



ADAPTIVE ATHLETE CLASSIFICATION AND RULES

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1.0 INCLUSION OF ADAPTIVE ATHLETES IN CROSSFIT COMPETITION

CrossFit is committed to ensuring CrossFit athletes have access and the opportunity to participate in CrossFit events in a manner that is equitable to all competitors while preserving the integrity of the sport. Athletes with disabilities, also known as “adaptive athletes,” are welcome to participate in CrossFit Games events within the adaptive athlete divisions in accordance with the requirements set forth below.

The Adaptive Athlete Policy details the eligibility, competition divisions, and classification for competition in the adaptive divisions. Adaptive athletes are subject to all rules and regulations outlined in the CrossFit Games Rulebook.

2.0 LANGUAGE AND DEFINITIONS FOR ADAPTIVE COMPETITION

For the purposes of competition, an adaptive athlete is a person with a significant permanent impairment. An adaptive athlete’s impairment (i.e., health condition or diagnosis) must be permanent and of significant magnitude to warrant competition in a division of peers with similar abilities.

Appropriate vocabulary used to refer to the athletes in the adaptive division includes, but is not limited to:

- Athletes
- Adaptive athletes
- Athletes with disabilities
- Persons with disabilities

3.0 ADAPTIVE COMPETITION METHODOLOGY

The general competition philosophy, system, and procedures for providing safe and fair competition in CrossFit are informed by the established methods used in Paralympic and other adaptive sports. However, CrossFit utilizes its own policy to best serve the unique elements of CrossFit competitions and the nature of testing fitness.

4.0 ELIGIBILITY REQUIREMENTS FOR THE ADAPTIVE DIVISIONS

To be eligible for classification in the adaptive divisions, an athlete must meet three general requirements:

1. Prove the presence of a diagnosed and documented permanent impairment (i.e., health condition or diagnosis) from the list of 10 eligible impairments; and
2. Have significant functional limitation(s) that prevent them from inclusion in competition against athletes in the non-adaptive divisions; and
3. Meet the minimum-impairment criteria for one of the adaptive divisions.

Eligible impairments can be found in section 7.0, and methods of assessing eligibility can be found in Appendix A. Athletes are not required to submit documentation during the registration process. CrossFit may request documentation of an eligible impairment to validate an athlete’s eligibility for competition in the adaptive divisions.

4.1 AGE REQUIREMENTS

Athletes must be at least 13 years old at the time they create an account on the CrossFit Games website and must be at least 14 years old as of July 14, 2022. Any athlete younger than 18 years of age will be required to provide additional parental consent during the online registration.

There are no age-group categories for the adaptive divisions.

5.0 ADAPTIVE DIVISIONS

Adaptive divisions are competition groups of athletes with similar abilities. Each division will compete separately to ensure fair competition.

There are sixteen (16) adaptive divisions for competition:

- Men and Women Adaptive: Upper Extremity
- Men and Women Adaptive: Lower Extremity
- Men and Women Adaptive: Neuromuscular
- Men and Women Adaptive: Vision
- Men and Women Adaptive: Seated Athletes With Hip Function
- Men and Women Adaptive: Seated Athletes Without Hip Function
- Men and Women Adaptive: Short Stature
- Men and Women Adaptive: Intellectual

6.0 CLASSIFICATION FOR ADAPTIVE DIVISIONS

The term “classification” refers to the structure of rules, the process of evaluating eligibility for competition, and the placement of the athletes into adaptive divisions.

6.1 GOAL OF CLASSIFICATION

Ensuring athletes are appropriately classified is crucial to safeguarding the integrity and credibility of CrossFit competitions. The process of classification aims to define who is eligible for each division and to group athletes among peers of similar ability.

6.2 CLASSIFICATION ROLES AND RESPONSIBILITIES

6.2.1 ATHLETE CLASSIFICATION RESPONSIBILITIES

The roles and responsibilities of athletes include:

- Be knowledgeable of and comply with all applicable policies, rules, and processes established by the Adaptive Athlete Policy;
- Participate in athlete evaluations and review processes in good faith;
- Ensure that adequate information related to impairment or diagnosed condition (eligible impairment) is provided and made available to CrossFit personnel; and
- Cooperate with any investigations concerning violations of the Adaptive Athlete Policy.

6.2.2 CROSSFIT CLASSIFICATION RESPONSIBILITIES

The roles and responsibilities of CrossFit include:

- Researching and developing competition rules and procedures ensuring that all CrossFit athletes have access and opportunity to participate in CrossFit events in a manner that is equitable to all competitors; and
- Provide risk-mitigation procedures to allow for safe competition;
- Provide clear information for classification; and
- Provide timely and clear communication to the adaptive community and individuals about the development of future adaptive competitions.

6.3 CLASSIFICATION PROCESS

The competition season begins with the CrossFit Open and concludes at the CrossFit Games (also known as the Finals). Athletes will determine their eligibility and select an adaptive competition division during registration for the CrossFit Open, the first stage of competition.

There will be additional review procedures for athletes selected to participate in further competition stages (e.g., online qualifiers and the CrossFit Games). CrossFit may perform in-person evaluations and observations or video reviews as necessary at any competition stage. In some cases, CrossFit may require additional assessment or documentation.

For events not associated with the competition season (e.g., the Lift Move Work virtual competition), a similar classification process should be performed to register that specific event.

Any athlete with questions or concerns about performing classification may receive assistance by contacting adaptive@crossfitgames.com.

6.4 USE OF ADAPTIVE EQUIPMENT IN CLASSIFICATION

When completing the classification process to determine eligibility and the appropriate competition division, athletes shall utilize all adaptive, corrective, and assistive equipment they intend to use in competition within their evaluation (e.g., leg prosthesis, corrective lenses). Evaluation with equipment provides the most accurate assessment of ability during competition. If an athlete completes the classification process without using all available equipment but then demonstrates more functionality with the use of equipment, their adaptive division or eligibility status may be adjusted by CrossFit.

6.5 ATHLETES ELIGIBLE FOR COMPETITION DIVISIONS

Athletes may be eligible for multiple divisions under the current eligibility and classification descriptions. Athletes must choose the adaptive division that best represents their ability and places them in a category amongst similarly able peers to maintain fair competition.

Athletes cannot compete in multiple adaptive divisions during the same competition season. Athletes must choose one competition division for the entirety of the competition season from registration through conclusion. Athletes with multiple impairments should assign themselves under the classification that aligns with the impairment which inhibits their functional ability to the most significant degree.

7.0 ELIGIBLE IMPAIRMENTS

Eligible impairments for competition in the adaptive divisions include the following:

1. Ataxia
2. Athetosis
3. Hypertonia
4. Impaired Muscle Power
5. Impaired Passive Range of Movement
6. Intellectual Disability
7. Leg Length Difference
8. Limb Deficiency
9. Short Stature
10. Vision Impairment

Each adaptive division allows for specific impairments to qualify for eligibility. Some divisions have multiple eligible impairments, and some only have one. Reference the eligibility for each adaptive division in sections 11.0 through 18.0.

7.1 NON-ELIGIBLE IMPAIRMENTS

Any impairment not listed as an Eligible Impairment in section 7.0 is referred to as a Non-Eligible Impairment.

Examples of Non-Eligible Impairments include, but are not limited to, the following:

- Pain (chronic or acute);
- Hearing impairment;
- Vision impairment of one eye;
- Low muscle tone;
- Hypermobility of joints;
- Joint instability;
- Impaired muscle endurance;
- Impaired motor reflex functions;
- Impaired cardiovascular functions;
- Impaired respiratory functions;
- Impairment metabolic functions; and
- Tics and mannerisms.

It is important to note that the requirement to possess an eligible permanent impairment is a prerequisite to participate in the adaptive divisions of CrossFit competitions, but it is not the sole criterion. Athletes with impairments who are not eligible for competition in the adaptive divisions may compete in their respective age group or team division.

7.2 IMPAIRMENT ELIGIBILITY

The eligibility of an athlete's impairment (i.e., health condition) may be confirmed by a documented diagnosis from a medical professional with accompanying evidence in the form of testing and evaluations or, in some cases, a self-evaluation.

It is essential to understand that the confirmation of an eligible impairment does not qualify an athlete for competition in an adaptive division but satisfies one of the three requirements listed in section 4.0. To be eligible for competition, an athlete must also meet the impairment eligibility detailed in Appendix A and the minimum-impairment criteria listed in one of the adaptive divisions in sections 11.0-18.0.

8.0 FAIR COMPETITION AMONG ADAPTIVE DIVISIONS

To be eligible for competition in the adaptive divisions, athletes must satisfy the second general requirement: **have significant functional limitation(s) that prevent them from inclusion in competition against athletes in the non-adaptive divisions.**

The method of assessment for this criterion of eligibility is observation and analysis of the athlete's functional ability and the degree of impact their limitations have on their ability to perform activities of daily living (ADL) and tasks related to CrossFit competitions in respect to other eligible athletes in the adaptive and non-adaptive divisions. CrossFit will refer to as many examples of ability across as many events as possible to ensure a comprehensive determination.

9.0 MINIMUM-IMPAIRMENT CRITERIA

Minimum-impairment criteria define the presence of an eligible impairment and the degree of severity of an athlete's impairment that must be present to be eligible for competition. Each division has specific minimum criteria detailed in sections 11.0-18.0.

10.0 APPEAL BY AN ATHLETE

Any adaptive athlete whose general eligibility or eligibility for a specific adaptive division that CrossFit has ruled upon may appeal that decision as follows:

- Athletes shall have 10 business days following receipt of the decision rejecting their eligibility to submit their written petition of appeal explaining why the decision should be overturned. Appeals should be sent to adaptive@crossfitgames.com.
- Following a review of the athlete's petition of appeal, CrossFit will, in a timely manner, provide its written decision, including supporting reasons, either denying or granting the appeal.

10.1 OTHER CHALLENGES TO THE ELIGIBILITY OF AN ATHLETE

Any athlete registered for the competition may challenge an athlete's eligibility or division assignment by sending a confidential written request to adaptive@crossfitgames.com. CrossFit will review that request in such a manner as it deems appropriate. In the interest of confidentiality, CrossFit will send a receipt of the challenge but will provide no additional information. CrossFit may also review and evaluate an athlete's eligibility on its initiative.

11.0 ELIGIBILITY FOR THE UPPER EXTREMITY DIVISION

To be eligible to compete in the Upper Extremity (UE) Division, athletes must meet all the following criteria below:

1. Athletes must have a diagnosed, significant, and permanent impairment that exists or causes limitations, primarily to the upper extremity (i.e., arm) to include the shoulder joint; and
2. The impairment must be one of the eligible impairments listed for the division in section 11.1; and
3. Beyond reasonable doubt, meet the minimum-impairment criteria for the Upper Extremity Division.

11.1 ELIGIBLE IMPAIRMENTS FOR THE UPPER EXTREMITY DIVISION

Eligible impairments:

- Impaired Passive Range of Movement
- Impaired Muscle Power
- Limb Deficiency
- Leg Length Difference

Impairments **not** eligible:

- Ataxia
- Athetosis
- Hypertonia
- Vision Impairment
- Short Stature
- Intellectual Disability

11.2 ADDITIONAL UPPER EXTREMITY DIVISION CLASSIFICATION GUIDANCE

Exclusions

Athletes with neuromuscular impairments (Ataxia, Athetosis, and Hypertonia) should not classify in this division and may classify in the Neuro-muscular Division, contingent upon meeting the requirements of that division.

Additional Requirements

Athletes in this division must compete in a standing form for most events. Athletes must also ambulate and perform tasks from multiple positions, such as lying and hanging.

11.3 UPPER EXTREMITY DIVISION MINIMUM-IMPAIRMENT CRITERIA

11.3.1 BILATERAL UPPER-LIMB IMPAIRMENTS

Athletes with **bilateral upper-limb impairments** where both upper limbs separately meet the minimum-impairment criteria listed are eligible for competition in the Upper Extremity Division.

Limb Deficiency

Athletes with any of the following:

- A limb deficiency or amputation of at least four digits, excluding or including the thumb, from at least the metacarpophalangeal joint.
- A limb deficiency or amputation of the thumb and the thenar eminence.

Impaired Passive Range of Movement

Athletes with any of the following:

- Shoulder abduction is less than or equal to 60 degrees.
- Shoulder horizontal flexion is less than or equal to 40 degrees.
- Shoulder horizontal extension of less than or equal to 20 degrees.
- Elbow extension deficit of greater than or equal to 45 degrees or ankylosis in any position.
- Wrist ankylosed at greater than or equal to 50 degrees of flexion or extension.
- Any four digits with less than or equal to 10 degrees of flexion or extension at the metacarpophalangeal joint.

Impaired Muscle Power

Athletes with any of the following:

- Shoulder abduction loss of 3 muscle grade points (grade 2). Athletes must not be able to abduct to 90 degrees or actively abduct through available passive range of movement.
- Shoulder horizontal flexion loss of 3 muscle grade points (grade 2). Athletes must not be able to do one of the following:
 - Horizontally flex to 90 degrees, or
 - Hold the arm at 60 degrees horizontal flexion.
- Shoulder internal rotation loss of 3 muscle grade points (grade 2). Athletes must not be able to actively internally rotate through the available passive range of motion.
- Shoulder external rotation loss of 4 muscle grade points (grade 1). Athletes must not be able to demonstrate any active external rotation.
- Elbow flexion loss of 4 muscle grade points (grade 1). No active flexion when starting at a 90-degree flexion supported position.
- Elbow extension loss of 3 muscle grade points (grade 2). Athletes must not be able to achieve full extension against gravity or extend through passive range of movement.
- Both of the following muscle actions must present as a loss of 3 muscle grade points (grade 2):
 - Wrist Flexion:
 - Athletes must not be able to actively flex the wrist 80 degrees against gravity, or
 - Be able to actively flex through available passive range of movement.
 - Wrist Extension:
 - Athletes must not be able to actively extend the wrist 70 degrees against gravity, or
 - Be able to actively extend through available passive range of movement.

11.3.2 UNILATERAL ABOVE- OR THROUGH-ELBOW IMPAIRMENTS

Athletes with a **unilateral above- or through-elbow** impairment that meets the minimum-impairment criteria listed are eligible for competition in the Upper Extremity Division.

Limb Deficiency

Athletes with a unilateral limb deficiency or amputation at or above the elbow.

Impaired Passive Range of Movement

Athletes have any of the following:

- Shoulder abduction is less than or equal to 60 degrees in the range between 0 degrees and 90 degrees abduction.
- Shoulder horizontal flexion is less than or equal to 40 degrees.
- Shoulder horizontal extension of less than or equal to 20 degrees.
- Elbow extension deficit of greater or equal to 45 degrees or ankylosis in any position.

Impaired Muscle Power

- Shoulder abduction loss of 3 muscle grade points (grade 2). Athletes must not be able to abduct to 60 degrees or abduct through their available passive range of movement.
- Elbow flexion and extension loss of 2 muscle grade points (grade 3 elbow extensors and flexors). Athletes must not be able to flex to 90 degrees and hold against resistance or through available passive range of movement. Athletes must also not be able to go to full elbow extension and hold against resistance or extend through available passive range of movement and hold against resistance.

11.3.3 UNILATERAL BELOW-ELBOW IMPAIRMENT

Athletes with a **unilateral below-elbow** impairment that meet the minimum-impairment criteria listed are eligible for competition in the Upper Extremity Division.

Limb Deficiency

Athletes have any of the following:

- A unilateral amputation through the wrist (i.e., no carpal bones present on the affected limb). An arthrodesed wrist joint is not eligible.
- Unilateral dysmelia in which the length of the affected arm measured from acromion to most distal point of the affected limb is equal to in length or shorter than the combined length of the humerus and the radius of the unaffected arm.

Impaired Passive Range of Movement

Athletes have any of the following:

- A wrist ankylosed in greater than or equal to 50 degrees of flexion or extension.
- Any four digits with less than or equal to 10 degrees of flexion or extension at the metacarpophalangeal joint.

Impaired Muscle Power

Both of the following muscle actions must present as a loss of 3 muscle grade points (grade 2):

- Wrist flexion:
 - Athletes must not be able to actively flex the wrist 80 degrees against gravity, or
 - Must not be able to actively flex through available passive range of movement.
- Wrist extension:
 - Athletes must not be able to actively extend the wrist 70 degrees against gravity, or
 - Must not be able to actively extend through available passive range of movement.

11.3.4 COMBINATION OF UPPER- AND LOWER-LIMB IMPAIRMENTS

Athletes with a combination of upper-limb and lower-limb impairments who meet the minimum-impairment criteria are eligible for competition in the Upper Extremity Division.

Athletes must meet both of the following minimum-impairment criteria:

- Upper limb unilateral below-elbow impairment in accordance with section 11.3.3. or an impairment of more significance in accordance with sections 11.3.1-11.3.3; and
- Lower limb unilateral below-knee impairment or an impairment of more significance in accordance with sections 12.3.1-12.3.2.

12.0 ELIGIBILITY FOR THE LOWER EXTREMITY DIVISION

To be eligible to compete in the Lower Extremity (LE) Division, athletes must meet all the following criteria:

1. Athletes must have a diagnosed, significant, and permanent impairment that exists or causes limitations, primarily to the lower extremity (i.e., legs) to include the hip joint; and
2. The impairment must be one of the eligible impairments listed for the division in section 12.1; and
3. Beyond reasonable doubt, meet the minimum-impairment criteria for the Lower Extremity Division.

12.1 ELIGIBLE IMPAIRMENTS FOR THE LOWER EXTREMITY DIVISION

Eligible impairments:

- Impaired Passive Range of Movement
- Impaired Muscle Power
- Limb Deficiency
- Leg Length Difference

Impairments **not** eligible:

- Ataxia
- Athetosis
- Hypertonia
- Vision Impairment
- Short Stature
- Intellectual Disability

12.2 ADDITIONAL LOWER EXTREMITY DIVISION CLASSIFICATION GUIDANCE

Exclusions

Athletes with neuromuscular impairments (Ataxia, Athetosis, and Hypertonia) should not classify in this division and may classify in the Neuro-muscular Division, contingent upon meeting the requirements of that division.

Additional Requirements

Athletes in this division must compete in a standing form for most events. Athletes must also ambulate and perform tasks from multiple positions, such as lying and hanging.

12.3 LOWER EXTREMITY DIVISION MINIMUM-IMPAIRMENT CRITERIA

12.3.1 THROUGH OR ABOVE-KNEE IMPAIRMENTS

Athletes with a **through- or above-knee** lower-limb impairment that meets the minimum-impairment criteria listed are eligible for competition in the Lower Extremity Division.

Limb Deficiency

Athletes with a through-knee or above-knee limb deficiency.

Impaired Muscle Power

Athletes have any of the following:

- Hip flexion loss of 3 muscle grade points (muscle grade 2). Athletes must not be able to actively flex the hip to 90 degrees against gravity or through their available passive range of movement.
- Hip extension loss of 3 muscle grade points (muscle grade 2). Athletes must not be able to actively extend the hip 5 degrees against gravity.
- Hip abduction loss of 3 muscle grade points (muscle grade 2). Athletes must not be able to actively abduct the hip 5 degrees against gravity.
- Hip adduction loss of 4 muscle grade points (muscle grade of 2). Athletes must not have any active adduction when positioned at 10 degrees of hip abduction.
- Knee extension loss of 3 muscle grade points (muscle grade of 2). Athletes must not be able to fully extend the knee against gravity or actively extend through their available passive range of movement.

Impaired Passive Range of Movement

Athletes have any of the following:

- Hip flexion deficit of greater than or equal to 60 degrees.
- Hip extension deficit of greater than or equal to 40 degrees.
- Knee flexion deficit of greater than or equal to 75 degrees.
- Knee extension deficit of greater than or equal to 35 degrees.

12.3.2 BELOW-KNEE IMPAIRMENTS

Athletes with a **below-knee** lower-limb impairment that meets the minimum-impairment criteria listed are eligible for competition in the Lower Extremity Division.

Limb Deficiency

Athletes with a below-knee limb deficiency of at least half of the foot.

Leg Length Difference

Athletes with a leg length difference of 2.75 inches (7 cm) or more.

Impaired Muscle Power

Athletes have ankle plantar flexion loss of 3 muscle grade points (muscle grade of 2). Athletes cannot complete a heel rise to 25 degrees.

Impaired Passive Range of Movement

Athletes have less than or equal to 10 degrees of ankle dorsiflexion and plantar flexion available in the range between 10 degrees dorsiflexion and 25 degrees plantar flexion.

13.0 ELIGIBILITY FOR NEUROMUSCULAR DIVISION

To be eligible to compete in the Neuromuscular Division (NM), athletes must meet all the following criteria:

1. Athletes must have a diagnosed, significant, and permanent impairment that causes functional limitations in coordination, impaired muscular power, or general neurological signaling; and
2. The impairment must be one of the eligible impairments listed for the division in section 13.1; and
3. Beyond reasonable doubt, meet the minimum-impairment criteria for the Neuromuscular Division.

13.1 ELIGIBLE IMPAIRMENTS FOR THE NEUROMUSCULAR DIVISION

Eligible impairments:

- Ataxia

- Athetosis
- Hypertonia
- Impaired Muscle Power
- Impaired Passive Range of Movement

Impairments **not** eligible:

- Limb Deficiency
- Leg Length Difference
- Vision Impairment
- Short Stature
- Intellectual Disability

13.2 ADDITIONAL NEUROMUSCULAR DIVISION CLASSIFICATION GUIDANCE

For classification in this division, the athlete's limitations must be significant to the degree that warrants competition among other similar athletes with neuromuscular impairments. The impairment, and subsequent limitations, may be stable or progressive and may present in various degrees at different times throughout the competition but must be distinguishable at some stage to be eligible.

Additional Requirements

Athletes in this division must compete in a standing form for most events. Athletes must also ambulate and perform tasks from multiple positions, such as lying and hanging.

Exclusions

Athletes not able to stand to perform movements should **not** compete in this division and may potentially classify in one of the Seated Divisions.

13.3 NEUROMUSCULAR DIVISION MINIMUM-IMPAIRMENT CRITERIA

Athletes are eligible if they are affected by and demonstrate neuromuscular conditions (e.g., ataxia, athetosis, and hypertonia) causing motor function limitations (e.g., coordination, movement sequencing, and static or dynamic balance), impaired muscle power, or impaired passive range of movement.

14.0 ELIGIBILITY FOR VISION DIVISION

To be eligible to compete in the Vision Division, athletes must meet all the following criteria:

1. Athletes must have a diagnosed, significant, and permanent impairment that causes functional limitations in vision caused by dysfunction of the eye structure, optical nerves or optical pathways, or visual cortex of the brain; and
2. The impairment must be one of the eligible impairments listed for the division in section 14.1; and
3. Beyond reasonable doubt, meet the minimum-impairment criteria for the Vision Division.

14.1 ELIGIBLE IMPAIRMENTS FOR THE VISION DIVISION

Eligible impairments:

- Vision Impairment

Impairments **not** eligible:

- Limb Deficiency
- Leg Length Difference
- Ataxia
- Athetosis
- Hypertonia
- Impaired Passive Range of Movement
- Impaired Muscle Power
- Short Stature
- Intellectual Disability

14.2 ADDITIONAL VISION DIVISION CLASSIFICATION GUIDANCE

All available corrections (e.g., corrective lenses) and vision of both eyes should be considered when evaluating eligibility.

Additional Requirements

Athletes in this division must compete in a standing form for most events. Athletes must also ambulate and perform tasks from multiple positions, such as lying and hanging.

Exclusions

Athletes with vision in one eye that does not meet the eligibility criteria are not eligible.

14.5 VISION DIVISION MINIMUM-IMPAIRMENT CRITERIA

Athletes have a visual acuity less than Log MAR 1.0, or a field of vision constricted to a diameter of fewer than 40 degrees.

15.0 ELIGIBILITY FOR THE SEATED WITHOUT HIP FUNCTION DIVISION

To be eligible to compete in the Seated Without Hip Function Division, athletes must meet all the following criteria:

1. Athletes must have a diagnosed, significant, and permanent impairment that causes functional limitations; and
2. The impairment must be one of the eligible impairments listed for the division in section 15.1; and
3. Beyond reasonable doubt, meet the minimum-impairment criteria for the Seated Without Hip Function Division.

15.1 ELIGIBLE IMPAIRMENTS FOR THE SEATED WITHOUT HIP FUNCTION DIVISION

Eligible impairments:

- Ataxia
- Athetosis
- Hypertonia
- Impaired Passive Range of Movement
- Impaired Muscle Power
- Limb Deficiency

Impairments **not** eligible:

- Leg Length Difference
- Vision Impairment
- Short Stature
- Intellectual Disability

15.2 ADDITIONAL SEATED WITHOUT HIP FUNCTION DIVISION CLASSIFICATION GUIDANCE

Inclusions

Athletes in the Seated Without Hip Function Division will **not** be able to move or reposition their legs without manual assistance, except for a special instance for limb deficiency (see 15.3 for details).

Exclusions

Athletes who are able to move or reposition their legs without manual assistance are likely classified in the Seated With Hip Function Division.

Additional Requirements

Athletes in this division must compete in a wheelchair. They must also be capable of completing some events out of their wheelchair, on the ground, or in other seated positions.

15.3 SEATED WITHOUT HIP FUNCTION MINIMUM-IMPAIRMENT CRITERIA

Athletes who meet the minimum-impairment criteria listed are eligible for the Seated Without Hip Function Division.

Impaired Muscle Power

Athletes have equivalent activity limitations to athletes with a complete spinal-cord injury at neurological level T-12 or higher on the spinal column. Athletes may have normative upper-extremity muscle power and may have full or nearly complete trunk muscle power. Athletes may have non-functional movement of the hip flexors and loss of 4 muscle grades (muscle grade 1) for hip flexor power.

Leg Deficiency

Athletes have either of the following:

- Bilateral hip disarticulations.
- A unilateral hip disarticulation and a leg deficiency where the residual limb is less than two-thirds femur length.

16.0 ELIGIBILITY FOR THE SEATED WITH HIP FUNCTION DIVISION

To be eligible to compete in the Seated With Hip Function Division, athletes must meet all the following criteria:

1. Athletes must have a diagnosed, significant, and permanent impairment that causes significant functional limitations; and
2. The impairment must be one of the eligible impairments listed for the division in section 16.1; and
3. Beyond reasonable doubt, meet the minimum-impairment criteria for the Seated With Hip Function Division.

16.1 ELIGIBLE IMPAIRMENTS FOR THE SEATED WITH HIP FUNCTION DIVISION

Eligible impairments:

- Ataxia
- Athetosis
- Hypertonia
- Impaired Muscle Power
- Limb Deficiency
- Leg Length Difference

Impairments **not** eligible:

- Vision Impairment
- Short Stature
- Intellectual Disability
- Impaired Passive Range of Movement

16.2 ADDITIONAL SEATED WITH HIP FUNCTION DIVISION CLASSIFICATION GUIDANCE

Additional Requirements

Athletes in this division must compete in a wheelchair and must be able to perform independent chair and floor transfers. They must also be capable of completing some events out of their wheelchair, on the ground, or in other seated positions.

Inclusions

Athletes in the Seated With Hip Function Division have hip motor power and will be able to move or reposition their legs without manual assistance.

Exclusions

Athletes who do **not** have hip motor function and can **not** move or reposition their legs without manual assistance are more likely classified in the Seated Without Hip Function Division.

16.3 SEATED WITH HIP FUNCTION MINIMUM-IMPAIRMENT CRITERIA

Athletes who meet the minimum-impairment criteria listed are eligible for the Seated With Hip Function Division.

Ataxia, Athetosis, Hypertonia

Athletes with ataxia, athetosis, or hypertonia may exhibit normative upper-extremity and trunk muscle power. Athletes have some functional hip muscle activity and knee muscle activity with up to a grade 3 power in the knee flexor muscles. Athletes have equivalent activity limitations to an athlete with a complete spinal-cord injury at neurological level L1-L4 or an incomplete spinal-cord injury who have a grade of 1-2 in most muscle groups in the lower limbs.

Leg Deficiency

Athletes have a unilateral below-knee limb deficiency of at least half of the foot or a more significant deficiency that requires athletes to perform most activities of daily living in a wheelchair.

17.0 ELIGIBILITY FOR THE SHORT STATURE DIVISION

Eligibility is evaluated through measurements and is specific to each gender.

17.1 ADDITIONAL SHORT STATURE DIVISION CLASSIFICATION GUIDANCE

Exclusions

Short stature conditions do **not** include familial short height (i.e., a height considered standard variation within a population).

17.2 ELIGIBLE IMPAIRMENTS FOR THE SHORT STATURE DIVISION

Eligible impairments:

- Short Stature

Impairments **not** eligible:

- Ataxia
- Athetosis
- Hypertonia
- Impaired Passive Range of Movement
- Impaired Muscle Power
- Limb Deficiency
- Leg Length Difference
- Vision Impairment
- Intellectual Disability

17.3 SHORT STATURE MINIMUM-IMPAIRMENT CRITERIA

Athletes must meet the measurement requirements listed in section 17.3.1 or 17.3.2.

17.3.1 ELIGIBILITY FOR SHORT STATURE MALES

To be eligible, male athletes must meet all the following criteria:

- Standing height less than or equal to 57 in (145 cm); and
- Arm length less than or equal to 26 in (66 cm); and
- Sum of standing height plus arm length less than or equal to 79 in (200 cm).

17.3.2 ELIGIBILITY FOR SHORT STATURE FEMALES

To be eligible, female athletes must meet all the following criteria:

- Standing height less than or equal to 54 in (137 cm); and
- Arm length less than or equal to 25 in (63 cm); and
- Sum of standing height plus arm length less than or equal to 75 in (190 cm).

18.0 ELIGIBILITY FOR THE INTELLECTUAL DIVISION

The athlete's condition must meet the following requirements:

1. Athletes must have received a diagnosis before the age of 18 of intellectual functioning that includes significant limitations in behavior as expressed in conceptual, practical, and social skills as determined by a medical professional through testing or evaluation and that can be supported with qualifying evidence; and
2. The intellectual impairment can be clearly observed or detected during a classification assessment or in the performance of movements used in CrossFit competitions.

18.1 ELIGIBLE IMPAIRMENTS FOR THE INTELLECTUAL DIVISION

Eligible impairments:

- Intellectual Disability

Impairments **not** eligible:

- Vision Impairment
- Short Stature
- Ataxia
- Athetosis
- Hypertonia
- Impaired Passive Range of Movement
- Impaired Muscle Power
- Limb Deficiency
- Leg Length Difference

18.2 ADDITIONAL INTELLECTUAL DIVISION CLASSIFICATION GUIDANCE

Athletes in this division may use an assistive coach or aids, such as a visual task tracker, to help them accomplish event tasks. Athletes and assistants should be aware that competition may require some independence.

Exclusions

Acquired brain injuries are not eligible for competition in this division.

18.3 INTELLECTUAL DIVISION MINIMUM-IMPAIRMENT CRITERIA

There are no additional impairment criteria.

19.0 MODIFICATIONS TO MOVEMENT STANDARDS

In specific instances, athletes may require a waiver to modify the standards set forth in the movement standards. These modifications are only permitted in cases in which the athlete's impairment causes clear and distinguishable limitations that do not allow the athlete to perform the movement as detailed in the movement standards.

19.1 ACCEPTED MODIFICATION TO MOVEMENT STANDARDS

Modifications that may be approved include the following:

1. Setup and finish positions due to limitations; or
2. Assistance with positioning or spotting of the athlete for risk mitigation.

Modification approval requires the submission of a modification request and approval from CrossFit in accordance with section 19.3 to be permitted in competition unless otherwise permitted on workout/event scorecards or workout/event briefings.

Other modifications may be granted on a case-by-case basis. Do not assume your modification will be permitted. A request to validate a modification should be made to CrossFit as early as possible via email to adaptive@crossfitgames.com in accordance with sections 19.3 and 19.4.

19.2 HOW TO REQUEST A MODIFICATION TO MOVEMENT STANDARDS: THE CROSSFIT OPEN

Athletes must send a formal request for modification including an explanation of the reason for the modification, and the actual modification proposed by filling out the [Movement Standards Modification Request Form](#).

To submit a request for modification in the CrossFit Open, athletes must record a video containing the following:

- Clearly state (verbally) and then demonstrate (visually) the **reason for the modification**.
- Clearly state (verbally) and then demonstrate (visually) the **proposed modification**.

A link to the video should be included in the Movement Standards Modification Request Form.

In order to ensure athletes have the ability to perform an Open event with the requested movement modification, **submissions must be sent no later than 12 p.m. Pacific Time (PT) each Friday following the release of the Open workout each Thursday**. If there are multiple modification requests per competition/event, please submit both requests in the same form.

19.3 MODIFICATION TO MOVEMENT STANDARDS REQUEST: CROSSFIT REPLY

CrossFit will review and rule on the proposed modification. A response will be one of the following:

1. Modification Approved

In this instance, only the specifically approved modification may be used. Any other modifications used will invalidate the athlete's score.

2. Modification Not Approved

Time permitting, CrossFit may provide feedback as to why the modification was or was not approved.

A ruling of "Modification Not Approved" will also invalidate the score for that workout/event if that modification was used. Athletes may complete the workout/event again using an approved modification or no modifications, but no additional time will be granted after the deadline to submit the score. Thus, athletes are encouraged to plan their events and submit modification requests as early as possible. CrossFit will make every effort to respond in a timely manner, but the responsibility of submitting a score before the submission deadline ultimately remains with the athlete.

APPENDIX

1.0 METHODS OF ASSESSMENT FOR ELIGIBLE IMPAIRMENTS

Each eligible impairment is unique in its expression during task completion and in competition. As such, each eligible impairment has a distinctive method of assessment which allows for the most effective way to evaluate the eligibility of the athlete.

Eligible impairments may have many methods of assessment, yet most assessments are required to be performed by trained classifiers or a medical professional.

When observation is required to assess the presence and degree of impairment, athletes shall be assessed based on their ability to perform tasks, activities of daily living (ADL), and in some cases, specific testing (e.g., muscle power, passive range of movement, etc.). ADLs are a category of necessary skills needed to be able to complete daily self-care activities and life actions. They are often replicated in CrossFit events during the competition and can include squatting, hinging (e.g., deadlifts), pressing, pushing, pulling, locomotion (e.g., walking, running, swimming, biking, rowing), etc. ADLs also include but are not limited to performing personal hygiene, clothing, toileting, feeding, and being mobile around one's environment.

2.0 ATAXIA

Athletes have uncoordinated movements caused by dysfunction of the central nervous system. Ataxia has symptoms of motor mismatching, synchronization, and balance disorder after the brain, cerebellum, deep sensation (proprioception), vestibular, and/or other systems are damaged. [12] Examples of health conditions that may demonstrate ataxia include cerebral palsy, traumatic brain injury, stroke, and multiple sclerosis.

2.1 ATAXIA ELIGIBILITY

To be eligible for Ataxia, the athlete's condition must meet the following requirements:

1. Have a diagnosis that includes ataxia as determined by a medical professional through testing or analysis and that can be supported with qualifying evidence, and
2. The ataxia can be clearly observed or detected during a classification assessment or in the performance of movements used in CrossFit competitions.

2.2 ATAXIA METHOD OF ASSESSMENT

Athletes are assessed by observation during the performance of ADLs and CrossFit competition movements and may be confirmed by medical testing and/or physical examination. Eligible ataxias must result from sensory or motor nervous-system dysfunction. Ataxias have many varieties and any type of ataxia is eligible.

An official diagnosis from a test conducted and analyzed by a medical doctor is sufficient and is preferred to validate eligibility. Common diagnostic testing includes but is not limited to the following:

- Genetic testing;
- Magnetic resonance imaging (MRI) scan;
- Computerized tomography (CT) scan;
- Cerebrospinal fluid test; or
- Nerve conduction studies and electromyography (EMG) test.

If a medical diagnosis is not feasible, a physical evaluation shall be conducted.

Clearly evident ataxias can be observed and assessed during the physical tests. When a physical examination test is required, a medical professional or trained classifier familiar and experienced with such examination should conduct the tests. More than one test must clearly show axatic behavior. The following tests are commonly used and approved by medical professionals:

- Ambulation (gait) test [7]
- Tandem Walk test [1, 2, 5, 7]
- Finger-to-Finger test [2, 5]
- Toe-to-Finger test [2, 5]
- Finger-to-Nose test [3, 4, 5]

3.0 ATHETOSIS

Athletes have slow, irregular, and involuntary movements affecting distal limbs. Athetosis involves continuous smooth movements that appear random and are not composed of recognizable sub-movements or movement fragments. Athetosis may worsen with attempts during movement of

posture, but athetosis can also occur at rest. Athetosis is distinguished from dystonia (a form of hypertonia) by the lack of sustained postures. [15]

Examples of health conditions that may demonstrate athetosis include basal ganglia conditions, cerebral palsy, Huntington's syndrome, traumatic brain injury, and stroke.

3.1 ATHETOSIS ELIGIBILITY

To be eligible for Athetosis, the athlete's condition must meet the following requirements:

1. Have a diagnosis that includes athetosis as determined by a medical professional through testing or analysis and that can be supported with qualifying evidence, and
2. The athetosis can be clearly observed or detected during a classification assessment or in the performance of movements used in CrossFit competitions.

3.2 ATHETOSIS METHOD OF ASSESSMENT

Athletes are assessed by observation during the performance of ADLs and CrossFit competition movements and may be confirmed by medical testing and/or physical examination.

Objectively evident athetosis is observed as involuntary movements and posturing which must include one of the following:

- The posturing of the trunk or limbs which is unintentional and markedly aberrant from non-impaired posturing archetypes;
- Inability to hold the body still without intentional movement, which is sometimes characterized as swaying. Swaying must be due to neurological dysfunction; or
- Involuntary movements of the upper extremities, including hands and fingers, and lower extremities, including feet and toes, while attempting to remain still.

4.0 HYPERTONIA

Athletes 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 health conditions that may demonstrate hypertonia include cerebral palsy, traumatic brain injury, and stroke.

4.1 HYPERTONIA ELIGIBILITY

There are three types of eligible hypertonia: Spastic Hypertonia, Dystonia, and Rigidity.

- **Spastic Hypertonia** is defined as velocity-dependent resistance to passive movement with clasp-knife type of resistance. [10]
- **Rigidity** is defined as heightened resistance to passive movement of a limb that is independent of the velocity of stretch and is relatively uniform throughout the range of motion of the limb. [10]
- **Dystonia** is defined as a passive movement that may affect muscles of a single limb, single or multiple joint(s), or be global (affecting the whole body). [10, 11]

To be eligible for Hypertonia, the athlete's condition must meet the following requirements:

1. Have a diagnosis that includes hypertonia such as spastic hypertonia, dystonia, or rigidity as determined by a medical professional through testing or analysis, and that can be supported with qualifying evidence; and
2. The hypertonia can be clearly observed or detected during a classification assessment or in the performance of movements used in CrossFit competitions.

4.2 HYPERTONIA METHOD OF ASSESSMENT

Athletes are assessed by observation during the performance of ADLs and CrossFit competition movements and may be confirmed by medical testing and/or a physical examination using tools such as the Ashworth scale [9, 17], Tardieu scale [18], or Hypertonia Assessment Tool. [16] Eligible hypertonias must result from sensory or motor nervous-system dysfunction.

5.0 IMPAIRED MUSCLE POWER

Athletes have a condition that either reduces or eliminates their ability to voluntarily contract their muscles in order to move or to generate force. Examples of health conditions that may demonstrate impaired muscle power include spinal-cord injury, muscular dystrophy, and spina bifida.

5.1 IMPAIRED MUSCLE POWER ELIGIBILITY

To be eligible for Impaired Muscle Power, the athlete's condition must meet the following requirements:

1. Have a diagnosis that includes impaired muscle power as determined by a medical professional through testing or analysis and that

- can be supported with qualifying evidence; and
2. The impaired muscle power can be clearly observed or detected during a classification assessment or in the performance of movements used in CrossFit competitions.

5.2 IMPAIRED MUSCLE POWER METHOD OF ASSESSMENT

Athletes are assessed by observation during the performance of ADLs and CrossFit competition movements and may be confirmed by medical testing and/or by a physical evaluation, including manual muscle testing, in the form of a modified Daniels and Worthingham scale. [14] A trained and experienced medical professional or classifier is required to perform a manual muscle evaluation.

6.0 IMPAIRED PASSIVE RANGE OF MOVEMENT

Athletes have a restriction or a lack of passive movement in one or more joints. Examples of health conditions that may demonstrate an impaired passive range of movement include arthrogyrosis (a variety of conditions involving multiple joint contractures) and surgical intervention from trauma affecting a joint.

6.1 IMPAIRED PASSIVE RANGE OF MOVEMENT ELIGIBILITY

To be eligible for Impaired Passive Range of Movement, the athlete's condition must meet the following requirements:

1. Have a diagnosis that includes impaired passive range of movement as determined by a medical professional through measurement and that can be supported with qualifying evidence; and
2. The impaired passive range of movement can be clearly observed or detected during a classification assessment or in the performance of movements used in CrossFit competitions.

For adaptive divisions that allow for Impaired Passive Range of Movement as an eligible impairment, specific range of movement criteria measurements are detailed in the corresponding adaptive divisions.

6.2 IMPAIRED PASSIVE RANGE OF MOVEMENT METHOD OF ASSESSMENT

Athletes are assessed by observation during the performance of ADLs and CrossFit competition movements and may be confirmed by passive range of motion measurements using a goniometer and/or inclinometer. A trained and experienced medical professional or classifier is required to perform passive range of motion measurements.

7.0 LEG LENGTH DIFFERENCE

Athletes have a difference in the length of their legs as a result of a disturbance of limb growth or as a result of trauma.

7.1 LEG LENGTH DIFFERENCE ELIGIBILITY

To be eligible for Leg Length Difference, the athlete's condition must meet the following requirements:

- Have a diagnosis of leg length difference of 2.75 inches (7 cm) or more as determined by a medical professional through measurement and that can be supported with qualifying evidence.

7.2 LEG LENGTH DIFFERENCE METHOD OF ASSESSMENT

Athletes are assessed by measuring the length of both legs and comparing the difference. The assessment may be conducted by manual measurements or radiological methods (e.g., X-ray, ultrasound). [19, 20, 21] For accuracy, a trained and experienced medical professional or classifier shall perform the measurements.

When a manual measurement is performed, the following standard shall be used. Measure from the inferior aspect of the anterior superior iliac spine to the inferior aspect of the tip of the medial malleolus. [13]

8.0 LIMB DEFICIENCY

Athletes have a total or partial absence of bones or joints as a consequence of trauma (e.g., surgical amputation), illness (e.g., amputation due to bone cancer), or congenital limb deficiency (e.g., dysmelia). The term "deficiency" typically refers to a congenital condition, but in this document, it will refer to all occurrences of the absence of bones or joints, no matter the origin or cause of the condition.

8.1 LIMB DEFICIENCY ELIGIBILITY

To be eligible for Limb Deficiency, the athlete's condition must meet the following requirements:

- Have a diagnosis that includes a form of limb deficiency which may include amputation or dysmelia as determined by a medical professional through medical examination and that can be supported with qualifying evidence.

For adaptive divisions that allow for Limb Deficiency as an eligible impairment, specific criteria are detailed in the corresponding adaptive divisions.

8.2 LIMB DEFICIENCY METHOD OF ASSESSMENT

Athletes are assessed through medical examination and testing.

9.0 SHORT STATURE

Athletes have a reduced length in the bones of the upper limbs, lower limbs, and/or trunk. Examples of health conditions that may demonstrate a short stature condition include those diagnosed with achondroplasia, growth hormone dysfunction, and osteogenesis imperfecta. Short stature is more commonly known as dwarfism.

9.1 ELIGIBILITY FOR SHORT STATURE MALES

To be eligible, male athletes must meet all of the following criteria:

- Standing height less than or equal to 57 in (145 cm); and
- Arm length less than or equal to 26 in (66 cm); and
- Sum of standing height plus arm length less than or equal to 79 in (200 cm).

9.2 ELIGIBILITY FOR SHORT STATURE FEMALES

To be eligible, female athletes must meet all of the following criteria:

- Standing height less than or equal to 54 in (137 cm); and
- Arm length less than or equal to 25 in (63 cm); and
- Sum of standing height plus arm length less than or equal to 75 in (190 cm).

9.3 SHORT STATURE METHOD OF ASSESSMENT

Athletes are assessed through medical examination, genetic testing, and measurements.

10.0 VISION IMPAIRMENT

Athletes have reduced or no vision caused by dysfunction to the eye structure, optical nerves or optical pathways, or the visual cortex of the brain. Examples of health conditions that may demonstrate vision impairment include congenital blindness, retinitis pigmentosa, optic atrophy, and retinopathy.

10.1 VISION IMPAIRMENT ELIGIBILITY

To be eligible for the Vision Division, the athlete's condition must meet one of the following requirements:

- Impairment of the eye structure; or
- Impairment of the optical nerve/optic pathways; or
- Impairment of the visual cortex.

Specific vision criteria measurements are detailed in the Vision Division in section 9.0.

10.2 VISION IMPAIRMENT METHOD OF ASSESSMENT

Athletes are assessed by vision testing (e.g., visual acuity and visual field testing) performed by an ophthalmologist.

11.0 INTELLECTUAL IMPAIRMENT

Athletes have a health condition of intellectual functioning that includes significant limitations in behavior as expressed in conceptual, practical, and/or social skills. This condition must be present before the age of 18. Examples of health conditions that may demonstrate intellectual impairment include Autism spectrum, Down syndrome, fetal alcohol syndrome, fragile X syndrome, Prader-Willi syndrome, and phenylketonuria.

11.1 INTELLECTUAL IMPAIRMENT METHOD OF ASSESSMENT

Athletes are assessed by observation during the performance of ADLs and CrossFit competition movements and may be confirmed by medical testing

and/or other established assessments.

11.2 INTELLECTUAL IMPAIRMENT ELIGIBILITY

To be eligible for Intellectual Impairment, the athlete's condition must meet the following requirements:

1. Athletes must have received a diagnosis prior to the age of 18 in intellectual functioning that includes significant limitations in behavior as expressed in conceptual, practical, and social skills as determined by a medical professional through testing and/or evaluation and that can be supported with qualifying evidence; and
2. The intellectual impairment can be clearly observed or detected during a classification assessment or in the performance of movements used in CrossFit competitions.

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