



ADAPTIVE ATHLETE POLICY

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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 permanent impairment. This definition does not have any bearing on eligibility to compete in the adaptive divisions. Refer to section 4.0 for eligibility requirements.

Appropriate vocabulary used to refer to the athletes in competition 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 equitable competition in CrossFit are informed by established methods used in other adaptive and para sports. However, CrossFit utilizes its own policy to best serve the unique elements of CrossFit competitions and the nature of testing fitness.

4.0 REQUIREMENTS FOR THE ADAPTIVE DIVISIONS

4.1 ELIGIBILITY REQUIREMENTS

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

1. Have a permanent impairment from the list of ten (10) eligible impairments; and
2. Meet the minimum impairment criteria (MIC) for one of the eligible impairments; and
3. Meet the requirements of competition for one of the 16 adaptive divisions (eight men’s and eight women’s divisions).

The process to meet the eligibility requirements can be found in section 5.8, and methods of assessing eligibility can be found in Appendix A, section 2.

4.2 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, 2023.

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

5.0 CLASSIFICATION

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

5.1 GOAL OF CLASSIFICATION

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

5.2 CLASSIFICATION ROLES AND RESPONSIBILITIES

5.2.1 ATHLETE CLASSIFICATION RESPONSIBILITIES

The roles and responsibilities of athletes include:

- Being knowledgeable of and complying with all applicable policies, rules, and processes established by the Adaptive Athlete Policy;
- Participating in classification evaluations and processes in good faith;
- Ensuring that adequate information related to eligible impairment is provided and made available to CrossFit personnel; and
- Cooperating with any investigations concerning violations of the Adaptive Athlete Policy.

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5.2.2 CROSSFIT CLASSIFICATION RESPONSIBILITIES

The roles and responsibilities of CrossFit include:

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

5.3 ELIGIBLE IMPAIRMENTS

Eligible impairments for competition in the adaptive divisions include:

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. Eligibility is determined by assessing the minimum impairment criteria for an eligible impairment. Each impairment has a specific method of assessment detailed in APPENDIX section 2.

5.3.1 NON-ELIGIBLE IMPAIRMENTS

Any impairment not listed as an eligible impairment in section 5.3 is referred to as a Non-Eligible Impairment.

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

1. Pain (chronic or acute)
2. Fatigue
3. Hearing impairment
4. Vision impairment of one eye
5. Low muscle tone
6. Hypermobility of joints
7. Joint instability
8. Impaired muscle endurance
9. Impaired motor reflex functions
10. Impaired cardiovascular functions
11. Impaired respiratory functions
12. Impaired metabolic functions
13. Tics and mannerisms

The requirement to possess an eligible impairment is one of three requisites 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 other divisions (e.g. individual, age-group or team).

5.3.2 ADAPTIVE COMPETITION ELIGIBILITY BOARD

The function of the Adaptive Competition Eligibility Board (ACEB) is to rule on athletes' eligibility for competition in the adaptive divisions. The board may be used at any time. The board's unique function is to provide judgment on complex cases that require special medical or sport knowledge, or that require additional investigation.

The ACEB has five members selected for their expertise and experience in medicine, adaptive sport classification, and CrossFit competition.

5.4 MINIMUM IMPAIRMENT CRITERIA

Minimum impairment criteria (MIC) defines the minimal severity of an eligible impairment that must be present to be eligible for competition. Each eligible impairment has specific MIC detailed in APPENDIX section 1. Meeting MIC is not sufficient for eligibility. Athletes must also meet the requirements for an adaptive division.

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5.5 ADAPTIVE DIVISIONS

Adaptive divisions are competition groups of sport classes with similar abilities. Each division will compete separately.

There are sixteen (16) adaptive divisions for competition:

- Men and Women Adaptive: Upper Extremity
- Men and Women Adaptive: Lower Extremity
- Men and Women Adaptive: Multi-Extremity
- 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

5.5.1 DIVISIONAL REQUIREMENTS

To meet the third general requirement for eligibility, athletes must meet the requirements of competition for one of the sixteen (16) adaptive divisions.

5.5.1.1 STANDING REQUIREMENT

Athletes competing in divisions listed below must be capable of competing in a standing form and perform tasks from multiple positions, such as lying and hanging:

- Upper Extremity
- Lower Extremity
- Multi-Extremity
- Vision
- Short Stature
- Intellectual

5.5.1.2 WHEELCHAIR USE REQUIREMENT

Athletes competing in divisions listed below must compete in a wheelchair and other designated positions, such as seated on the floor or other surfaces:

- Seated With Hip Function
- Seated Without Hip Function

5.5.1.3 HIP FUNCTION REQUIREMENT

Athletes competing in the Seated Without Hip Function division must meet criteria to validate lack of hip function. Athletes must demonstrate a bilateral lack of hip function by meeting the criteria listed in Appendix 3.6 (ELIGIBILITY FOR ALL SEATED WITHOUT HIP FUNCTION DIVISION SPORT CLASSES).

5.6 SPORT CLASSES

Sport classes are designations that group athletes with similar abilities and limitations within an adaptive division. Each adaptive division has at least one sport class, but some have multiple sport classes. Eligibility for all sport classes are detailed in APPENDIX section 3.

Athletes may be eligible for multiple sport classes. CrossFit will assign a sport class that best classifies an athlete's ability similar to their peers. Athletes may not compete in multiple sport classes during the same competition season.

5.6.1 SPORT CLASS STATUS

CrossFit will designate a sport class status to indicate the standing of an athlete's sport class.

- **Classification Not Completed (CNC):** The athlete has not met the requirements for CrossFit to assess classification. This status is provided if an athlete fails to submit a completed Adaptive Competition Eligibility Form (ACEF)*.
- **Provisional (P):** CrossFit has verified that the athlete's ACEF submission appears to meet MIC, and a sport class is preliminarily assigned, but observation or additional assessments are required to determine final classification. Athletes with this status are not eligible to compete in advanced stages of the CrossFit competition season until they have received a final classification.
- **Confirmed (C):** CrossFit has verified the athlete's eligibility and sport class, and the status is determined to be stable. Athletes who receive this classification are not required to reclassify annually.

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- **Confirmed with Review (CR):** CrossFit has verified the athlete's eligibility and sport class. Athletes who receive this classification are required to reclassify annually. Athletes may receive this status if their impairment is potentially progressive or unstable, the impairment is relatively new, or the athlete is younger than 18.
- **Not Eligible (NE):** The athlete does not meet the minimum impairment criteria for an eligible impairment or does not meet the requirements for an adaptive division. Athletes may reapply annually. Athletes who receive this classification may compete in other able-bodied divisions (e.g. individuals, age-group, or team).

*refer to section 5.8.1 for more information regarding the Adaptive Competition Eligibility Form.

5.7 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 equipment, their eligibility status, adaptive division, or sport class may be adjusted by CrossFit.

5.8 CLASSIFICATION PROCESS

At the conclusion of the classification process, the athlete will be notified of their eligibility for competition in the adaptive divisions, and if appropriate, their specific adaptive division, sport class, and sport class status.

Classification entails three phases:

1. ADAPTIVE COMPETITION ELIGIBILITY FORM (ACEF) SUBMISSION AND REVIEW

CrossFit reviews the athlete's submission of eligible impairment information (via ACEF).

2. OBSERVATION

If necessary, observation of athletes via workout videos from the Open will be reviewed to confirm ACEF information, to confirm athlete meets MIC, and to confirm allocation to the appropriate sport class.

3. CLASSIFICATION DETERMINATION

Athletes receive final classification which may include adaptive division, sport class, and sport class status.

5.8.1 ADAPTIVE COMPETITION ELIGIBILITY FORM

Athletes will submit an Adaptive Competition Eligibility Form (ACEF) to start the classification process. The ACEF includes detailed information about the athlete's eligible impairment to assess MIC eligibility and sport class allocation. The data required in the form is dependent upon the athlete's selected eligible impairment. The ACEF is submitted electronically.

Any required payment for a medical exam will be at the expense of the athlete.

ACEF submission link: *coming Dec. 1, 2022*

5.8.2 ATHLETE OBSERVATION

Athletes may be assessed for eligibility through observation of the execution of CrossFit movements and workouts. Observation provides an opportunity to verify athletes meet minimum impairment criteria submitted via the ACEF. Athletes should be prepared to submit workout video links with their workout scores or as requested by CrossFit during the Open.

5.8.3 CLASSIFICATION PROCESS PATHWAYS

There are two pathways for classification. Both paths provide an athlete with an opportunity to receive a final ruling on eligibility. The options to undergo classification are:

1. Classification during the CrossFit Open
2. Classification outside of the CrossFit Open

5.8.4 CLASSIFICATION DURING THE CROSSFIT OPEN

Classification for the CrossFit Open coincides with the Open competition and concludes when the leaderboards are finalized at the end of the competition.

5.8.4.1 CLASSIFICATION DURING THE CROSSFIT OPEN REQUIREMENTS

Athletes are required to perform all of the following to complete classification during the Open:

- Submit a completed Adaptive Competition Eligibility Form (ACEF) before March 6, 2023, 5 p.m. PT; and

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- Register for the CrossFit Open; and
- Be prepared to submit CrossFit Open workout video 23.1.

5.8.4.2 CLASSIFICATION DURING THE CROSSFIT OPEN PROCESS

The Open classification process is as follows:

1. Athlete submits ACEF

ACEF submission may occur separately (before, during, or after) from Open registration.

2. CrossFit reviews ACEF

Athletes may be provided one of the following outcomes:

- A provisional (non-final) ruling for a competition division and sport class.
- A final ruling for a competition division, sport class, and sport class status.
- A status of Not Eligible.
- A status of Classification Not Completed.

3. Athlete submits workout video(s) for observation (if necessary).

4. Athlete observation (if necessary, via video review of Open Workouts).

5. CrossFit provides a final classification ruling.

Athletes may register for the Open before or after the submission of their ACEF. Registration is required to enable the submission of workout videos for the classification process. If an athlete does not submit their ACEF and workout videos for the Open, they will receive a status of Classification Not Completed.

5.8.5 CLASSIFICATION OUTSIDE OF THE CROSSFIT OPEN

Classification may occur at any time during the year outside of the CrossFit Open period which commences when registration for the Open begins and concludes when all leaderboards are finalized.

5.8.5.1 CLASSIFICATION OUTSIDE OF THE CROSSFIT OPEN REQUIREMENTS

Athletes are required to perform all of the following to complete classification outside of the CrossFit Open:

- Submit a completed Adaptive Competition Eligibility Form (ACEF); and
- Submit an observation workout video determined by CrossFit.

Upon receipt of ACEF, CrossFit will send guidance via an email to perform and submit a workout video.

5.8.5.2 CLASSIFICATION OUTSIDE OF THE CROSSFIT OPEN PROCESS

The classification process outside of the CrossFit Open is as follows:

1. Athlete submits ACEF.

2. CrossFit reviews ACEF.

Athletes may be provided with one of the following outcomes:

- A provisional (non-final) ruling for a competition division and sport class.
- A final ruling for a competition division, sport class, and sport class status.
- A status of Not Eligible.
- A status of Classification Not Completed.

3. CrossFit sends guidance to perform an observation workout.

4. Athlete performs workout for observation and submits video.

5. Athlete observation (via video review of workout).

6. CrossFit provides a final classification ruling.

5.9 CLASSIFICATION APPEALS

An athlete may appeal final classification decisions. Athletes have 10 business days following receipt of their decision to submit a written petition of appeal explaining why the decision should be overturned. Appeals should be sent to support@crossfitgames.com.

Following a review of the athlete's petition of appeal, CrossFit will provide its written decision, including supporting reasons, either denying or granting the appeal.

5.10 ASSISTANCE WITH CLASSIFICATION

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

6.0 MODIFICATIONS TO MOVEMENT STANDARDS

In specific instances, athletes may request 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.

6.1 ACCEPTED MODIFICATION TO MOVEMENT STANDARDS

Modifications that may be approved include:

1. Setup and finish positions due to limitations related to their impairment; 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 6 to be permitted in competition unless otherwise permitted on workout/event scorecards and/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 no later than 12 p.m. Pacific Time (PT) Friday following the release of the Open workout on Thursday.

6.2 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. Athletes competing in the scaled version of their division do not need to request modifications.

Access the Movement Standards Modifications Request form [here](#).

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 workout 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 all requests in the same form.

6.3 RESPONSE TO MODIFICATION TO MOVEMENT STANDARDS REQUEST

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

- **Modification Approved**
- **Modification Not Approved**

A ruling of Modification Not Approved will also invalidate the score for that workout 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.

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APPENDIX

1.0 ELIGIBLE IMPAIRMENTS: DESCRIPTION AND MINIMUM IMPAIRMENT CRITERIA

1.1 ATAXIA

Ataxia presents as uncoordinated movements caused by dysfunction and/or damage of the central nervous system. Ataxia may have symptoms of motor mismatching, synchronization, and/or balance disorder. Examples of health conditions that may demonstrate ataxia include cerebral palsy, traumatic brain injury, and stroke.

1.1.1 ATAXIA MINIMUM IMPAIRMENT CRITERIA

To be eligible for ataxia, the athlete's impairment must meet the following requirements:

- The ataxia must affect motor functions that impact the ability to perform CrossFit competition events; and
- The ataxia must be observed or detected during all eligibility assessments and in the performance of movements used in CrossFit competitions; and
- The ataxia must be present in at least two extremities.

1.2 ATHETOSIS

Athetosis presents as unwanted, involuntary movements caused by dysfunction or damage of the central nervous system. Athetosis may have symptoms of writhing movements or movements occurring despite an individual attempting to remain still. Examples of health conditions that may demonstrate athetosis include cerebral palsy, traumatic brain injury, and stroke.

1.2.1 ATHETOSIS MINIMUM IMPAIRMENT CRITERIA

To be eligible for athetosis, the athlete's impairment must meet the following requirements:

- The athetosis must affect motor functions that impact the ability to perform CrossFit competition events; and
- The athetosis must be clearly observed or detected during all eligibility assessments and in the performance of movements used in CrossFit competitions; and
- The athetosis must be present in at least two extremities.

1.3 HYPERTONIA

Hypertonia presents as 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. There are three types of eligible hypertonia: Spastic hypertonia, dystonia, and rigidity.

- **Spastic hypertonia** is velocity-dependent resistance to passive movement with clasp-knife type of resistance.
- **Rigidity** is heightened resistance to passive movement of a limb that is independent of the velocity of stretch and is relatively uniform throughout the range of movement of the limb.
- **Dystonia** is a movement disorder that causes muscles to contract involuntarily that may affect muscles of a single limb, single or multiple joints, or may be global (affecting the whole body).

1.3.1 HYPERTONIA MINIMUM IMPAIRMENT CRITERIA

Minimum impairment criteria scoring for hypertonia testing is based on the Ashworth Scale which uses the following grading system:

- Grade 0: No increase in tone.
- Grade 1: Slight increase in tone giving a "catch" when the limb is flexed or extended.
- Grade 2: More marked increase in tone but limb can still be easily flexed or extended.
- Grade 3: Considerable increase in tone with passive movement difficult.
- Grade 4: Limb rigid in flexion or extension.

To be eligible for hypertonia, the athlete's impairment must meet the following requirements:

- The hypertonia must affect motor functions that impact the ability to perform CrossFit competition events; and
- The hypertonia must be observed or detected during all eligibility assessments and in the performance of movements used in CrossFit competitions; and
- The hypertonia must be present in one or more extremities. If the athlete presents with hypertonia in one extremity, athletes must demonstrate a minimum grade of 3 in at least one joint. If the athlete presents with hypertonia in two or more extremities, athletes must demonstrate a minimum grade of 2 in at least one joint in **each** extremity.

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1.4 IMPAIRED MUSCLE POWER

Impaired Muscle Power presents as a condition that either reduces or eliminates the ability to voluntarily contract the 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.

1.4.1 IMPAIRED MUSCLE POWER MINIMUM IMPAIRMENT CRITERIA

Minimum impairment criteria scoring for impaired muscle power testing is based on the Daniels and Worthingham Scale [4] which uses the following grading system:

- Grade 1: The medical professional can detect visually or by palpation some contractive activity, however there is no movement of the muscle as a result of the contractile activity.
- Grade 2: The muscle can complete the full range of motion in a position that minimizes gravity.
- Grade 3: The muscle can complete a full range of motion against **only** the resistance of gravity. Any additional resistance, however mild, causes the motion to break.
- Grade 4: Muscle is able to complete a full range of motion against gravity, but is **not able** to hold the test position against **maximum** resistance.
- Grade 5: Muscle is able to complete a full range of motion against gravity and the medical professional cannot break the athlete's hold position when applying **maximum** resistance.

To be eligible for impaired muscle power, the athlete's impairment must meet the following requirements:

- The impaired muscle power must affect motor functions that impact the ability to perform CrossFit competition events; and
- The impaired muscle power must be clearly observed or detected during all eligibility assessments and in the performance of movements used in CrossFit competitions; and
- An athlete must demonstrate impaired muscle power in any of the following:

Shoulder(s)

Athletes must demonstrate at least one of the following:

- Flexion \leq grade 2
- Abduction \leq grade 2

Elbow(s)

Athletes must demonstrate at least one of the following:

- Extension \leq grade 2
- Flexion \leq to grade 1

Wrist(s) and Fingers

Athletes must demonstrate at least two of the following:

- Wrist flexion \leq grade 2
- Wrist extension \leq grade 2
- Metacarpophalangeal (finger) flexion \leq grade 2
- Metacarpophalangeal (finger) extension \leq grade 2

Fingers are tested as a unit of all four fingers. All fingers must have their metacarpophalangeal joint strength tested at the same time.

Hip(s)

Athletes must demonstrate at least one of the following:

- Flexion \leq grade 2
- Extension \leq grade 2
- Abduction \leq grade 2
- Adduction \leq grade 1

Knee(s)

Athletes must demonstrate

- Knee extension \leq grade 2

Ankle(s)

Athletes must demonstrate:

- Plantarflexion \leq grade 2, or
- Athletes must demonstrate at least two of the following:
 - o Dorsiflexion \leq grade 2
 - o Inversion \leq grade 2
 - o Eversion \leq grade 2

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1.5 IMPAIRED PASSIVE RANGE OF MOVEMENT

Impaired passive range of movement presents as a condition that reduces or restricts an athlete's ability to move through full movement patterns in one or more joints. Examples of health conditions that may demonstrate an impaired passive range of movement include arthrogyposis and trauma affecting a joint.

1.5.1 IMPAIRED PASSIVE RANGE OF MOVEMENT MINIMUM IMPAIRMENT CRITERIA

To be eligible for impaired passive range of movement, the athlete's impairment must meet the following requirements:

- The impaired passive range of movement must affect motor functions that impact the ability to perform CrossFit competition events; and
- The impaired passive range of movement must be clearly observed or detected during all eligibility assessments and in the performance of movements used in CrossFit competitions; and
- Athletes must demonstrate impaired passive range of movement at any of the following:

Shoulder(s)

Athletes must demonstrate at least one of the following:

- Flexion \leq 90 degrees
- External rotation \leq 35 degrees
- Horizontal abduction lacking \geq 20 degrees

Elbow(s)

Athletes must demonstrate at least one of the following:

- Flexion \leq 30 degrees
- Extension lacking \geq 75 degrees

Wrist(s) and Fingers

Athletes must demonstrate at least one of the following:

- Wrist ankylosed in $>$ 50 degrees of wrist flexion or wrist extension
- Any four (4) fingers with \leq 10 degrees of flexion or extension at the metacarpophalangeal joint

Hip(s)

Athletes must demonstrate at least one of the following:

- Hip flexion \leq to 60 degrees
- Hip extension lacking \geq 20 degrees

Knee(s)

Athletes must demonstrate at least one of the following:

- Flexion \leq 60 degrees
- Extension lacking \geq 35 degrees

Ankle(s)

- Athletes must demonstrate \leq 10 degrees of ankle dorsiflexion and plantar flexion available in the range between 10 degrees dorsiflexion and 25 degrees plantar flexion

1.6 INTELLECTUAL DISABILITY

Intellectual impairment is a broad term for a range of cognitive and developmental conditions. Athletes have a health condition of intellectual functioning that includes significant limitations in behavior expressed in conceptual, practical, or social skills. Examples of health conditions that may demonstrate intellectual impairment include Autism spectrum disorder, Down syndrome, fetal alcohol syndrome, Fragile X syndrome, Prader-Willi syndrome, and phenylketonuria.

1.6.1 INTELLECTUAL DISABILITY MINIMUM IMPAIRMENT CRITERIA

To meet the minimum impairment criteria, athletes must demonstrate at least one of the following:

- The impairment must be present before the age of 18; **and**
- An approved IQ test score \leq 75; or
- A medical diagnosis of Trisomy 21 or Translocation Down Syndrome

1.7 LEG LENGTH DIFFERENCE

Leg length difference presents as a difference in leg length. Examples of health conditions that may demonstrate leg length differences are a difference in limb growth or trauma.

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1.7.1 LEG LENGTH DIFFERENCE MINIMUM IMPAIRMENT CRITERIA

To meet the minimum impairment criteria, athletes must demonstrate a leg length difference of 2.75 inches (7 cm) or more.

1.8 LIMB DEFICIENCY

Limb deficiency presents as 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 for CrossFit classification, it will refer to all occurrences of the absence of bones or joints, no matter the origin or cause of the condition.

1.8.1 LIMB DEFICIENCY MINIMUM IMPAIRMENT CRITERIA

To meet the minimum impairment criteria, athletes must demonstrate any of the following:

- Lower-extremity deficiency of at least half of a foot.
- Upper-extremity deficiency of at least four (4) or more digits at the metacarpophalangeal joints.

1.9 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 may more commonly be known as dwarfism.

1.9.1 SHORT STATURE MINIMUM IMPAIRMENT CRITERIA

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).

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).

Short stature MIC is referenced from the International Paralympic Committee, World Para Athletics Classification Rules and Regulations [5].

1.10 VISION IMPAIRMENT

A vision impairment presents as reduced or lack of vision caused by dysfunction in 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.

1.10.1 VISION IMPAIRMENT MINIMUM IMPAIRMENT CRITERIA

To meet the minimum impairment criteria, athletes must demonstrate at least one of the following:

- Visual acuity equal to or poorer than logMAR 1.0 (Snellen 20/200 ft, 6/60 m) with best-corrected vision.
- Visual field of less than forty (40) degrees diameter.

Vision MIC is referenced from the International Paralympic Committee, World Para Athletics Classification Rules and Regulations [5].

2.0 METHODS OF ASSESSMENT FOR ELIGIBLE IMPAIRMENTS

Each eligible impairment is unique in its expression during assessment 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.

There are four general methods of assessment:

1. Information submitted via the Adaptive Competition Eligibility Form (ACEF).
2. Medical professional assessment.
3. Adaptive CrossFit Movement Assessment (ACMA).
4. Observation of athletes via workout videos.

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2.1 MEDICAL PROFESSIONAL ASSESSMENTS

Most impairments require an assessment performed by a medical professional. Impairments requiring a medical professional to perform an assessment:

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

Impairments **not** requiring a medical professional to perform an assessment:

- Limb Deficiency

2.2 ADAPTIVE CROSSFIT MOVEMENT ASSESSMENT

The Adaptive CrossFit Movement Assessment (ACMA) is a test that demonstrates the athlete's abilities in relation to common CrossFit movements performed during competition and assists in demonstrating limitations from an eligible impairment.

There are two versions of the ACMA, one for standing athletes and one for seated athletes. Athletes must conduct and submit the appropriate version (standing or seated) of the ACMA based on the requirements for the division in which they intend to compete.

Access the Adaptive CrossFit Movement Assessment here (*coming Dec. 1, 2022*).

Impairments requiring an ACMA assessment:

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

Impairments **not** requiring an ACMA assessment:

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

2.3 PRIVACY POLICY AND VIDEO SUBMISSIONS

The medical and other privacy interests of adaptive athletes will be preserved. Any discussion involving the medical information of an athlete, and any documentation will be kept confidential on a need-to-know basis, unless the athlete makes a specific request otherwise. Athletes give their consent to CrossFit to share confidential information with others as may be reasonably required in the application of this policy.

All assessments and tests must be video recorded as described and provided to CrossFit in an unedited form. Video submissions may be uploaded to the site of your choice and provided to CrossFit with an unlisted or secure link. CrossFit must be able to access the videos. Failure to make videos accessible may result in a rejection of the ACEF.

2.4 ATAXIA METHOD OF ASSESSMENT

Athletes are assessed for classification by two tests:

- Modified Scale for the Assessment and Rating of Ataxia (SARA) [1]
- Adaptive CrossFit Movement Assessment

2.4.1 ATAXIA ELIGIBILITY SUBMISSION REQUIREMENTS

To be eligible for ataxia, athletes must:

- Conduct Modified SARA test with medical professional and video the testing.
- Conduct Adaptive CrossFit Movement Assessment and video the testing.
- Submit the Adaptive Competition Eligibility Form (ACEF), which includes:

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- o Results of Modified SARA test (in ACEF electronically)
- o Scanned version of the Impairment Testing for Ataxia form filled out by a medical professional
- o Link to video of Modified SARA test
- o Link to video of Adaptive CrossFit Movement Assessment
- If requested by CrossFit, submit an observation workout video.

2.4.2 ATAXIA TEST BY MEDICAL PROFESSIONAL

The Scale for the Assessment and Rating of Ataxia (SARA) is a clinical scale which assesses a range of impairments in ataxia. The scale consists of eight tasks and tests: gait, stance, sitting, speech, finger-chase test, nose-finger test, fast alternating movements, and heel-shin test. For the use in CrossFit classification, speech is not a requisite to competition in the adaptive divisions and will not be tested. The test used for CrossFit is referred to as the Modified SARA test.

The Modified SARA test must be completed in-person by a medical doctor or physical therapist (“medical professional”). Athletes must take a printed Impairment Testing for Ataxia form to their medical professional. The medical professional must perform the test in accordance with the form. Athletes must video the entire test with a camera angle that allows for the viewer to see each aspect of the test without obstruction.

Access the Impairment Testing for Ataxia form here (*coming Dec. 1, 2022*).

2.4.3 ATAXIA TEST FOR CROSSFIT MOVEMENTS

Athletes must complete the appropriate version (standing or seated) of the Adaptive CrossFit Movement Assessment.

2.5 ATHETOSIS METHOD OF ASSESSMENT

Athletes are assessed for classification by two tests:

- Dyskinesia Impairment Scale (DIS) test [2]
- Adaptive CrossFit Movement Assessment

2.5.1 ATHETOSIS ELIGIBILITY SUBMISSION REQUIREMENTS

To be eligible for athetosis, athletes must:

- Conduct DIS test with medical professional and video the testing.
- Conduct Adaptive CrossFit Movement Assessment and video the testing.
- Submit the Adaptive Competition Eligibility Form (ACEF), which includes:
 - o Results of DIS test (in ACEF electronically)
 - o Scanned version of the Impairment Testing for Athetosis form filled out by a medical professional
 - o Link to video of DIS test
 - o Link to video of Adaptive CrossFit Movement Assessment
- If requested by CrossFit, submit observation workout video.

2.5.2 ATHETOSIS TEST BY MEDICAL PROFESSIONAL

The Dyskinesia Impairment Scale (DIS) is a tool to assess athetoid movements. It consists of testing 12 different body regions at rest and performing an action, of which nine apply to CrossFit Classification. For each test, at rest and when performing an action, movements are scored on the duration and amplitude of dyskinesia present.

The DIS must be completed in-person by a medical doctor or physical therapist (“medical professional”). To be eligible for athetosis, athletes must take a printed Impairment Testing for Athetosis Form to their medical professional. The medical professional must perform the test in accordance with the form. Athletes must video the entire test with a camera angle that allows for the viewer to see each aspect of the test without obstruction.

Access the Impairment Testing for Athetosis form here (*coming Dec. 1, 2022*).

2.5.3 ATHETOSIS TEST FOR CROSSFIT MOVEMENTS

Athletes must complete the appropriate version (standing or seated) of the Adaptive CrossFit Movement Assessment.

2.6 HYPERTONIA METHOD OF ASSESSMENT

Athletes are assessed for provisional classification by two tests:

- Ashworth scale [3]
- Adaptive CrossFit Movement Assessment

2.6.1 HYPERTONIA ELIGIBILITY SUBMISSION REQUIREMENTS

To be eligible for hypertonia, athletes must:

- Conduct Ashworth scale test with medical professional and video the testing.
- Conduct Adaptive CrossFit Movement Assessment and video the testing.
- Submit the Adaptive Competition Eligibility Form (ACEF), which includes:
 - o Results of Ashworth scale (in ACEF electronically)
 - o Scanned version of the Impairment Testing for Hypertonia form filled out by a medical professional
 - o Link to video of Ashworth scale test
 - o Link to video of Adaptive CrossFit Movement Assessment
- If requested by CrossFit, submit observation workout video.

2.6.2 HYPERTONIA TEST BY MEDICAL PROFESSIONAL

The Ashworth scale tests resistance to passive movement about a joint with varying degrees of velocity.

The Ashworth scale must be completed in person by a medical doctor or physical therapist (“medical professional”). Athletes must take a printed Impairment Testing for Hypertonia form to their medical professional. The medical professional must perform the test in accordance with instructions on the form. Athletes must video the entire test with a camera angle that allows for the viewer to see each aspect of the test without obstruction.

Access Impairment Testing for Hypertonia form here (*coming Dec. 1, 2022*).

2.6.3 HYPERTONIA TEST FOR CROSSFIT MOVEMENTS

Athletes must complete the appropriate version (standing or seated) of the Adaptive CrossFit Movement Assessment.

2.7 IMPAIRED MUSCLE POWER METHOD OF ASSESSMENT

Athletes are assessed for classification by two tests:

- Daniels and Worthingham Scale [4]
- Adaptive CrossFit Movement Assessment

2.7.1 IMPAIRED MUSCLE POWER ELIGIBILITY SUBMISSION REQUIREMENTS

To be eligible for impaired muscle power, athletes must:

- Conduct Daniels and Worthingham scale testing with a medical professional and video the testing.
- Conduct Adaptive CrossFit Movement Assessment and video the testing.
- Submit the Adaptive Competition Eligibility Form (ACEF), which includes:
 - o Results of Daniels and Worthingham scale (in ACEF electronically)
 - o Scanned version of the Impairment Testing for Impaired Muscle Power form filled out by a medical professional
 - o Link to video of Daniels and Worthingham scale testing
 - o Link to video of Adaptive CrossFit Movement Assessment
- If requested by CrossFit, submit observation workout video.

2.7.2 IMPAIRED MUSCLE POWER TEST BY MEDICAL PROFESSIONAL

The Daniels and Worthingham Scale (DWS) tests muscle strength by joint.

The DWS must be completed in person by a medical doctor or physical therapist (“medical professional”). Athletes must take a printed Impairment Testing for Impaired Muscle Power form to their medical professional. The medical professional must perform the test in accordance with the form. Athletes must video the entire test with a camera angle that allows for the viewer to see each aspect of the test without obstruction.

Access the Impairment Testing for Impaired Muscle Power form here (*coming Dec. 1, 2022*).

2.7.3 IMPAIRED MUSCLE POWER TEST FOR CROSSFIT MOVEMENTS

Athletes must complete the appropriate version (standing or seated) of the Adaptive CrossFit Movement Assessment.

2.8 IMPAIRED PASSIVE RANGE OF MOVEMENT METHOD OF ASSESSMENT

Athletes are assessed for classification by two tests:

- Specific joint range of movement testing using goniometers
- Adaptive CrossFit Movement Assessment

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2.8.1 IMPAIRED PASSIVE RANGE OF MOVEMENT ELIGIBILITY SUBMISSION REQUIREMENTS

To be eligible for impaired passive range of movement, athletes must:

- Conduct joint measurement testing with a medical professional and video the testing.
- Conduct Adaptive CrossFit Movement Assessment and video the testing.
- Submit the Adaptive Competition Eligibility Form (ACEF), which includes:
 - o Results of joint measurement testing (in ACEF electronically)
 - o Scanned version of the Impairment Testing for Passive Range of Movement form filled out by a medical professional
 - o Link to video of joint measurement testing
 - o Link to video of Adaptive CrossFit Movement Assessment
- If requested by CrossFit, submit observation workout video.

2.8.2 IMPAIRED PASSIVE RANGE OF MOVEMENT TEST BY MEDICAL PROFESSIONAL

Passive range of movement testing must be completed in person by a medical doctor or physical therapist (“medical professional”). Athletes must take a printed impairment range of movement form to their medical professional. The medical professional must perform the test in accordance with the form. Athletes must video the entire test with a camera angle that allows for the viewer to see each aspect of the test without obstruction.

Access the Impairment Testing for Passive Range of Movement form here (*coming Dec. 1, 2022*).

2.8.3 IMPAIRED PASSIVE RANGE OF MOVEMENT TEST FOR CROSSFIT MOVEMENTS

Athletes must complete the appropriate version (standing or seated) of the Adaptive CrossFit Movement Assessment.

2.9 LEG LENGTH DIFFERENCE METHOD OF ASSESSMENT

Athletes are assessed by measuring the length of both legs.

2.9.1 LEG LENGTH DIFFERENCE ELIGIBILITY SUBMISSION REQUIREMENTS

To be eligible for leg length difference, athletes must:

- Conduct leg length difference measurement with medical professional and video the testing.
- Submit the Adaptive Competition Eligibility Form (ACEF), which includes:
 - o Results of leg length difference measurement (in ACEF electronically)
 - o Scanned version of the Impairment Testing for Leg Length Difference form filled out by a medical professional
 - o Link to video of leg length difference measurement test

2.9.2 LEG LENGTH DIFFERENCE TEST BY MEDICAL PROFESSIONAL

Leg length difference testing be completed in person by a medical doctor or physical therapist (“medical professional”). Athletes must take a print-ed Impairment Testing for Leg Length Difference form to their medical professional. The medical professional must perform the test in accordance with the form. Athletes must video the entire test with a camera angle that allows for the viewer to see each aspect of the test without obstruction.

Access the Impairment Testing for Leg Length Difference form here (*coming Dec. 1, 2022*).

2.10 LIMB DEFICIENCY METHOD OF ASSESSMENT

Athletes are assessed for classification by photographic documentation of the deficiency.

2.10.1 LIMB DEFICIENCY ELIGIBILITY SUBMISSION REQUIREMENTS

To be eligible for limb deficiency, athletes must:

- Submit the Adaptive Competition Eligibility Form (ACEF), which includes photographs of limb deficiency (in ACEF electronically).

2.11 SHORT STATURE METHOD OF ASSESSMENT

Athletes are assessed for classification by measuring standing height and arm length.

2.11.1 SHORT STATURE ELIGIBILITY SUBMISSION REQUIREMENTS

To be eligible for short stature, athletes must:

- Conduct short-stature measurement testing with a medical professional and video the testing.
- Submit the Adaptive Competition Eligibility Form (ACEF), which includes:

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- o Results of short-stature measurement test (in ACEF electronically)
- o Scanned version of the Impairment Testing for Short Stature form filled out by a medical professional
- o Link to video of short-stature measurement test

2.11.2 SHORT STATURE TEST BY MEDICAL PROFESSIONAL

Measurement testing must be completed in person by a medical doctor or physical therapist (“medical professional”). Athletes must take a printed Impairment Testing for Short Stature form to their medical professional. The medical professional must perform the test in accordance with the form. Athletes must video the entire test with a camera angle that allows for the viewer to see each aspect of the test without obstruction.

Access the Impairment Testing for Short Stature form here (*coming Dec. 1, 2022*).

2.12 VISION IMPAIRMENT METHOD OF ASSESSMENT

Athletes are assessed for classification by vision testing of visual acuity or visual field performed by an optometrist.

2.12.1 VISION IMPAIRMENT ELIGIBILITY SUBMISSION REQUIREMENTS

To be eligible for vision impairment, athletes must:

- Conduct visual acuity and visual field measurement test with optometrist.
- Submit the Adaptive Competition Eligibility Form, which includes results of visual acuity or visual field measurement test.

2.12.2 VISION IMPAIRMENT TEST BY MEDICAL PROFESSIONAL

Testing must be completed in person by an optometrist (“medical professional”). Test results may not be older than 12 months at the time of submission. Reported test results must include use of best corrections for both eyes. A copy of test results may be requested by CrossFit to confirm eligibility.

2.13 INTELLECTUAL DISABILITY METHOD OF ASSESSMENT

Athletes are assessed for classification by a medical doctor or behavioral specialist. Athletes may be eligible via IQ testing or for a diagnosis of Trisomy 21 or Translocation Down Syndrome.

2.13.1 INTELLECTUAL DISABILITY ELIGIBILITY SUBMISSION REQUIREMENTS

To be eligible for an intellectual disability, athletes must:

- Complete an IQ test with a medical professional, or receive documentation for a diagnosis of Trisomy 21 or Translocation Down Syndrome.
- Submit the Adaptive Competition Eligibility Form which includes results of IQ test or diagnosis of Trisomy 21 or Translocation Down Syndrome.

2.13.2 INTELLECTUAL IMPAIRMENT BY MEDICAL PROFESSIONAL

IQ Testing

IQ tests must be performed by a medical doctor or licensed behavioral specialist. IQ tests listed below may be used to document the athlete's eligibility with approval from CrossFit.

The following IQ tests are accepted:

- Stanford-Binet Intelligence Scale
- Wechsler Intelligence Scale for Children (WISC)
- Wechsler Preschool and Primary Scale of Intelligence
- Wechsler Adult Intelligence Scale (WAIS)
- Universal Nonverbal Intelligence Test

Trisomy 21 and Translocation Down Syndrome Testing

Athletes must provide a documented diagnosis of Trisomy 21 or Translocation Down Syndrome from a medical doctor.

3.0 SPORT CLASSES BY ADAPTIVE DIVISIONS

3.1 UPPER EXTREMITY DIVISION SPORT CLASSES

Sport classes eligible for the Upper Extremity Division are: ASC11, ASC12, and ASC13.

3.1.1 SPORT CLASS - ASC10

This sport class intentionally left blank.

3.1.2 SPORT CLASS - ASC11

DESCRIPTION

Athletes with bilateral through or above-elbow, or bilateral below-elbow, or combination of unilateral above-elbow and unilateral below-elbow upper-extremity impairments.

ELIGIBILITY

Impaired Passive Range of Movement

Athletes must demonstrate any of the following in both upper extremities, separately:

- Shoulder flexion \leq 90 degrees
- Shoulder external rotation \leq 35 degrees
- Shoulder horizontal abduction lacking \geq 20 degrees
- Elbow flexion \leq 30 degrees
- Elbow extension lacking \geq 75 degrees
- Wrist ankylosed \geq 50 degrees of wrist flexion or wrist extension
- Any four (4) fingers on the same hand with \leq 10 degrees of flexion or extension at the metacarpophalangeal joints

Muscle Power - Shoulder and Elbow

Athletes must demonstrate any of the following in both upper extremities, separately:

- Shoulder flexion \leq to grade 2
- Shoulder abduction \leq grade 2
- Elbow extension \leq grade 2
- Elbow flexion \leq grade 1

Muscle Power - Wrists and Fingers

Athletes must demonstrate at least two of the following in both upper extremities, separately:

- Wrist flexion \leq grade 2
- Wrist extension \leq grade 2
- All metacarpophalangeal (fingers) flexion \leq grade 2
- All metacarpophalangeal (fingers) extension \leq grade 2

Fingers are tested as a unit of all four fingers. All fingers must have their metacarpophalangeal joint strength tested at the same time.

Limb Deficiency

Athletes must demonstrate any of the following:

- Bilateral through or above elbow limb deficiency.
- Bilateral below elbow limb deficiency.
- Combination of unilateral above elbow and unilateral below elbow limb deficiency at or above the wrist.
- Combination of unilateral above elbow and unilateral wrist ankylosed or dysmelia of at least 4 digits at the metacarpophalangeal joints.

3.1.3 SPORT CLASS - ASC12

DESCRIPTION

Athletes in this class present with unilateral through or above elbow upper-extremity impairments.

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ELIGIBILITY

Impaired Passive Range of Movement

Athletes must demonstrate any of the following in at least one upper extremity:

- Shoulder flexion \leq 90 degrees
- Shoulder external rotation \leq 35 degrees
- Shoulder horizontal abduction lacking \geq 20 degrees
- Elbow flexion \leq 30 degrees
- Elbow extension lacking \geq 75 degrees

Muscle Power

Athletes demonstrate any of the following in at least one upper extremity:

- Shoulder flexion \leq grade 2
- Shoulder abduction \leq grade 2
- Elbow extension \leq grade 2
- Elbow flexion \leq grade 1

Hypertonia

Athlete must demonstrate a minimum grade of 3 unilaterally in the shoulder or elbow joints.

Limb Deficiency (Upper Extremity)

Athlete must demonstrate a unilateral through or above elbow limb deficiency.

3.1.4 SPORT CLASS - ASC13

DESCRIPTION

Athletes in this class present with unilateral below elbow impairments.

ELIGIBILITY

Impaired Passive Range of Movement

Athlete must demonstrate any of the following:

- Wrist ankylosed \geq 50 degrees of wrist flexion or wrist extension
- Any four (4) digits on the same hand with \leq 10 degrees of flexion or extension at the metacarpophalangeal joints

Muscle Power

Athletes must demonstrate at least two for the following, unilaterally:

- Wrist flexion \leq grade 2
- Wrist extension \leq grade 2
- All fingers flexion \leq grade 2 at the metacarpophalangeal joints
- All fingers extension \leq grade 2 at the metacarpophalangeal joints

Hypertonia

Athlete must exhibit a minimum grade of 3 unilaterally in the wrist.

Limb Deficiency (Upper Extremity)

Athlete must demonstrate any of the following:

- Unilateral below elbow limb deficiency at or above the wrist
- Unilateral deficiency of four (4) or more digits at the metacarpophalangeal joints

3.1.5 SPORT CLASS - ASC14

DESCRIPTION

Athletes in this class present with through or below wrist impairments.

**ASC14 is not eligible for competition in the adaptive divisions for 2023. This sport class is created to gain data for future potential expansion,*

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and for use in other CrossFit licensed events.

ELIGIBILITY

Impaired Passive Range of Movement

Athletes must demonstrate any two (2) digits with ≤ 10 degrees of flexion or extension at the metacarpophalangeal joints.

Muscle Power

Athletes must demonstrate any two (2) digits with both:

- Metacarpophalangeal flexion \leq grade 2; and
- Metacarpophalangeal extension \leq grade 2

Limb Deficiency (Upper Extremity)

Athletes must demonstrate a deficiency of two (2) or more digits at the metacarpophalangeal joints with an ability to grip objects.

3.2 LOWER EXTREMITY DIVISION SPORT CLASSES

Sport classes eligible for the Lower Extremity Division are: ASC21, ASC22, ASC23, ASC24, ASC25, ASC26, and ASC27.

3.2.1 SPORT CLASS - ASC20

This sport class intentionally left blank.

3.2.2 SPORT CLASS - ASC21

DESCRIPTION

Athletes in this class present with bilateral through or above-knee deficiency, or a combination of unilateral above-knee deficiency and unilateral below-knee deficiency and use a prosthesis.

ELIGIBILITY

Limb Deficiency (Lower Extremity)

Athletes must demonstrate both:

- A bilateral through or above knee limb deficiency, or a combination of unilateral below knee and unilateral above-knee limb deficiency; and
- Use of a prosthesis.

3.2.3 SPORT CLASS - ASC22

DESCRIPTION

Athletes in this class present with bilateral below-knee limb deficiencies and use a prosthesis.

ELIGIBILITY

Limb Deficiency (Lower Extremity)

Athletes must demonstrate both:

- Bilateral below-knee limb deficiencies of at least half of the foot; and
- Use of prostheses.

3.2.4 SPORT CLASS - ASC23

DESCRIPTION

Athletes in this class present with unilateral through or above-knee deficiency and use a prosthesis.

ELIGIBILITY

Limb Deficiency (Lower Extremity)

Athletes must demonstrate both:

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- A unilateral through-knee or above-knee limb deficiency; and
- Use of a prosthesis.

3.2.5 SPORT CLASS - ASC24

DESCRIPTION

Athletes in this class present with unilateral below-knee limb deficiency of at least half of the foot and use a prosthesis.

ELIGIBILITY

Limb Deficiency (Lower Extremity)

Athletes must demonstrate both:

- A unilateral below-knee limb deficiency of at least half of the foot; and
- Use of a prosthesis.

3.2.6 SPORT CLASS - ASC25

DESCRIPTION

Athletes in this class present with bilateral or unilateral through and above-knee impairments and do not use a prosthesis.

ELIGIBILITY

Impaired Passive Range of Movement

Athletes must demonstrate at least one of the following:

- Hip flexion \leq 60 degrees
- Hip extension lacking \geq 20 degrees
- Knee flexion \leq 60 degrees
- Knee extension \leq 35 degrees

Muscle Power

Athletes must demonstrate at least one of the following:

- Hip flexion \leq grade 2
- Hip extension \leq grade 2
- Hip abduction \leq grade 2
- Hip adduction \leq grade 1
- Knee extension \leq grade 2

Hypertonia

Athletes must demonstrate a minimum grade of 3 unilaterally in the hip or knee.

Limb Deficiency

Athletes must demonstrate both:

- A bilateral or unilateral through or above-knee deficiency; and
- Does not use a prosthesis.

3.2.7 SPORT CLASS - ASC26

DESCRIPTION

Athletes in this class present with bilateral below knee impairments and do not use a prosthesis.

ELIGIBILITY

Impaired Passive Range of Movement

Athletes must demonstrate bilateral passive range of movement \leq 10 degrees of ankle dorsiflexion and plantar flexion available in the range between 10 degrees dorsiflexion and 25 degrees plantar flexion.

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Muscle Power

- Athletes must demonstrate ankle Plantarflexion \leq grade 2, or
- Athletes must demonstrate at least two of the following:
 - o Ankle Dorsiflexion \leq grade 2
 - o Ankle Inversion \leq grade 2
 - o Ankle Eversion \leq grade 2

Limb Deficiency

Athletes must demonstrate both:

- A bilateral below-knee deficiency; and
- Does not use prostheses.

3.2.8 SPORT CLASS - ASC27

DESCRIPTION

Athletes in this class present with unilateral below-knee impairments and do not use a prosthesis.

ELIGIBILITY

Impaired Passive Range of Movement

Athletes must demonstrate passive range of movement \leq 10 degrees of ankle dorsiflexion and plantar flexion available in the range between 10 degrees dorsiflexion and 25 degrees plantar flexion.

Muscle Power

- Athletes must demonstrate ankle plantarflexion \leq grade 2; or
- Athletes must demonstrate at least two of the following:
 - o Ankle dorsiflexion \leq grade 2
 - o Ankle inversion \leq grade 2
 - o Ankle eversion \leq grade 2

Hypertonia

Athletes demonstrate a minimum grade of 3 at the ankle.

Limb Deficiency

Athletes must demonstrate both:

- A unilateral below-knee deficiency; and
- Does not use prosthesis.

3.2.9 SPORT CLASS - ASC28

DESCRIPTION

Athletes in this class present with leg length difference.

ELIGIBILITY

Leg Length Difference

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

3.3 MULTI-EXTREMITY DIVISION SPORT CLASSES

Sport classes eligible for the Multi-Extremity Division are: ASC31, ASC32, ASC33, ASC34, and ASC35.

3.3.1 SPORT CLASS - ASC30

DESCRIPTION

This sport class intentionally left blank.

3.3.2 SPORT CLASS - ASC31

DESCRIPTION

Athletes in this class present with impairments that affect three or more extremities.

ELIGIBILITY

Hypertonia

At least one joint in three or more limbs each with a score of at least grade 2 (shoulder, elbow, wrist, hip, knee, or ankle).

Ataxia

Three or more limbs demonstrate ataxia.

Athetosis

Three or more limbs demonstrate athetosis.

3.3.3 SPORT CLASS - ASC32

DESCRIPTION

Athletes in this class present with impairments that affect both lower extremities.

ELIGIBILITY

Hypertonia

At least one joint in both lower extremities (hip, knee, or ankle) demonstrates a score of at least grade 2.

Ataxia

Both lower extremities demonstrate ataxia.

Athetosis

Both lower extremities demonstrate athetosis.

3.3.4 SPORT CLASS - ASC33

DESCRIPTION

Athletes in this class present with impairments that affect both upper extremities.

ELIGIBILITY

Hypertonia

At least one joint (shoulder, elbow, or wrist) in each upper extremity demonstrates a score of at least grade 2.

Ataxia

Both upper extremities demonstrate ataxia.

Athetosis

Both upper extremities demonstrate athetosis.

3.3.5 SPORT CLASS - ASC34

DESCRIPTION

Athletes in this class present with impairments that affect one upper extremity and one lower extremity.

ELIGIBILITY

Hypertonia

At least one joint in the upper extremities (shoulder, elbow, or wrist) and at least one joint in the lower extremities (hip, knee, or ankle) demonstrate a score of at least grade 2.

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Ataxia

One upper extremity and one lower extremity demonstrate ataxia.

Athetosis

One upper extremity and one lower extremity demonstrate athetosis.

3.3.6 SPORT CLASS - ASC35

DESCRIPTION

Athletes in this class present with a limb deficiency that involves at least one upper extremity and one lower extremity.

ELIGIBILITY

Limb Deficiency

Athletes must demonstrate a limb deficiency that involves at least one upper extremity and one lower extremity. These athletes may also be classified to participate in the Lower Extremity or Upper Extremity Divisions dependent upon the use of the upper extremity — specifically gripping — ability.

3.4 VISION DIVISION SPORT CLASSES

Sport classes eligible for the Vision Division are: ASC41, and ASC42.

3.4.1 SPORT CLASS - ASC40

DESCRIPTION

This sport class intentionally left blank.

3.4.2 SPORT CLASS - ASC41

DESCRIPTION

Athletes meeting vision criteria for field of vision.

ELIGIBILITY

Vision

Athletes must demonstrate a visual field of less than forty (40) degrees diameter.

3.4.3 SPORT CLASS - ASC42

DESCRIPTION

Athletes meeting vision criteria for field of vision.

ELIGIBILITY

Vision

Athletes must demonstrate a visual acuity equal to or poorer than logMAR 1.0 (Snellen 20/200 ft, 6/60 m) with best-corrected vision.

3.5 SEATED WITH HIP FUNCTION DIVISION SPORT CLASSES

Sport classes eligible for the Seated with Hip Function Division are: ASC51, ASC52, ASC53, ASC54, ASC55, and ASC56.

3.5.1 SPORT CLASS - ASC50

DESCRIPTION

This sport class intentionally left blank.

3.5.2 SPORT CLASS - ASC51

DESCRIPTION

Athletes in this class present with unilateral or bilateral hip function, but do not have knee function. Athletes have functions similar to those with a spinal cord injury at neurological level L1-L4, or bilateral above-knee limb deficiency.

ELIGIBILITY

Impaired Passive Range of Movement

Athlete must demonstrate at least one of the following:

- Unilateral hip flexion \leq 60 degrees
- Unilateral hip extension lacking \geq 20 degrees
- Bilateral knee flexion \leq 60 degrees
- Bilateral knee extension lacking \geq 35 degrees

Muscle Power

Athlete must demonstrate at least one of the following:

- Hip flexion \leq grade 2
- Hip extension \leq grade 2
- Hip abduction \leq grade 2
- Hip adduction \leq grade 1
- Bilateral knee extension \leq grade 2

Hypertonia

Athlete must demonstrate a bilateral grade of 3 or more in the knee or hip.

Limb Deficiency

Athlete must demonstrate a bilateral lower-extremity deficiency at or above the knee.

3.5.3 SPORT CLASS - ASC52

DESCRIPTION

Athletes in this class present with hip function, but do not have unilateral knee function.

ELIGIBILITY

Impaired Passive Range of Movement

Athlete must demonstrate at least one of the following:

- Unilateral knee flexion \leq 60 degrees
- Unilateral knee extension lacking \geq 35 degrees

Muscle Power

Athlete must demonstrate at least one of the following:

- Unilateral knee extension \leq grade 2

Hypertonia

Athletes must demonstrate a unilateral grade of 3 or more in the knee.

Limb Deficiency

Athletes must demonstrate a unilateral lower-extremity deficiency at or above the knee.

3.5.4 SPORT CLASS - ASC53

DESCRIPTION

Athletes in this class present with hip function and bilateral knee function, but lack bilateral ankle function.

ELIGIBILITY

Impaired Passive Range of Movement

Athletes demonstrate bilateral ankle dorsiflexion \leq 10 degrees and plantar flexion \leq 10 degrees available in the range between 10 degrees dorsiflexion and 25 degrees plantar flexion

Muscle Power

- Ankle plantar flexion \leq grade 2 bilaterally and unable to complete a full range of movement standing single-leg heel raise
- Ankle dorsiflexion, inversion or eversion, athlete must demonstrate at least two of the three bilaterally:
 - o Dorsiflexion \leq grade 2
 - o Inversion \leq grade 2
 - o Eversion \leq grade 2

Hypertonia

Athletes must demonstrate a bilateral score of at least grade 3 or more in the ankles.

Limb Deficiency

Athletes must demonstrate a bilateral lower-extremity deficiency of at least half of the foot.

3.5.5 SPORT CLASS - ASC54

DESCRIPTION

Athletes in this class present with ataxia or athetosis affecting bilateral lower and upper extremities.

ELIGIBILITY

Ataxia

Athletes must demonstrate ataxia in all four limbs.

Athetosis

Athletes must demonstrate athetosis in all four limbs.

3.5.6 SPORT CLASS - ASC55

DESCRIPTION

Athletes in this class present with ataxia or athetosis affecting both lower extremities and at least one upper extremity.

ELIGIBILITY

Ataxia

Athletes must demonstrate ataxia in both lower limbs and at least one upper extremity.

Athetosis

Athletes must demonstrate athetosis in both lower limbs and at least one upper extremity.

3.5.7 SPORT CLASS - ASC56

DESCRIPTION

Athletes in this class present with ataxia or athetosis affecting both lower extremities.

ELIGIBILITY

Ataxia

Athletes must demonstrate ataxia in both lower extremities.

Athetosis

Athletes must demonstrate athetosis in both lower extremities.

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3.6 SEATED WITHOUT HIP FUNCTION DIVISION SPORT CLASSES

Sport classes eligible for the Seated without Hip Function Division are: ASC61, ASC62, ASC63, and ASC64.

ELIGIBILITY FOR ALL SEATED WITHOUT HIP FUNCTION DIVISION SPORT CLASSES

All athletes in the all Seated Without Hip Function sport classes must demonstrate a bilateral lack of hip function by meeting at least one of the following in **both** hips:

Impaired Passive Range of Movement

- Hip flexion \leq 60 degrees
- Hip extension lacking \geq 20 degrees

Muscle Power

- Hip flexion \leq grade 2
- Hip extension \leq grade 2
- Hip abduction \leq grade 2
- Hip adduction \leq grade 1

3.6.1 SPORT CLASS - ASC60

DESCRIPTION

This sport class intentionally left blank.

3.6.2 SPORT CLASS - ASC61

DESCRIPTION

Athletes in this class present with limited to no grip function. Athletes have function similar to those with a spinal cord injury at or above neurological C6.

ELIGIBILITY

Impaired Passive Range of Movement

Athletes must demonstrate at least one of the following:

- Wrist ankylosed \geq 50 degrees of flexion or extension
- Any four fingers \leq 10 degrees of flexion or extension at the metacarpophalangeal joints

Muscle Power

Fingers are tested as a unit of all four fingers. All fingers must have their metacarpophalangeal joint strength tested at the same time.

Athletes must demonstrate at least two the following:

- Wrist flexion \leq grade 2
- Wrist extension \leq grade 2
- Metacarpophalangeal (finger) flexion \leq grade 2
- Metacarpophalangeal (finger) extension \leq grade 2

Limb Deficiency (Upper Extremity)

Athletes must demonstrate a bilateral deficiency of at least two fingers at the metacarpophalangeal joint.

3.6.3 SPORT CLASS - ASC62

DESCRIPTION

Athletes in this class have some grip function. Athletes have function similar to those with a spinal cord injury at neurological level at C7-C8.

ELIGIBILITY

Impaired Passive Range of Movement

Athletes must demonstrate at least one of the following:

- Elbow flexion \leq 30 degrees
- Elbow extension \geq 75 degrees

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- Wrist ankylosis \geq 50 degrees of flexion or extension.
- Any four fingers with \leq 10 degrees of flexion or extension at the metacarpophalangeal joint.

Muscle Power - Elbow

For elbow muscle power, athletes must demonstrate at least one of the following:

- Elbow Extension \leq grade 2
- Elbow Flexion \leq grade 1

Muscle Power - Wrist and Fingers

Fingers are tested as a unit of all four fingers. All fingers must have their metacarpophalangeal joint strength tested at the same time.

For wrist and finger muscle power, athletes must demonstrate at least two of the following:

- Wrist flexion \leq grade 2
- Wrist extension \leq grade 2
- Finger flexion \leq grade 2
- Finger extension \leq grade 2

Limb Deficiency (Upper Extremity)

Athletes must demonstrate a deficiency of two or more digits at the metacarpophalangeal joints.

3.6.4 SPORT CLASS - ASC63

DESCRIPTION

Athletes in this class have grip function but limited trunk function. Athletes have function similar to those with a spinal cord injury at neurological level T1-T6.

Trunk Function

Athletes can partially control trunk movement in the sagittal plane as demonstrated through the ability to lean the trunk forward through approximately 45 degrees and return without upper-extremity assistance. Athletes may demonstrate:

- Lack of controlled trunk movements in the frontal plane to either side.
- May or may not have controlled trunk movement beyond 45 degrees in the sagittal plane.
- May require the use of the head and/or trunk backward as a counterbalance when holding a light object in front of the body.
- When in a seated position, cannot raise the trunk from a fully flexed forward position (chest on the thighs) without upper-extremity assistance.
- May rely on upper-extremity assistance to return to an upright position when unbalanced.

3.6.5 SPORT CLASS - ASC64

DESCRIPTION

Athletes in this class have grip and some trunk function. Athletes have function similar to those with a spinal cord injury at neurological levels T7-T12.

ELIGIBILITY

Trunk Function

Athletes in this class have near-complete to complete trunk movement in the sagittal plane as demonstrated through the ability to lean the trunk forward to nearly 90 degrees (chest on lap) and return to an upright position without upper-extremity assistance.

Athletes may demonstrate:

- Ability to hold an object overhead without the loss of trunk stability.
- Complete trunk function to one side or requires at least one arm to return to an upright position after leaning to either side.
- Complete trunk movement in the transverse plane with active rotation of the trunk as a unit.

Hypertonia

Athlete must demonstrate at least a grade 3 in both hips.

Limb Deficiency

Athletes must demonstrate one 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. Athletes that meet this requirement do not need to prove lack of hip function.

3.7 SHORT STATURE DIVISION SPORT CLASSES

The sport class eligible for the Short Stature Division is: ASC71.

3.7.1 SPORT CLASS - ASC70

DESCRIPTION

This sport class intentionally left blank.

3.7.2 SPORT CLASS - ASC71

DESCRIPTION

Athletes in this class meet height, arm length, and combination measurement criteria.

ELIGIBILITY

Short Stature

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).

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).

3.8 INTELLECTUAL DISABILITY DIVISION SPORT CLASSES

Sport classes eligible for the Intellectual Disability Division are: ASC81 and ASC82.

3.8.1 SPORT CLASS - ASC80

DESCRIPTION

This sport class intentionally left blank.

3.8.2 SPORT CLASS - ASC81

DESCRIPTION

Athletes in this class present with an impairment in intellectual functioning as defined by a Intelligence Quotient (IQ) test score.

ELIGIBILITY

Athletes must have a professionally administered and documented IQ test score of ≤ 75 before the age of 18.

3.8.3 SPORT CLASS - ASC82

DESCRIPTION

Athletes with Down Syndrome.

ELIGIBILITY

Athletes must have a documented diagnosis of Trisomy 21 or Translocation Down Syndrome from a medical doctor.

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