may present with unilateral involuntary movements, uncoordinated movements or muscle tension in the upper and lower limbs.

SIT-SKIERS

All sit-skiers have an impairment affecting their legs. They are allocated different sport classes based on impairment in their trunk. Trunk control is very important for acceleration and balance during racing.

LW10

Athletes in this sport class have no or minimal trunk stability, for example, due to spinal cord injury or spina bifida. These skiers use a sit ski and two outriggers.

- **LW10-1**

Athletes may have a muscle power impairment (absent activity of upper and lower abdominals and spinal extensors) or a neurological impairment presenting with trunk impairment. These athletes have no active sitting balance.

- **LW10-2**

Athletes may have a muscle power impairment (some activity in the upper abdominals and spinal extensors and absent activity in the lower abdominals and spinal extensors) or a neurological impairment presenting with trunk impairment. These athletes have a minimal active sitting balance.

LW11

Athletes in this sport class have good stability in their upper trunk (full activity of upper abdominals and spinal extensors and partial or full activity of lower abdominals and spinal extensors, but very limited control in their lower trunk and

¹⁵ A term used to describe an abnormal increase in muscle tension and a reduced ability of a muscle to stretch, used interchangeably with hypertonia, an eligible impairment in Para-sport.

hips (no muscle power in flexion, extension, abduction and adduction at both hip). These athletes have fair active sitting balance and use a sit ski and two outriggers.

LW12

Athletes in this sport class have no trunk impairment or slightly decreased trunk and leg impairments. Skiers with leg impairments in sport classes LW1-4 may also fit this sport class. Skiers are eligible to compete in standing or sitting and must choose in which discipline they wish to compete at the beginning of their career. In LW12 sport class skiers use a sit ski and two outriggers.

- **LW12-1**

Athletes may have a muscle power impairment (full activity of upper abdominals and spinal extensors or partial or full activity of lower abdominals and spinal extensors); a unilateral hip disarticulation/congenital absence or dysmelia or leg amputation; a neurological impairment or diplegia presenting with power impairment. These athletes have a good sitting balance.

- **LW12-2**

Athletes may have a muscle power impairment; a unilateral through ankle amputation or unilateral limb deficiency; a neurological impairment or diplegia presenting with power impairment.

SKIERS WITH A VISION IMPAIRMENT:

Athletes competing in Para alpine skiing all have varying degrees of vision impairments ranging from the B1 to B3 sport classes as described in the [Vision Impairment section](#).

Athletes in B1 sport class are required to use eye shades.

In Para alpine skiing, all athletes with a visual impairment (B1, B2 and B3) ski with a sighted guide. The guide skis in front of the athlete and gives verbal directions to the athlete.

PARA ICE HOCKEY

ELIGIBLE IMPAIRMENTS:

Impaired muscle power	✓	Involuntary movements	✓
Impaired passive range of movement	✓	Muscle tension	✓
Limb deficiency	✓	Uncoordinated movements	✓
Leg length difference	✓	Short stature	
Intellectual impairment		Vision impairment	

SPORT CLASSES:

In Para ice hockey, there is only one sport class. Athletes must have a leg impairment that would prevent them from competing in able-bodied ice hockey. Athletes, for example, may have unilateral disarticulation of the tibiotalar joint, impaired passive range of motion with ankylosis in one ankle (tibiotalar joint) or knee extension range of motion limitation of minimum 30 degrees, or a leg length difference of at least 7cm. Some athletes may have muscle weakness in their legs, for example, paraplegia due to spinal cord injury.

All players of a team must meet the minimum impairment criteria to compete in Para ice hockey, so that the impact of the impairment on the competition outcome is minimised.

PARA NORDIC SKIING

ELIGIBLE IMPAIRMENTS:

Impaired muscle power	✓	Involuntary movements	✓
Impaired passive range of movement	✓	Muscle tension	✓
Limb deficiency	✓	Uncoordinated movements	✓
Leg length difference	✓	Short stature	
Intellectual impairment		Vision impairment	✓

SPORT CLASSES:

Para nordic skiing includes the disciplines of cross-country skiing and biathlon. Skiers of both disciplines compete in several different sport classes, depending on the impact of the impairment on the sport specific activities of the discipline.

STANDING SKIERS

SKIERS WITH LEG IMPAIRMENTS:

LW2

Athletes in this sport class have an impairment affecting one leg, for example, an amputation through or above the knee, limb deficiency or dysmelia, arthrodesis or ankylosis resulting in no range of motion or loss of muscle power in lower limbs and hips. Skiers will use a prosthesis and two skis or an orthosis if they have loss of muscle power. They will also use two poles.

LW3

Athletes in this sport class have an impairment in both legs, which may be the result of muscle weakness. Athletes may have mild co-ordination problems or loss of muscle power in both legs; others may have a loss of both legs at minimum proximal to metatarsals or a limb deficiency or dysmelia resulting in the absence of forefoot structure. They will use two skis and two ski poles.

LW4

Athletes in this sport class include those with impairments in the lower parts of one leg, but with less impact on skiing compared to the LW2 sport class. Athletes may have mild co-ordination problems or loss of muscle power in one leg; others may have a loss of limb through or above the ankle joint. Athletes can also present a leg length difference between both legs of at least 7cm. Typical examples are amputations above the ankle or loss of muscle control in one leg. Skiers will use a

prosthesis and two skis or an orthosis if they have loss of muscle power. They will also use two poles.

SKIERS WITH ARM IMPAIRMENTS:

LW5/7

Athletes in this sport class have impairments in both arms, preventing the use of ski poles. For example, athletes with no hands. Athletes in this sport class ski without poles.

LW6

Athletes in this sport class have a significant impairment in one arm, for example arm amputation or limb deficiency above the elbow. The impaired arm is fixed to the body and may not be used during the races. The skier uses a ski pole in the other hand.

LW8

Athletes in this sport class have moderate impairment affecting one arm. For example, skiers in this sport class cannot flex their elbow or fingers on one side, or they have a below elbow amputation. Skiers will use only one ski pole.

SKIERS WITH COMBINED IMPAIRMENTS IN ARMS AND LEGS:

LW9

Athletes in this sport class have an impairment in their arms and legs. There are also skiers in the LW9 sport class who have mild co-ordination problems in all extremities. Other skiers have amputations affecting at least one arm and one leg. Depending on the severity of their impairments and the impact on skiing activities, they will ski with one or two ski poles.

SIT-SKIERS

All sit-skiers have an impairment affecting their legs. They are allocated different sport classes based on the trunk control, which is very important for acceleration and balancing during racing.

LW10

Athletes in this sport class have an impairment that impacts their legs and trunk, for example, a high level of paraplegia. Skiers in this sport class are unable to maintain a sitting position against gravity without using their arms for support.

LW10.5

Athletes in this sport class have an impairment that impacts their legs and trunk. However, athletes in this sport class can generally sit statically without arm support keeping their balance, except when moving sideways.

LW11

Athletes in this sport class have leg impairments and less impairment in the trunk than sport class 10.5 skiers. Athletes may be unable to stand and/or walk even with orthosis. Skiers in this sport class will be able to sit unsupported (with or without strapping) and keep their balance even when moving sideways.

LW11.5

Athletes in this sport class have leg impairments and less impairment in the trunk with nearly complete trunk control.

LW12

Athletes in this sport class have leg impairments. Athletes with leg impairments in sport classes LW2-4 may also fit this sport class. Skiers are eligible to compete in standing or sitting and must choose in which discipline they wish to compete at the beginning of their career.

SKIERS WITH A VISION IMPAIRMENT:

Athletes competing in Para nordic skiing all have varying degrees of vision impairments ranging from the B1 to B3 sport classes as described in the [Vision Impairment section](#).

In Para nordic skiing, skiers in the B1 sport class have an obligatory guide, skiers in the B2 and B3 sport classes may choose whether or not they ski with a guide. The guide skis in front of the athlete and gives specific verbal directions regarding the course to the athlete. In biathlon, athletes follow sound signals to shoot the target.

PARA SNOWBOARD

ELIGIBLE IMPAIRMENTS:

Impaired muscle power	✓	Involuntary movements	✓
Impaired passive range of movement	✓	Muscle tension	✓
Limb deficiency	✓	Uncoordinated movements	✓
Leg length difference	✓	Short stature	
Intellectual impairment		Vision impairment	

SPORT CLASSES:

Para snowboard currently includes three sport classes, two for athletes with leg and one for athletes with arm impairments. Athletes with combined leg and arm impairment will be required to choose if they wish to be assessed for leg or arm impairment.

This new sport continues to develop, and the classification system will be refined to meet the needs of further growth in the sport.

SNOWBOARDERS WITH LEG IMPAIRMENTS:

SB-LL1

This sport class is allocated to athletes with a significant impairment in one leg (single above knee amputation, including through the knee); or a significant combined impairment in two legs (double above knee amputation). Also, these athletes may present with muscle weakness or spasticity in both legs. These impairments will affect their ability to balance, control the snowboard and absorb the terrain. Athletes with amputations will use a prosthesis/orthosis during the races.

SB-LL2

This sport class is allocated to athletes that have an impairment in one or two legs with less activity limitation. They may have a single above ankle amputation, a leg length difference of at least 7cm or mild spasticity. Athletes with amputations will use a prosthesis/orthosis during the races.

SNOWBOARDERS WITH ARM IMPAIRMENTS:

SB-UL

This sport class is allocated to athletes that have an impairment in one or both arms. For example, a single or double above wrist amputation, a congenital absence of the wrist joint or a loss of muscle power in at least one arm. These type of impairments impact on their ability to balance when racing down the slopes.

WHEELCHAIR CURLING

ELIGIBLE IMPAIRMENTS:

Impaired muscle power	✓	Involuntary movements	✓
Impaired passive range of movement	✓	Muscle tension	✓
Limb deficiency	✓	Uncoordinated movements	✓
Leg length difference		Short stature	
Intellectual impairment		Vision impairment	

SPORT CLASSES:

In wheelchair curling, there is only one sport class. Athletes must have an impairment affecting their legs. Athletes may have limb deficiency due to bilateral or unilateral amputation of the lower limbs, muscle weakness in their legs due to spinal cord injury or impaired coordination due to cerebral palsy.

All athletes must use a wheelchair in competition, though not all athletes use a wheelchair in daily life. All wheelchair curlers must meet the minimum impairment criteria to compete.

WANT TO LEARN MORE?

If you would like to learn more about classification, please take a look at the following documents.

IPC CLASSIFICATION CODE

This is the most important document governing the Paralympic Movement with regard to classification. It helps to support and co-ordinate the development and implementation of accurate, reliable and consistent sport-focused classification systems. [The IPC Classification Code](#) was first published in 2007, with a second edition being published in 2015 and is part of the IPC Handbook.

IPC POSITION STATEMENT ON BACKGROUND AND SCIENTIFIC RATIONALE FOR CLASSIFICATION IN PARALYMPIC SPORT

This [position statement](#), which was written by Professor Sean Tweedy and Professor Yves Vanlandewijck (leading researchers in classification), explains what evidence-based classification means and how classification systems can be based on scientific evidence. The IPC officially committed to evidence-based classification, when this position statement was approved by the Governing Board in 2009.

If you would like to learn more about classification, please take a look at the following documents.

IPC CLASSIFICATION CODE

This is the most important document governing the Paralympic Movement with regard to classification. It helps to support and co-ordinate the development and implementation of accurate, reliable and consistent sport-focused classification systems. [The IPC Classification Code](#) was first published in 2007, with a second edition being published in 2017 and is part of the IPC Handbook.

IPC POSITION STATEMENT ON BACKGROUND AND SCIENTIFIC RATIONALE FOR CLASSIFICATION IN PARALYMPIC SPORT

This [position statement](#), which was written by Professor Sean Tweedy and Professor Yves Vanlandewijck (leading researchers in classification), explains what evidence-based classification means and how classification systems can be

based on scientific evidence. The IPC officially committed to evidence-based classification, when this position statement was approved by the Governing Board in 2009.

INTRODUCTION TO THE PARALYMPIC MOVEMENT

If you want to learn more about the history of the Paralympic Movement and classification, from the beginnings in Stoke Mandeville to London 2012 Paralympic Games, then the article "Introduction to the Paralympic Movement" by Sean Tweedy and P. David Howe will be interesting for you.

The article is available in the following book:

Y.C. Vanlandewijck & W.R. Thompson (Eds.): The Paralympic Athlete. Wiley-Blackwell: IOC Handbook of Sports Medicine and Science.

SPORT-SPECIFIC CLASSIFICATION RULES

Each IF is responsible for publishing classification rules and regulations. You can find these from the respective IF websites, which you are linked from the [sport section of the IPC website](#).

For news and videos about the Paralympic Movement, information about the IPC structure and classification, please visit the [IPC website](#).

You may also find the [classification section](#) on the website interesting.