Guide to Medical Documentation Submission for Para Snow Sports Classification

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Guide to Medical Documentation for Para Snow Sports Classification

Instructions for National Ski Associations (NSAs)

This guide is intended to support National Ski Associations (NSAs) in preparing and submitting medical documentation for athlete classification in Para Snowsports. It is essential that the documentation submitted directly supports the classification process without including excessive, irrelevant, or unclear information.

It outlines the key responsibilities, submission timelines, and documentation standards required to comply with the International Paralympic Committee (IPC) Classification Code. The aim is to ensure that athletes who request classification have a clearly documented, medically verifiable Underlying Health Condition (UHC) and an Eligible Impairment as defined by the Code.

NSA Responsibilities for Submission

For an athlete to be considered for classification, the following must be documented:

- A medically diagnosed **Underlying Health Condition (UHC)**, **and**
- A resulting **Eligible Impairment** that meets sport-specific minimum impairment criteria.

Only documentation that is directly relevant to the Athlete's impairment should be submitted. Unrelated general medical history, unrelated diagnoses, or excessive documentation must not be included.

*In accordance with 2025 IPC Classification Code Article 11.2: "The Athlete's **National Federation is responsible for** providing the Diagnostic Information to the International Federation, and for ensuring that all Diagnostic Information provided by the Athlete is **complete, accurate, authentic, and relevant.**"*

> **NSAs must act as the quality control checkpoint and must not submit documentation that is vague, outdated, or does not clearly demonstrate permanent impairment.**

Submission Deadlines

Preparing and organizing medical documentation can be time-consuming, particularly where Athletes are entering the classification system for the first time. Early planning is therefore essential.

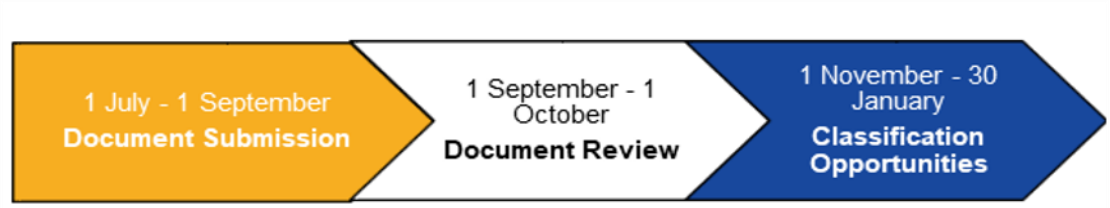
NSAs are strongly encouraged to start the documentation process well in advance, inform Athletes during the off-season, and collect and prepare all required Medical Diagnostic Forms (MDFs) and supporting documentation as early as possible.

All classification documentation must be submitted **at least eight (8) weeks before** the scheduled classification opportunity to allow for review and approval by the FIS.

Where feasible, FIS recommends that all classification documentation be finalised and uploaded **by 1 September**, even where the eight-week deadline would allow a later submission. Early submission facilitates a more efficient review process and minimizes the risk of delays due to incomplete documentation as the classification opportunity approaches.

Where appropriate, NSAs are encouraged to coordinate with their National Paralympic Committee (NPC) when preparing classification documentation. NPCs may already have established relationships with relevant medical specialists with experience supporting athletes through the classification process. This can facilitate timely and accurate completion of the documentation.

NSAs are strongly encouraged to share the **Physician Guidance for Completing the Medical Diagnostic Form (MDF)** with the relevant doctor(s) before the MDF is completed, to support the preparation of clear and targeted documentation.



NSAs are responsible for ensuring that:

- ✓ The Medical Diagnostic Form (MDF) must be completed by **a licensed medical doctor**, such as a physiatrist, sports medicine physician, neurologist, or orthopaedic specialist, who is authorised to diagnose the relevant condition.
    - Specialist-issued medical reports (e.g. neurology, orthopaedics, rehabilitation medicine) are preferred.
    - Letters from the athlete's treating specialist carry the greatest evidentiary value.
- ✓ The MDF includes **complete and accurate athlete information** and is **properly signed and dated** by the relevant parties.
- ✓ In all cases, the MDF **must be** accompanied by relevant supporting medical documents (e.g. medical reports, specialist letters, test results, or imaging) that confirm the diagnosis, demonstrate the permanence of the impairment.
- ✓ Where therapy or rehabilitation documentation is provided as supporting documentation, it must be limited to concise summary information relevant to the impairment. Excessive detail, including daily or session-by-session treatment notes, is not required and should not be submitted.

- ✓ For athletes with visible limb deficiency (e.g. amputation, dysmelia), clear photographs may be accepted as sufficient supporting documentation.
- ✓ All files are **readable and in English** (or translated into English, with original copies included).

Table 1: Eligible Impairment & Underlying Health Condition & Supporting Documents

List of Eligible Impairments	Common Examples of UHC	Examples of Supporting Documentation	
Impaired Muscle Power	Spinal cord injury Spina Bifida Muscular Dystrophy Poliomyelitis Plexus lesions Peripheral Nerve Injuries	**Mandatory**	Historical medical records (e.g. hospital discharge summaries or diagnostic reports from the time of diagnosis) **AND** EMG (for peripheral nerve injury) or ASIA Exam Form; The International Standards for Neurological Classification of Spinal Cord Injury (ISNCSCI) (for SCI)
		Optional	MRI report Specialist medical reports (Neurologist or Physiatrist)
Coordination Impairments • **Hypertonia/Spasticity** • **Motor Ataxia,** • **Dyskinesia**	Cerebral Palsy Traumatic Brain Injury Hereditary Spastic Paraplegia Stroke Multiple Sclerosis	**Mandatory**	Historical medical records (e.g. hospital discharge summaries or diagnostic reports from the time of diagnosis) AND Ashworth scale (for Hypertonia) or SARA scale (for Ataxia) Mc Donald criteria (for MS, see also below)
		Optional	Clinical Examination Reports Specialist medical reports (Neurologist, Orthopedist, Physiatrist). MRI report
Limb Deficiency / Leg Length Difference • Leg Length Difference • Limb Deficiency	Trauma Congenital limb deficiencies Growth plate injuries, Acquired amputations	**Mandatory**	Clear photo
		Optional	X-ray (when the amputation is at the level of a joint) Orthopedist/surgical report

Impaired Passive Range of Movement	Arthrogryposis Post burn contractures Post-traumatic joint stiffness, Malunion of fractures Hip dysplasia Paget's Disease Avascular Necrosis Heterotopic Ossification (HO)	**Mandatory**	Historical medical records (e.g. hospital discharge summaries or diagnostic reports from the time of diagnosis)
		Optional	Specialist medical reports (Orthopedist, Physiatrist). Goniometric measurement Photos X-ray

Reports from health professionals (e.g. physiotherapists, occupational therapists, or physician assistants) may also be accepted as supporting documentation, particularly where they provide relevant clinical information, functional observations, treatment history, or discharge summaries.

Non-Eligible Impairments & Health Conditions:

Certain impairments and conditions are not eligible for classification under the IPC Code. Examples include:

- Pain
- Hearing impairment
- Low muscle tone (hypotonia)
- Joint hypermobility or instability
- Impaired muscle endurance or stiffness
- Cardiovascular, respiratory, metabolic impairments
- Psychological or psychosomatic impairments (e.g., **functional movement disorder**, conversion disorders, PTSD)
- Conditions primarily causing fatigue or generalized pain (e.g., chronic fatigue syndrome, fibromyalgia

Examples of Health Conditions That May Qualify as Eligible Impairments

The following are examples of health conditions that **MAY** lead to an Eligible Impairment, depending on their clinical characteristics. The following health conditions are assessed on a case-by-case basis, and high-quality supporting documentation is essential.

Rheumatoid Arthritis and similar inflammatory conditions: In inflammatory joint conditions such as Rheumatoid Arthritis, eligibility must be based on demonstrable, permanent structural or functional impairment (e.g. objectively measurable restriction in passive range of movement). Reduced muscle strength in these conditions is typically secondary to pain, joint limitation, or disuse, and shall not be considered Impaired Muscle Power unless supported by a neurological or primary muscular pathology.

Ehlers-Danlos Syndrome: Ehlers–Danlos Syndrome (EDS) does not automatically result in an Eligible Impairment; however, in certain cases it may lead to an Eligible Impairment where there is clear, objective evidence of a permanent functional limitation. This may occur, for example, where EDS results

in documented neurological or muscle involvement causing reduced muscle strength, or in structural joint changes leading to restricted passive range of movement (such as following joint stabilisation surgery or repeated joint damage). Generalised joint hypermobility, pain, fatigue, or reduced strength due to disuse or deconditioning are not sufficient to support eligibility.

Multiple Sclerosis: Athletes with Multiple Sclerosis are eligible for Para sport classification only **if**, once disease activity has stabilised, they present with residual, permanent functional impairments (e.g. sustained muscle weakness, coordination or balance impairment). **Temporary or fluctuating symptoms, such as those occurring during a MS relapse, pseudorelapse, or as a result of fatigue following exertion, are not sufficient for eligibility.** For Athletes with Multiple Sclerosis, the MDF must clearly indicate the diagnosed type of MS (e.g. RRMS, SPMS, PPMS), the current disease phase (relapse or remission), and whether the Athlete presents with residual, permanent impairments relevant to classification. (Mc Donald criteria)

Table 2: Documentation—Do's and Don'ts

❌ **Don't** (Common Mistakes)	✅ **Do** (Correct Examples)
Sending many irrelevant or outdated documents	Attach concise, **recent**, relevant specialist reports only
Submitting documents without English translation	Include brief English summary or translation
Relying on handwritten or unclear notes	Submit clear, typed, or legible documentation
Only old records without current medical update	Ensure the MDF clearly reflects the Athlete's **current** functional status, supported by relevant historical medical documentation
Missing submission deadlines or submitting documents late	Submit all required documentation by the stated deadline

For Questions or Further Help:

Please ensure that all relevant documentation has been reviewed prior to contacting FIS. NSAs are encouraged to contact their National Paralympic Committee (NPC) as the first point of contact, as they may be able to provide guidance and support throughout the process.

If the NPC is unable to assist, or if further clarification is required, please contact Gülcin Seyhan, Classification Coordinator (guelcin.seyhan@fis-ski.com)