

# IMPAIRMENT DOCUMENTATION FORM

## ADAPTIVE PROGRAM

The Adaptive Program of the Boston Marathon provides a unique opportunity for athletes with physical, intellectual, or visual impairments to participate in the Boston Marathon. Adaptive Programs include:

* Runners who possess a physical, intellectual, or visual impairment
* Handcycle Program (physical impairment)
* Duo Teams (physical impairment)

Athletes who wish to register for an Adaptive Program of the Boston Marathon must have a permanent impairment that aligns with the [10 eligible impairment](https://www.paralympic.org/athletics/classification/) [types](https://www.paralympic.org/athletics/classification/) defined by the International Paralympic Committee (IPC).

Athletes must provide impairment documentation to the B.A.A. **at time of registration** or have current documentation on file. A national or World Para Athletics classification may be used in lieu of documentation but is not required to apply for entry into the Adaptive Program.

This form may be used as impairment documentation by non-classified athletes or by athletes who do not have documentation on file with the B.A.A. Other forms of documentation may be accepted. Contact [paraathletes@baa.org](mailto:paraathletes@baa.org) to learn about other forms of acceptable documentation.

## PARA ATHLETICS DIVISIONS

Para Athletics Divisions are competitive divisions for athletes who hold a national or WPA classification. Para Athletics Divisions include:

* Wheelchair Division T51 – T54, T33, T34
* Vision Impairment T11, T12, T13
* Physical Impairment (Upper/lower limb) T61 – T64, T45, T46

This form **may not** be used to apply for a Para Athletics Division. Contact Bryce Boarman at [bryce.boarman@usoc.org](mailto:bryce.boarman@usoc.org) to learn more about Para athletics classification.

This form must be completed in English and by a registered physician who is familiar with the athlete’s impairment and related history

### ATHLETE INFORMATION

Athlete Last Name:

Athlete First Name:

Gender:  Female  Male Date of Birth:

Impairment Type:  Physical  Intellectual  Visual

Which Adaptive Program is the athlete applying for?

Runners  Handcycle

Duo Team Name of Duo Runner (pusher):

### IMPAIRMENT INFORMATION

Impairment/Diagnosis:

Age of Onset:       OR  Congenital

Is the impairment permanent?  Yes  No

Does the athlete use any mobility aids in day to day activities?  Yes  No

*\*If yes, check all that apply.*

Wheelchair  White Cane  Prostheses  Leg Braces  Crutches

Other:

Will the athlete use any mobility aides on the marathon course?  Yes  No

*\*If yes, check all that apply.*

Racing Wheelchair  Handcycle  Prostheses  Leg Brace  Crutches

Examples of mobility aides that are not permitted on the marathon course include (and are not limited to):

* Day chair (conventional wheelchair)
* Tricycles
* Recumbent bicycles
* Scooters
* Motorized or battery powered equipment

### ELIGIBILITY IMPAIRMENT TYPE:

The B.A.A. aligns eligibility for Adaptive Programs with the eligible impairment types defined by the International Paralympic Committee (IPC) and World Para Athletics. Select the impairment type and diagnosis (if available) that most accurately describes the athlete’s impairment. Note that the list of medical diagnoses is not exhaustive.

|  |  |  |
| --- | --- | --- |
| Eligible Impairment Type | Medical Diagnosis Related to Impairment Type | Diagnostic Method |
| Impaired Muscle Power | Spinal Cord Injury  Muscular Dystrophy  Spina Bifida  Polio Myelitis  Multiple Sclerosis  Other: | Medical Exam  Review of Medical  Records X- Rays  MRI  Other: |
| Impaired Passive Range of Motion | Anthrogryposis  Joint Contractures  Trauma  Other: | Medical Exam  Review of Medical Records  X- Rays  MRI  Other: |
| Ataxia  Athetosis  Hypertonia | Cerebral Palsy  Traumatic Brain Injury  Multiple Sclerosis  Stroke  Other: | Medical Exam  Review of Medical Records  X- Rays  MRI  Other: |
| Leg Length Difference  *\*Minimum of 7cm leg length difference required.* | Trauma  Dysmelia  Other: | Medical Exam  Review of Medical  Records X- Rays  MRI  Other: |

|  |  |  |
| --- | --- | --- |
| Eligible Impairment Type | Medical Diagnosis Related to Impairment Type | Diagnostic Method |
| Short Stature | Achondroplasia  Osteogenesis Imperfecta  Growth Hormone  Dysfunction  Other: | Medical Exam  Review of Medical Records  X- Rays  MRI  Other: |
| Limb Deficiency | Dysmelia  Traumatic Amputation  Bone Cancer  Other: | Medical Exam  Review of Medical Records X- Rays  MRI  Other: |
| Intellectual Disability  *Was the disability diagnosed before the age of 18 years old?*  Yes.  No | Autism Spectrum Disorder  Other: | Explain: |
| Vision Impairment  Is the athlete’s visual acuity 20/200 or less in both eyes with the best possible correction, or is the visual field restricted to 20 degrees or less?  Yes.  No | RP  ONHP  Glaucoma  Macular denervation  Other: | Best correctable Visual Acuity:  Right:  Left:  Visual Field: |
| Briefly describe how the athlete’s disability impacts ambulation: (REQUIRED) | | |

### PHYSICIAN INFORMATION

Physician’s Full Name:

Office Address:

Website (if applicable):

Office Phone:

**PHYSICIAN’S STATEMENT**

I confirm that the above information is accurate. I confirm that participation in long distance running events including the marathon is not contraindicated to the athlete's health or well-being.

Physician Signature:

Date:

**The athlete should upload this completed and signed form at time of Boston Marathon Registration.**