



Canadian Masters Standards of Eligible Impairments – Olympic-Style Para Weightlifting

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Introduction

This document reflects the Standards of Eligible Impairments necessary to classify masters level para weightlifters for the sport of Olympic Weightlifting. The essential purpose of the document is to retain certainty in the classifications of para weightlifters and advance the participation of these Athletes. Compliance with these standards within Weightlifting Canada Halterophilie Masters (WCHM) is mandatory. All adaptive athletes participating as para weightlifters must have an Eligible Impairment and comply with the Minimum Impairment Criteria applicable to this sport.

1 Requirements

- 1.1 The Standards of Eligible Impairments Policy designates certain impairments as ‘Eligible Impairments’.
- 1.2 Any Masters-level Athlete wishing to compete as a Para Weightlifter must have an Eligible Impairment.

2 Establishing an Eligible Impairment

- 2.1 This process will include the following:
 - 2.1.1 The WCHM President, in consultation with the Director for the Advancement of Para Weightlifting, will assess the existence of the Eligible Impairment based upon the provision of medical documentation and any other records as required;
 - 2.1.2 The Athlete must provide medical documentation via the WCHM Health Professional Clearance Form to the President so that the WCHM is satisfied that the Athlete has one or more Eligible Impairments;
 - 2.1.3 if the WCHM is satisfied that an Athlete has one or more Eligible Impairments this



will be recorded and the Athlete will not have to reclassify again unless their condition changes. The WCHM will advise which classification the Athlete will be classified under based on the classifications of the WCHM at the time of application.

- 2.2 If the WCHM concludes that an Athlete does not have an Eligible Impairment that is required in order to compete, the WCHM will designate the Athlete as ineligible and will notify the Athlete as such.

3 Eligible Impairments

The following are Eligible Impairments for the sport of Olympic Weightlifting, noting this list is not-exhaustive:

Impaired muscle power

Athletes with impaired muscle power have a Health Condition that either reduces or eliminates their ability to voluntarily contract their muscles in order to move or to generate force. Examples of conditions which may lead to impaired muscle power include: spinal cord injury (complete or incomplete, tetra-or paraplegia), muscular dystrophy, post polio syndrome and spina bifida.

Impaired passive range of movement

Athletes with impaired range of movement have a Health Condition that either reduces or eliminates movement in one or more joints. Health Conditions which may lead to impaired range of movement include: arthrogryposis and contracture resulting from chronic joint immobilization. Athletes with a Health Condition that reduces range of movement because of pain (for example osteoarthritis) are not considered Eligible Impairments.

Joint instability

Athletes with joint instability have a Health Condition that provides too much range of motion within the joints causing them to be unstable. Health Conditions which may lead to joint instability include Ehlers Danlos Syndrome or Marfan's Syndrome. Athletes with a Health Condition that has general hypermobility such as benign joint hypermobility is not considered an Eligible Impairment and athletes with Health Conditions causing this Impairment are not Eligible.

Limb deficiency

Athletes with limb deficiency have total or partial absence of bones or joints as a consequence of trauma (for example traumatic amputation), illness (for



example bone cancer) or congenital limb deficiency (for example dysmelia).

Leg length difference

Athletes that have a difference in the length of their legs as a result of dysgenesis or trauma.

Short stature

Athletes with standing height reduced due to reduced length in the bones of upper and lower limbs or trunk. Examples of Health Conditions that lead to short stature include: achondroplasia, growth hormone dysfunction, and osteogenesis imperfecta.

Hypertonia

Athletes with hypertonia are characterized by a condition marked by an abnormal increase in muscle tension and a reduced ability of a muscle to stretch which is caused by damage to the central nervous system. Examples of Health Conditions that lead to hypertonia include: Cerebral Palsy, traumatic brain injury and stroke.

Ataxia

Athletes with ataxia have voluntary movement which is unsteady or clumsy. It may result from damage to the motor or sensory nervous system. Examples of Health Conditions that lead to ataxia include: Cerebral Palsy, traumatic brain injury, stroke and multiple sclerosis.

Athetosis

Athletes with Athetosis have unwanted, involuntary movement and posturing that occurs even when a person is trying to be still. Examples of

Health Conditions that lead to athetosis include cerebral palsy, traumatic brain injury and stroke.

Vision impairment

Athletes with impaired vision have a Health Condition that either reduces or eliminates normal vision. It can result from damage to the eye structure, optical nerves or optical pathways, or visual cortex of the brain. Examples of Health Conditions that lead to vision impairment include: retinitis pigmentosa and



diabetic retinopathy.

Intellectual impairment

An Intellectual impairment is characterized by a limitation in intellectual functioning and adaptive behaviour as expressed in conceptual, social and practical adaptive skills.

Hearing impairment

A hearing impairment is characterized by reduced or loss of hearing.

4 Non-Eligible Impairments

Impairment types which are not part of the list under 3.1 are called Non-Eligible Impairment types. Some examples are the following, noting this list is not exhaustive:

- Pain (myofascial *pain*-dysfunction syndrome/fibromyalgia/complex regional pain syndrome);
- Low muscle tone;
- Osteoarthritis;
- Chronic fatigue syndrome;
- Conversion disorders,
- Post-traumatic stress disorder;
- Benign hypermobility of joints;
- Impaired Muscle endurance;
- Impaired Motor reflex functions;
- Impaired Cardiovascular functions;
- Impaired Respiratory functions;
- Impairment Metabolic functions;
- Tics and mannerisms, stereotypes and motor perseveration.