Physician Guidance for Completing the Medical Diagnostic Form (MDF)

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Physician Checklist and Supporting Guidance

This section provides guidance to support clinicians in completing the Medical Diagnostic Form (MDF) for Para sport classification.

The MDF is a formal document used within the classification process to:

- Confirm the athlete's **medical diagnosis or condition** (referred to in the IPC Classification Code as the *Underlying Health Condition*),
- Provide objective medical evidence demonstrating that the condition results in a permanent Eligible Impairment, and
- Support decision-making regarding the athlete's eligibility for Para sport classification.

The MDF should not only confirm the diagnosis but also provide a clear and coherent medical explanation of the athlete's current level of impairment. Where relevant, this should include information regarding any progression of the condition or changes in symptoms over time.

In completing the MDF, clinicians should ensure that the information provided clearly answers the following:

- **What is the diagnosis?**
- **Is the diagnosis confirmed, and does medical documentation support the definitive diagnosis?**
- **What is the cause?**
- **Has it progressed? Or please detail any progression**
- **How does it result in the athlete's current level of impairment?**

This information allows classification personnel to understand the relationship between the Underlying Health Condition, the resulting Eligible Impairment, and the functional presentation observed during Athlete Evaluation. In other words, the MDF should explain ***why*** a particular loss of function is present and what classifiers are expected to observe.

The information provided in the MDF is reviewed to determine whether the athlete meets the minimum requirements to proceed to Athlete Evaluation. It is therefore essential that the form is completed **accurately, clearly, and based on verifiable medical evidence**, rather than clinical assumption.

Only information directly relevant to the athlete's impairment and its impact on sport performance should be included. The MDF is **not intended to be a general medical assessment**, but a focused document used to support classification decisions.

Checklist for MDF Completion:

- ✓ Clearly state the medical diagnosis (e.g. incomplete spinal cord injury; right below-knee amputation), and indicate whether the condition is congenital or acquired, and whether the resulting impairment is stable, fluctuating, or progressive.
- ✓ Confirm the permanence of the impairment, and identify any ongoing treatments, devices, medications, or supports that may cause variability in functional presentation or influence clinical findings during assessment (e.g. botulinum toxin treatment, implanted devices, medication, braces, or orthotics)
- ✓ Where a diagnosis is based on clinical judgement rather than definitive diagnostic evidence, this must be clearly stated.
- ✓ Detail the structural or neurological deficit, specifying the relevant anatomy involved (spinal segments, bones, muscles) and directly linking it to the impairment.
- ✓ Provide objective measurements using recognized scales or tools (e.g., Oxford Scale for muscle strength, Goniometry for range of motion, Ashworth Scale for tone).
- ✓ Describe multiple impairments separately, clearly showing each impairment's individual functional impact.
- ✓ Highlight any athlete-reported limitations not supported by clinical findings, clearly noting that these do not align with the documented condition.
- ✓ Ensure information is concise, clear, and complete: Diagnosis → **Structural deficit** → Functional limitation.
- ✓ Please note whether there is any consideration of functional neurological disorder.
- ✓ Add signature, contact info, and credentials

Table 2: MDF—Do's and Don'ts

❌ **Don't** (Common Mistakes)	✅ **Do** (Correct Examples)
General statement about good health	Clearly state diagnosis and specific impairment
"Patient has mild impairment" without detail	Provide specific objective measurements (e.g., loss of muscle power in bilateral knee flexors Oxford Scale 2/5)
Reporting only athlete's subjective symptoms	Include clinical examination details and objective evidence
Provide handwritten or unclear notes	Submit clear, typed, or legible documentation

Table 1: Eligible Impairment & Underlying Health Condition (UHC)

List of Eligible Impairments	Explanation	Common Examples of UHC
Impaired Muscle Power	Athletes with Impaired Muscle Power have a reduced (or absent) ability to contract their muscles to generate force, that is resulting from an Underlying Health Condition that **affects the structure and function of the central or peripheral nervous system or the muscles** (including the muscle origin and muscle insertion).	Spinal cord injury Spina Bifida Myopathies Muscular Dystrophy Poliomyelitis Plexus lesions Peripheral Nerve Injuries
Coordination Impairments • **Hypertonia/Spasticity** • **Motor Ataxia** • **Dyskinesia -Athetosis**	Athletes with a Coordination Impairment have one or more of the following movement disorders – hypertonicity, dyskinesia and ataxia - which (i) adversely affects the ability to voluntarily produce a full range of skilled movement in a fluid, rapid and accurate manner; and (ii) is consistent with an Underlying Health Condition **affecting the structure and function of the central nervous system**	Cerebral Palsy Traumatic Brain Injury Hereditary Spastic Paraplegia Stroke Multiple Sclerosis
Limb Deficiency / Leg Length Difference • Leg Length Difference • Limb Deficiency	Athletes with Limb Deficiency or Limb Length Difference have a total or partial absence of a limb or anatomically irregular limb dimensions that are consistent with an Underlying Health Condition resulting from trauma, illness, or congenital causes affecting the bones and/or joints.	Trauma Congenital limb deficiencies Growth plate injuries, Acquired amputations
Impaired Passive Range of Movement	Athletes with Impaired Passive Range of Movement have a reduced ability for a joint to be passively moved that is consistent with an Underlying Health Condition **affecting the structure of bones, joints, connective tissue, or soft tissues.**	Arthrogryposis Post burn contractures Post-traumatic joint stiffness, Malunion of fractures Hip dysplasia Paget's Disease Avascular Necrosis

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)