

INCLUSIVE SKATING
CLASSIFICATION HANDBOOK

4th EDITION

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1. INTRODUCTION

1.1 BACKGROUND

Inclusive Skating was founded in 2010 and has developed a system for competition for skaters with all forms of permanent impairment including: visual, hearing, biomechanical and intellectual, that functionally impact ice-skating (figure skating and speed skating). As at 2017 Ice Skating is not represented in Paralympic Competition. In 2010 there was no classification system and structure to enable competition for all disabilities in ice skating.

The Inclusive Skating charity using the classification and competition system founded by Margarita Sweeney-Baird established the first Inclusive Skating event in 2012. This system enables athletes to be included in Inclusive Skating events and all disability specific events such as the Paralympics etc. The disability specific events included so far within the Inclusive Skating competition system are as follows: Special Olympics (since 2012), British Blind Sport (since 2016) and Inclusive Skating for Genes (since 2017). The core Inclusive Skating result is established and medals awarded accordingly. Additional disability specific results are then generated using the same performance scores but additional classification systems. This unique feature of the Inclusive Skating system has enabled the development of disability specific events at low cost.

In 2017 the first Inclusive Skating for Genes British Championships was held with funding from Genetic Disorders UK. This event is targeted at those with rare and genetic diseases. The Inclusive Skating system classifies all the disabilities that the person has. Once again, the core Inclusive Skating result is established and medals awarded accordingly. The additional disability specific result for those with genetic disorders was then generated using the same performance scores but an additional classification. 65% of the single skaters at the British Inclusive Skating Championships were included in the first British Inclusive Skating for Genes Championships. Rare and genetic diseases are collectively common. Most of them are children because children are disproportionately impacted by rare and genetic diseases and benefit greatly from the Inclusive Skating system. Those with genetic syndromes and multiple disabilities are therefore put on a truly level playing field. They no longer have to “choose” their disability for sporting participation.

We also welcome the wider community around the Inclusive skaters with Unified events. Unified events include those with less than 5% whole person impairment. No impairment compensation is added to the skating score in unified events. So, abled bodied family members get the opportunity to take part in sport too. The unified event also includes those with mental impairment or issues such as ADHD etc. They can benefit from the supportive environment of the Inclusive Skating system. The first British Inclusive Skating Unified Championship medals were awarded at Braehead, Glasgow in 2017.

Now that the system has been created and implemented and skating events for skaters with a disability have become part of the established event

structure we hope that future World championship and International events such as the Paralympics, Deaflympics etc. continue to develop for those with any form of impairment.

As important is the determination to provide a safe and welcoming environment for the skater. During the classification process the facilitation needs for the skater are established and put in place for the competition. The accreditation systems support this. The care of the athlete remains with their established care giver's. During Inclusive Skating events the care givers of the athlete are fully accredited to allow full access to the skater at all times.

Inclusive Skating has used the *AMA Guides to the Evaluation of Permanent Impairment*, (AMA guides 6th Edition, or AMA Guides) as the basis for determining functional impairment. The AMA guides are a well-recognized, widely utilized and validated measure to determine functional impairment. The AMA Guides reflect experience with impairment ratings over the centuries and started in 1958 with publication by the American Medical Association (AMA) article *A Guide to the Evaluation of Permanent Impairment of the Extremities and Back*. Over the next 12 years, 12 additional guides appeared and in 1971 a compendium of these 13 Guides became the first edition of the Guides. The 6th edition of the Guide adopts a contemporary model of disablement that is functionally based and internally consistent. It utilizes the World Health Organization (WHO) and International Classification of Functioning, Disability and Health (ICF) framework for describing and measuring health and disability at the individual and population level with consideration to body function and structure, activity and participation in life situations. This functional approach to classification has also been adopted and encouraged by the International Paralympic Committee (IPC).

The application of the Guides to sport classification is a novel use of the AMA Guides but it is currently the most validated method of measurement of disability, health and functioning. The IPC stresses the importance of a sport specific functional assessment that is relevant to sport performance and the Guide is functionally based to the fullest extent practicable. Moreover, extensive work has been undertaken by medical and skating experts to identify those functional impairments that are relevant to skating performance. Thus, the Inclusive Skating classification system is based on the extent of the activity limitations for ice skating. The system allows differences in functional impairments to be measured and athletes with different impairments to equitably compete against each other when performing the same activity.

In considering the functional impact of the impairment on skating account will also be taken of the impact of the impairment on the training process and the ability to acquire the technical skills of ice skating.

There are some conditions where the functional impact of the impairment on skating is uncertain. The general rule is that the Inclusive Skating classification defaults to the midpoint of the class in the AMA guides.

There is a minimal impairment criteria of 5%. The disability must have a functional impact of more than 5% on the ability to undertake the activity of ice skating for impairment compensation to be added to the skating score. If the impairment is less than 5% the skater competes as a Unified skater. If the impairment is 5% or more then the whole person impairment compensation applies and the skater competes as an Inclusive Skater.

If the functional class of impairment is uncertain but the minimal impairment criteria are established then the skater will receive a 5% whole person impairment compensation. This can also be applied to young and new skaters where the functional impact is clear but a full classification is not desired.

Skaters wishing to take part in Inclusive Skating Events should always have their facilitation requirements established. Facilitation applies to Inclusive Skaters and Unified Skaters. This ensures that the health and well-being of the skater is promoted and that all skaters can take part safely. If they wish to have an impairment compensation added to their skating score they must provide evidence of an impairment that functionally impacts ice-skating by 5% or more.

1.2 System Test and Background to event development

The structure and system of competition for skaters with impairment was tested for the first time at the International Club Competition under ISU Rule 102.17 held at Dumfries Ice Bowl, Scotland on May 12th and 13th 2012 at a competition held by Inclusive Skating (formerly known as Impaired Skating or the global Project for Impaired Skating) with the support of Sk8 Scotland under a permit from the National Ice Skating Association of the UK. The permit was required because of an “eligibility rule”. If skaters took part in an unpermitted event then they would be ineligible for ALL figure skating competitions for life. Given the severity of the sanction for breach of the eligibility rule Inclusive Skating also kept the ISU apprised in writing of all developments of the Inclusive Skating project and sought their support. A Report on the event was sent to the ISU and was brought to the attention of the ISU (International Skating Union) Members at the ISU Congress in Kuala Lumpur in June 2012. It was thought that the ISU and NISA would encourage the continued development of the project through the expansion of the next competition to more ISU members. However, the ISU sent an e-mail to Inclusive Skating limiting development to one event per year and provided no support for their members to take part in Inclusive Skating events. In September of 2016 the ISU eligibility rule was found to be in breach of EC antitrust law and Inclusive Skating now holds events independently and without a NISA permit or ISU permit. This has resulted in an expansion of the range and number of Inclusive Skating events in the UK and across the world.

1.3 Review of Classification Handbook

At the Dumfries Event in May 2012 the First Edition of the Classification Handbook written by Margarita Sweeney-Baird was used. This was reviewed at the conference for classifiers which took place in Glasgow, Scotland in July

2012 and subsequently the second edition of the Classification Handbook was published and physician reporting forms were inserted for use at the second Inclusive Skating competition held in Dumfries, Scotland on May 11th and 12th 2013.

As a result of further review by Margarita Sweeney-Baird and experience gained at the second competition the third Edition of the Classification Handbook was published and used in events between 2014 and 2017.

The Handbook has once again been reviewed by Margarita Sweeney-Baird to take account of further experience of application and in particular the developments that took place at the 2017 events and future legislative changes. The Physician Reporting Forms and other changes implemented in the second edition have been completely deleted because they were not used by the skaters or classifiers. The policy of the First Edition which gives the classification panel greater decision-making power has been formally reinstated. The Classification systems have been streamlined and the disability specific event structure has been incorporated into the classification process. Any data held by Inclusive Skating is reviewed in readiness for the General Data Protection Regulation 2018 guidelines and following the Charity Data Protection requirements. No personal medical records are retained and wherever possible data is deleted. The whole person impairment compensation of each skater is published on the Inclusive Skating World Ranking lists and is available to all the skaters.

1.4 Role of Classification

The role of classification in inclusive skating is to determine:

- What whole person impairment compensation the skater is awarded
- which classes and/or disability specific events the skater is eligible to compete in, and where appropriate any differences in impairment compensation for that class or event, and
- what additional support should be made available to the skater through the facilitator and/ or modification to the music or starting procedures etc. whilst on the ice. The event accreditation systems support this.

At the end of this handbook there is a Table that provides the whole person impairment compensation of frequently used classifications. Case studies with simple guidelines for common impairments have been added to increase the general understanding and to provide general guidance on the functional application of classification to ice skating. These could be used at Inclusive Skating competitions where a full classification panel is unnecessary, e.g. local competitions or where there are skaters that are new to the sport.

1.5 The Code of Classification

This handbook must be read in conjunction with the Code of Classification for Inclusive Skaters. It is intended that the Classification Rules for Inclusive

skating will be in compliance with the IPC Classification Code and any Classification Code to which Inclusive Skating is a signatory.

This handbook and the Code may be amended from time to time to ensure that they remain in full compliance with the IPC Classification Code. It is intended that the Handbook will contain the day to day practical application of classification guidelines.

Inclusive Skating will maintain a Classification Master List of Skaters including the skater's name, date of birth, country, sport class and sport class status and impairment compensation. The Classification Master List is used to identify Skaters that enter international competitions and may be distributed as necessary for this purpose. The Classification Master List is currently published in the form of a World Ranking of Inclusive Skaters.

1.6 Applications

Classification should provide skaters with a functional impairment a method to compete equitably in competition and events. When combined with the Rules of Competition and the Announcement of the Event competitions that can occur include:

- **Inclusive Skating events** - Competitions solely for skaters with impairment that include individuals with differing types of impairments.
- **Specific Disability Skating events** - Competitions for skaters with similar impairments. This would allow skaters to take part in existing specific disability sport events such as World Winter Games for Special Olympic athletes and Blind Sport Events etc.
- **Unified Events** - Competition within current able-bodied skating events where skaters with an impairment compete against non-impaired skaters or compete in a separate class of Inclusive Skaters (with or without adjustment with the impairment compensation). Competitions at Inclusive Skating events may also include separate Unified results for skaters who have less than 5% impairment compensation.

1.7 Calculation of Result

The classification process will determine the degree of impairment relative to a whole person impairment. The whole person impairment is then related to a known constant of a skating score or time that is the average hypothetical score or time of an able-bodied skater performing that activity. This will be known as the 'impairment compensation'. The competition score will be a measure of the evaluated performance or time and the impairment compensation.

For Championship results where the skaters may compete across different technical levels the score may be adjusted to reflect a 1 minute score. This is to ensure that there is a true comparison of each skater's score within the same performance time. It would not be fair to compare a skater competing a

3 minute programme at Level 6 with a skater competing a 1 minute programme at Level 1 that contains fewer elements.

Combining results across progressively more difficult technical levels also provides an incentive for skaters with an impairment to progress their skills.

Common degenerative conditions are not objectively assessable so cannot be classified. An age-related impairment compensation may be added to the calculation of results for Masters to reflect the average age-related degeneration instead.

2. THE CLASSIFICATION SYSTEM

2.1 INTRODUCTION

The Inclusive Skating Classification System offers figure skating, free skating, speed skating (short and long track), dance and synchro events for skaters (with or without a facilitator) with any impairment that functionally limits ice skating. These events are adapted to meet the needs of Inclusive Skaters. Wheelchair users are included in a full range of synchro events that range from duets to groups and large teams.

Where the impairment results in the skater being non-ambulant or limited to short distances indoors then additional equipment for support or mobility may be used. The rules allow for the use of Balance facilitators, Frames or Harnesses etc.

Equipment or facilitation to aid participation in any way should be considered during the classification process. Skaters should bring their own frames and equipment and the equipment should be used regularly in training. Inclusive Skating does not determine the suitability or safety of the equipment. That should be established by the skater and be well tested by the skater and their coach during their training for the event.

2.2 CLASSIFICATION OF SKATERS

All skaters may be classified and compete as Unified skaters or Inclusive skaters.

Inclusive Skaters may receive a whole person impairment for Inclusive Skating events if they have and meet all of the following criteria:

- Impairment capable of evaluation under the Guides to the Evaluation of Permanent Impairment, 6th Edition, (AMA guides)
- The impairment meets the sport specific minimum impairment criterion.

Classification includes ALL the impairments that the skater has and the impairment compensation will be combined following the AMA guides to reflect the skater's full impairment.

A skater who does not meet the conditions for minimal impairment, is not eligible to obtain impairment compensation and will be classified as a Unified Skater. Unified Skaters with mental illness etc. that do not meet the minimal impairment criteria to obtain impairment compensation will nonetheless receive all necessary facilitation and support for their participation.

For the purposes of Inclusive Skating events the classification provided by disability specific sports shall applied where appropriate. Disability Specific classification systems developed by Disability Specific organisations may apply to events that take place during events run by Inclusive Skating. E.g. Special Olympics, Blind Sport etc. Inclusive Skating may also apply additional

disability specific classifications that it develops. E.g. Inclusive Skating for Genes for those with genetic disorders.

2.3 THE CLASSIFICATION PATHWAY

This classification pathway must be read in conjunction with the more detailed provisions of the Inclusive Skating Code of Classification.

2.4 SUPPORTING DOCUMENTATION

When attending for classification the skater is required to produce:

- Evidence of identity
- Passport sized photograph
- Copies of Medical documentation that supports/ describes the impairment (in English language). All medical documentation will be read during classification and will be returned to the possession of the skater immediately. No record of the medical documentation will be retained.

The Skaters should provide information on ALL impairments that are to be included in their classification.

If the evidence of impairment is inadequate then the skater may compete as a Unified Skater and will not receive impairment compensation.

If the skater needs to return for a new classification then they should treat the classification as a new classification and bring all the necessary documentation with them.

It is the responsibility of the Skater and the National Federation of the Skater to ensure that any skater whose impairment is the result of a rare or uncommon condition provides supporting specialist documentation in English when presenting the skater for evaluation.

Skaters should wherever possible provide evidence of their medical condition that meets the standards provided for in the AMA guides.

If the skater's condition changes or further evidence becomes available then the skater may request a new classification. The Inclusive Skating Classification Panel can also request a new classification. All relevant medical documentation should be brought to each and every classification as no medical records are retained.

As each new classification is treated as a fresh classification the skater's impairment compensation can go up or down.

2.5 CLASSIFICATION CONSENT FORM

The skater must consent to evaluation by signing a CLASSIFICATION CONSENT FORM and/or completing the Competition Entry form to indicate

their agreement to be classified and confirm their agreement to provide full effort and co-operation during the classification process.

2.6 PRESENTATION FOR EVALUATION

The skater must dress appropriately and must bring all equipment including competition or daily use prosthesis or orthoses and any hearing or visual aids.

If a skater wishes to use any assistive device or aid during competition then they must be classified with that device and obtain an impairment compensation on that basis.

The skater may be accompanied by an interpreter and not more than one representative of the Skater's NPC or National Federation.

Where possible the skater's facilitator and care givers should be available to attend the evaluation or for consultation about the skater's needs during competition.

If the Skater has a health condition that produces pain, which limits or prohibits full effort during evaluation, it may not be appropriate for evaluation for classification to take place at that time. It may be possible to reschedule the classification but ultimately the Skater will not be eligible to compete at international level and obtain impairment compensation as an Inclusive Skater until such an evaluation and classification is satisfactorily completed. The skater can compete as a Unified skater.

2.7 ASSESSMENT

The classification panel will conduct an interview and physical assessment of the skater when indicated. This will include but is not limited to the examination of motor power, muscle tone, co-ordination, range of movement and observation of any residual ability to ambulate.

Video footage and/or photography may be utilized by the classification panel for all purposes connected to the competition and the evaluation.

The classification panel will review all medical evidence and records.

The skater may be required to undertake further tests and will be observed during practice and competition. An assessment of the ability to perform two or one foot skating on all edges forward and backward will be undertaken.

The skater will be reviewed to ensure an enduring level of ability demonstrated on clinical exam for a period of time. This time will initially be set for 2 years.

2.8 OUTCOME – SPORT CLASS ALLOCATION

A member of the Classification Panel will inform the skater of the panel's decision and whether the skater is eligible to compete as an inclusive or Unified Skater. It is expected that this will occur as soon as possible after the decision has been taken.

Sport Class Status New (N)

When skaters have not previously been classified by an international Classification Panel then they will be assigned Sport Class New (N).

Sport Class Status N skaters include those who have been allocated a sport class by their National Federation for entry purposes or are using the Inclusive Skating Table of frequently used classifications for their classification.

Sport Class N skaters must complete full classification prior to competing at Paralympic Winter Games, Inclusive Skating World Championship or Qualifying events and any International and /or National Championship events where the skater wishes to obtain impairment compensation.

Sport Class Review (R)

Sport Class Review (R) status may be assigned to skaters, following classification by an Inclusive Skating Classification Panel, for a period of time.

All skaters should expect to be assigned Sport Status R for a minimum period of time of 1 year of competitive skating. Currently, all classifications are reviewed for at least 2 years as the system is still relatively new.

During the development phase of Inclusive Skating it is intended that all skaters will have Sport Class Status R.

Sport Class Review Status (R) is also assigned to a skater who has been previously classified by an Inclusive Skating Classification Panel but for reasons determined by the Inclusive Skating Head Classifier requires a review of their sport class for example because their condition appears to have changed.

Sport Class Status R Skaters must complete classification prior to competing at Paralympic Winter Games, Inclusive Skating World Championship or Qualifying events and any International and/ or national events where the skater wishes to obtain impairment compensation.

Sport Class Confirmed (C)

Sport Class status of confirmed (C) may only be allocated following classification by certified Inclusive Skating classification panel/ classifiers.

When a skater has confirmed status further classification is not required.

The status of a Skater whose classification is confirmed cannot be protested by another NPC or NF after it comes into effect. Confirmed status is deemed to come into effect 24 hours after first appearance of the skater at the first international competition following the process of evaluation.

2.9 INELIGIBILITY

In Inclusive Skating the allocation of sport class is either:

- Inclusive Skater (eligible), or
- Unified Skater (this may be referred to in the Code and the IPC Code as ineligible).

In circumstances where a Sport Class of Unified skater for competition is allocated by a classification panel then the skater has a right to be examined again by a second classification panel at a later date. The second classification panel should contain new members who did not take part in the first classification. If the second classification panel confirms that the skater is a Unified skater then they will not be permitted to compete with impairment compensation in the Inclusive Skating section and will have no further protest options.

2.10 CLASSIFICATION PROTEST

A classification protest is the procedure whereby a formal objection to a skater's sport class is made and subsequently resolved.

A skater's sports class should generally only be protested once with the exception of protests in exceptional circumstances.

A classification protest shall be resolved by a new classification panel that was not involved in the allocation of the sports class that is being protested.

Classification protests will generally be submitted during competition and can be submitted by a designated representative of an NPC or NF, the Chief Classifier or by the Inclusive Skating Head of Classification.

Skaters who have undergone classification of eligibility either as new (N) or Review (R) designations can only be the subject of classification protest within a period of 24 hours following first appearance at the first international Competition following evaluation. Protests must be submitted to the Chief Classifier within that period otherwise the protest will be void.

Skaters with a confirmed status cannot be the subject of a protest from an NPC/NF but can be the subject of a protest by the Chief Classifier.

2.11 POST-EVALUATION TASKS

Written notification or publication of the Classification must be provided to the Skater. An Inclusive Skating Passport may be completed identifying the Impairment Compensation, the class of the skater (where appropriate) and any specific impairment classes. This notification may take the form of the World Rankings for Inclusive Skaters.

2.12 APPEAL

An appeal is the procedure by which a formal object to the manner in which classification procedures have been conducted is submitted and subsequently resolved.

The Appeal body shall have jurisdiction to review classification decisions in order to

- Ensure all appropriate sports class classification procedures have been followed
- Ensure all appropriate protest procedures have been followed.

But no Appeal body shall have jurisdiction to review the merits of an allocation of Sports Class or Sports Class Status and under no circumstance shall the appeal body modify a classification decision by allocating a new whole person impairment compensation, Sports Class or Sports Class Status.

2.13 POST-COMPETITION TASKS

The Chief Classifier must complete a post competition report, which is then forwarded to the Head of Classification. The Head of Classification has the responsibility of updating the Classification Master List after each competition at which classification has taken place.

3. COMPETITION LEVELS

The Inclusive Skating Classification and Competition System offers figure, speed, dance and synchro events for skaters (with or without a facilitator) with any impairment that functionally limits ice skating.

3.1 – SPEED LEVELS/ CLASSES

The rules of competition may follow long track rules but use a time trial format.

Where appropriate short track and Special Olympic rules may apply to Disability specific events held as part of an Inclusive Skating Event.

Skaters should refer to the more detailed rules in the rules of competition and the Announcement of the Competition.

Race distances may be limited to those with a range of whole person impairment and according to the age and development of the skater.

Events may also be split according to a specific impairment grouping, e.g. intellectual/ non-biomechanical (I), visual (V), hearing (H), biomechanical (B) etc.

As a general rule the following classes will apply.

- **Speed Class 1** – paraplegia with no or some upper abdominal function and no functional sitting balance. Such skaters use an ice sledge. (this compares to sitting skiing classes LW 10)
- **Speed Class 2** – paraplegia with fair functional sitting balance. Such skaters use an ice sledge. (this compares to sitting skiing classes LW 11)
- **Speed Class 3** – for skaters with limited ability to ambulate. Such skaters use an aid to support standing and skating on the ice.
- **Speed Class 4** - Skaters who require a facilitator for guidance in direct contact or in close proximity
- **Speed Class 5** - Skaters who are independently ambulant.

3.2 GENERAL RULES FOR FIGURE and DANCE LEVELS

Ambulant skaters may enter inclusive skating competition at the technical level of skating that the skater, in consultation with their coaches, most closely matches their technical skating ability. There are no test requirements. The skater has a duty to skate at their current level of skating ability given their impairment and skaters must not skate below their ability. The coach has a duty to ensure that the skater's health, safety and well-being is paramount and that the skater skates at their appropriate skating ability level.

The following provides a general template of the technical expected progression of skating skill at each level to be used during classification in order to assess the expected technical level for participation. Refer to the detailed rules of competition for the full technical requirements at each level.

Levels may also be split according to a specific impairment grouping, e.g. intellectual/ non-biomechanical (I), visual (V), hearing (H), biomechanical (B) etc. and according to the age and sex of the skater.

These technical levels are intended to aid development of Inclusive Skaters and to make it possible to hold Inclusive Skating events that can be combined with other disability specific events such as Special Olympics. The Inclusive Skating Championships are calculated by combining the results across all the levels.

3.3 FIGURE LEVELS – Free Skating

- **Figure Level BHF** – require extensive support for balance and/or guidance and skate predominately on 2 feet. Average skating score of 1.25 with PCS score of 0.25 and 0.47 when 0.5 factor used.
- **Figure Level 1-** ability to skate on 2 feet in 1 minute program with minimal support. Average skating score of 2.45 with PCS score of 0.25 when 2.5 factor used (0.5 and 0.75 when 1.0 factor used)
- **Figure Level 2-** ability to skate forward on 1 foot in 1 minute 30 second program, Average skating score of 4.25 with PCS score of 0.5 when 2.5 factor used (0.75 and 0.75 when 1.5 factor used)
- **Figure Level 3** – ability to skate on forward 1 foot edges and simple $\frac{1}{2}$ rotation jumps in 2 minutes skating program, Average skating score of 6.2 with PCS score of 0.75 when 2.5 factor used (1.00 and 0.75 when 2.0 factor used)
- **Figure Level 4** – ability to skate on back edges and do $\frac{1}{2}$ revolution jumps in combination and loop jump in 2 minutes program. Skater should be able to skate backwards on 1 foot edges. Average skating score of 9.6 with PCS score of 1.0 when 2.5 factor used
- **Figure Level 5** – ability to do all/most single rotation jumps and back three turns (but not axel or double jumps) in 2 minutes 30 second program, Average skating score of 12.3 with PCS score of 1.25 when 2.5 factor used.
- **Figure Level 6** – ability to do Axel and double jumps. Average skating score of 15.2 with PCS score of 1.5 when 2.5 factor used
- **Figure Level 7** – ability to do all double jumps in a 3 minute 30 second program for girls and ladies and a 4 minutes program for boys and men. Average skating score of 48.0 for Lady and 58.0 for Men. Average performance component score of 3.0
- **Figure Level 8** – ability to do triple jumps in a 4 minutes program for ladies and 4 minutes 30 second program for boys and men. Average skating score of 55.0 for Lady and 68.0 for Men. Average performance component score of 3.5

3.4 SOLO DANCE AND FREE DANCE LEVELS

The following provides a general template of the technical expected progression of skating skill at each level within dance.

Skaters may skate with a facilitator/ partner in the same way that a skater takes a test.

- **Solo Dance Level 1** - Dutch Waltz, Canasta Tango, Ability to skate on 1 foot and cover centre of the full rink. Average skating performance component skating skill score of below 0.50. The factor for the program component scores is 1.0. This is similar to the Figure Level 2.
- **Solo Dance Level 2** - Rhythm Blues, Cha-Cha, Fiesta Tango, Swing Ability to skate on 1 foot forward edges and cover full rink. Skater should be able to skate backwards. Average skating performance component skating skill score of 0.50. The factor for the program component scores is 1.0. This is similar to the Figure Level 3.
- **Solo Dance Level 3** - Fourteen Step, European Waltz, Ten Fox, Willow Waltz, Hickory Hoe Down Ability to skate on 1 foot back edges and independently cover full rink with power. Average skating performance component skating skill score of 1.00 The factor for the program component scores is 1.0. This is similar to the Figure Level 4.
- **Solo Dance Level 4** – American Waltz, Foxtrot Ability to skate some basic turns independently and with power. Average skating performance component score skating skill of 1.50. The factor for the program component scores is 2.0. This is similar to the Figure Level 5.
- **Solo Dance Level 5** - Tango, Blues, Ability to perform some complicated turns and skate most basic turns independently and with power. Average skating performance component skating skill score of 2.00. The factor for the program component scores is 2.50. This is similar to the Figure Level 6.
- **Solo Dance Level 6** – Rocker Foxtrot, Starlight Waltz Killian, Paso Doble, etc Ability to perform all complicated turns without assistance and with power.

Average skating performance component skating skill score of 2.50.
The factor for the program component scores is 2.50.

3.5 SYNCHRO

These provide the minimum skill level where appropriate. Skaters may be at a higher level in synchro. The minimum skill levels do not apply to wheelchair users. The team leader and coaches should pay particular attention to ensure the safety of the skaters at all times.

Level 1 Synchro – Skaters who are ambulant should be able to skate on one foot forward. E.g. Figure Level 1 and 2.

Level 2 Synchro - Skaters should be able to skate competently on one foot forward and backwards and perform most basic turns on one foot. E.g. Figure Level 3 and 4.

Level 3 Synchro - Skaters should be able to perform most complicated turns E.g. Figure level 5 and 6

Synchro Group

Synchro group consists of 2-4 skaters. Duets, Trios and Quads. Skaters may be any combination of disability (including wheelchair users) providing that there is either a majority or an equal number of classified skaters. Trios where one of the skaters uses a wheelchair may include a majority of unified skaters.

Synchro Team

Synchro Team consists of 5-10 skaters. Skaters may be any combination of disability (including wheelchair users) providing that there is either a majority or an equal number of classified skaters.

Synchro Super Team

Synchro Team consists of 11-16 skaters. Skaters may be any combination of disability (including wheelchair users) providing that there is either a majority or an equal number of classified skaters.

3.6 LEVELS AND CLASSES

The level and class of the skater may be different. The level of the skater reflects the technical skating of the skater. The class of the skater will determine: whether the skater is an Inclusive Skater or a unified skater, the impairment compensation and the functional performance class for the skater performing that discipline where appropriate.

4 GENERAL GUIDELINES FOR CLASSIFIERS

4.1 CLASSIFIERS

Classifiers are either medically qualified as registered medical practitioners or registered physiotherapists or occupational therapists or are technically qualified as skaters or coaches.

Inclusive Skating requires documentation confirming the professional qualifications of potential classifiers prior to appointment.

Classifiers will be certified after undergoing training which includes both theoretical and practical aspects and a practical assessment of required competencies in carrying out classifications and applying the classification rules of inclusive skating.

Any certified classifier who has not performed any classifications or performed classification duties at international level for 2 years will be required to undergo retraining.

4.2 CLASSIFICATION PANEL

Classifiers will work as members of a classification panel, which has at least 2 members. At least one member should be medically qualified and one member should be technically qualified.

There may be an interim requirement for classifiers to work alone at times or for rules to be modified until the appropriate expansion of classifiers occurs.

4.3 CLASSIFICATION DUTIES DURING COMPETITION

During a competition members of a Classification Panel should not have any responsibilities towards or attachment to a National Team/ Squad or expectations for medical event coverage.

4.4 CHIEF CLASSIFIER

A Chief Classifier is appointed for a specific competition. The Chief Classifier may be the Head of Classification or it may be another fully certified international classifier. The Chief Classifier may also be the Technical Delegate.

The Chief Classifier will ensure that the classification rules are applied appropriately during the specific competition and that classification facilities are provided at and during the competition, which allow high professional standards to be maintained.

The Chief Classifier shall maintain a record of the certified classifiers at the competition and shall send this information to the Head of Classification.

4.5 HEAD OF CLASSIFICATION

A Head of Classification, appointed by Inclusive Skating, will have overall responsibility for international classification, classifier training and supervision, maintaining secure classification data and regularly updating it and ensuring such records are accurate, as well as liaising with all relevant external parties such as the International Paralympic Committee (IPC) Classification committee, IPC Medical and Scientific Department and Organising Committees.

The Head of Classification shall maintain a list of certified classifiers and the events at which each has undertaken classification duties.

4.6 CONDUCT OF CLASSIFIERS

The role of the classifier is to act as an impartial evaluator in determining a skater's eligibility and Sport Class status. The integrity of Classification in Inclusive Skating rests on the professional conduct and the behaviour of each individual classifier. It is important that confidence in the Classification Rules and the Classification Personnel is preserved and developed and that it is based on transparent and agreed standards of practice which define a meaningful set of guidelines for the professional conduct of classification personnel.

All classifiers must abide by the Inclusive Skating Officials Policy Manual and in particular the Code of Conduct for Officials and Safeguarding requirements and should at all times respect the Classification rules.

Classifiers should value and respect the Skaters and Skaters Support Personnel and treat them with understanding patience and dignity while being courteous, objective, honest and impartial in performing their classification duties.

Classifiers should accept responsibility for all actions and decisions taken and be open to discussion and interaction with Skaters and Skaters support personnel in accordance with the International Standards for Skater Evaluation and International Standard for Protest and Appeals.

Confidentiality of Skater information must be maintained and whenever possible according to the International Standards for Skater Evaluation and Protests and Appeals.

Simple medical tools comprising a stethoscope, reflex hammer, goniometer, tape measure, otoscope, ophthalmoscope and Snellen chart should be available and large tables used to enable simple clinical assessment with skaters sitting on the tables for lower limb examinations. The WHO standards

or current UK height to weight charts for children are both suitable and may be used for classification.

4.7 THE BASIS OF CLASSIFICATION

Inclusive Skating and the classifier body will promote and stimulate studies to provide a scientific basis to underpin the scheme of classification and the development of technology that will facilitate the development of inclusive skating and participation by ice skaters with an impairment.

Such research is expected to enhance confidence in the classification system and encourage its future development.

5 CODES OF CONDUCT

Inclusive skating Rules set out a consistent policy, which seeks to put the skater first and ensures fair play and contains mechanisms, which protect the rights of all skaters and of classifiers in the classification of skaters and a thorough system of Protests and Appeals, should there be any individual breakdown in the process of classification.

The classification rules are included in the Inclusive Skating Rules, Official Policy Manual for Inclusive Skating, and follow the rules on safeguarding of any relevant national governing body for ice-skating and sport generally. All updates and improvements in safeguarding procedures are deemed to be automatically included in Inclusive Skating rules. In the event of any conflict between the rules then the highest standard applies automatically.

All participants in the sport of inclusive Skating accept these rules as a condition of participation in inclusive skating events.

The highest possible standards of integrity are expected at all times. In the event of any conflict between the rules and any code of conduct then the highest standard will apply.

6. MINIMAL IMPAIRMENT CRITERIA

Skaters who do not meet the conditions for minimal impairment, are not eligible to obtain impairment compensation and will be classified as Unified Skaters. They are eligible to compete in the skating result where a unified event is taking place as part of an Inclusive Skating event.

The minimum impairment to apply to ice skating is generally set at 5% whole person impairment (WPI). This figure may however be adjusted depending on the impairment.

If in the view of the Classification Panel or the Head of Classification a skater meets the minimal impairment criteria and has not provided sufficient evidence to establish the precise impairment compensation to be added to their skating score then the skater should be deemed to be 5% whole person impaired. The relevant impairment compensation should be added to their skating score and the skater should be included in the Inclusive Skating results as an Inclusive skater.

An athlete, who has two or more impairments, none of which meet the minimum level, may be eligible to compete providing they meet the minimum combined percentage of 5%.

The impairment must impact on the skater's ability to compete equitably in able-bodied competition.

Impairments that do not functionally impact or impact only temporarily on the ability to skate are excluded from the whole person impairment percentage calculation.

The decision of the classifiers on the impairments that do not meet the minimal impairment criteria and do not functionally limit ice skating is final and is not subject to protest or appeal.

Impairments that are excluded from the calculation of impairment compensation include the following:

- Adjustments for Pain
- Burden of Treatment Compliance
- In solo figure or speed skating, impairments distal to wrist.
- Psychiatric disorders are not included as they have an unquantifiable effect and have a variable impact upon skating performance.
- Somatic syndromes (such as ME, Chronic Fatigue Syndrome, fibromyalgia) where the primary problem is lack of energy, lack of motivation or pain in the absence of a substantial underlying pathological process. These are not suitable for impairment compensation due to a lack of objective medical criteria.

7. DISABILITY SPECIFIC COMPETITION CLASSES

7.1 PARALYMPIC

Paralympic Classes will include the following sub-groups of impairment following the rules of the IPC on impairments that are included in paralympic events.

General sub-groups are as follows:

Loss of Power, for example

- Spinal cord injuries or spinal cord conditions
- Poliomyelitis
- Transverse myelitis
- Spina Bifida
- Polyneuropathy

Lower Limb Deficiency, for example

- Amputations
- Unilateral hip disarticulation

Hypertonia, for example

- Cerebral palsy
- Other forms of hypotonia

Inco-ordination, for example

- Multiple Sclerosis
- Other forms of inco-ordination in the lower limbs, possibly in conjunction with loss of strength and hypotonia with the objective signs of ataxia.

Restriction of Movement, for example

- Arthrogyphosis
- Other forms of loss of joint range in combination with loss of strength

Musculoskeletal impairments, congenital anomalies, nerve lesions and other impairments that meet the sport specific minimum impairment levels. For example,

- Traumatic brain injury
- Stroke

Skaters who are visually impaired

Skaters who are intellectually impaired

7.2 SPECIAL OLYMPICS

Skaters who are intellectually impaired and meet the Special Olympics Classification guidelines.

Broadly, Special Olympics classification includes those who have an intellectual impairment that has manifested itself before 21 and have an IQ of less than 75 and will be determined by Special Olympics Classification processes.

No impairment compensation is awarded in the calculation of Special Olympic Results at present.

7.3 BLIND SPORT

Inclusive Skating events may include Blind Sports Events.

Blind Sports events will include Skaters who are visually impaired and meet the definition of the relevant blind sports associations, for example B1, B2, B3, B4 and B5 from the British Blind Sports Association and the International Blind Sports Association. This classification will be determined and administered by Blind Sports Classification processes.

7.4 DEAF SPORT AND DEAFLYMPICS

Inclusive Skating events may include Deaf Sport and Deaflympics Events

Deaf Sport and Deaflympic events will include Skaters who are hearing impaired and meet the definition of the Deaflympics and/or other relevant hearing-impaired associations. For the purposes of the Deaflympics deafness is defined as hearing loss of at least 55db in the better ear (3-tone frequency average at 500, 1000 and 2000 Hertz, ISO 1964 Standard and any further amendments or modifications to this definition by the ICSD and Deaflympics shall be deemed to be automatically incorporated.

7.5 INCLUSIVE SKATING FOR GENES

Inclusive Skating events may include Inclusive Skating for Genes events.

This classification is administered by the Inclusive Skating Classification Panel.

Skaters with any form of genetic or rare disease are included. Skaters who have a Syndrome without a name (SWANs) are included if the syndrome arises before the age of 21. Autism is not currently regarded as being genetic in origin. Therefore, high functioning autism with no further learning difficulties is not included in the IS for Genes Classification. Autism with other intellectual of disease manifestations is included in this Inclusive Skating for Genes Class.

7.6 OTHER SPECIFIC DISABILITY EVENTS

Inclusive Skating Events may include any Disability Specific Events. If skaters meet the specific disability criteria for a specific disability organization then the general Inclusive Skating Levels 1 to 8 should as a general rule apply to define the skating levels for competition and the classification criteria of the specific disability organization should be applied to determine who is eligible to compete in the event.

8. IMPAIRMENTS OF FUNCTIONAL RELEVANCE TO SKATING

This section summarises what impairments have functional relevance to solo figure, dance, synchro and speed skating disciplines.

Whole person impairments for disabilities of different types can be added together for individuals with multiple disabilities.

Classifiers using the AMA Guides must use their own judgment and may classify at any WPI% where this is appropriate. Guidance below is for the disabled skater's reference as they may find it difficult to access information.

Attention should be placed on both the impact of the disability or disorder on training and performance. For example. If the skater experiences excessive bleeding as a result of bumps or falls then this may limit jumps. The WPI for free skating may therefore differ from the WPI for compulsory figures or dance.

Skaters are required to skate using all aids, eg hearing aids, cochlear implants, glasses or contact lenses etc. that they choose to use in practice. They are encouraged to use all aids wherever possible. This is to ensure that the skater is as safe as possible. No visors to exclude residual visual loss are permitted.

Adjustments to the rules or timetabling to enable a competitor to skate first after a warm-up session etc may also reduce the impact of the disability. The WPI may therefore be reduced accordingly.

If there is still some residual impairment that is not corrected by facilitation or adjustments to the rules which meets the minimal impairment criteria then the skater should also be given 5% WPI.

8.1 Pain

There is no additional adjustment for pain-related impairment as it cannot be objectively quantified and the effect of pain on function is already reflected in the overall assessment of the disability.

8.2 Cardiovascular

Cardiovascular performance is directly relevant to performance in all ice skating disciplines.

Where there is no impairment of ordinary activity but the skater experiences symptoms caused by a disease or disability at the highest level of exertion when skating then this is functionally relevant (e.g. 6% WPI).

Where the skater's normal skating development is significantly adversely affected by a disease or disability symptoms will be evident on exertion during

training and will limit the skating development. This can include preventing the skater progressing to longer duration programmes or limiting the number of exertional elements in a programme. (eg 17% WPI)

Where there is considerable functional impact the WPI range can be around 40% to 65% WPI.

8.3 Pulmonary system

Pulmonary system performance is functionally relevant to performance in all skating disciplines. (eg Asthma 6%)

Where there is considerable functional impact the range can be around 23%, 40% to 65% WPI.

8.4 Digestive system

Digestive disorders are functionally relevant only where they impact on training or performance.

Obesity itself is not classifiable but any resulting medical impairments (such as secondary arthritis or limitations on movement) are functionally relevant.

8.5 Urinary and Reproductive

Reproductive disorders are not functionally relevant to ice skating

Urinary disorders are relevant only where they interfere with the ability to train consistently. Where there is considerable functional impact the range can be 16%, 36% to 55% WPI.

8.6 Skin

Skin conditions are functionally relevant to skating only where they affect both skating and the ability to train. E.g. the ability to sweat may be relevant to the ability to regulate heat and therefore the ability to train is functionally impaired.

8.7 Blood

Circulation of healthy blood is functionally relevant to ice skating.

8.8 Endocrine

Endocrine disorders are usually treatable and their effects are therefore not permanent. Burden of Treatment compliance is not compensated for. Compensation should only be given for residual symptoms that are not treatable. (e.g. WPI ranges of 7 to 10%)

8.9 Ear, nose, throat and related structures

Hearing loss is relevant to all skating disciplines. The impairment compensation may differ depending on the event. There may be no functional impact and therefore no impairment compensation added for compulsory figures or elements. Impairment compensation may be added on when skating to music or when working within a group where communication is affected. Mastication, tinnitus, speech and language disorders are not functionally relevant. Air passage deficit may be relevant if it affects pulmonary function.

Vestibular disorders are very significant in skating. Assessment should take place off ice through the use of Romberg test and on the ice using the compulsory elements at Levels 1 to 4.

Where one or more aid or implant has been prescribed and is effective, the skater should be given the minimal impairment criteria of 5% as the residual problem of difficult noise location is not corrected by hearing aids. Skaters who use hearing aids or cochlear implants should be encouraged to use their hearing aids or cochlear implants during competition.

Where an aid has been prescribed and is not wholly effective in eradicating hearing loss, the use of aided word recognition scores or of aided binaural free field audiometry may enable a higher classification. Word recognition scores are recorded as words heard in each ear and the inverse of the percentage should be used to estimate functional hearing impairment. For example, 75% score correct in a word recognition test should be considered to be equivalent to 25% functional hearing impairment in that ear.

The Inclusive Skating classification formula for calculation of hearing loss is consistent with other international systems for measuring hearing impairment for disability purposes. This should be applied where no aid or implant has been prescribed. Calculate binaural hearing impairment and convert this to WPI. The better ear is weighted as contributing 5/6th of the binaural ability and the poorer ear as 1/6th, averaged over the 0.5, 1. 2 and 3KHz range.

Binaural loss= (5x %better ear) plus (1x% worse ear) all divided by 6.

8.10 Visual System

Sight disorders are particularly relevant to skating disciplines. They impact both the performance and the ability to train. This is particularly true of field loss.

No adjustment is made for near reading acuity as this is not functionally relevant to ice skating.

At no time will the skater be permitted or required to wear a blindfold.

Skaters should be assessed whilst wearing their normal visual aids, e.g. contact lenses or glasses. The use of a visual facilitator for safety on the ice is encouraged if there is any visual impairment at all and ignored in the general assessment of orientation and movement. Skater's should wherever possible (and whilst taking into account all their needs) skate with maximal aid and visual correction at all times.

Ensure that there is no double counting when assessing scotoma or where the field and acuity loss are not independent. Count only once at all times.

The assessment of vision requires several separate steps:

1. assessment of acuity by taking the count of letters recognised to produce the VAS or Visual acuity score.
Then calculate the FAS by 20% Right eye plus 20% left eye plus 60% binocular,
2. assessment of fields by taking the count of points detected to produce the VFS or Visual field score on the Goldman III-4e isopter.
Then calculate the FFS by 20% Right eye plus 20% left eye plus 60% binocular and
3. Optional adjustment for other vision problems (contrast and glare) +/- 15% using same formula 20% Right eye plus 20% left eye plus 60% binocular
4. The Functional vision score is then calculated by the combination of FAS and FFS.
 $FVS = FAS \times FFS$ then divide by 100
5. To assess the visual system as a whole
 $VSI = 100 - FVS$ and then make the adjustment +/- 15 for other factors that are not reflected in the FAS or FFS
6. Orientation and movement assessment

All skaters should have their assessment of vision assessed also against the orientation and movement criteria whilst on the ice during on ice training practice.

The visual system impairment (VSI) may be adjusted by +/- 15% to take account of additional impairments that have not previously been taken into account. These additional impairments must be justified by the impact on orientation and movement whilst skating.

There can also be a reduction in the VSI and the WPI% if the impairment assessment of orientation and movement indicates that there is a normal or near normal performance and a minimal functional impact of the impairment on skating. This is likely if there is a minimal loss of acuity.

This assessment can be reviewed at later classifications to take into account limitations on orientation and movement that only become apparent with improvements in speed and technical skill.

The assessment can result in different WPIs according to the functional impact of the impairment on the discipline for ice skating. For example, loss of field may have a greater impact on synchro when skating in a large group. It may have a greater impact on a skater attempting lutz jump at speed than a skater going forward in a straight line. Similarly, loss of field may have a greater impact on short track speed skating than it does on long track speed skating.

The reason for this is that the orientation and movement criteria are a good estimate of binocular visual acuity and visual function generally. Assessment on the ice whilst performing the skating activities gives a good functional assessment of the visual impairment whilst skating.

The orientation and movement criteria are also useful when skaters present with intellectual impairment, nystagmus and other visual disorders where traditional acuity and field measurements are impracticable and/or do not take into account the speed of movement etc. present during ice skating.

7. The VSI should then be converted to a WPI%

If there is normal performance on ice after the orientation and movement assessment then the VSI is ignored and WPI = 0%. A visual facilitator to ensure safety should nonetheless be provided where necessary.

In accordance with the general rule on minimal impairment if there is a near normal performance but the minimal impairment criteria are established, e.g. because performance is slower then it follows that the VSI is reduced and the WPI = 5%. A visual facilitator to ensure safety should be provided where necessary.

It is expected that many VSI below 50 will be reduced to 5% for skaters at the lower levels of technical ability.

If the skater requires a guide to perform advanced elements at speed and avoid other skaters in so doing then it is expected that the normal VSI visual assessment calculations should apply and be converted to the specified WPI.

Skaters who require a guide during training sessions on ice to perform skating elements should be compensated according to their training level even if the impact of the visual impairment on performance may be less when no skaters are on the ice.

VISUAL ACUITY RECKONER

UK 6m	US 20 feet	Deci- mal	VAS ability	Visual impair- ment	Finger counting and general impact	Guidance on Blind sport classifica- tion	WPI%* assuming no other impair- ment
6/3	20/10	2.0					
6/4	20/13	1.5					
6/5	20/17	1.2					
6/6	20/20	1.0	100	0			0%
6/9	20/30	0.7	90	10			0-5%
6/12	20/40	0.5	85	15			0-5%
6/18	20/60	0.3	75	25			0-5%
6/24	20/80	0.25	70	30	moderate low vision	B4 sight classification	5%
6/36	20/120	0.2	63	37	Require facilitation	B4 sight classification	5% +?
6/60	20/200	0.1	50	50	Severe low vision also Slower than normal esp. around skaters	B3 sight classification	50%
6/ 120	20/400	0.05	35	65	3m or 10 feet see fingers	B2 sight classification	
	20/500		30	70	Profound low vision	B2 sight classification	
6/ 180	20/660	0.03	23	77	2m or 6 feet see fingers	B2 sight classification	
6/ 240	20/800	0.025	20	80	Restricted functioning and marginal performance	B1 sight classification	
6/ 360	20/1100	0.017	12	88	1m or 3 feet see fingers	B1 sight classification	
6/ 480	20/1600	0.0125	5	95		B1 sight classification	
6/ 600	20/2000	0.01	0	100		B1 sight classification	
6/ 900	20/3300	0.0067		100	See Hands at 2 m or 6 feet	B1 sight classification	
To calculate FAS Add VAS for Right eye + Left eye +3x Binocular then Divide by 5 then subtract from 100							

- For Guidance only

VISUAL FIELD and ORIENTATION AND MOVEMENT RECKONER

Type of Field Loss	Average loss if radius/ diameter concentric	VFS ability	Impairment	Orientation and movement	Guidance for WPI% assuming no other loss
Loss of one eye	50/ 100 degrees	90	10	Near normal performance, facilitator required for safety	5% WPI
Some loss of field	40/ 80 degrees	80	20	Near normal performance, facilitator required for safety	5% WPI
Upper field loss	30/60 degrees	70	30	Near normal performance, facilitator required for safety	5% WPI
Tunnel vision	20/ 40 degrees	60	40	Facilitator required for guidance & some speed reduction	33% WPI
Hemianopia	10/ 20 degrees	50	50	Facilitator required for guidance on elements & speed reduced	?33-50%
Lower field loss	8/ 16 degrees	40	60	Facilitator required for guidance at all times & low speed	?57% B3 sight classification
Minimal Field	3-6/ 6-12 degrees	30-15	70-85	Guide at all times & low speed when performing elements even with aid	?70% B2 sight classification
Loss of sight in both eyes	No degrees	0	100	No visual mobility requires guide/ speed severely impacted	85% B1 sight classification
To calculate FFS Add VFS for Right eye + Left eye +3x Binocular and then Divide by 5 and then finally subtract from 100					

8.11 Intellectual impairment - Central and peripheral nervous system

Central and peripheral nervous system assessment is used for classification of intellectual impairment. The MSCHIF table, Mental Status, Cognition and Highest Intellectual Function (MSCHIF) is used. Intellectual impairment is functionally relevant for ice skating. These disorders limit the ability to learn and improve individual skating skills, and also affect the ability to remember a skating- programme or pattern dance. This impairment limits the ability to progress to skate at higher levels.

Gross disorders of cortical function manifesting as developmental delay, mental handicap, impaired IQ and the childhood disorders variously named Aspergers / autism/ ADHD should be assessed using CNS assessment. Such disorders will typically affect global function and have several functional effects. The diagnostic labelling is often arbitrary and unhelpful and access to detailed psychological assessment reports may be limited.

Isolated dyslexic abnormalities or high functioning autism which do not affect global learning and social functioning (typically individuals with a normal or high IQ but specific reading or counting deficits) will not be given impairment compensation in the absence of a clinical history and objective evidence of developmental or neurological impairment.

Simple clinical assessment of function based on the activities of daily living should be suitable in most cases to determine the impairment class. Identify those that **cannot** be performed by the skater. If skaters cannot achieve full range of activities of daily living then classifiers should decide where the skater is in the range or default to midpoint.

Simple (Level 3 -21-35%)	Intermediate Level 2 -11-20%	Advanced (Level 1 -1-10%)
rising from bed, transferring to/from chair	Answering telephone or doorbell	Making telephone calls, sends texts or uses IT appropriately
Comprehends language with simple sentences	responding to questions about daily activities	Can make some plans independently
Dressing, Bathing/showering	obeying simple commands	Planning and preparing a simple meal if ingredients are available
Independent for bladder and bowel function	following simple routines	Takes own medication
Performs personal hygiene/grooming	co-operating with others	Managing money and shopping independently
Eating and drinking without assistance	Independently mobile indoors	Independently mobile outdoors in most environments
A carer is needed for almost all of the day in own home	A carer is needed for significant portion of day in own home	A carer is needed for some activities out-with home and rarely needed at home.
avoidance of self-harm or harm to others, including self- neglect.	Could use public transport for short, familiar journeys only	Driving a car, using public transport

Class 4 is for those needing constant care and assistance or prompting for even simple ADL's. Total inability to communicate or comprehend language symbols. WPI is 36-50%.

During the classification interview the skater will be accompanied but assessment will consider if they are able to describe their daily routine, obey instructions and co-operate with assessment with a degree of understanding of the context.

Where there is global impairment of cognition which is associated with mood impairment and poor social functioning, the classification can also be assisted by the use of the Global Assessment of Function (GAF).

All skaters must be assessed for impairment of station and gait, as subtle impairment, evidenced by the inability to heel-toe walk forwards and backwards, or to hop and hold, is very common in skaters with impairment of Mental State and Highest Cognitive Integrative Function (MSCHIF). This is particularly important in Down's syndrome, where impairment of neuromuscular control is commonly noted. This assessment must also consider functioning on the ice. Assessment is done using the compulsory elements to ascertain ability to glide and lean on an edge on one foot forward and backwards. As the blade is not a level surface the functional impact on ice skating is significant if the skater's station and gait is limited to level surfaces.

Neurogenic respiratory function is functionally relevant to ice skating.

Neurogenic sexual dysfunction, Dysaesthetic pain, Migraine headache, Trigeminal neuralgia, and Peripheral nerves are not functionally relevant for ice skating.

Complex regional pain syndrome is not functionally relevant but where objective evidence of muscle atrophy etc that may be given impairment compensation.

Combine multiple different neurological impairments using the combined values equation.

8.12 – Mental and Behavioural Disorders

Mental and Behavioural disorders do not receive impairment compensation under these guidelines and the principle of maximal medical improvement. The impact on skating is not objectively and consistently quantifiable. Moreover, the impact may be variable day to day. However, skaters with these disorders may be eligible to compete as unified skaters and receive the supportive and facilitative care necessary for their participation. They do not have impairment compensation added to their skating score.

8.13 - Upper Extremities

Upper limb function is relevant to skating but the digit and thumb problems causing impaired dexterity are not functionally relevant when applied to single skating and should not be classified. Digit and thumbs may be relevant to activities that require the holding of hands as in group skating (dance, pair, synchro duets etc.). There can therefore be different classifications given for different types of activity, solo and group skating.

Use the quick dash questionnaire to determine functioning and the severity of the impairment.

8.14 – Lower Extremities

Loss of any function in one or more lower extremity is particularly relevant to skating disciplines.

Rate only the most impairing diagnosis at the most proximal level to the torso.

Therefore, lesser and greater toe impairments can be combined with foot and ankle impairments.

Motion impairments may be classified as a lower extremity impairments if the diagnosis-based impairment is not suitable. Contractures such as those with hemiplegia may be best classified by this route.

Pain is not classified. Only classifiable in the presence of objective abnormality of the limb on the day of assessment.

8.15 – Spine and Pelvis

Good spinal function at all levels is functionally relevant for skating. Neurological impairment, such as sciatica etc. is also classifiable.

If there is findings of neurogenic bowel or bladder etc., an additional impairment calculation is appropriate and is not double counting.

Common degenerative conditions are not objectively assessable so cannot be classified. An age-related impairment compensation may be added to the calculation of results for Masters to reflect the average age-related degeneration instead.

Clinical findings and imaging studies must be consistent.

Congenital disorders such as spina bifida and developmental disorders such as kyphoscoliosis should be classified using the appropriate table for impairment of motion segment(s).

45 TABLE OF FREQUENTLY USED CLASSIFICATIONS

TYPE OF IMPAIRMENT	IMPAIRMENT RATING and FACILITATION	WPI
Cardiovascular –only at high exertion	Skater may be permitted to reduce length of program and/ or number of elements Skater may be permitted longer recovery after warm up	6%
Cardiovascular – moderate impact during all programs and training elements	Skater permitted to reduce length of program Skater may be permitted longer recovery after warm up	17%
Cardiovascular – significant impact	Must ensure that the skater is permitted by their physician to skate	40 to 65%
Pulmonary/ Asthma – impact only at high exertion	Skater may be permitted to reduce length of program Skater may be permitted longer recovery after warm up	6%
Pulmonary – moderate impact during all programs and training elements	Skater permitted to reduce length of program Skater may be permitted longer recovery after warm up	23%
Pulmonary – significant impact	Must ensure that the skater is permitted by their physician to skate	40% to 65%
Endocrine – residual symptoms not corrected by medication, e.g. Failure to regulate temperature etc.	Skater may be permitted to reduce length of program Skater may be permitted longer recovery after warm up	7 to 10%
Hearing loss corrected by cochlear implant or hearing aid	Skater should wear aid and music volume increased	5%
Hearing loss not fully corrected by cochlear implant or hearing aid, 75% correct in word recognition test	Skater should wear aid and music volume increased	9%
Vestibular disorders – no abnormal Romberg but mildly abnormal gait	Skater should remain at a technical level that reflects their balance	5 to 9%

on ice	and may require a balance facilitator	
Vestibular disorder – Abnormal Romberg and unsteady gait on and off ice	Skater should remain at a technical level that reflects their balance and Balance facilitator permitted on ice	11 to 27%
Vestibular disorder – difficulty walking	Skater may require use of frame or harness and/ or balance facilitators	30 to 42%
Vestibular disorder – difficulty standing	Skater may require use of frame or harness and/ or balance facilitators	45 to 58%
Episodic loss of consciousness	Skater requires ice halo or helmet and facilitator available	5%
High functioning autism	Skater has adjustments to facilitate participation, eg quiet, no clapping etc.	5%
Intellectual impairment	Skater can skate independently	10%
Moderate Intellectual impairment	Cannot initiate action but can skate independently when prompted	20%
Severe Intellectual impairment	Skater requires prompting for all activity	35%
CNS Impaired station and gait (mild)	Skater can use full blade and edge with difficulty	10%
CNS Impaired station and gait (moderate)	Skater has limited ability to use full blade and cautious when skating independently	20%
CNS Impaired Station and gait (severe)	Requires balance facilitator or frame	35%
Down's syndrome no heart impairment and no additional impairments	Skater can skate independently	19%
Down's syndrome with heart impairment treated successfully but some additional difficulties	Skater can skate independently but facilitator maybe allowed	43%
Loss of one lower arm	Skater can wear prosthesis	15%
Hemiplegia (lower leg)	Skater can skate independently	15%
Loss of one lower leg	Skater can wear prosthesis	40%
Severe cerebral palsy	Skater is semi ambulant with walking ability limited to indoors	77.5%
Very severe cerebral palsy	Skater is completely wheelchair bound and	94%

	no independent function	
Scoliosis	Skater can skate independently	16%
Klippel Feil syndrome (mild)	No jumps or risky elements, protective clothing	23%
Goldenhaar syndrome	Skater can skate independently	32%
Fragile X syndrome	Skater can skate independently	28%
Bardet Biedl syndrome (moderate with registration of partial sight)	Requires visual facilitator	63%
Total loss of vision in both eyes	Skater has a visual facilitator on ice	85%
Total loss of vision in one eye	Skater has a visual facilitator on ice for safety	5%