

# 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?

\_\_\_ Runner \_\_\_ 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 Medical Records  \_\_\_ X- Rays  \_\_\_ MRI  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_ Limb Deficiency | \_\_\_ Dysmelia  \_\_\_ Traumatic Amputation  \_\_\_ Bone Cancer  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Medical Exam  \_\_\_ Review 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  \_\_\_ Lieber’s  \_\_\_ Macular denervation  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Best correctable Visual Acuity:  Right: \_\_\_\_\_  Left: \_\_\_\_\_  Visual Field: \_\_\_\_\_\_\_\_\_\_\_ |
| Briefly describe how the athlete’s disability impacts ambulation:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

### 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 (26.2 miles) 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.**