INTERNATIONAL
GOLF FEDERATION

International Golf Federation

Classification Rules

Version 1- 2026

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INTRODUCTION

The International Golf Federation (**IGF**) was founded in 1958 and is recognised by the International Olympic Committee (**IOC**) and International Paralympic Committee (**IPC**) as the international federation for the sport of golf, including Golf for Athletes with a Disability.

These Classification Rules have been published in accordance with the IPC Athlete Classification Code (and accompanying International Standards) for the benefit of Athletes, Athlete Support Personnel, National Federations, and others who are engaged in an official capacity with Golf for Athletes with a Disability, and set out:

1. how the IGF will determine which Athletes are eligible to compete in Golf for Athletes with a Disability;
2. how the IGF will group eligible Athletes into Sport Classes based on the extent to which their impairment(s) impact(s) their ability to execute the specific tasks and activities fundamental to Golf for Athletes with a Disability; and
3. other rules applicable to those participating in Covered Competitions and/or any aspect of Classification under these Classification Rules.

These Classification Rules do **not** deal with the processes by which the IGF will determine which Athletes are eligible to participate in other forms of golf for Athletes with disabilities, which are set out separately in EDGA G4D and USGA Adaptive golf event regulations.

By implementing these Classification Rules in accordance with the IPC Athlete Classification Code, the IGF affirms its intentions to work with the IPC so as to allow for Golf for Athletes with a Disability to be included in the Paralympic Games Sport Programme in future Paralympic Games.

CHAPTER 1: PURPOSE OF CLASSIFICATION AND SCOPE OF THESE CLASSIFICATION RULES

1. Adoption

1.1 These Classification Rules have been prepared by the IGF to implement the requirements of the IPC Classification Code and International Standards.

1.2 The Classification Rules have been adopted by the IGF on 6 September 2026 and will be effective from 7 September 2026 (**Effective Date**).

1.3 The Classification Rules form part of the IGF's rules and regulations and may be amended by the IGF from time to time.

1.4 The Classification Rules refer to a number of Appendices, which are an integral part of the Classification Rules.

1.5 The Classification Rules are supplemented by a number of Classification forms that have been prepared to assist in Classification. These forms are available from the IGF and may be amended by the IGF from time to time.

2. The purpose of Classification

2.1 The purpose of Classification is to enable Athletes with Eligible Impairments to participate in competitive Para sport with a pathway to sporting excellence, the pinnacle of which is the Paralympic Games.

2.2 Classification establishes a unique framework that promotes fair and meaningful competition by minimising the impact of Athletes' impairments on the outcome of competition so that the outcome is determined by factors other than impairment. Classification is therefore essential to the Paralympic Movement as Para sport cannot exist without Classification.

[*Comment to Article 2.2: The term 'impairment' refers to a loss or abnormality in body structure or physiological function (including mental functions). "Abnormality" here strictly refers to a significant variation from established statistical norms (i.e. as a deviation from a population mean within measured standard norms) and should be used only in this sense. Examples of impairments include loss of an arm, leg, or vision. In the case of an injury to the spine, an impairment would be the resulting paralysis.*]

2.3 To achieve its purpose, Classification performs two critical functions:

2.3.1 the determination of which Athletes are eligible to compete in Golf for Athletes with a Disability; and

2.3.2 the grouping of eligible Athletes into Sport Classes based on the extent to which their impairment(s) impact(s) their ability to execute the specific tasks and activities fundamental to Golf for Athletes with a Disability.

2.4 Classification is not designed to group Athletes into classes based on their sport performance. Rather, the unit of Classification is an Athlete's impairment, and impairments are classified based on the extent to which they impact the Athlete's ability

to perform the fundamental activities in Golf for Athletes with a Disability. An Athlete who improves their sport performance will become more competitive within their allocated Sport Class, but improved performance does not of itself provide a basis for changing an Athlete's Sport Class.

3. Scope and application of these Classification Rules

3.1 These Classification Rules apply to the following competitions within Golf for Athletes with a Disability (each a **Covered Competition**):

3.1.1 the Paralympic Games;

3.1.2 IGF Counting Events; and

3.1.3 any Competition where Observation Assessment may take place as part of a Classification process.

[*Note to Article 3.1: These Classification Rules deal only with Classification so as to allow Athletes to participate in the above Covered Competitions. The IGF (or its National Federations or other relevant bodies) may require Athletes to undergo classification in order to compete in other events or Competitions, but such classification need not necessarily be conducted in accordance with these Classification Rules*.]

3.2 Subject to Article 3.1, these Classification Rules will be binding on:

3.2.1 the IGF and its representatives, including its board members, directors, officers and employees who are involved in any aspect of Classification;

3.2.2 each of the IGF's National Federations and all National Representatives;

3.2.3 all Participants;

3.2.4 all Classification Personnel;

3.2.5 all persons participating in Evaluation Sessions (whether in person or virtually); and

3.2.6 any other person who agrees in writing to be bound by the Classification Rules.

3.3 Each of the above-mentioned Persons is deemed, as a condition of their participation or involvement in Golf for Athletes with a Disability, to have agreed to and be bound by these Classification Rules, and to have submitted to the authority of the IGF to enforce these Classification Rules.

4. Interpretation

4.1 Defined terms (denoted by initial capital letters) in these Classification Rules have the meaning given to them in Appendix 4.

4.2 Headings used in these Classification Rules are used for convenience only and have no meaning that is separate from the Article or Articles to which they refer.

4.3 These Classification Rules have been adopted pursuant to the provisions of the IPC Classification Code and International Standards and are to be interpreted in a manner

that is consistent with those documents. Aimed at implementing a global and harmonised approach to Classification, the Classification Rules are to be applied and interpreted as an independent and autonomous text and not by reference to the existing law or statutes of IPC Members, RIFs, or governments. When applying and interpreting the Classification Rules, all courts, arbitral tribunals and other adjudicating bodies should be aware of and respect the distinct nature of the Classification Rules, which implement the IPC Classification Code and International Standards, and the fact that the rules represent the consensus of a broad spectrum of stakeholders around the world as to what is necessary to protect and ensure fair and meaningful competition.

4.4 These Classification Rules must be read and applied in conjunction with all other applicable rules of the IGF, the Rules of Golf and the Equipment Rules (as may be amended by the IGF, and The R&A Rules Limited and the United States Golf Association, respectively, from time to time). In the event of any conflict between these Classification Rules and any other rules of the IGF and/or the Rules of Golf and/or the Equipment Rules, the Classification Rules will take precedence.

4.5 Comments to these Classification Rules are deemed to be part of these Classification Rules and will be used to interpret these Classification Rules.

5. Use of the IPC's 'Para' mark

5.1 The word 'Para' is a registered trade mark of the IPC, which the IPC protects and registers for the benefit of the Paralympic Movement. Any use of the 'Para' mark must be in accordance with the IPC Constitution and the IPC's Intellectual Property Regulations.

5.2 The right to use the 'Para' mark is conferred on International Federations and RIFs that have agreed to comply with the IPC Classification Code and the International Standards. However, International Federations and RIFs can only use the 'Para' mark in relation to those specific sports and disciplines for which the International Federation/RIF has agreed to comply with the IPC Classification Code and the International Standards.

5.3 The IGF has the right to use the 'Para' mark in relation to Golf for Athletes with a Disability.

5.4 Sports and federations that are not International Federations or RIFs are not permitted to use the 'Para' mark under any circumstances.

CHAPTER 2: CLASSIFICATION

PART I: INTRODUCTION

6. Stages of Classification

6.1 Classification comprises four main assessment stages, each of which will be conducted by the IGF (or its representatives):

UHC Assessment	**Stage 1:** an assessment to verify that the Athlete has (or has had) at least one medically and/or clinically diagnosed Underlying Health Condition, based on a review of Diagnostic Information provided by the Athlete's National Federation (**UHC Assessment**) (see Part IV.A).
Evaluation Session	**Stage 2:** an assessment to verify (i) that the Athlete has an Eligible Impairment that is consistent with one or more Underlying Health Conditions reported in the UHC Assessment, and (ii) that there are no inconsistencies with such reported Underlying Health Condition(s) (**Eligible Impairment Assessment**) (see Part IV.B.1).
	Stage 3: an assessment as to whether an Athlete's Eligible Impairment meets the applicable Minimum Impairment Criteria for that Eligible Impairment (**MIC Assessment**) (see Part IV.B.2).
	Stage 4: the allocation to an Athlete of: i. a Sport Class based on an assessment of the extent to which the Athlete's Eligible Impairment(s) impact(s) their ability to execute the specific tasks and activities fundamental to Golf for Athletes with a Disability (**Sport Class Assessment**); and ii. a **Sport Class Status** to indicate whether and when the Athlete may be required to undergo Classification in the future (see Part IV.B.3).

6.2 The UHC Assessment will always be performed first. Subject to that, the remaining assessments will be conducted in the order specified in Appendix 1, 2 and 3, respectively. The decision-making process will follow the four stages sequentially in the order set out above.

PART II: BODIES RESPONSIBLE FOR CLASSIFYING ATHLETES

7. UHC Assessor

7.1 The IGF is responsible for conducting UHC Assessments, which it may do through any of the following persons or bodies (each referred to as a **UHC Assessor**):

7.1.1 a committee comprised of the Head of Classification and at least two other experts appointed by the Head of Classification;

7.1.2 one or more Classifiers; and/or

7.1.3 (in the case of Intellectual Impairment only) Virtus.

7.2 All persons acting as UHC Assessors must: (i) have the skills and experience required to conduct UHC Assessments, and (ii) sign appropriate confidentiality undertakings.

8. Classification Panel

8.1 The IGF will appoint Classification Panels to conduct Evaluation Sessions in accordance with this Article 8.

8.2 Except as provided in Article 8.3:

8.2.1 each Classification Panel must consist of a minimum of two Classifiers;

8.2.2 at least one member of the Classification Panel must be of a different nationality to the Athlete being assessed; and

8.2.3 where reasonably practicable, members of the Classification Panel must be of different nationalities to each other.

[*Comment to Article 8.2: These provisions are intended to help manage potential conflicts of interest, whether perceived or actual. Conflicts of interest are addressed more broadly in Chapter 6 Part III, with further examples. For the avoidance of doubt, subject to Article 42.2 regarding the composition of a Protest Panel, a Classification Panel may consist of Classifiers who conducted previous Evaluation Sessions of the Athlete being assessed. However, while not mandatory, where reasonably practicable, the IGF will not appoint any Classifier who was involved in any assessment or evaluation of the relevant Athlete for Classification purposes (whether at the national or international level) within a period of 12 months prior to the date of the anticipated Evaluation Session.*]

8.3 In exceptional circumstances, the IGF may authorise a Classification Panel to consist of a sole Classifier and/or Classifiers who are each of the same nationality as the Athlete being assessed, provided that:

8.3.1 any Sport Class issued to the Athlete must be accompanied by the Sport Class Status 'Review at the Next Available Opportunity (R-NAO)', with all resulting consequences; and

8.3.2 any sole Classifier must be certified to conduct all of the assessments within the Evaluation Session.

[*Comment to Article 8.3.2: For example, 'exceptional circumstances' may arise if there are genuine and unavoidable operational difficulties at a Competition (such as travel delays, Classifier illness, or conflicts of interest) that result in an insufficient number of Classifiers being available to constitute Classification Panels with two or more persons, or of different nationalities to the Athlete being assessed.*]

8.4 All members of the Classification Panel must sign appropriate confidentiality undertakings.

PART III: ELIGIBLE IMPAIRMENTS

9. Eligible Impairments

9.1 The Eligible Impairments that are catered for by the IGF are set out in Appendix 1, 2 and 3.

9.2 Any impairment that is not listed as an Eligible Impairment in Article 9.1 is a '**Non-Eligible Impairment**'.

9.3 Examples of Non-Eligible Impairments include, but are not limited to, the following:

9.3.1 pain;

9.3.2 hearing impairment;

9.3.3 low muscle tone;

9.3.4 hypermobility of joints;

9.3.5 joint instability, such as an unstable shoulder joint or recurrent dislocation of a joint;

9.3.6 impaired muscle endurance or stiffness;

9.3.7 impaired motor reflex functions;

9.3.8 impaired cardiovascular functions;

9.3.9 impaired respiratory functions;

9.3.10 impaired metabolic functions;

9.3.11 tics and mannerisms, motor stereotypies, and motor perseverations;

9.3.12 vestibular impairment;

9.3.13 impairments in muscle metabolism resulting in fatigue; and

9.3.14 impairments stemming from psychological and/or psychosomatic causes.

9.4 An Athlete who has both an Eligible Impairment and a Non-Eligible Impairment may be evaluated by a Classification Panel on the basis of their Eligible Impairment, provided that their Non-Eligible Impairment does not affect the Classification Panel's ability to conduct an Evaluation Session (including Observation Assessment, if required) and allocate a Sport Class.

[*Comment to Article 9.4*: *For example, an Athlete with osteoarthritis might have Impaired Passive Range of Movement (an Eligible Impairment) and pain (a Non-Eligible Impairment). If the presence of pain restricts a Classification Panel's ability to conduct an Evaluation Session, the Athlete might not be allocated a Sport Class, notwithstanding that the Athlete has an Eligible Impairment*.]

PART IV: THE CLASSIFICATION PROCESS

A. Stage 1: UHC Assessment

10. Diagnostic Information

10.1 In order to begin the Classification process, an Athlete must:

10.1.1 provide their National Federation with all relevant Diagnostic Information required to enable the IGF to assess the existence of an Underlying Health Condition and Eligible Impairment.

10.2 The Athlete's National Federation is responsible for providing all relevant Diagnostic Information to the IGF and for ensuring that all Diagnostic Information is complete, accurate, authentic, and relevant, and that the IGF is informed of any changes to that information.

10.3 The IGF (including the UHC Assessor) may request from the Athlete's National Federation any additional information that it deems necessary to carry out the Classification process, including Diagnostic Information.

10.4 Unless the IGF specifies otherwise, Diagnostic Information must be legible, dated, and provided in its original format (i.e., the original document or a copy thereof) along with an English translation (if the original format is in another language).

11. Conducting the UHC Assessment

11.1 The UHC Assessor will conduct the UHC Assessment for the purposes set out in Article 6.1, i.e., to verify that the Athlete has (or has had) at least one medically and/or clinically diagnosed Underlying Health Condition.

11.2 The UHC Assessor will conduct the UHC Assessment based only on the Diagnostic Information provided by the Athlete's National Federation.

11.2.1 Where these Classification Rules require condition-specific Diagnostic Information or a standardised condition-specific assessment, the UHC Assessor must consider:

11.2.1.1 the results of that assessment;

11.2.1.2 the date on which the assessment was completed;

11.2.1.3 whether the findings remain current and clinically relevant; and

11.2.1.4 any information relevant to the nature, distribution, expected permanence, stability, progression or fluctuation of the resulting impairment.

11.2.2 The considerations in Article 11.2.1 do not authorise the UHC Assessor to determine whether the Athlete has an Eligible Impairment, meets the applicable Minimum Impairment Criteria or satisfies the criteria for any Sport Class.

11.3 At any stage the UHC Assessor may, with the agreement of the IGF, seek the assistance of such other medical, clinical, technical, and/or scientific experts as it considers necessary for it to conduct the UHC Assessment.

11.4 If the UHC Assessor consists of more than one member:

11.4.1 the individual members of the UHC Assessor must initially review the Athlete's Diagnostic Information independently of each other; and

11.4.2 if the members are unable to reach a unanimous decision, the UHC Assessor must make its decision by majority.

11.5 If the UHC Assessor is satisfied that the Athlete has (or has had) at least one medically and/or clinically diagnosed Underlying Health Condition:

11.5.1 the UHC Assessor must notify the IGF of the outcome of its assessment in writing. The written outcome must identify:

11.5.1.1 each Underlying Health Condition that has been verified;

11.5.1.2 the basis for the outcome, including any condition-specific Diagnostic Information or standardised condition-specific assessment relied upon;

11.5.1.3 each Eligible Impairment to which the verified Underlying Health Condition may potentially lead and which may therefore require assessment by the Classification Panel, provided that such identification does not constitute a determination that the Athlete has that Eligible Impairment, meets the applicable Minimum Impairment Criteria or satisfies the criteria for any Sport Class;

11.5.1.4 where applicable, whether the condition-specific Diagnostic Information or assessment remains current and clinically relevant; and

11.5.1.5 any matter relevant to the Classification Panel's subsequent assessment of whether the Athlete has an Eligible Impairment that is consistent with the verified Underlying Health Condition.

11.5.2 the IGF will provide the Diagnostic Information and the UHC Assessor's written outcome to the Classification Panel and, subject to receipt of any additional information requested pursuant to Article 10.3 and completion of any applicable preliminary information review required under APPENDIX 1, Appendix 2 or APPENDIX 3, will then proceed with scheduling an Evaluation Session;

11.5.3 unless the Athlete already has a relevant Sport Class and Sport Class Status, the Athlete will automatically be allocated the designation 'New (N)'; and

11.5.4 an Athlete with the designation 'New (N)' must attend an Evaluation Session prior to competing at a Covered Competition.

11.6 If the UHC Assessor is not satisfied that the Athlete has (or has had) at least one medically and/or clinically diagnosed Underlying Health Condition:

11.6.1 The UHC Assessor must notify the IGF of the outcome of its assessment and provide a written explanation for the decision.

11.6.2 The IGF will:

11.6.2.1 provide a copy of the UHC Assessor's written explanation to the Athlete's National Federation;

11.6.2.2 designate the Athlete as 'Not Eligible - Underlying Health Condition (Re-evaluation)' with the resulting consequences specified in Article 12; and

11.6.2.3 arrange for a second UHC Assessor to repeat the UHC Assessment as soon as reasonably practicable in accordance with Article 11.7.

11.7 If a second UHC Assessor is required pursuant to Article 11.6.2.3:

11.7.1 The second UHC Assessor may comprise one or more members. Any member of the first UHC Assessor cannot serve as a member of the second UHC Assessor.

11.7.2 The second UHC Assessor must review all of the Diagnostic Information provided by the Athlete's National Federation. Before reaching a final decision, the second UHC Assessor must also review the written explanation of the first UHC Assessor.

11.7.3 If the second UHC Assessor is satisfied that the Athlete has (or has had) at least one medically and/or clinically diagnosed Underlying Health Condition, Article 11.5 applies.

11.7.4 If the second UHC Assessor is not satisfied that the Athlete has (or has had) at least one medically and/or clinically diagnosed Underlying Health Condition:

11.7.4.1 The second UHC Assessor must notify the IGF of the outcome and provide a written explanation for the decision.

11.7.4.2 The IGF will provide a copy of the second UHC Assessor's written explanation to the Athlete's National Federation as soon as reasonably practicable.

11.7.4.3 The Athlete must be designated as 'Not Eligible - Underlying Health Condition', and the consequences in Article 12 will continue to apply.

12. Designation of 'Not Eligible - Underlying Health Condition'

12.1 Subject to Medical Reviews (Article 36) and changes to Classification systems (Article 58.3), an Athlete designated as 'Not Eligible - Underlying Health Condition (Re-evaluation)' or 'Not Eligible - Underlying Health Condition':

12.1.1 is not eligible to compete in Covered Competitions in Golf for Athletes with a Disability; and

12.1.2 must disclose such designation if undergoing further Classification (whether in Golf for Athletes with a Disability or in another sport). Such designation may be

automatically recognised by other International Federations in their respective sports, in their absolute discretion.

[*Comment to Article 12.1: If an Athlete who has been designated 'Not Eligible - Underlying Health Condition (Re-evaluation)' or 'Not Eligible - Underlying Health Condition' subsequently (i) competes or attempts to compete in Covered Competitions, or (ii) undergoes or attempts to undergo further Classification (including in respect of another sport), in each case without disclosing such designation, they may be investigated in respect of potential Intentional Misrepresentation. If an Athlete is found not eligible, this does not question or determine the presence of a disability, but is a ruling on the eligibility of the Athlete to compete in Golf for Athletes with a Disability.*]

12.2 Subject to Article 11.7, the designation of an Athlete as 'Not Eligible - Underlying Health Condition (Re-evaluation)' or 'Not Eligible - Underlying Health Condition' is not subject to review or Protest but may be Appealed in accordance with Part II of Chapter 3.

12.3 The IGF will include all Athletes designated as 'Not Eligible - Underlying Health Condition (Re-evaluation)' or 'Not Eligible - Underlying Health Condition' on its Classification Master List in accordance with Article 35.

[*Comment to Article 12.3: This requirement applies regardless of whether the Athlete is currently licensed by the IGF.*]

B. Evaluation Session

B.1 STAGE 2: Eligible Impairment Assessment

13. Conducting the Eligible Impairment Assessment

13.1 The Eligible Impairment Assessment will be conducted for the purposes set out in Article 6.1, i.e., to verify that (i) the Athlete has an Eligible Impairment that is consistent with one or more Underlying Health Conditions reported in the UHC Assessment, and (ii) there are no inconsistencies with such reported Underlying Health Condition(s).

13.2 As a preliminary step, the Classification Panel must review the documentation relating to the UHC Assessment, namely the Athlete's Diagnostic Information and the written outcome of the UHC Assessor.

13.3 APPENDIX 1, Appendix 2 and APPENDIX 3 set out how a Classification Panel will evaluate whether an Athlete has an Eligible Impairment, including the criteria to be assessed for each Eligible Impairment and the full details of any impairment-based testing and/or other clinically recognised testing that will be used as part of the Eligible Impairment Assessment, and how the results of such testing will be evaluated.

13.3.1 Where the same assessment method or test result informs both the Eligible Impairment Assessment and the MIC Assessment, the Classification Panel may conduct those assessments during the same Evaluation Session. However, the Classification Panel must make and record the two determinations separately and sequentially. The Classification Panel must first determine whether the Athlete has the relevant Eligible Impairment in accordance with this Article and the applicable provisions of APPENDIX 1,

Appendix 2 or APPENDIX 3. Only after confirming the relevant Eligible Impairment may the Classification Panel determine under Article 15 whether that Eligible Impairment meets the applicable Minimum Impairment Criteria.

13.4 The Eligible Impairment Assessment must take place in person, except in respect of Intellectual Impairments where the Eligible Impairment Assessment may be conducted based on evaluation of the Diagnostic Information provided as part of the UHC Assessment.

13.5 When conducting the Eligible Impairment Assessment, if the Classification Panel considers that there are any inconsistencies with the Underlying Health Condition(s) reported in the UHC Assessment, the Classification Panel will:

13.5.1 designate the Athlete as 'Classification Not Completed' ('CNC');

13.5.2 prepare a written explanation identifying the inconsistencies and noting any additional information that is required, a copy of which must be provided to the IGF and the Athlete's National Federation;

13.5.3 if it considers it appropriate, specify a deadline by which such additional information must be provided by the Athlete's National Federation; such information must be provided in its original format (i.e. the original document or a copy thereof) along with an English translation (if the original format is in another language), unless the IGF specifies otherwise; and

13.5.4 if the additional information is not provided by the specified deadline or does not otherwise satisfy the Classification Panel, or if the Classification Panel does not require any additional information, refer the matter back to the UHC Assessor (which, if possible, should be the same UHC Assessor as before) for reconsideration in accordance with Part IV.A above, along with the written explanation and any additional information provided.

13.6 The Eligible Impairment Assessment will continue (either by the same or a new Classification Panel) only once that Classification Panel is satisfied by the additional information provided and/or the UHC Assessor completes the reassessment.

13.7 Upon completion of the Eligible Impairment Assessment:

13.7.1 If the Classification Panel is satisfied that (i) the Athlete has an Eligible Impairment that is consistent with one or more Underlying Health Conditions reported in the UHC Assessment, and (ii) there are no inconsistencies with such reported Underlying Health Condition(s), it will proceed to the MIC Assessment.

13.7.2 If the Classification Panel is not satisfied as in Article 13.7.1, the Athlete must be designated as 'Not Eligible - Eligible Impairment (Re-evaluation)', with the resulting consequences specified in Article 14.

[*Comment to Article 13.7.2: When designating an Athlete as 'Not Eligible - Eligible Impairment (Re-evaluation)' or 'Not Eligible - Eligible Impairment', the Classification Panel must record the Eligible Impairment(s) for which the Athlete was assessed, for example, 'Not Eligible - Eligible Impairment' for Impaired Muscle Power and Impaired Passive Range of Movement.*]

13.8 The Classification Panel must notify the IGF of the outcome of the Eligible Impairment Assessment and provide a written explanation for the decision. The IGF will provide a copy of the Classification Panel's written explanation to the Athlete's National Federation.

13.9 If the Athlete is designated as 'Not Eligible - Eligible Impairment (Re-evaluation)', the Athlete is entitled to undergo a second Eligible Impairment Assessment by a second Classification Panel as soon as reasonably practicable.

13.9.1 Any member of the first Classification Panel cannot serve as a member of the second Classification Panel.

13.9.2 Before reaching a final decision, the second Classification Panel must also review the written explanation of the first Classification Panel.

13.9.3 If the second Classification Panel is satisfied that (i) the Athlete has an Eligible Impairment that is consistent with one or more Underlying Health Conditions reported in the UHC Assessment, and (ii) there are no inconsistencies with such reported Underlying Health Condition(s), it will proceed to the MIC Assessment.

13.9.4 If the second Classification Panel is not satisfied as in Article 13.9.3, the Athlete must be designated as 'Not Eligible - Eligible Impairment', and the consequences in Article 14 will continue to apply.

13.9.5 The Athlete's right to a second Eligible Impairment Assessment may be waived by the Athlete if they do not wish to undergo a second assessment (in which case Article 13.9.4 will be deemed to apply).

14. Designation of 'Not Eligible-Eligible Impairment'

14.1 Subject to Medical Reviews (Article 36) and changes to Classification systems (Article 58.3), an Athlete designated as 'Not Eligible - Eligible Impairment (Re-evaluation)' or 'Not Eligible - Eligible Impairment':

14.1.1 is not eligible to compete in Covered Competitions, based on such Eligible Impairment(s) in Golf for Athletes with a Disability; and

14.1.2 must disclose such designation if undergoing further Classification (whether in Golf for Athletes with a Disability or in another sport). Such designation may be automatically recognised by other International Federations in their respective sports, in their absolute discretion.

[*Comment to Article 14.1: If an Athlete who has been designated 'Not Eligible - Eligible Impairment (Re-evaluation)' or 'Not Eligible - Eligible Impairment' subsequently (i) competes or attempts to compete in Covered Competitions, or (ii) undergoes or attempts to undergo further Classification (including in respect of another sport), in each case without disclosing such designation, they may be investigated in respect of potential Intentional Misrepresentation. If an Athlete is found not eligible, this does not question or determine the presence of a disability, but is a ruling on the eligibility of the Athlete to compete in Golf for Athletes with a Disability.*]

14.2 Subject to Article 13.9, the designation of an Athlete as 'Not Eligible - Eligible Impairment (Re-evaluation)' or 'Not Eligible - Eligible Impairment' is not subject to review or Protest but may be Appealed in accordance with Part II of Chapter 3.

14.3 The IGF will include all Athletes designated as 'Not Eligible - Eligible Impairment (Re-evaluation)' or 'Not Eligible - Eligible Impairment' on its Classification Master List in accordance with Article 35.

[*Comment to Article 14.3: This requirement applies regardless of whether the Athlete is currently licensed by the International Golf Federation*.]

B.2 STAGE 3: MIC ASSESSMENT

15. Conducting the MIC Assessment

15.1 The MIC Assessment will be conducted for the purposes set out at Article 6.1, i.e., to assess whether the Athlete's Eligible Impairment meets the applicable Minimum Impairment Criteria for that Eligible Impairment.

[*Comment to Article 15.1: as is set out in further detail in Appendix 1, 2 and 3, the Minimum Impairment Criteria have been selected by the IGF based on their ability to indicate reliably to the Classification Panel that the Athlete's Eligible Impairment is capable of altering their biomechanical execution of a full golf swing with a driver, in a way that: (i) is demonstrable; and (ii) will adversely affect the Athlete's performance*.]

15.2 The MIC Assessment will be determined based solely on an evaluation of the Athlete's Eligible Impairment (i.e., impairment-based testing and/or other clinically recognised testing) and not based on an assessment of tasks or activities performed in Golf for Athletes with a Disability, nor any other aspect of the Athlete's sport performance.

15.3 Appendix 1, 2 and 3 set out how a Classification Panel will assess whether an Athlete's Eligible Impairment meets the Minimum Impairment Criteria.

15.4 The MIC Assessment must take place in person.

15.5 Upon completion of the MIC Assessment:

15.5.1 If the Classification Panel is satisfied that the Athlete's Eligible Impairment meets the applicable Minimum Impairment Criteria, it will proceed to the Sport Class Assessment.

15.5.2 If the Classification Panel is not satisfied that the Athlete's Eligible Impairment meets the applicable Minimum Impairment Criteria, the Athlete will be designated as 'Not Eligible - Minimum Impairment Criteria (Re-evaluation)', with the resulting consequences specified in Article 16.

15.6 The Classification Panel must notify the IGF of the outcome of the MIC Assessment and provide a written explanation for the decision. The IGF will provide a copy of the Classification Panel's written explanation to the Athlete's National Federation.

15.7 If an Athlete is designated as 'Not Eligible - Minimum Impairment Criteria (Re-evaluation)', the Athlete is entitled to undergo a second MIC Assessment by a second Classification Panel as soon as reasonably practicable:

15.7.1 Any member of the first Classification Panel cannot serve as a member of the second Classification Panel.

15.7.2 Before reaching a final decision, the second Classification Panel must also review the written explanation of the first Classification Panel.

15.7.3 If the second Classification Panel is satisfied that the Athlete's Eligible Impairment meets the applicable Minimum Impairment Criteria, it will proceed to the Sport Class Assessment.

15.7.4 If the second Classification Panel is not satisfied that the Athlete's Eligible Impairment meets the applicable Minimum Impairment Criteria, the Athlete will be designated as 'Not Eligible - Minimum Impairment Criteria', and the consequences in Article 16 will continue to apply.

15.7.5 The Athlete's right to a second MIC Assessment may be waived by the Athlete if they do not wish to undergo a second assessment (in which case Article 15.7.4 will be deemed to apply).

16. Designation of 'Not Eligible - Minimum Impairment Criteria'

16.1 Subject to Medical Reviews (Article 36) and changes to Classification systems (Article 58.3), an Athlete designated as 'Not Eligible - Minimum Impairment Criteria (Re-evaluation)' or 'Not Eligible - Minimum Impairment Criteria':

16.1.1 is not eligible to compete in Covered Competitions based on the same Eligible Impairment(s) in Golf for Athletes with a Disability; and

16.1.2 must disclose such designation if undergoing further Classification (whether in Golf for Athletes with a Disability or in another sport).

[*Comment to Article 16.1: If an Athlete who has been designated 'Not Eligible - Minimum Impairment Criteria (Re-evaluation)' or 'Not Eligible - Minimum Impairment Criteria' subsequently: (i) competes or attempts to compete in Covered Competitions based on such Eligible Impairment(s) in Golf for Athletes with a Disability, or (ii) undergoes or attempts to undergo further Classification (including in respect of another sport), in each case without disclosing such designation, they may be investigated in respect of potential Intentional Misrepresentation. If an Athlete is found not eligible, this does not question or determine the presence of a disability, but is a ruling on the eligibility of the Athlete to compete in Golf for Athletes with a Disability.*]

16.2 However, the Athlete may be eligible to compete in Covered Competitions:

16.2.1 in Golf for Athletes with a Disability based on a different Eligible Impairment if they meet the Minimum Impairment Criteria for that Eligible Impairment; and/or

16.2.2 in a different sport based on the same Eligible Impairment(s) if: (i) the other sport caters for the Eligible Impairment(s); and (ii) the Athlete meets the other sport's Minimum Impairment Criteria for the Eligible Impairment(s).

16.3 Subject to Article 15.7, the designation of an Athlete as 'Not Eligible - Minimum Impairment Criteria (Re-evaluation)' or 'Not Eligible - Minimum Impairment Criteria' is not subject to review or Protest but may be Appealed in accordance with Part II of Chapter 3.

16.4 The IGF will include all Athletes designated as 'Not Eligible - Minimum Impairment Criteria (Re-evaluation)' or 'Not Eligible - Minimum Impairment Criteria' on its Classification Master List in accordance with Article 35.

[*Comment to Article 16.4: This requirement applies regardless of whether the Athlete is currently licensed by the International Golf Federation.*]

B.3 STAGE 4: SPORT CLASS AND SPORT CLASS STATUS ALLOCATION

B.3.1 SPORT CLASS

17. Conducting the Sport Class Assessment

17.1 Subject to the suspension or termination of an Evaluation Session (Article 29) and the failure to attend an Evaluation Session (Article 30), if an Athlete has been assessed to have an Eligible Impairment that meets the Minimum Impairment Criteria, the Athlete must be allocated a Sport Class.

17.2 The Sport Class Assessment will be conducted for the purposes set out at Article 6.1, i.e., to assess the extent to which an Athlete's Eligible Impairment(s) impact(s) their ability to execute the specific tasks and activities fundamental to Golf for Athletes with a Disability.

[*Comment to Article 17.2: as is set out in further detail in Appendix 1, 2 and 3, during the Sport Class Assessment, the Classification Panel will assess the extent to which the Athlete's Eligible Impairment(s) impact(s) their achievable Maximum Clubhead Speed and/or Clubface Angle Variability.*]

17.3 Appendix 1, 2 and 3 set out the assessment methodology and assessment criteria that the Classification Panel will use in evaluating which Sport Class to allocate to an Athlete.

17.4 When assessing which Sport Class to allocate to an Athlete, the Classification Panel must:

17.4.1 base its assessment solely on the extent to which the Athlete's Eligible Impairment(s) impact(s) their ability to execute the specific tasks and activities fundamental to Golf for Athletes with a Disability; and

[*Comment to Article 17.4.1: The Classification Panel must therefore distinguish factors such as fitness level and/or technical proficiency in order to ensure that these do not affect the Sport Class allocated. For this purpose, it may be helpful for the Classification Panel to consider an Athlete's training history and age.*]

17.4.2 with the exception of the Observation Assessment, conduct all parts of the Sport Class Assessment in a controlled non-competitive environment, meaning an environment that allows for the repeated observation of key tasks and activities.

17.5 The Sport Class Assessment must take place in person.

17.6 **Use of Adaptive Equipment:**

17.6.1 When conducting the Sport Class Assessment, the Classification Panel must evaluate the Athlete when they are using the Adaptive Equipment that they will use in competition (if any), as permitted by the Rules of Golf. The use of Adaptive Equipment (whether mandatory or optional) is an integral component of the Athlete's ability to execute the specific tasks and activities required by Golf for Athletes with a Disability. Therefore, the Sport Class Assessment must take into account the optimal use of such equipment (such as strapping or gloves) during competition, whether an Athlete chooses to use it or not.

[*Comment to Article 17.6.1: For example, if an Athlete competing in a wheelchair or seated cart opts not to use abdominal strapping, which leads to poor sitting balance, the Athlete should not be allocated a different Sport Class (reserved for Athletes with impairments that have a different impact on their ability to execute the specific tasks and activities fundamental to Golf for Athletes with a Disability) on the basis of their decision not to use an optional piece of Adaptive Equipment.*]

17.6.2 The IGF, whether through the Classification Panel or otherwise, may assess whether any Adaptive Equipment proposed to be used by the Athlete in competition complies with these Classification Rules and/or Rules of Golf and/or Equipment Rules on the use of Adaptive Equipment. If the Athlete's equipment does not comply with such rules, the Athlete will not be permitted to use that equipment as part of the Sport Class Assessment, and the Classification Panel will not take use of that equipment into consideration when making its determination as to the Athlete's Sport Class.

17.6.3 In the event of any doubt as to whether the Athlete's equipment complies with the Rules of Golf and/or Equipment Rules on Adaptive Equipment, the Classification Panel may consult The R&A/USGA Rules of Golf and Equipment Standards experts.

17.6.4 If an Athlete's choice to use (or not use) Adaptive Equipment affects their allocated Sport Class, the IGF will:

17.6.4.1 add the designation 'AE' to the Athlete's Sport Class; and

17.6.4.2 ensure that information relating to the Adaptive Equipment used by the Athlete is included within all recording documents,

so that the chief referee or other designated official (and other officials during the course of play at a Covered Competition) can verify that (i) the Athlete uses the same Adaptive Equipment (if they were allocated a Sport Class on the basis that they would use such Adaptive Equipment), or (ii) the Athlete does not use any or certain Adaptive Equipment (if they were allocated a Sport Class on the basis that they would not use such Adaptive Equipment).

17.7 Following completion of the initial stages of the Sport Class Assessment set out above, the Classification Panel will either:

17.7.1 allocate the Athlete a provisional Sport Class that is subject to confirmation at an Observation Assessment in accordance with Article 17.8 below, using the tracking code 'OA' for 'Observation Assessment'; or

17.7.2 allocate the Athlete a final Sport Class, in which case the Athlete must also be allocated a Sport Class Status.

17.8 **Observation Assessment:**

17.8.1 The purpose of an Observation Assessment is to observe and evaluate the Athlete in a competitive environment in order to ensure that what is observed in competition is consistent with what was observed in the previous stages of Classification.

17.8.2 Details of the Observation Assessment process are set out in Appendix 1, 2 and 3.

17.8.3 An Observation Assessment will be required where the Classification Panel considers this will assist it in allocating a final Sport Class to the Athlete, in particular where:

17.8.3.1 an Athlete is on the 'borderline' between two or more Sport Classes;

17.8.3.2 the Classification Panel wishes to confirm the impact(s) the Athlete's Eligible Impairment(s) has on their achievable CHS/CFV during play;

17.8.3.3 the Classification Panel wishes to assess the effect of cumulative play on an Athlete's achievable CHS/CFV; and/or

17.8.3.4 the Classification Panel wishes to assess the way in which the Athlete uses any Adaptive Equipment during play, and whether this will have any effect on their allocated Sport Class.

17.8.4 If an Observation Assessment is required:

17.8.4.1 Except in exceptional circumstances, the same Classification Panel that conducted the preceding stages of the Athlete's Evaluation Session must also conduct the Observation Assessment.

17.8.4.2 The Observation Assessment must be conducted in person during the Covered Competition where the Athlete competes in their provisional Sport Class for the first time (**First Appearance**). The Athlete may compete at First Appearance with their provisional Sport Class.

17.8.5 During the Observation Assessment, the Classification Panel will observe:

17.8.5.1 the Athlete's ability to hold a golf club, perform a golf swing, and/or their general play during competition; and/or

17.8.5.2 the Athlete's joint range of motion, muscle strength, muscle tone, balance and coordination, and stamina; and/or

17.8.5.3 the Athlete's general stability, and ability to get around the golf course;

17.8.5.4 the Athlete's use of any Adaptive Equipment; and/or

17.8.5.5 any other element of the Athlete's performance specifically referred to in APPENDIX 1, Appendix 2 and APPENDIX 3.

17.8.6 Following an Observation Assessment, the Classification Panel may:

17.8.6.1 allocate the Athlete a final Sport Class and Sport Class Status, or

17.8.6.2 require the Athlete to redo any prior stages of the Evaluation Session, and/or undergo a further Observation Assessment.

17.8.7 The Classification Panel cannot, based on the results of the Observation Assessment alone, allocate the Athlete a Sport Class that is different from the one provisionally allocated in accordance with Article 17.7.1.

17.9 If an Athlete with a provisional Sport Class is ultimately allocated a different final Sport Class, such change will be effective immediately.

17.10 Athletes may only compete in the Sport Class(es) allocated to them.

18. Eligibility for multiple Sport Classes

18.1 An Athlete may only be allocated one Sport Class within Golf for Athletes with a Disability per Paralympic cycle, even if they meet the criteria to be allocated two or more Sport Classes.

[*Comment to Article 18.1: Some Athletes are in a position to be allocated more than one Sport Class within Golf for Athletes with a Disability. This might be the case if an Athlete has a combination of Physical, Vision, and/or Intellectual Impairments. If, for example, an Athlete is allocated a Sport Class in Golf for Athletes with a Disability for their Physical Impairment in one Paralympic cycle, they cannot be allocated a Sport Class for their Vision Impairment in Golf for Athletes with a Disability until the following Paralympic cycle (and vice versa).*]

18.2 Where an Athlete may compete in Golf for Athletes with a Disability in both seated or standing formats, the Athlete may only be allocated a Sport Class for one of those formats per Paralympic cycle.

[*Comment to Article 18.2*: *For example, if an Athlete is allocated a Sport Class in a sitting format in one Paralympic cycle, they cannot be allocated a Sport Class in a standing format until the following Paralympic cycle (and vice versa).*]

18.3. The Athlete must therefore notify their National Federation of the format (i.e., sitting or standing) in which they wish to compete when initiating the Classification process in accordance with Article 10.1.

18.4. Athletes are entitled to attend an Evaluation Session in respect of all their Eligible Impairments. Consequently, if the Athlete is determined not to be eligible to compete in Golf for Athletes with a Disability in their preferred playing format, then they may submit a further request to undergo Classification in respect of the alternative format.

18.5. An Athlete who is eligible for more than one Sport Class may request to change their selected Sport Class:

a. after the close of the current Paralympic Games cycle and before the start of the next calendar year.

A request to change an Athlete's selected Sport Class must be submitted to the International Golf Federation by the Athlete's National Federation or National Paralympic Committee. The request must be made in the form and manner prescribed by the International Golf Federation and must include any information reasonably required to confirm the Athlete's eligibility for the requested Sport Class.

The International Golf Federation will review the request and may require the Athlete to undergo further Athlete Evaluation before confirming the Athlete's Sport Class for future Competition.

B.3.2 SPORT CLASS STATUS

19. Sport Class Statuses

19.1 A Sport Class Status indicates whether and when an Athlete will be required to undergo Classification in the future.

19.2 The available Sport Class Statuses are as follows:

19.2.1 Confirmed (C);

19.2.2 Review at the Next Available Opportunity (R-NAO);

19.2.3 Review with a Fixed Review Date (RF-RD); or

19.2.4 Expired (E).

20. Allocation of Sport Class Statuses

20.1 Sport Class Statuses must be allocated in accordance with the below:

20.1.1 **'Confirmed (C)'**: A Classification Panel may allocate an Athlete the Sport Class Status 'Confirmed (C)' if it is satisfied that the Athlete's Sport Class is unlikely to change given the nature of the Athlete's Eligible Impairment and the extent to which the Athlete's Eligible Impairment(s) impact(s) their ability to execute the specific tasks and activities fundamental to Golf for Athletes with a Disability.

20.1.2 **'Review at the Next Available Opportunity (R-NAO)'**:

20.1.2.1 An Athlete will automatically be allocated the Sport Class Status 'Review at the Next Available Opportunity (R-NAO)' where:

(a) their Classification Panel consisted of: (i) a sole Classifier; and/or (ii) Classifiers who were each of the same nationality as the Athlete (see Article 8.3.1);

(b) the IGF has accepted a Medical Review request (see Article

36); and/or

(c) a National Federation Protest has been accepted, or an IGF Protest has been made (see Article 42.1.1).

20.1.2.2 A Classification Panel may also decide to allocate an Athlete the Sport Class Status 'Review at the Next Available Opportunity (R-NAO)' if:

(a) the Athlete is 'borderline' (i.e. they narrowly meet the Minimum Impairment Criteria, or they are on the boundary of two Sport Classes); and/or

(b) the Classification Panel believes that a further Evaluation Session will be required at the Next Available Opportunity within the current calendar year and/or season.

[*Comment to Article 20.1.2.2: A further Evaluation Session might be required for a number of reasons, including where the Athlete has only recently started competing in Covered Competitions, has one or more fluctuating and/or progressive or regressive impairment(s), and/or has not reached full musculoskeletal or sports maturity.*]

20.1.2.3 The IGF may also change an Athlete's Sport Class Status to 'Review at the Next Available Opportunity (R-NAO)' where it has identified that changes to its Classification Rules may affect the Athlete's (in)eligibility, Sport Class, and/or Sport Class Status (see Article 58.3).

20.1.3 **'Review with a Fixed Review Date (R-FRD)'**:

20.1.3.1 A Classification Panel may allocate an Athlete the Sport Class Status 'Review with a Fixed Review Date (R-FRD)' where it believes that a further Evaluation Session will be required, but not within the current calendar year and/or season. The Classification Panel must set a date (no earlier than the end of the current calendar year or season, as applicable) after which the Athlete must attend a new Evaluation Session at the Next Available Opportunity (the Fixed Review Date).

20.1.3.2 The IGF may also change an Athlete's Sport Class Status to 'Review with a Fixed Review Date (R-FRD)' where it has identified that changes to its Classification Rules may affect the Athlete's (in)eligibility, Sport Class, and/or Sport Class Status (see Article 58.3). In such circumstances, the IGF will set an appropriate Fixed Review Date.

20.1.3.3 The Fixed Review Date will typically be no more than four years after the Athlete's previous Evaluation Session took place.

20.1.4 **'Expired (E)':**

20.1.4.1 An Athlete will automatically be allocated the Sport Class Status 'Expired (E)' if:

(a) they inform their National Federation that they have retired; or

(b) they have not competed in any Covered Competitions for a continuous period of two years.

20.1.4.2 An Athlete with Sport Class Status 'Review at the Next Available Opportunity (R-NAO)' will automatically be allocated the Sport Class Status 'Expired (E)' if they have not completed a further Evaluation Session within 18 months of being allocated that Sport Class Status.

20.1.4.3 An Athlete with Sport Class Status 'Review with a Fixed Review Date (R-FRD)' will automatically be allocated the Sport Class Status 'Expired (E)' if they have not completed a further Evaluation Session after the Fixed Review Date.

21. Impact of Sport Class Status on participation in Covered Competitions

21.1 An Athlete allocated the Sport Class Status 'Confirmed' is not required to undergo any further Classification, except if their Sport Class Status is subsequently changed as a result of: (i) an IGF Protest, accepted National Federation Protest, or successful Appeal; (ii) an accepted Medical Review request; and/or (iii) changes to the IGF's Classification system under Article 58.

21.2 Unless the IGF specifies otherwise, if an Athlete has been allocated the Sport Class Status:

21.2.1 'Review at the Next Available Opportunity (R-NAO)', the Athlete must complete an Evaluation Session prior to competing at any Covered Competition, and in any event within a maximum of 18 months of their being allocated that Sport Class Status; and

21.2.2 'Review with a Fixed Review Date (R-FRD)', the Athlete may compete in Covered Competitions up until the Fixed Review Date, but thereafter must complete an Evaluation Session prior to competing at any further Covered Competitions.

21.3 Subject to Article 21.4, if an Athlete has been allocated the Sport Class Status 'Expired (E)', the Athlete cannot compete at any Covered Competition unless and until they have completed a new Evaluation Session and been allocated a Sport Class and Sport Class Status.

21.4 Athletes with Sport Class Status 'Expired (E)' who previously had a Sport Class Status of 'Confirmed (C)' may return to competition in their original Sport Class with Sport Class Status 'Confirmed (C)' without the need to undergo further Classification.

B.4 GENERAL PROVISIONS APPLICABLE TO ALL EVALUATION SESSIONS

22. General requirements for the IGF

22.1 The IGF will provide National Federations with reasonable notice of Classification opportunities, including the location, dates, and the impairment types that will be assessed.

22.2 The IGF will provide the Classification Panel with any information that becomes available to it that might be relevant to the Classification Panel conducting an Evaluation Session.

22.3 The IGF will retain copies of any forms, reports, or other written records from UHC Assessors and Classification Panels, which may be provided by the IGF to future UHC Assessors and Classification Panels that evaluate the Athlete.

23. Attendance at Evaluation Sessions

23.1 In addition to the Athlete and the members of the Classification Panel, the following individuals may attend Evaluation Sessions:

23.1.1 the Athlete's accompanying National Representative and (if required) interpreter, subject to the requirements in Article 23.2;

23.1.2 Trainee Classifiers and any other authorised persons involved in the training of such Trainee Classifiers, as determined by the IGF (or the Chief Classifier, acting on behalf of the IGF);

[*Comment to Article 23.1.2: The IGF will be respectful of Athletes when determining the number of Trainee Classifiers/trainers participating in an Evaluation Session.*]

23.1.3. observers appointed by the IPC as part of the IPC's monitoring of the IGF's Compliance with the IPC Classification Code and the International Standards; and

23.1.4. any person from whom the Classification Panel seeks medical, clinical, technical, and/or scientific advice in accordance with Article 27.

23.2. Except if specified otherwise in these Classification Rules, the Athlete and the members of the Classification Panel must attend Evaluation Sessions in person.

23.3. Any other person entitled to attend an Evaluation Session pursuant to Article 23.1 may attend the Evaluation Session in person. Alternatively, they may attend the Evaluation Session virtually, whether by telephone or video (or other virtual technology), provided that they can do so without adverse impact on the Evaluation Session, and provided that they comply with all of the same requirements as those attending in person.

[*Comment to Article 23.3: An Evaluation Session would be adversely impacted if, for example, the internet connection of the person attending the Evaluation Session virtually was so weak or intermittent that the Evaluation Session was continually interrupted.*]

24. Responsibilities of National Federations and Athletes in relation to Evaluation Sessions

24.1 The Athlete's National Federation is responsible for ensuring that the Athlete complies with the responsibilities applicable to them in relation to Evaluation Sessions.

24.2 Athletes may be accompanied during the Evaluation Session by a maximum of:

24.2.1 one National Representative whose role is to support the Athlete and facilitate their Classification process (Athletes who are Minors or lack legal capacity in accordance with the laws applicable in their country of residence must be accompanied by such a National Representative); and

24.2.2 if required, one interpreter (to be arranged and paid for by the Athlete's National Federation, and who will be deemed a National Representative).

24.3 The Athlete and any accompanying National Representative(s) (including any interpreter) must sign the IGF's evaluation agreement form.

24.4 The Athlete and any accompanying National Representative(s) (including any interpreter) must prove their identity to the satisfaction of the Classification Panel (for example, by providing a document such as a passport, ID card, IGF licence card, and/or event accreditation).

24.5 An Athlete must give their best efforts during an Evaluation Session and must comply with all reasonable instructions given to them by a Classification Panel.

24.6 The Athlete must: (i) attend the Evaluation Session with any sports attire and Adaptive Equipment permitted under the Rules of Golf and Equipment Rules that they intend to use in any Covered Competition; and (ii) disclose their intended use of such attire and Adaptive Equipment to the Classification Panel.

24.7 Medication, medical devices/implants, and procedures:

24.7.1 an Athlete must disclose to the Classification Panel the use of any medication and/or medical device/implant (including any audio aids and/or refractive or optical correction such as eyeglasses or corrective lenses) and any medical procedure that may affect the Classification Panel's ability to conduct an Evaluation Session; and

[*Comment to Article 24.7.1: For the avoidance of doubt, the Athlete's obligation to disclose their use of any medication, medical device/implant, and medical procedure under this Article is entirely separate to their obligations under any applicable anti-doping rules, including but not limited to in respect of therapeutic use exemptions and disclosures on a doping control form. Any such disclosure by an Athlete to the Classification Panel in no way equates to a disclosure or application for the purposes of such separate anti-doping rules, and vice versa.*]

24.7.2 an Athlete must attend the Evaluation Session (i) with all disclosed medical devices/implants; and (ii) if required by the IGF's rules or otherwise requested by the Classification Panel, with any or all disclosed medication(s) and/or related medical prescription(s).

25. Responsibilities of the Classification Panel in relation to Evaluation Sessions

25.1 Classification Panels are responsible for conducting Evaluation Sessions.

25.2 Except as provided in Article 13.6, or in other exceptional circumstances, the same Classification Panel must conduct all of the stages of an Evaluation Session in relation to an Athlete.

[*Comment to Article 25.2: for example, 'exceptional circumstances' may arise if there are genuine and unavoidable operational difficulties (such as Classifier illness) that mean the same Classification Panel is not available to conduct all aspects of the Evaluation Session.*]

25.3 Unless the IGF specifies otherwise, the Classification Panel must conduct Evaluation Sessions in English.

25.4 The Classification Panel must inform the Athlete of the names and roles of all persons attending the Evaluation Session on behalf of the IGF (whether they are attending in person or virtually).

25.5 When conducting an Evaluation Session, the Classification Panel may only consider the information provided to it by the relevant Athlete, National Federation, or the IGF, and any additional information obtained under Article 27 below.

25.6 The Classification Panel must record their assessments at each stage of Classification in writing, and provide a copy of such records to the IGF.

26. Consideration of prior Evaluation Sessions

26.1 If the Classification Panel is evaluating an Athlete who has previously undergone one or more Evaluation Sessions:

26.1.1 before reaching a final decision, the Classification Panel must review the applicable forms, reports, or other records from previous Classification Panel(s); and

26.1.2 in relation to the Evaluation Session, the Classification Panel must not consult with any of the members of previous Classification Panels regarding their prior evaluation of the Athlete. For the avoidance of doubt, the Classification Panel may seek expert assistance in accordance with Article 27, including from any persons who provided equivalent assistance to previous Classification Panels.

[*Comment to Article 26.1.2: For the avoidance of doubt, subject to Article 42.2 regarding the composition of a Protest Panel, a Classification Panel may consist of Classifiers who conducted previous Evaluation Sessions of the Athlete. In those circumstances, such Classifiers should not discuss their previous evaluation of the Athlete with the new Classification Panel (beyond reviewing the documentation referred to in Article 26.1.1).*]

27. Classification Panel requests for additional information or expertise

27.1 At any stage the Classification Panel may request that an Athlete's National Federation provide any additional information (including Diagnostic Information) that the

Classification Panel believes is necessary for it to complete the Evaluation Session. If the Athlete's National Federation provides such information within the timeframe specified by the Classification Panel, the Evaluation Session may continue. If the Athlete's National Federation is unable or fails to provide such information within the timeframe specified by the Classification Panel, the Classification Panel may suspend the Evaluation Session in accordance with Article 29.

27.2 At any stage the Classification Panel may, with the agreement of the IGF, seek the assistance of such other medical, clinical, technical, and/or scientific experts as it considers necessary for it to complete the Evaluation Session.

28. Requirement to redo prior stages of the Evaluation Session

28.1 The Classification Panel may at any time require the Athlete to redo any prior stages of the Evaluation Session if it considers it necessary to do so.

29. Suspension or termination of an Evaluation Session

29.1 A Classification Panel, in consultation with the IGF (or the Chief Classifier, acting on behalf of the IGF), may suspend an Evaluation Session if it is unable to complete the Evaluation Session for any reason, including in one or more of the following circumstances:

29.1.1 failure on the part of the Athlete to comply with any part of these Classification Rules;

29.1.2 failure on the part of the Athlete or the Athlete's National Federation to provide any information that is reasonably required by the Classification Panel;

29.1.3 the Classification Panel believes that any use (or non-use) of any medication or medical device/implant or any medical procedure disclosed by the Athlete may interfere with the Classification of the Athlete;

29.1.4 the Athlete has a Health Condition or impairment that limits or prevents them from complying with the requests of the Classification Panel during an Evaluation Session, which the Classification Panel considers will affect its ability to conduct an Evaluation Session in accordance with these Classification Rules;

29.1.5 the Athlete is unable to communicate effectively with the Classification Panel, even in the presence of an interpreter;

29.1.6 in the reasonable opinion of the Classification Panel, the Athlete is physically or mentally unable to comply with the instructions of the Classification Panel;

29.1.7 the Classification Panel believes that the Athlete is not giving their best efforts, or the Athlete refuses to comply with any reasonable instructions given by the Classification Panel;

29.1.8 the Athlete or their accompanying National Representative or interpreter (or any other person associated with the Athlete or the Athlete's National Federation) is found to be photographing or recording the Evaluation Session;

29.1.9 there are more people attending the Evaluation Session than permitted under these Classification Rules, or the identity of someone attending is not clear;

29.1.10 the Classification Panel believes that the Athlete's Eligible Impairment is inconsistent (i.e., is subject to significant fluctuation) such that it is unable to complete the Evaluation Session and allocate the Athlete with an appropriate Sport Class; and/or

29.1.11 the Athlete's representation of their abilities is inconsistent with other information available to the Classification Panel.

29.2 If an Evaluation Session is suspended by a Classification Panel, the Classification Panel must designate the Athlete as 'Classification Not Completed (CNC)'. Subject to Article 13.5, the following steps must be taken:

29.2.1 the Classification Panel must prepare a written explanation (i) explaining why the 'Classification Not Completed (CNC)' designation has been applied (including, where applicable, identifying any observed inconsistencies in the Athlete's representation of their abilities), and (ii) if applicable, specifying the details of any remedial action that is required for the Evaluation Session to be resumed, a copy of which must be provided to the IGF and the Athlete's National Federation;

29.2.2 the Classification Panel must separately record any concerns regarding potential Intentional Misrepresentation, if applicable; and

29.2.3 if an Athlete completes any specified remedial action to the satisfaction of the IGF (or the Chief Classifier, acting on behalf of the IGF), an Evaluation Session will be rescheduled as soon as reasonably practicable.

29.3 If an Evaluation Session is suspended by a Classification Panel and cannot (for any reason) be resumed and completed at the same Classification opportunity by the same Classification Panel, the Evaluation Session must be terminated and the Athlete will remain designated as 'Classification Not Completed (CNC)'.

29.4 The IGF may bring disciplinary proceedings in respect of (i) any Athlete whose improper behaviour resulted in the suspension or termination of an Evaluation Session, and/or (ii) any person bound by these Classification Rules who was complicit in any such improper behaviour or failed to take reasonable steps to avoid the suspension or termination of the Evaluation Session. Such proceedings will be governed by the rules and procedures of the IGF Tribunal Policy.

30. Failure to attend an Evaluation Session

30.1 An Athlete is personally responsible for attending all stages of their Evaluation Session(s). Without limiting the Athlete's personal responsibility, an Athlete's National Federation must take reasonable steps to ensure that the Athlete attends their Evaluation Session(s).

30.2 If an Athlete fails to attend an Evaluation Session as required, the Classification Panel will report the failure to the IGF as soon as reasonably practicable.

30.2.1 If the Athlete is able to provide the IGF with a reasonable explanation for their failure to attend the Evaluation Session, the IGF may reschedule the Evaluation Session to a revised date and time at the same Classification opportunity.

30.2.2 If the Athlete is unable to provide the IGF with a reasonable explanation for their failure to attend the Evaluation Session, the Athlete will be designated as 'Classification Not Completed (CNC)'.

[*Comment to Article 30.2.2: The IGF is under no obligation to provide unlimited opportunities for an Athlete to attend an Evaluation Session.*]

31. Designation of 'Classification Not Completed (CNC)'

31.1 An Athlete designated as 'Classification Not Completed (CNC)' may not compete in Covered Competitions until they complete an Evaluation Session (except for the purposes of completing an Observation Assessment as part of such Evaluation Session).

31.2 A designation of 'Classification Not Completed (CNC)' is not subject to review or Protest or Appeal.

31.3 If an Athlete has been designated as 'Classification Not Completed (CNC)' on three or more consecutive occasions, the Athlete is not entitled to undergo any further Evaluation Sessions within the twelve month period following their last designation as 'Classification Not Completed (CNC)'.

32. Location of Evaluation Sessions

32.1 Evaluation Sessions may take place at any time or place specified by the IGF, with the exception of Observation Assessments, which must take place at a Covered Competition.

[*Comment to Article 32.1: Evaluation Sessions may take place In-Competition or Out-of-Competition to provide Athletes with the greatest possible opportunity to be evaluated by a Classification Panel and allocated a Sport Class. For example, Out-of-Competition Classification opportunities may be provided by the IGF using a competition venue for another sport; at a Covered Competition where the relevant Athlete is not competing; or at a location away from competition, such as a low vision expertise centre or a sports science institute.*]

32.2. Subject to Article 32.1:

32.2.1 Evaluation Sessions for Vision Impairment and Intellectual Impairment may be (and typically will be) conducted Out-of-Competition; and

32.2.2 Evaluation Sessions for Physical Impairments will typically be conducted In-Competition (but may be conducted Out-of-Competition at the IGF's discretion).

32.3 All Evaluation Sessions must be conducted in a manner that complies with these Classification Rules. In particular, the venue at which the Evaluation Session takes place must be properly equipped to conduct all necessary aspects of the Evaluation Session, including:

32.3.1 a private room large enough in which to conduct Athlete interviews and examination. Where Classification takes place In-Competition, this will normally a designated private office space in the clubhouse at which a Covered Competition is to take place, or within the official hotel of the Covered Competition;

32.3.2 medical examination table/couch;

32.3.3 towels, disinfectant and paper;

32.3.4 reliable internet access; and

32.3.5 access to a golf buggy, if necessary to observe the Athlete on the course.

32.4 If the allocation of a Sport Class might require an Observation Assessment, the IGF may still allow for part(s) of the Evaluation Session to take place Out-of-Competition, but will (in advance of the Evaluation Session) advise the relevant National Federations that a Classification Panel may conclude that it is unable to allocate a final Sport Class without an Observation Assessment (in which case the Athlete must be designated 'Classification Not Completed (CNC)' and be required to undergo a further Evaluation Session at a later date).

33. Photographs and audio-visual technology

33.1 The Classification Panel may make, create, and/or use photographs and/or audio-visual technology, including but not limited to during any Observation Assessment. Copies of any such materials must be provided to the Athlete or their National Federation on request.

33.2 Subject to Article 33.1, no photography or audio or video recording of the Evaluation Session is permitted. For the avoidance of doubt, this prohibition applies to all persons, regardless of whether they attend the Evaluation Session in person or virtually.

PART V: NOTIFICATION AND PUBLICATION

34. Notification of Classification outcome

34.1 The IGF will notify the outcome of Classification to the Athlete concerned and/or their National Federation as soon as reasonably practicable after completion of Classification. Ordinarily, such notification will be carried out by the Classification panel by email as soon as reasonably practical after a decision has been made.

34.2 In the context of a Competition, a Chief Classifier must notify all relevant IGF technical delegates and event organising committee representatives, of the Sport Class (including any provisional Sport Class) and Sport Class Status allocated to each Athlete.

34.3 If an Observation Assessment takes place, further notification must be provided as soon as reasonably practicable following completion of the Observation Assessment.

34.4 The IGF will make available the following information to participants at the venue for a Covered Competition:

34.4.1 any provisional Sport Class (that is subject to confirmation at an Observation Assessment) allocated to an Athlete entered in the Covered Competition, as soon as reasonably practicable after it is allocated; and

34.4.2 the final Sport Class and Sport Class Status allocated to each Athlete entered in the Covered Competition, as soon as reasonably practicable after completion of their Classification.

35. Classification Master List

35.1 The IGF will maintain, publish, and keep up to date, a 'Classification Master List' which will include (at a minimum) the following information regarding: (i) each Athlete; and (ii) any Participant currently suspended by the IGF for Intentional Misrepresentation:

35.1.1 name;

35.1.2 gender;

35.1.3 year of birth;

35.1.4 nationality;

35.1.5 Sport Class and Sport Class Status;

35.1.6 any designations (including 'New (N)', 'Not Eligible - Underlying Health Condition', 'Not Eligible - Eligible Impairment', 'Not Eligible - Minimum Impairment Criteria', and 'Classification Not Completed (CNC)'), any 're-evaluation' status attached to a designation, and tracking codes (such as 'OA' for Observation Assessment and 'AE' for Adaptive Equipment); and

35.1.7 any current designation for Intentional Misrepresentation ('IM'), together with the duration and commencement date of the period of ineligibility.

35.2 Publication will be accomplished at a minimum by placing the required information on a publicly available website.

35.3 The IGF will update the Classification Master List as soon as reasonably practicable following any change to the information.

PART VI: CHANGE IN CIRCUMSTANCES

36. Medical Review

36.1 A change in the nature or degree of an Athlete's Eligible Impairment might mean that a reassessment is required to ensure that the outcome of the Athlete's previous Classification remains correct (for example, to ensure that an Athlete remains eligible or that the Sport Class allocated to an Athlete remains correct, or to reassess an Athlete previously found to be not eligible). This is known as a **Medical Review**.

[*Comment to Article 36.1: For example, a Medical Review request would be appropriate where the effect of surgery, a new medication or device, or some other medical procedure has resulted in changes to an Athlete's ability to execute the specific tasks and activities relevant to Golf for Athletes with a Disability. A request may also be appropriate where an Athlete has a new Underlying Health Condition.*]

36.2 A Medical Review request must be made by a National Federation on behalf of an Athlete.

36.3 A Medical Review must be requested by a National Federation if there is a change in the nature or degree of an Athlete's Eligible Impairment. The Medical Review request must be submitted by the National Federation as soon as possible after becoming aware of such change.

36.4 A Medical Review request must:

36.4.1 explain in detail why the request is being made (including how and to what extent the Athlete's Eligible Impairment has changed, and whether and why it is believed that the outcome of the Athlete's previous Classification is no longer correct); and

36.4.2 be accompanied by all relevant supporting documentation, including updated Diagnostic Information in accordance with Article 10.

[*Comment to Article 36.4.1: Ordinarily, any Medical Review request will need to be accompanied by detailed medical records.*]

36.5 As set out in Article 10, the IGF may request from the Athlete's National Federation any additional information that it deems necessary to assess the Medical Review request, including Diagnostic Information.

36.6 A Medical Review request will be accepted where the IGF determines that the National Federation has complied with Articles 36.4 to 36.5, and the IGF is satisfied that there is a change in the nature or degree of an Athlete's Eligible Impairment(s) that may impact the Athlete's ability to perform the specific tasks and activities fundamental to Golf for Athletes with a Disability in a manner that is clearly distinguishable from changes attributable to age, levels of training, fitness, and technical proficiency. If this test is not met, the Medical Review request will be dismissed.

36.7 The IGF will decide whether to accept a Medical Review request as soon as reasonably practicable following receipt of a complete request.

36.8 If the Medical Review request is accepted by the IGF, where applicable the Athlete's Sport Class Status must be changed to 'Review at the Next Available Opportunity (R-NAO)' with immediate effect.

36.9 If the Medical Review request is dismissed by the IGF, the IGF will notify the Athlete's National Federation of the decision and provide a written explanation setting out the basis upon which the Medical Review request is dismissed. The IGF's decision is not subject to review or Protest or Appeal.

36.10 If an Athlete or other Participant becomes aware of changes in their/the Athlete's circumstances that would require a Medical Review but fails to draw those changes to the IGF's attention, the Athlete and/or other Participant may be investigated in respect of potential Intentional Misrepresentation.

PART VII: COMPETITION FORMATS

37. Combined Class Events

37.1 In order to facilitate the running of multi-disability events within Covered Competitions, the organisers of such Competitions may elect to host Individual Combined Class Events and/or Team Combined Class Events within their Covered Competitions.

37.2 Combined Class Events are events where Athletes with different Sport Classes are grouped together into one of the following four Competition Categories:

37.2.1 Category 1 (the most impaired group) comprises Athletes from Sport Classes Si1 and Vi1.

37.2.2 Category 2 comprises Athletes from Sport Classes St1, Si2, and Vi2.

37.2.3 Category 3 comprises Athletes from Sport Class St2.

37.2.4 Category 4 (the least impaired group) comprises Athletes from Sport Classes St3 and In1.

[*Comment to Article 37.2: The IGF's Classification research shows that Athletes within each Competition Category are likely to observe comparable effects on their achievable: (i) Maximum Clubhead Speed; and/or (ii) Clubface Angle Variability (and therefore their overall Golf scoring) as a result of their individual Eligible Impairments. In other words, the Eligible Impairments of Athletes within each Competition Category are likely to have a comparable impact on their ability to perform the fundamental activities in Golf for Athletes with a Disability, such that competition between Athletes within the same Competition Category would remain fair and meaningful*.]

37.3 Individual Combined Class Events are events where individual Athletes within the same Competition Category compete directly against each other for the same prize(s).

37.4 Team Combined Class Events are events where teams comprised of Athletes within the same Competition Category compete directly against other teams within the same Competition Category for the same prize(s).

37.5 Where Competition organisers organise Combined Class Events, they must specify within their Competition rules:

37.5.1 whether the Combined Class Events to be hosted at the Covered Competition are Individual Combined Class Events or Team Combined Class Events, or both; and

37.5.2 which Competition Categories are catered for in the Combined Class Events (i.e., if events will be organised for all Competition Categories, or only select Competition Categories).

37.6 Where Competition organisers organise Team Combined Class Events, they must also specify within their Competition rules:

37.6.1 how many Athletes may be on each team; and

37.6.2 any other requirements necessary to field an eligible team (e.g., whether the team must be a mixed team featuring an equal number of men and women, etc.), at the Competition organiser's discretion.

CHAPTER 3: PROTESTS AND APPEALS

PART I: PROTESTS

38. Scope of Protests

38.1 A '**Protest**' is a challenge filed against the Sport Class allocated to an Athlete.

38.2 For the avoidance of doubt, a Protest cannot be made in respect of (i) an Athlete's Sport Class Status, (ii) any designation of 'Not Eligible - Underlying Health Condition', 'Not Eligible - Eligible Impairment', or 'Not Eligible - Minimum Impairment Criteria' (as in those cases the Athlete already receives an automatic second assessment); (iii) any designation of 'Classification Not Completed (CNC)'; or (iv) any other matter where Protests are expressly excluded under the IPC Classification Code.

39. Parties permitted to make a Protest

39.1 A Protest may only be made by: (i) a National Federation; or (ii) the IGF.

39.2 For the avoidance of doubt, an Athlete cannot make a Protest themselves. A Protest may only be made on behalf of the Athlete by one of the bodies listed in Article 39.1.

40. National Federation Protest

40.1 A National Federation may only make a Protest in respect of an Athlete under its jurisdiction. In particular, it cannot make a Protest in respect of a Sport Class allocated to an Athlete from another National Federation. However, it can raise any such concerns about the Sport Class allocated to such Athletes with the IGF, so that the IGF can consider if it wishes to make an IGF Protest.

[Comment *to Article 40.1: This approach is intended to strike a balance between the rights of the various stakeholders (the IGF, National Federations, Athletes, and others), and forms part of a number of carefully balanced mechanisms in these Classification Rules that provide appropriate tools aimed at ensuring that Athletes are allocated the correct Sport Class.*]

40.2 A National Federation Protest may be made where there is a reasonable basis to believe that the Athlete may have been allocated an incorrect Sport Class.

40.3 National Federation Protests will be upheld where the IGF determines that the National Federation has complied with the requirements of Article 40.6 and the IGF is satisfied that there is a reasonable basis to believe that the Athlete may have been allocated an incorrect Sport Class. If this test is not met, the National Federation Protest will be dismissed.

40.4 A National Federation Protest must be submitted in connection with an Evaluation Session and by the deadline specified in Article 40.6.2 below.

40.5 If an Athlete is allocated a provisional Sport Class that is subject to confirmation at an Observation Assessment, the National Federation may:

40.5.1 make a Protest both prior to and following the Observation Assessment, in which case the Protest made following the Observation Assessment cannot relate to any aspect of the Evaluation Session that preceded the Observation Assessment; or

40.5.2 make a Protest only prior to the Observation Assessment, or only following the Observation Assessment (in which case the Protest may relate to both the aspects of the Evaluation Session that preceded the Observation Assessment and the Observation Assessment itself).

40.6 To submit a Protest, a National Federation must:

40.6.1 complete a Protest form in-competition in the format prescribed by the IGF, and including the following information:

40.6.1.1 the name of the protested Athlete;

40.6.1.2 the details of and/or a copy of the protested decision; and

40.6.1.3 a detailed explanation of the basis for the National Federation's belief that the Athlete may have been allocated an incorrect Sport Class, including (where applicable) (i) reference to any specific rule(s) alleged to have been breached or misapplied, and (ii) any supporting evidence for that belief; and

40.6.2 Submit the completed Protest form in-competition within 1 (one) hour following the Evaluation Session and/or 1 (one) hour following the submission of the score card for the day play in which the Observation assessment occurred.

40.6.3 pay a Protest fee of €200.

40.7 The Chief Classifier (or such other person designated by the IGF in respect of an individual Classification opportunity) is the person authorised to receive Protests on behalf of the IGF.

40.8 Upon receipt of the Protest form, the IGF will conduct a review of the Protest in accordance with Article 40.3. If a Chief Classifier was a member of the Classification Panel whose decision is being protested, that Chief Classifier cannot have any involvement in the IGF's review of the Protest.

40.9 The IGF will notify the National Federation of the outcome of the Protest as soon as reasonably practicable, and (if the Protest is dismissed) will also provide a written explanation for the dismissal.

40.10 If the IGF dismisses the Protest on the basis that it was not compliant with the requirements of Article 40.6, the National Federation may resubmit the Protest if it is able to remedy the deficiencies identified by the IGF. Any such Protest must be resubmitted within the timeframes identified in Article 40.6.2. The National Federation must also pay a second Protest fee of €200 on resubmission of the Protest.

41. IGF Protest

41.1 The IGF may make an IGF Protest where it considers that the Athlete may have been allocated an incorrect Sport Class.

[*Comment to Article 41.1: As indicated in Article 40.1 above, if a National Federation (or any other third party) has concerns that an Athlete from another National Federation has been allocated an incorrect Sport Class, it can raise such concerns with the IGF so that the IGF can consider if it wishes to make an IGF Protest*.]

41.2 The IGF may make an IGF Protest at any time.

41.3 If the IGF submits a IGF Protest, it will:

41.3.1 notify the relevant National Federation of the Protest as soon as reasonably practicable; and

41.3.2 provide a written explanation as to why the Protest has been made.

42. Protest Panel procedures

42.1 If a National Federation Protest is accepted or if an IGF Protest is made:

42.1.1 the protested Athlete's Sport Class will remain unchanged pending the outcome of the Protest, and their Sport Class Status must immediately be changed to 'Review at the Next Available Opportunity (R-NAO)', unless that is already their Sport Class Status (in which case it will remain unchanged);

42.1.2 if an Athlete is required to undergo Observation Assessment and a National Federation Protest is accepted before the Athlete's First Appearance, the Athlete cannot compete at that Covered Competition until the National Federation Protest has been resolved;

42.1.3 the IGF will appoint a Protest Panel in accordance with Article 42.2 to conduct a new Evaluation Session as soon as reasonably practicable, and notify all relevant parties of the time and date that the new Evaluation Session will be conducted; and

42.1.4 if the Protest was made In-Competition, the new Evaluation Session should be conducted at that Competition if reasonably practicable.

42.2 The IGF will appoint a Protest Panel in a manner consistent with the provisions for appointing a Classification Panel in Article 8.

42.3 A Protest Panel must not include any Classifier who:

42.3.1 was a member of the Classification Panel that made the protested decision;

42.3.2 in the case of a National Federation Protest, was involved in the IGF's review of that Protest;

42.3.3 in the case of an IGF Protest, was involved in the IGF's decision to make such a Protest; or

42.3.4 was involved in any assessment or evaluation of the protested Athlete for Classification purposes (whether at the national or international level) within a period of 12 months prior to the date of the protested decision, except where both the National Federation and IGF agree to this.

42.4 The Protest Panel must conduct the new Evaluation Session in accordance with Chapter 2 Part IV.B. For these purposes, any reference to the Classification Panel in Chapter 2 Part IV.B will be deemed to include the Protest Panel. Before reaching a final decision, the Protest Panel must review the protested decision and any document submitted as part of the Protest.

42.5 All relevant parties must be notified of the Protest Panel's final decision as soon as reasonably practicable.

42.6 Subject to Articles 42.7 and 42.8, the decision of a Protest Panel is final, and not subject to further Protest by the National Federation or the IGF. However, the decision of a Protest Panel may be Appealed by the National Federation if the requirements in Article 44 are satisfied.

42.7 If the IGF makes a Protest after the expiry of the deadline for National Federation Protests to be made (as set out in Article 40.6.2 above) the decision of a Protest Panel in relation to the Protest is not final and may be subject to further Protest by the National Federation or the IGF. In these circumstances, the decision of a Protest Panel will be treated as if it were a decision of a first instance Classification Panel. The decision of a Protest Panel may also be Appealed by the National Federation if the requirements in Article 44 are satisfied.

42.8 If a Protest Panel designates an Athlete as 'Not Eligible - Eligible Impairment' or 'Not Eligible - Minimum Impairment Criteria' the Athlete will be entitled to undergo a further Eligible Impairment Assessment in accordance with Article 13.9 or a further MIC Assessment in accordance with Article 15.7 (as applicable) by a new Classification Panel. In such circumstances the decision of the Protest Panel will be treated as if it were a decision of a first instance Classification Panel and '(Re-evaluation)' will be added to the Athlete's designation.

42.9 Changes to an Athlete's Sport Class following a Protest:

42.9.1 If an Athlete's Sport Class changes to a Sport Class that indicates a greater level of activity limitation, the Athlete's results and prizes won prior to the Protest will be recognised by the IGF.

42.9.2 If an Athlete's Sport Class changes to a Sport Class that indicates a lower level of activity limitation during competition, then the Athlete's results and prizes won prior to the Protest will not be recognised by the IGF.

43. Circumstances where a Protest Panel is not available

43.1 If a Protest is made In-Competition but there is no opportunity for the Protest to be resolved at that Competition:

43.1.1 the protested Athlete must be permitted to compete in that Competition with the Sport Class that is the subject of the Protest (subject to any other eligibility criteria for that Competition), pending resolution of the Protest; and

43.1.2 all reasonable steps must be taken to ensure that the Protest is resolved as soon as reasonably practicable after that Competition.

[*Comment to Article 43.1: This Article reflects the reality that it might not be possible to resolve a Protest made In-Competition at that same Competition. For example, this might happen where there are a limited number of Classifiers or Evaluation Session slots available, or the Classifiers who are available are precluded from participating in a Protest Panel due to a conflict of interest.*]

PART II: APPEALS

44. Scope of Appeals

44.1 An Appeal is a challenge to any aspect of a Classification process on the grounds that:

44.1.1 there was a breach of these Classification Rules during the Classification process; and

44.1.2 that breach could reasonably have caused the Athlete to be incorrectly designated as 'Not Eligible - Underlying Health Condition', 'Not Eligible - Eligible Impairment', 'Not Eligible - Minimum Impairment Criteria', or allocated an incorrect Sport Class and/or Sport Class Status.

44.2 An Appeal will be upheld if a National Federation establishes that the grounds in Article *44.1* are met.

[*Comment to Article 44.1: The limited scope of review available to the Appeal Body is a fundamental aspect of an Appeal. The allocation of a Sport Class and Sport Class Status or designation as not eligible is a specialist sport decision and must be made by persons who are authorised and certified by the IGF to do so. Those decisions must not be changed except by other persons who are similarly authorised and certified. In particular, the right to submit an Appeal must not be seen as an opportunity to simply dispute the opinion of the relevant experts. The Appeal Body will only review the process by which the decisions have been arrived at to ensure that such process has been conducted in accordance with these Classification Rules*.]

45. Making an Appeal

45.1 An Appeal cannot be submitted whilst a Protest is ongoing. However, for the avoidance of doubt, in order to submit an Appeal, it is not necessary for the National Federation to have first made a Protest.

[*Comment to Article 45.1: As stated, it is not necessary for a National Federation to have first made a Protest in order to submit an Appeal. This reflects the fact that Protests and Appeals are distinct concepts, with different tests*.]

45.2 An Appeal may only be submitted by a National Federation in respect of an Athlete under its jurisdiction. For the avoidance of doubt, an Athlete cannot submit an Appeal themselves; rather, an Appeal may only be submitted on behalf of the Athlete by their National Federation.

45.3 The National Federation must file its notice of appeal within 15 calendar days of notification of the decision from which the appeal arises.

46. Appeal Body

46.1 All Athletes irrevocably submit to the exclusive, final and binding jurisdiction of the IPC Board of Appeal of Classification (**BAC** or **Appeal Body**) to resolve Appeals in accordance with the BAC's rules of procedure set out in the BAC Bylaws (see IPC Handbook, Section 1, Chapter 2.8). These Classification Rules incorporate the IPC BAC Bylaws, and any Appeal made under Chapter 3 Part III of these rules must be made pursuant to the IPC BAC Bylaws.

46.2 The parties to an Appeal must be provided with, at a minimum, a fair hearing (whether conducted orally or in writing) within a reasonable time by the Appeal Body.

46.3 An Appeal will be heard by a panel of either one or three members of the Appeal Body (where three members are appointed, one member will act as chair of the hearing panel). Members of the Appeal Body may not sit on a particular hearing panel if: (i) they are currently a Classifier for the IGF; and/or (ii) they have had any prior involvement with the matter or any facts arising in the proceedings; and/or (iii) their impartiality or independence could otherwise be reasonably questioned.

46.4 A €300 fee will be payable to the BAC on submission of the Appeal.

47. Appeal decision

47.1 The Appeal Body must either affirm or set aside the decision under Appeal. The Appeal Body does not have the power to modify, alter, or otherwise change any Athlete Classification, Sport Class and/or Sport Class Status decision (for example by allocating an Athlete a new Sport Class and/or Sport Class Status).

47.2 The Appeal Body must issue a written reasoned decision as soon as reasonably practicable and ordinarily within 42 calendar days after the hearing. The written decision must set out the reasons for the Appeal Body's decision and the actions that are required as a result. If the decision appealed against is set aside, the written decision must also specify the breach committed and how that breach could reasonably have caused the Athlete to be incorrectly designated as 'Not Eligible - Underlying Health Condition', 'Not Eligible - Eligible Impairment', 'Not Eligible - Minimum Impairment Criteria', or allocated an incorrect Sport Class and/or Sport Class Status.

47.3 The decision of the Appeal Body must be provided to the appellant and the respondent.

47.4 The decision of the Appeal Body is final and not subject to any further appeal or challenge.

CHAPTER 4: INTENTIONAL MISREPRESENTATION

48. General provisions

48.1 Intentional Misrepresentation presents a major threat to the integrity of Classification and Para sport. It is a very serious offence because it constitutes an attempt to: (i) mislead the IGF (and/or its representatives) in relation to any aspect of Classification; and/or (ii) achieve an unfair advantage that undermines fair and meaningful competition. Consequently, potential incidents of Intentional Misrepresentation will be properly investigated, and if evidence indicates that Intentional Misrepresentation has occurred, disciplinary action must be taken.

48.2 The processes set out in this Chapter are, and must remain, distinct from the process of Classification. In other words, the rules and procedures set out in this Chapter are not concerned with verifying (and if necessary, correcting) the Sport Class or Sport Class Status allocated to an Athlete, but with preventing (and if necessary, sanctioning) instances of the specific disciplinary offence of Intentional Misrepresentation.

49. Intentional Misrepresentation

49.1 The following constitutes Intentional Misrepresentation:

49.1.1 a Participant, at any time, whether by act or omission, intentionally misleads or attempts to mislead IGF or any of its representatives (such as Classification Personnel) in relation to any aspect of Classification; or

49.1.2 a Participant, at any time, whether by act or omission, engages in any type of intentional complicity in respect of any violation or attempted violation of: (i) Article 49.1.1 above; or (ii) a period of ineligibility imposed on another Participant pursuant to Article 54.3.3.

49.2 Examples of Intentional Misrepresentation falling under Article 49.1.1 include (without limitation) a Participant:

49.2.1 submitting forged medical documentation attesting to the existence, nature, and/or degree of an Underlying Health Condition or Eligible Impairment that the Athlete does not have;

49.2.2 deliberately underperforming during an Evaluation Session;

49.2.3 deliberately tiring themselves out (in the case of Athletes) or deliberately tiring the Athlete out (in the case of other Participants) prior to an Evaluation Session, with the intention of misleading the Classification Panel;

49.2.4 unless expressly provided otherwise in the IGF's rules, intentionally undergoing an Evaluation Session without the sports attire or Adaptive Equipment that the Athlete intends to use in competition and/or intentionally failing to disclose the intended use of such sports attire and Adaptive Equipment to the Classification Panel;

49.2.5 intentionally failing to disclose the Athlete's use of any medication and/or medical device/implant (including any audio aids and/or refractive or optical

correction such as eyeglasses or corrective lenses) and/or any medical procedure to the Classification Panel;

49.2.6 otherwise misrepresenting the Athlete's skills, abilities, and/or the existence, nature, and/or degree of the Athlete's impairment before, during or after an Evaluation Session;

49.2.7 disrupting an Evaluation Session, or refusing to cooperate with a Classification Panel during an Evaluation Session, with the intention of misleading the Classification Panel;

49.2.8 not providing accurate information as to the Athlete's identity or having another person attend an Evaluation Session in the Athlete's place; and/or

49.2.9 deliberately failing to notify the IGF of any relevant Classification-related information, including that the Athlete has previously undergone Classification (for example, on an earlier occasion, or in the context of another Para sport) and/or that there has been a change in the nature or degree of the Athlete's Eligible Impairment that may necessitate a Medical Review.

49.3 Examples of Intentional Misrepresentation falling under Article 49.1.2 include (without limitation):

49.3.1 where a Participant induces, instructs, facilitates, assists, encourages, aids, abets, or conspires with another Participant to commit, or attempt to commit, Intentional Misrepresentation;

49.3.2 where, having discovered that a Participant has committed or intends to commit Intentional Misrepresentation, they conceal or cover up the offence, or any information that would assist IGF in the investigation or prosecution of that offence;

49.3.3 where a Participant induces, instructs, facilitates, assists, encourages, aids, abets, or conspires with another Participant for that other Participant to violate, or attempt to violate, any period of ineligibility imposed on them pursuant to Article 54.3.3; and/or

49.3.4 where, having discovered that another Participant has violated or intends to violate any period of ineligibility imposed on them pursuant to Article 54.3.3, they conceal or cover up the offence, or any information that would assist the IGF in the investigation or prosecution of that offence.

49.4 For the avoidance of doubt:

49.4.1 A Participant does not need to know that their conduct will constitute a violation of Article 49.1 for their conduct to be intentional.

49.4.2 A Participant can commit Intentional Misrepresentation irrespective of any designation, Sport Class, and/or Sport Class Status allocated to an Athlete.

50. Obligations to report and cooperate

50.1 Each Participant, and each National Federation, must:

50.1.1 report to the Head of the IGF Integrity Unit promptly, truthfully, completely, and in good faith any information they possess that a reasonable person would consider might evidence or otherwise reflect:

50.1.1.1 any approach or invitation by any Participant (including themselves) to engage in conduct that might constitute Intentional Misrepresentation; and/or

50.1.1.2 any incident, fact, or matter that might indicate the planning or commission of Intentional Misrepresentation by any Participant (including themselves);

50.1.2 cooperate promptly, truthfully, completely, and in good faith with all investigations carried out by the IGF Integrity Unit and/or by the IPC, including by answering any questions and providing access to any information, data, and/or documentation requested as part of that investigation;

50.1.3 cooperate promptly, truthfully, completely, and in good faith with any proceedings brought by the IGF against any Participant for Intentional Misrepresentation; and

50.1.4 not do anything (by act or omission) that has the object or effect of obstructing, preventing, delaying, or otherwise interfering with or frustrating any such investigation or proceeding.

50.2 Participants and National Federations who fail to comply with Article 50.1 may be subject to disciplinary proceedings before the IGF Tribunal based on a formal complaint made by the Head of the IGF Integrity Unit. Any such complaint will be dealt with in accordance with the procedural rules of the IGF Tribunal.

50.3 On the IPC's request, the IGF will provide the IPC with information on the following, in the form requested by the IPC: (i) all credible reports or other intelligence that the IGF has received which indicate potential Intentional Misrepresentation; (ii) the actions taken in relation to such reports; and (iii) updates in relation to all of its ongoing and completed investigations and proceedings relating to Intentional Misrepresentation.

51. Investigations

51.1 Where there are reasonable grounds to suspect that a Participant might have committed Intentional Misrepresentation, the Head of the IGF Integrity Unit will initiate an investigation in a timely manner. Grounds do not need to be given to a Participant for the initiation of an investigation, and the decision to initiate an investigation cannot be contested.

51.2 Where a Participant is affiliated with the IGF and one or more International Federations, the IGF may also assist those other International Federations in relation to any investigation(s) they initiate into suspected Intentional Misrepresentation by the

Participant (including, but not limited to, facilitating inquiries and investigations conducted by those other International Federations).

51.3 The IPC may, in its absolute discretion:

51.3.1 offer assistance to the IGF in conducting investigations into suspected Intentional Misrepresentation, including but not limited to, facilitating inquiries and investigations;

51.3.2 direct the IGF to conduct an investigation in relation to suspected Intentional Misrepresentation that has come to the attention of the IPC (including, but not limited to in circumstances where a Participant is affiliated to the IGF and one or more other International Federations, and a dispute has arisen as to which International Federation has the responsibility to investigate the suspected Intentional Misrepresentation); and/or

51.3.3 conduct its own investigations into suspected Intentional Misrepresentation, whether on its own initiative and/or as requested by the IGF or another International Federation or otherwise. In such circumstances, references to the IGF (and/or the IGF Integrity Unit) in the remainder of this Article 51 will, where the context requires, be interpreted as a reference to the IPC.

51.4 The objective for each investigation will be to gather information necessary to determine: (i) whether a Participant has a case to answer for Intentional Misrepresentation; and, if so (ii) whether any other Participant has a case to answer for intentional complicity in that Intentional Misrepresentation. This will include gathering and recording all relevant information, developing that information into evidence, and identifying and pursuing further lines of enquiry that might lead to the discovery of such evidence.

51.5 The IGF Integrity Unit will conduct each investigation fairly, objectively, and impartially. It will be open to and consider all possible outcomes at each key stage of the investigation and will seek to gather not only any available evidence of Intentional Misrepresentation but also any available evidence indicating that there is no case to answer.

51.6 Except in exceptional circumstances, the IGF Integrity Unit will notify the Participant of the investigation and give the Participant an opportunity to make a written submission as part of the investigation. The IGF will decide when this notification should be made.

[*Comment to Article 51.6: Exceptional circumstances may arise if (for example) the IGF Integrity Unit is concerned about the risk of information relating to the investigation leaking, or if the IGF Integrity Unit's investigation is subject to any time pressure. Irrespective of whether the Participant is given the opportunity to make a written submission as part of the investigation, they will nevertheless be able to do so following any Notice of Charge, as per Article 52.5.3 below.*]

51.7 The IGF Integrity Unit may make requests of any Participant, and of any National Federation, to assist an investigation by producing documents, information, and/or other material, including by answering questions.

51.8 Where during the course of any investigation, the IGF Integrity Unit identifies any additional Participants who might also have committed Intentional Misrepresentation, the investigation may be expanded to cover such additional Participants or (alternatively) a separate investigation may be commenced.

[*Comment to Article 51.8: For example, if the IGF Integrity Unit suspects that one member of a team has committed Intentional Misrepresentation, it may expand its investigation to cover: (i) any or all other members of the same team; and/or (ii) any additional Participants connected to that team; or (alternatively) separate investigations may be commenced into each team member/other Participant connected to the team*.]

52. Proceedings

52.1 Subject to Article 52.4, if the Head of the IGF Integrity Unit determines that a Participant has a case to answer for Intentional Misrepresentation, the IGF Integrity Unit will bring disciplinary proceedings against the Participant unless there are specific and extenuating circumstances that are notified to and accepted by the IPC. Those proceedings will be governed by the procedural rules of the IGF Tribunal, as set out in the IGF Tribunal Policy.

52.2 Disciplinary proceedings brought by the IGF Integrity Unit for alleged Intentional Misrepresentation will be heard before the IGF Tribunal.

52.3 Where disciplinary proceedings are brought, the hearing panel will be comprised of either one or three members of the IGF Tribunal (where three members are appointed, one member will act as chair of the hearing panel). Members of the IGF Tribunal may not sit on a particular hearing panel if: (i) they are currently a Classifier for the IGF; and/or (ii) they have had any prior involvement with the matter or any facts arising in the proceedings; and/or (iii) their impartiality or independence could otherwise be reasonably questioned.

52.4 Disciplinary proceedings may not be commenced against any Participant for Intentional Misrepresentation unless such disciplinary proceedings are commenced within either: (i) ten years from the date that the Intentional Misrepresentation allegedly occurred; or (ii) two years after the discovery of such alleged Intentional Misrepresentation by the IGF, whichever is later.

Notice of Charge

52.5 Where the IGF Integrity Unit brings disciplinary proceedings against a Participant for Intentional Misrepresentation, the IGF Integrity Unit will prepare and send a Notice of Charge to the Participant, copying: (i) the Participant's National Federation; and (ii) the IPC, which will contain (at a minimum) the following information:

52.5.1 the facts alleged in support of the charge and any other relevant information;

52.5.2 the sanction(s) that the IGF Integrity Unit says should be imposed if the charge is upheld;

52.5.3 the Participant's right:

52.5.3.1 to admit the charge and to accept the sanctions specified in the Notice of Charge;

52.5.3.2 to admit the charge but dispute (or seek to mitigate) the sanctions specified in the Notice of Charge, and to have the matter of sanctions determined by the IGF Tribunal if not agreed between the parties; or

52.5.3.3 to dispute the charge and to have the charge determined (along with any sanctions, if a charge is upheld) by the IGF Tribunal; and

52.5.4 the deadline for the Participant to provide a response to the charge (which must be no fewer than 14 days from the date of receipt of the Notice of Charge by the Participant).

52.6 Subsequent to sending a Notice of Charge to the Participant, the IGF Integrity Unit may adduce further facts and/or other relevant information in support of the charge, provided that the Participant is given a reasonable opportunity to respond to the new facts/information.

52.7 Once the Notice of Charge has been sent to a Participant, the IGF may publicly disclose the identity of the Participant and the nature of the alleged Intentional Misrepresentation.

Resolution of charges without a hearing

52.8 Where the Participant:

52.8.1 admits the charge and accepts the sanctions specified in the Notice of Charge (or accepts other sanctions proposed by the IGF Integrity Unit); or

52.8.2 fails to respond by the deadline specified in the Notice of Charge (which failure will be deemed to amount to: (i) a waiver of the Participant's right to have the charge and/or sanctions determined by the IGF Tribunal, (ii) an admission of the charge, and (iii) acceptance of the sanctions specified in the Notice of Charge),

a hearing before the IGF Tribunal will not be required, and the Head of the IGF Integrity Unit will proceed to issue a decision in the case in accordance with Article 55.4.

52.9 At any time prior to a final decision by the IGF Tribunal, the Head of the IGF Integrity Unit may decide to withdraw a Notice of Charge for good cause. The IGF Integrity Unit will inform the Participant, the National Federation to which the Participant is affiliated, and the IPC of the withdrawal of the charge and the reasons for that withdrawal. The IGF will not publish the decision.

52.10 The IPC may:

52.10.1 within 15 days of receipt of the decision to withdraw a Notice of Charge, request a copy of the full case file pertaining to the decision (together with English translations of all documents within the case file, where not originally in the English language); and

52.10.2 within 21 days of receipt of the full case file (and all necessary translations), appeal the decision to withdraw a Notice of Charge. Any such appeal must be made to the IGF Tribunal (see Article 56 below).

Hearing

52.11 If the Participant disputes the charge and/or the sanctions specified in the Notice of Charge, they must set out (in summary form) the basis for their position within their response to the Notice of Charge.

52.12 If the Participant wishes to have a hearing to resolve the dispute, they must provide a written request for a hearing to the IGF Integrity Unit that is received by the IGF Integrity Unit within 14 days of the Participant's receipt of the Notice of Charge (or such longer period as may be specified in the Notice of Charge or agreed by the IGF).

52.13 The Head of the IGF Integrity Unit may also refer any disputed matter to the IGF Tribunal at any time, and at its sole discretion.

52.14 The IGF Tribunal will hear and determine Intentional Misrepresentation cases involving any Participant under its jurisdiction in accordance with its procedural rules as set out in the IGF Tribunal Policy.

53. Confidentiality

53.1 Subject to Articles 53.2, 55, and 57, all proceedings brought by the IGF Integrity Unit against a Participant in respect of alleged Intentional Misrepresentation will be confidential, including all documents, evidence, submissions, and other information relating to the proceedings. Except as provided for in these Classification Rules, neither the parties to the proceedings, nor any third party witness, expert, observer, or other participant in the proceedings or recipient of the IGF Tribunal's decision or IGF Appeals Panel's decision will publicly comment on the specific facts of any case (as opposed to general descriptions of the process), except that the IGF may make or issue such comments as it considers necessary in response to any public comments attributed to, or based on information provided by, the Participant who is the subject of the proceedings (or their entourage or representatives).

53.2 At any stage the IGF may, in its discretion (exercised subject to all relevant data protection requirements, including those set out in the Classification Rules, and other applicable laws), decide that information should be shared with any Person or Persons on a confidential and need-to-know basis in order to assist in the discharge of the IGF's functions (including in the investigation and prosecution of any offences under this Chapter) and/or to protect its integrity and reputation, or that of the Paralympic Movement or Para sport. Such Persons would include appropriate personnel within the IGF, other International Federations, and the IPC, as well as other bodies with an investigatory or regulatory function.

54. Sanctions

54.1 A Participant who is found by the IGF to have committed Intentional Misrepresentation will be subject to the sanctions set out in this Article 54.

54.2 If another International Federation brings disciplinary proceedings against a Participant in respect of Intentional Misrepresentation that results in consequences being imposed

on that Participant, those consequences will be recognised, respected and enforced by the IGF.

54.3 Sanctions for individual Participants

Disqualification of results

54.3.1 If a Participant is found to have committed Intentional Misrepresentation during or in connection with a Competition, that automatically leads to disqualification of the individual results obtained by the Participant in that Competition with all resulting consequences, including forfeiture of any medals, points, and prizes.

54.3.2 Any other competitive individual results of the Participant obtained from the date the Intentional Misrepresentation occurred may be disqualified (in whole or part) with all resulting consequences, including forfeiture of any medals, points, and prizes. Factors that might be relevant in deciding whether to disqualify any such results include, for example, whether the results were likely to have been affected by the Intentional Misrepresentation, and the seriousness of the Intentional Misrepresentation.

Period of ineligibility

54.3.3 A default period of ineligibility of four years, which may be:

54.3.3.1 increased depending on the seriousness of the violation and the nature of any aggravating circumstances up to a period of ineligibility of a lifetime; and/or

54.3.3.2 reduced depending on the seriousness of the violation and the nature of any mitigating circumstances, except that the resulting period of ineligibility imposed must not be less than 12 months (subject to any further reduction or suspension under Articles 54.4.5, 54.4.6, and/or 54.4.7).

54.3.4 Aggravating circumstances may include, but are not limited to:

54.3.4.1 the age and experience of the Participant, and in particular their experience in relation to the Classification process;

54.3.4.2 a lack of remorse on the part of the Participant;

54.3.4.3 a finding that the Participant received or expected to receive a significant benefit as a result of their Intentional Misrepresentation;

54.3.4.4 a finding that the Intentional Misrepresentation affected or had the potential to affect the outcome of a Covered Competition;

54.3.4.5 a finding that the Participant committed Intentional Misrepresentation on multiple occasions and/or over an extended period of time;

54.3.4.6 a finding that the Intentional Misrepresentation was part of a wider scheme involving other Participants; and/or

54.3.4.7 a finding that the Participant engaged in deceptive or obstructive conduct to avoid the detection or adjudication of Intentional Misrepresentation.

[*Comment to Article 54.3.4: The examples of circumstances and conduct described herein are not exclusive and other similar circumstances or conduct may also justify the imposition of a longer period of ineligibility.*]

54.3.5 Mitigating circumstances may include, but are not limited to:

54.3.5.1 the youth or inexperience of the Participant, especially in relation to the Classification process;

54.3.5.2 the Participant's good disciplinary record;

54.3.5.3 genuine remorse on the part of the Participant; and/or

54.3.5.4 a finding that the Intentional Misrepresentation was not committed with an intent to influence the outcome of a Covered Competition.

For the avoidance of doubt, mitigating circumstances do not include any voluntary admissions made or the provision of any Substantial Assistance, which are dealt with separately in Article 54.4.4.

[*Comment to Article 54.3.5: The examples of circumstances and conduct described herein are not exclusive and other similar circumstances or conduct may also justify the imposition of a reduced period of ineligibility.*]

54.3.6 The period of ineligibility will start on the date of the relevant decision or such other date as specified by the Head of the IGF Integrity Unit (in an agreed case) or the IGF Tribunal (in a contested case), and must be recognised, respected, and enforced by all IPC Members and RIFs.

Financial consequences

54.3.7 A fine of a proportionate amount, and/or an order to pay the IGF its reasonable costs of investigating the Intentional Misrepresentation and bringing related disciplinary proceedings against the Participant.

54.3.8 No recovery of costs or financial sanction may be considered a basis for reducing the ineligibility or other sanction which would otherwise be applicable under this Chapter.

Other sanctions

54.3.9 Such other sanctions as the Head of the IGF Integrity Unit (in an agreed case) or IGF Tribunal (in a contested case) considers appropriate and proportionate in all the circumstances of the case.

54.4 **Multiple violations**

54.4.1 The period of ineligibility that will be imposed on a Participant who is found to have committed Intentional Misrepresentation:

54.4.1.1 for a second time will be twice the period of ineligibility that would otherwise be applicable to the second violation; and

54.4.1.2 for a third or subsequent time will be a lifetime period of ineligibility.

54.4.2 An Intentional Misrepresentation violation will only be considered a second Intentional Misrepresentation violation if the IGF Integrity Unit can establish that the Participant committed the additional Intentional Misrepresentation violation after receiving the Notice of Charge pursuant to Article 52.5 or after the IGF Integrity Unit made reasonable efforts to draw the Notice of Charge to the Participant's attention. If the IGF Integrity Unit cannot establish this, the violations will be considered together as one single violation, and the sanction imposed will be based on the violation that carries the more severe sanction, including the application of aggravating circumstances. Results in all Competitions dating back to the earlier Intentional Misrepresentation violation will be disqualified as provided in Articles 54.3.1 and 54.3.2.

[*Comment to Article 54.4.2: The same rule applies where, after the imposition of a sanction, the IGF Integrity Unit discovers facts involving an Intentional Misrepresentation violation that occurred prior to notification for a first Intentional Misrepresentation violation - e.g., the Head of the IGF Integrity Unit will impose a sanction based on the sanction that could have been imposed if the two violations had been adjudicated at the same time, including the application of aggravating circumstances.*]

54.4.3 If the IGF Integrity Unit establishes that a Participant has committed a second or third Intentional Misrepresentation violation during a period of ineligibility imposed for a previous Intentional Misrepresentation violation, the periods of ineligibility for the multiple violations will run consecutively rather than concurrently.

54.4.4 Possible reductions or suspensions to the period of ineligibility:

Voluntary admission

54.4.5 If a Participant voluntarily admits the commission of Intentional Misrepresentation before being notified by the IGF Integrity Unit of its investigation into that Participant, and that admission is the only reliable evidence of the Intentional Misrepresentation at the time of admission, the period of ineligibility may be reduced, by a maximum of one half of the period of ineligibility otherwise applicable (i.e., after any adjustment based on aggravating or mitigating factors).

54.4.6 If a Participant voluntarily admits the commission of Intentional Misrepresentation within a reasonable period of time after being notified by the IGF Integrity Unit of its investigation into that Participant, the period of ineligibility may be reduced by a maximum of a quarter of the period of

ineligibility otherwise applicable (i.e., after any adjustment based on aggravating or mitigating factors).

Substantial Assistance

54.4.7 A part of the period of ineligibility imposed on a Participant who is found to have committed Intentional Misrepresentation may be suspended, at the discretion of the Head of the IGF Integrity Unit, where the Participant has provided Substantial Assistance which results in an International Federation bringing forward a case of alleged Intentional Misrepresentation against another Participant. The IGF Integrity Unit will promptly notify: (i) the Participant; (ii) the Participant's National Federation; and (iii) the IPC, of any decision made under this Article 54.4.7, and that decision may be appealed by the Participant and/or by the IPC to the IGF Appeals' Panel (see Article 56 below) within 21 days from the date of receipt of the decision, except that if the IPC has not previously received a copy of the full case file pertaining to the decision (together with English translations of all documents within the case file, where not originally in the English language), it will have 15 days from its receipt of the notice of the decision to request a copy of that case file (including any translations). In such case, the IPC will have 21 days from its receipt of the full case file (and all necessary translations) to file an appeal.

54.4.7.1 For the purposes of Article 54.4.7, a Participant providing **'Substantial Assistance'** must: (i) fully disclose in a signed written statement or recorded interview all information they possess in relation to Intentional Misrepresentation by another Participant; and (ii) fully cooperate with the investigation and adjudication of any case or matter related to that information, including, for example, providing testimony at a hearing if requested to do so by an International Federation or hearing panel. Further, the information provided must be credible and must comprise an important part of any case or proceeding that is initiated.

[*Comment to Article 54.4.7.1: the Substantial Assistance provided may relate to Intentional Misrepresentation alleged to have been committed by a Participant in Golf for Athletes with a Disability or another Para sport*].

54.4.7.2 The extent to which the otherwise applicable period of ineligibility may be suspended will be based on the seriousness of the Intentional Misrepresentation committed by the Participant and the significance of the Substantial Assistance provided by the Participant to the effort to combat Intentional Misrepresentation. No more than three-quarters of the otherwise applicable period of ineligibility (i.e., after any adjustment based on: (i) aggravating or mitigating factors; and (ii) any voluntary admission) may be suspended. If the otherwise applicable period of ineligibility is a lifetime, the non-suspended period of ineligibility under this Article must be no less than eight years.

54.4.7.3 If so requested by a Participant who seeks to provide Substantial Assistance, the IGF Integrity Unit will allow the Participant to provide the information to it subject to a Without Prejudice Agreement.

54.4.7.4 If the Participant fails to continue to cooperate and to provide the complete and credible Substantial Assistance upon which a suspension of a period of ineligibility was based, the Head of the IGF Integrity Unit will reinstate the original period of ineligibility. If the Head of the IGF Integrity Unit decides to reinstate a suspended period of ineligibility or decides not to reinstate a suspended period of ineligibility, that decision must be promptly notified to the Participant, the Participant's National Federation, and the IPC and may be appealed by the Participant and/or the IPC to the IGF Appeals' Panel (see Article 56 below) within 21 days from the date of receipt of the decision, except that if the IPC has not previously received a copy of the full case file pertaining to the decision (together with English translations of all documents within the case file, where not originally in the English language), it will have 15 days from its receipt of the notice of the decision to request a copy of that case file (including any translations). In such case, the IPC will have 21 days from its receipt of the full case file (and all relevant translations) to file an appeal.

54.5 **Status during ineligibility**

54.5.1 During a period of ineligibility, a Participant is prohibited from participating in any capacity in:

54.5.1.1 Classification;

54.5.1.2 any Competition, event, programme, or other activity (other than authorised education programmes) organised, authorised, or recognised by: (a) the IPC; (b) the IGF or any National Federation; (c) any other International Federation or RIF, or any of their respective members; (d) any club or other member of a member of the IGF, or any other International Federation or RIF; and/or (e) any professional Para sport league or international or national level Para sport Competition organisation; and

54.5.1.3 any elite or national-level Para sporting activity funded by a governmental agency.

[Comment to Article 54.5.1: For example, in addition to the prohibition on participating in Classification and all Competitions covered by this Article, subject to Article 54.5.3 below, ineligible Participants are not permitted to participate in a training camp, exhibition or practice organised by their National Federation. The term "activity" also includes, for example, administrative activities, such as serving as an official, director, officer, employee, or volunteer of their National Federation. Ineligibility imposed by one International Federation or RIF will also be recognised by all other International

Federations and RIFs (see Article 54.3.6). A Participant serving a period of ineligibility is prohibited from coaching or serving as an Athlete Support Person in any other capacity at any time during the period of ineligibility. Any performance standard accomplished during a period of ineligibility will not be recognised for any purpose.]

54.5.2 A Participant will remain subject to all relevant anti-doping requirements throughout any period of ineligibility.

54.5.3 As an exception to Article 54.5.1.2, an Athlete may return to train with a team or to use the facilities of a National Federation or any organisation listed in Article 54.5.1.2(d) during the shorter of: (i) the last two months of their period of ineligibility; or (ii) the last one-quarter of the period of ineligibility imposed.

54.5.4 Subject to Article 54.5.3, where a Participant violates any period of ineligibility imposed upon them, any results achieved during that period will be disqualified, and a new period of ineligibility equal in length to the original period of ineligibility (subject to adjustment at the discretion of the Head of the IGF Integrity Unit based on the Participant's degree of fault and other circumstances of the case) will be added to the end of the original period of ineligibility. In such circumstances, the IGF Integrity Unit will promptly notify the Participant, the Participant's National Federation, and the IPC of its decision. The Participant and/or the IPC will have the right to appeal such decision to the IGF Appeals' Panel (see Article 56) within 21 days from the date of receipt of the decision, except that if the IPC was not a party to the proceedings before the IGF Tribunal, it will have 15 days from its receipt of the notice of the decision to request a copy of the full case file pertaining to the decision (together with English translations of all documents within the case file, where not originally in the English language). In such case, the IPC will have 21 days from its receipt of the full case file (and all relevant translations) to file an appeal.

54.6 **Consequences for teams**

54.6.1 Any consequences to be applied to teams of which a Participant who is found to have committed Intentional Misrepresentation is a member will be at the discretion of the IGF Integrity Unit.

54.7 **Consequences for National Federations**

54.7.1 Any consequences to be applied to a National Federation to which a Participant who is found to have committed Intentional Misrepresentation is affiliated will be at the discretion of the IGF Integrity Unit.

55. Decisions

55.1 The IGF Tribunal must notify its decision to the parties in a written reasoned decision, in accordance with its procedural rules. The decision of the IGF Tribunal must address and determine, at a minimum, the following issues:

55.1.1 whether the Participant committed Intentional Misrepresentation, the factual basis for such determination, and the specific provisions of the Classification Rules found to have been violated; and

55.1.2 the applicable sanctions imposed by the IGF Tribunal.

55.2 The IGF Integrity Unit will disclose the decision of the IGF Tribunal to the Participant, the Participant's National Federation and the IPC.

55.3 Where the IGF Integrity Unit is aware that the Participant who is the subject of the decision is a Participant in any other Para sport, the IGF Integrity Unit will also send the decision to the relevant International Federation or RIF (including where that decision is appealed pursuant to Article 56).

55.4 In a case where Article 52.8 applies, the Head of the IGF Integrity Unit will produce a written reasoned decision covering the issues referred to in Article 55.1, which it will provide as a minimum to the Participant, the Participant's National Federation, the IPC, and any organisation referred to in Article 55.3, which will take effect as if it were a final decision of the IGF Tribunal. Alternatively, where they see fit, the Head of the IGF Integrity Unit may refer the matter to the IGF Tribunal to determine the sanction(s) to be imposed.

56. Appeals

56.1 The IPC, the IGF (acting via the IGF Integrity Unit) and the Participant each have the right to appeal decisions of the IGF Tribunal to the IGF Appeals Panel within 21 days from the date of receipt of the IGF Tribunal's decision by the appealing party, except that if the IPC was not a party to the proceedings before the IGF Tribunal, it will have 15 days from its receipt of the notice of the decision to request a copy of the full case file pertaining to the decision (together with English translations of all documents within the case file, where not originally in the English language). In such case, the IPC will have 21 days from its receipt of the full case file (and all relevant translations) to file an appeal.

56.2 The parties to an appeal must be provided with, at a minimum, a fair hearing (whether conducted orally or in writing) within a reasonable time by the IGF Appeals Panel.

56.3 The appeal will be heard by a panel of either one or three members of the IGF Appeals Panel (where three members are appointed, one member will act as chair of the hearing panel). Members of the IGF Appeals Panel may not sit on a particular hearing panel if: (i) they are currently a Classifier for the IGF; and/or (ii) they have had any prior involvement with the matter or any facts arising in the proceedings; and/or (iii) their impartiality or independence could otherwise be reasonably questioned.

56.4 The IGF Appeals Panel will hear and determine any appeal in accordance with its procedural rules.

57. Public Disclosure

57.1 No later than 20 days after it has been determined in an appellate decision under Article 56.1, or such appeal has been waived, or a hearing in accordance with Article 52.11 has been waived, or the assertion of Intentional Misrepresentation has not otherwise been

timely challenged, or the matter has been resolved under Article 52.8, or a new period of ineligibility, or reprimand, has been imposed under Article 54.5.4, the IGF will:

57.1.1 Publicly Disclose the disposition of the matter, including the identity of the Participant, the nature of the Intentional Misrepresentation involved, and the consequences imposed; and

57.1.2 publish an updated version of its Classification Master List to include the details required by Article 35, including the Participant's Intentional Misrepresentation designation, together with the duration and date of commencement of their period of ineligibility.

[*Comment to Article 57.1: Where Public Disclosure as required by this Article would result in a proven breach of other applicable laws, the IGF's failure to make the Public Disclosure will not result in a determination of non-compliance with the IPC Classification Code, the International Standard on Intentional Misrepresentation, or the Classification Rules*.]

57.2 Where the IGF is subject to disclosure obligations under Article 57.1 above, it may also decide to make public the written reasons for the determination or decision (subject to any redactions the IGF deems necessary and appropriate) and may comment publicly on the matter.

57.3 In any case where it is determined, after a hearing or appeal, that the Participant did not commit Intentional Misrepresentation, the fact that the decision has been appealed may be Publicly Disclosed. However, the decision itself and the underlying facts may not be Publicly Disclosed except with the consent of the Participant who is the subject of the decision. The IGF will use reasonable efforts to obtain such consent, and if consent is obtained, will Publicly Disclose the decision in its entirety or in such redacted form as the Participant may approve.

57.4 The mandatory Public Disclosure required in Article 57.1 will not be required where the Participant who has been found to have committed Intentional Misrepresentation is a Minor at the time the decision is issued. Any optional Public Disclosure in a case involving a Minor will be proportionate to the facts and circumstances of the case.

CHAPTER 5: CHANGES TO CLASSIFICATION SYSTEMS

58. Changes to Classification systems

58.1 Before making any substantive changes to its Classification systems and/or Classification processes, the IGF will:

58.1.1 carry out an appropriate assessment of what impact any changes will have on Athletes and National Federations, and NPCs including consideration of the Paralympic Games cycle, the Golf for Athletes with a Disability competition cycle, and any qualification periods for the Paralympic Games;

[*Comment to Article 58.1.1: In particular, the IGF will as part of its impact assessment, carefully consider the appropriate timing for any changes that may affect the (in)eligibility, Sport Class, and/or Sport Class Status of Athletes (for example, changes to the Minimum Impairment Criteria, or to the assessment methodology). Ordinarily, such changes will not be made during the IGF's qualification period for the Paralympic Games*.]

58.1.2 provide National Federations (with a copy to the IPC) with:

58.1.2.1 appropriate notice of the anticipated changes, along with a rationale for the changes, an explanation of which Athletes or groups of Athletes (if any) may need to be reassessed, the proposed timelines for implementation, and (if applicable) any proposed transition rules; and

58.1.2.2 an opportunity to submit feedback before such changes are adopted; and

58.1.3 provide the IPC with:

58.1.3.1 appropriate notice of the anticipated changes, along with a rationale for the changes, the proposed timelines for implementation, any proposed transition rules (if applicable), a copy of the IGF's impact assessment, and an overview of the consultation undertaken as part of the review process; and

58.1.3.2 an opportunity to submit feedback before such changes are adopted.

58.2 If the IGF notifies a National Federation of anticipated changes pursuant to Article 58.1.2, the National Federation must ensure that Athletes under its jurisdiction are (i) notified about such changes, and (ii) invited to provide feedback. If the IGF then notifies a National Federation that changes will be implemented, the National Federation must ensure that Athletes under its jurisdiction are notified about such changes.

58.3 If the IGF makes changes to the Classification Rules that may affect the (in)eligibility, Sport Class and/or Sport Class Status of Athletes (for example, changes to the Minimum Impairment Criteria, or to its assessment methodology), the IGF will:

58.3.1 take reasonable steps to identify such Athletes and notify them (through their National Federation) that they are entitled to be reassessed; and

58.3.2 where applicable, change each such Athlete's Sport Class Status to 'Review at the Next Available Opportunity (R-NAO)' or 'Review with a Fixed Review Date (R-FRD)' as deemed appropriate by the IGF.

58.4 If a National Federation considers that changes to these Classification Rules may affect the Classification of any Athlete under its jurisdiction who was previously found to be not eligible, it must notify the IGF accordingly.

58.5 For the avoidance of doubt, if: (i) the IGF makes substantive changes to its Classification systems, Classification processes, and/or these Classification Rules, without first following the processes set out in this Chapter; and/or (ii) a National Federation fails to meet its obligations under this Chapter, that fact alone will not render the amended Classification systems, Classification processes, and/or Classification Rules (or any Classification decision made in accordance with those amended systems, processes and/or rules) invalid, and the amended systems, processes, and rules (and any Classification decision made under them) will continue to bind all those persons listed in Article 3.2 above.

CHAPTER 6: CLASSIFICATION PERSONNEL AND TRAINING

PART I: CLASSIFICATION PERSONNEL ROLES AND COMPETENCIES

59. Classification Personnel

59.1 The IGF will appoint the Classification Personnel specified below.

59.2 All Classification Personnel must sign confidentiality undertakings.

59.3 ***Head of Classification***

59.3.1 The Head of Classification is responsible for the direction, administration, coordination, and implementation of Classification matters for the IGF.

[*Comment to Article 59.3.1: If the IGF is unable to appoint a Head of Classification for a period of time, the IGF may temporarily appoint a person or persons to perform the role of Head of Classification on an interim basis.*]

59.3.2 The IGF may appoint more than one person to share the role and duties of the Head of Classification. If this occurs, the IGF will communicate this information to its membership and the IPC.

59.3.3 The Head of Classification will, as a minimum, be responsible for performing and/or overseeing the following activities:

59.3.3.1 recruiting and appointing Classifiers;

59.3.3.2 organising and conducting Classifier education, training, Certification, Re-Certification, and development according to the IGF's Classifier pathway;

59.3.3.3 managing, maintaining, and updating a database to track Classifier activity, Certification, and Re-Certification;

59.3.3.4 identifying Classification Research needs and being aware of, supporting and, where appropriate, providing input in relation to the Classification Research on which the IGF's Classification systems are based;

59.3.3.5 ensuring that these Classification Rules and their implementation comply with the IPC Classification Code and International Standards, for example, by planning, designing, executing, and reviewing programmes and policies;

59.3.3.6 collecting feedback and providing input on Classification-related issues that affect the IGF's rules and/or the Rules of Golf, for example, these Classification Rules and the Equipment Rules;

59.3.3.7 monitoring and evaluating the status of Classification within Golf for Athletes with a Disability on a regular basis;

[*Comment to Article 59.3.3.7: this may include, for example, the Head of Classification attending (or instructing other Classification Personnel to attend) Covered Competitions*

where no Classification is due to take place, in order to monitor and evaluate the outcomes of the IGF's Classification systems.]

59.3.3.8 informing Classifiers of any changes to these Classification Rules;

59.3.3.9 managing, maintaining, and updating the Classification Master List to ensure that the IGF's Classification records are accurate;

59.3.3.10 engaging with the IGF's relevant bodies and committees on Classification matters; and

59.3.3.11 communicating with all relevant external parties (including the IPC) in relation to Classification matters.

59.3.4 The Head of Classification may delegate specific responsibilities to other Classification Personnel within the IGF, and/or to appointed persons in the organising committee of a competition or Classification opportunity.

59.3.5 The Head of Classification may also be appointed as a Classifier and/or Chief Classifier. For the avoidance of doubt, in this situation Article 40.8 of these Classification Rules will apply with equal effect to the Head of Classification.

59.4 ***Chief Classifier(s)***

59.4.1 The Chief Classifier is a Classifier appointed to direct, administer, coordinate, and implement Classification matters for a specific Classification opportunity according to the Classification Rules.

59.4.2 In that context, a Chief Classifier may be required by the IGF to do the following, among other things:

59.4.2.1 identify Athletes who require Classification at a specific Classification opportunity, whether In-Competition or Out-of-Competition;

59.4.2.2 supervise Classifiers and Trainee Classifiers to ensure that the Classification Rules are properly applied and to monitor their level of competencies and proficiencies;

59.4.2.3 manage Protests in consultation with the IGF;

59.4.2.4 liaise with the relevant organiser to ensure that all travel, accommodation, and other logistics are arranged so that Classifiers may carry out their duties at the Classification opportunity;

59.4.2.5 communicate with and educate Athletes and Athlete Support Personnel regarding the Classification process;

59.4.2.6 provide a clear explanation of all stages of the Classification process to Classifiers, Athletes and Athlete Support Personnel, including the following matters: (i) any findings made by a UHC Assessor, Classification Panel, Protest Panel, or Appeal Body; (ii) the procedures of the Evaluation Session (including eligibility

requirements and Minimum Impairment Criteria), Protest procedures, and the procedure following any designation or tracking code being assigned to an Athlete; and (iii) matters concerning Intentional Misrepresentation, including the behaviours that may constitute that offence, and how potential violations will be investigated and prosecuted;

59.4.2.7 manage the Classification Master List during a particular Classification opportunity;

59.4.2.8 analyse and review the Classification processes during a Classification opportunity and recommend improvements to the Head of Classification; and

59.4.2.9 report all relevant issues at a particular Classification opportunity to the Head of Classification.

59.4.3 The Chief Classifier may delegate specific responsibilities to other Classification Personnel within the IGF, and/or to appointed persons in the organising committee of a competition or Classification opportunity.

59.4.4 Save where there are operational difficulties (for example, Classifier illness, cancellations, or travel delays) that necessitate otherwise, a Chief Classifier cannot also be appointed to act as a Classifier at that same Classification opportunity.

59.4.5 The IGF may appoint one or more co-Chief Classifiers for a specific Classification opportunity, as follows:

59.4.5.1 in respect of each Eligible Impairment type (i.e., Physical Impairment, Vision Impairment, and/or Intellectual Impairment), in which case the relevant co-Chief Classifier will have primary responsibility for conducting the roles listed in Article 59.4.2 above in respect of their Eligible Impairment type(s); and/or

59.4.5.2 where Classification happens at more than one location, in which case the relevant co-Chief Classifier will have primary responsibility for conducting the roles listed in Article 59.4.2 above in respect of their location.

59.4.6 References in the Classification Rules to a 'Chief Classifier' will include any co-Chief Classifier(s) appointed by the IGF.

59.4.7 Co-Chief Classifiers should liaise regularly with the other co-Chief Classifiers in relation to the performance of their roles.

59.5 ***Classifiers***

59.5.1 A Classifier is a person authorised as an official and Certified by the IGF to evaluate Athletes as a member of a Classification Panel.

59.5.2 In order to be Certified by the IGF, Classifiers must demonstrate the minimum Classifier competencies set out in Article 60.2.

59.5.3 All Classifiers must apply the assessment methods established by the Classification Rules properly and consistently.

59.5.4 For the avoidance of doubt, subject to the rules of each National Federation, there is nothing to prevent Classifiers from also becoming National Classifiers and conducting classification at the national level.

59.6 ***Trainee Classifiers***

59.6.1 A Trainee Classifier is a person who is in the process of formal training to become a Classifier. The IGF may also use the designation Trainee Classifier to identify a Classifier who is participating in a component of Classification that is currently the subject of a limitation on the Classifier's Certification and in respect of which the Classifier is undertaking additional training with a view to removing that limitation.

59.6.2 In order to be eligible to become a Trainee Classifier, the person must have:

59.6.2.1 a medical qualification as a doctor who has experience in dealing with Underlying Health Conditions that may lead to Eligible Impairments; or

59.6.2.2 a physiotherapy qualification or other related disciplines with experience of individuals with the clinical manifestations of the Eligible Impairments.

59.6.3 The IGF may appoint an educator/mentor for Trainee Classifiers. Any such educator/mentor must have: (i) the qualifications listed in Article 59.6.2; and (ii) three years' experience working as a Classifier.

59.6.4 The IGF may appoint Trainee Classifiers to participate in some or all components of Classification provided that such participation is under the supervision of a Classification Panel.

59.6.5 A Trainee Classifier cannot be appointed as a member of a Classification Panel.

59.7 ***UHC Assessors***

59.7.1 As set out in the Classification Rules, the IGF is responsible for conducting UHC Assessments, to be carried out by UHC Assessors.

59.8 ***National Classifiers***

A National Classifier is a person authorised by a National Federation to conduct some or all aspects of classification at a national level. Unless also Certified as a Classifier by the IGF, a National Classifier cannot under any circumstances conduct IGF Classification.

60. Classification Personnel competencies

60.1 UHC Assessor competencies include, as a minimum, that a UHC Assessor has:

60.1.1 a thorough understanding of:

60.1.1.1 Golf for Athletes with a Disability and its applicable rules, including the Rules of Golf, Equipment Rules, and these Classification Rules;

60.1.1.2 the IPC Classification Code and International Standards; and

60.1.1.3 the IGF's Classification Personnel Code of Conduct and, in particular, the management of potential, perceived and/or actual conflicts of interest;

60.1.2 relevant qualifications to conduct the assessment of the Diagnostic Information (including the review of the medical documents and interpreting diagnostic tests);

60.1.3 expertise in the relevant Health Conditions and their impact on physical and/or intellectual and/or vision abilities;

60.1.4 ability to evaluate complex medical information;

60.1.5 ability to identify the medical documentation required to verify the Underlying Health Condition(s) that may lead to an Eligible Impairment, and other information relevant for conducting the Classification process;

60.1.6 ability to assess and communicate the need to seek the opinion of another UHC Assessor, for example, when additional expertise is required; and

60.1.7 the relevant skillset to provide written reports about the outcomes of the UHC Assessment.

60.2 Classifier competencies include, as a minimum, that a Classifier has:

60.2.1 a thorough understanding of:

60.2.1.1 Golf for Athletes with a Disability and its applicable rules, including the Rules of Golf, Equipment Rules, and these Classification Rules;

60.2.1.2 the IPC Classification Code and International Standards; and

60.2.1.3 the IGF's Classification Personnel Code of Conduct and, in particular, the management of potential, perceived and/or actual conflicts of interest;

60.2.2 an appropriate level of English to conduct the Classification process;

60.2.3 effective interpersonal and teamwork skills; and

60.2.4 effective decision-making skills.

60.3 In addition to the competencies listed in Article 60.2, the Classifier competencies to be a Classifier also include that the Classifier has:

60.3.1 a medical qualification as a doctor, with experience of Underlying Health Conditions that may lead to Eligible Impairments catered for by Golf for Athletes with a Disability; or

[Comment to Article 60.3.1: for example, relevant medical qualifications would include qualification as an ophthalmologist for those Medical Classifiers assessing Vision Impairment, or as a psychologist for those assessing Intellectual Impairment.]

60.3.2 a physiotherapy qualification or a qualification in another related disciplines with experience of individuals with the clinical manifestations of the Eligible Impairments catered for by the IGF.

60.3.3 a basic knowledge of the ways in which an Athlete's Eligible Impairment(s) can affect their ability to execute specific tasks and activities fundamental to Golf for Athletes with a Disability.

60.4 In addition to the Classifier competencies, a Chief Classifier must have the following additional minimum competencies:

60.4.1 at least two years' experience as a Classifier in Golf for Athletes with a Disability;

60.4.2 knowledge and experience of each stage of the Classification process;

60.4.3 effective communication skills in English, including the ability to provide a clear explanation of all stages of the Classification process to Classifiers, Athletes and Athlete Support Personnel;

60.4.4 the mentorship skills to provide training or mentoring to Classifiers;

60.4.5 effective management skills; and

60.4.6 effective organisation skills.

60.5 In addition to the Classifier competencies, the Head of Classification must have the following additional minimum competencies:

60.5.1 At least two years' experience as a Classifier (ideally, but not necessarily, within Golf for Athletes with a Disability). However, if more than one person is appointed as the Head of Classification, only one such person must meet this requirement;

60.5.2 the competencies described in Articles 60.4.2 to 60.4.6 above;

60.5.3 demonstrable leadership skills in matters related to Classification, for example: administration and management of Classification; rules, policy, and procedure development or revision; Classification Research; Classification education and training; and Classifier mentorship; and

60.5.4 experience and continuing participation in training and Certification of Classifiers, for example, teaching and supervising/mentoring instructors at workshops and other similar activities.

PART II: CLASSIFICATION PERSONNEL RECRUITMENT, TRAINING, DEVELOPMENT AND CERTIFICATION

61. Recruitment and retention of Classification Personnel

61.1. To ensure a fair and inclusive classification process, the IGF must ensure that the International Golf Federation Classifiers continue to meet the highest standards through ongoing training, workshops, Classification gatherings, and classifiers take the responsibility for maintaining their competencies (Refer to IGF website): the IGF, through the Head of Classification will:

61.1.1. identify prospective Trainee Classifiers;

61.1.2. appoint its Classification Personnel (including how Classifiers will be appointed to individual Classification Panels, and how the Head of Classification and Chief Classifiers will be appointed to their respective roles);

61.1.3. retain existing Classification Personnel and encourage them to remain active;

61.1.4. manage Classifier wellbeing, including protecting Classifiers from abuse, harassment, and bullying; and

61.1.5. re-engage non-active Classification Personnel.

62. Classification Personnel training and development

62.1 The IGF is committed to the ongoing professional development of its Classification Personnel, including by providing appropriate training and education in order to ensure that they can:

62.1.1 obtain and/or maintain the competencies required of them by the IGF;

62.1.2 achieve and/or maintain Certification; and

62.1.3 otherwise develop and enhance their skills and experience in Classification so that any limitations placed on their Certification can be removed and/or they may progress to more senior Classification Personnel roles.

62.2 Training for Trainee Classifiers:

62.2.1 As part of their training prior to becoming Certified, Trainee Classifiers will be required to:

62.2.1.1 complete the IGF's Classifier Training Package, which provides detailed training in relation to (i) the Classification process; (ii) use of the IGF's online Classification computer system; (iii) knowledge of golf and health; (iv) the Classification Personnel Code of Conduct; and (v) how to keep up to date with any ongoing changes to these Classification Rules;

62.2.1.2 observe and assist a more experienced Classifier in a minimum of three Evaluation Sessions; and

62.2.1.3 carry out a Classification using bench test, functional tests and observation skills, supervised by a Classification Panel and/or an authorised educator/mentor.

62.3 Ongoing training for Classifiers

62.3.1 All Classifiers will be required to attend a meeting with the Head of Classification (which may be held in person or virtually) at least once every six months in order to review their performance, and to identify any additional training that may be required to develop and enhance their skills and experience in Classification.

62.3.2 The IGF will also arrange for further developmental training to be provided to Classifiers during the course of:

62.3.2.1 bi-annual classification meetings; and

62.3.2.2 regular webinars.

62.4 Where reasonably practicable, the IGF will look to support National Federations and National Paralympic Committees in training and developing National Classifiers. In particular:

62.4.1 where appropriate, the IGF will make materials used to train and educate Classifiers and Trainee Classifiers available to National Federations and National Paralympic Committees for the purpose of training National Classifiers;

62.4.2 the IGF will engage with National Federations and National Paralympic Committees to cooperate and support a pathway to enable National Classifiers to become international Classifiers; and

62.4.3 the IGF will make available to National Federations a schedule of Classifier and Trainee Classifier education sessions with sufficient notice and frequency to enable National Federations to identify and apply for Trainee Classifiers to attend such education sessions.

63. Classifier Certification

63.1 Classifier Certification is the process by which the IGF assesses and confirms that a Classifier has met the Classifier competencies.

63.2 Certification Assessment

63.2.1 In order to demonstrate that a Classifier has met the Classifier competencies, the Classifier will be required to:

63.2.1.1 complete all of the training required of Trainee Classifiers, as per Article 62.2 above; and

63.2.1.2 conduct at least one Evaluation Session under the observation of the Chief Classifier. The Chief Classifier may require the Classifier

to conduct further Evaluation Sessions under their supervision at their discretion.

63.2.2 Certified Classifiers will also be closely supported by more senior Classifiers for the first 5 Evaluation Sessions that they conduct after achieving their Classification.

63.3 Limitations on Classification

63.3.1 The IGF may limit a Classifier's Certification to assessing only a particular type of Eligible Impairment (e.g., the Certification may be limited to conducting Evaluation Sessions in respect of Physical Impairments only, or Vision Impairments only, etc). The IGF will record the Eligible Impairments that each Classifier is Certified to assess within the Classifier Database. Classifiers will not be able to participate in an Evaluation Session relating to an Eligible Impairment not covered by their Certification as recorded in the Classifier Database other than as a Trainee Classifier, as part of their training to become Certified in respect of that new Eligible Impairment-type.

63.3.2 The IGF will remove any limitation placed on the types of Eligible Impairment that a Classifier is able to assess if the Classifier is able to demonstrate that they have met the Classifier competencies in respect of any additional Eligible Impairment-types via a further Classification Assessment.

63.4 Classifier performance reviews

63.4.1 Classifiers' performance will be continuously monitored and evaluated by a Chief Classifier. Should the Chief Classifier have any concerns with a Classifier's performance, they will raise the issue with the Head of Classification as soon as practicable.

63.4.2 The Head of Classification will then arrange to meet with the Classifier (whether virtually or in-person) as soon as possible to discuss the Chief Classifier's concerns with their performance, and to identify ways in which those performance issues may be addressed, which may include (amongst other things) a period of supervision under the guidance of one or more Chief Classifiers, until such time as the Chief Classifier(s) is/are satisfied that the Classifier's performance has improved sufficiently that their ongoing supervision is no longer required.

63.4.3 Should the Classifier's performance not improve following six months of ongoing supervision, the Chief Classifier(s) will refer the issue back to the Head of Classification, to decide what further steps can be taken to improve the Classifier's performance. In the event that the Head of Classification does not consider that there are any further remedial steps that could be taken to improve the Classifier's performance, they may remove the Classifier's Certification in accordance with Article 63.6.1.1 below.

63.4.4 In addition to the above, each Classifier must also:

63.4.4.1 hold an appraisal meeting with a more senior/experienced Classifier at least once in every 12-month period. During the appraisal meeting, the appraiser will evaluate: (i) the Classification

experience gained by the Classifier since their last appraisal; (ii) the continuing professional training and development undertaken by the Classifier since their last appraisal; and (iii) the clinical work undertaken by the Classifier to support their role as a Classifier since their last appraisal; and

63.4.4.2 conduct at least one Evaluation Session under the observation of an appraiser in each 12-month period.

63.5 Re-Certification

63.5.1 Each Classifier's Certification must be reviewed at least once every five years. The purpose of such review will be to ensure that the Classifier has retained the relevant competencies.

63.5.2 As part of the Re-Certification process, the Classifier will be required to:

63.5.2.1 conduct at least one Evaluation Session under the observation of a Chief Classifier. The Chief Classifier may require the Classifier to conduct further Evaluation Sessions under their supervision at their discretion; and

63.5.2.2 complete any new Classification training courses for Trainee Classifiers introduced by the IGF since the Classifier's previous Certification, as well as any further/ongoing training recommended for them by the Head of Classification in accordance with Article 62.3.1.

63.6 Removal of Certification

63.6.1 A Classifier may have their Classification Certification removed if:

63.6.1.1 the IGF is no longer satisfied that the Classifier possesses the required Classifier competencies; and/or

63.6.1.2 the Classifier breaches the Classification Personnel Code of Conduct.

63.6.2 A Classifier whose Certification was removed pursuant to Article 63.6.1.1 may regain their Certification if they subsequently satisfy the IGF that they have re-attained the required Classifier competencies. This will require, as a minimum, that the Classifier undertake six further months training as a Trainee Classifier (including redoing the training set out at Article 62.2 above).

PART III: CONFLICTS OF INTEREST AND CODE OF CONDUCT

64. Identifying and managing conflicts of interest

64.1 The IGF will identify, actively manage, record, and keep updated a register of actual, perceived and potential Classification Personnel conflicts of interest. In this context, all Classification Personnel must promptly, accurately, and fully disclose to the IGF all past and current personal and professional role(s), office(s) and relationship(s) that may affect their ability to make an objective decision or assessment when fulfilling their

Classification Personnel role, or may create the perception of such. This duty of disclosure on Classification Personnel is an ongoing duty, to allow the IGF to keep its register updated.

64.2 The IGF will consider whether any disclosures by Classification Personnel represent an actual, perceived or potential conflict of interest that requires active management. Examples of where an actual, perceived or potential conflict of interest may arise (and will need to be actively managed) include where Classification Personnel are also acting as an office-holder, member of staff of, or otherwise representing and/or working on behalf of a National Federation. Other roles, whether paid or voluntary, with National Federations or National Paralympic Committees may also lead to actual, perceived or potential conflicts of interest.

64.3 The IGF has the right not to appoint Classification Personnel (or to withdraw appointments of Classification Personnel) who, in the view of the IGF, have an actual, perceived or potential conflict of interest.

64.4 In order to manage actual, perceived, or potential conflicts of interest, it is not permitted for the following persons to (i) commence practical training to become a Classifier (i.e., they cannot participate in any Evaluation Sessions e.g., as a Trainee Classifier); (ii) receive or keep their Certification as a Classifier; or (iii) act as a Head of Classification:

64.4.1 an international Athlete who is currently competing in any Para sport, or who has retired from Golf for Athletes with a Disability less than four years ago;

64.4.2 a national team coach or national team assistant coach involved in Golf for Athletes with a Disability, or who has retired from Golf for Athletes with a Disability less than four years ago; or

64.4.3 other Athlete Support Personnel in Golf for Athletes with a Disability with direct involvement with the national team or international Athletes, or who have retired from such involvement in Golf for Athletes with a Disability less than two years ago (including but not limited to a team physiotherapist, medical doctor, psychologist, massage therapist).

[*Comment to Article 64.4: There is a high risk of an actual, perceived, or potential conflict of interest arising in circumstances where Classification Personnel have (or have recently had) a close association or role with a national Golf for Athletes with a Disability team. The above restrictions are intended to help manage such risks. For example:*

An international Golf for Athletes with a Disability Athlete cannot become a Classifier in any Para sport while they hold such role. However, once they have retired from such role they can immediately become a Classifier in other Para sports (but not in Golf for Athletes with a Disability) and can become a Classifier in Golf for Athletes with a Disability once they have been retired for four years.

A national team coach or national team physiotherapist in Golf for Athletes with a Disability may become a Classifier in any Para sport except Golf for Athletes with a Disability. Once they have retired from such role they can also become a Classifier in Golf for Athletes with a Disability after being retired for, respectively, four years or two years.]

64.5 For the avoidance of doubt, Article 64.4 does not prevent persons covered by that provision from training or acting as National Classifiers.

64.6 Classifiers must also not take on any other roles and responsibilities at Covered Competitions and Classification opportunities where they are acting as Classifiers that would impact their ability to carry out the Classification process/their responsibilities. The IGF may assign other roles and responsibilities to Classifiers provided that they can be managed without interfering with the Classifier roles and responsibilities.

65. Classification Personnel Code of Conduct

65.1 The professional conduct of Classification Personnel is fundamental to ensuring the integrity of Classification in Golf for Athletes with a Disability. Consequently, all Classification Personnel must comply with the following behavioural and ethical standards (the **Classification Personnel Code of Conduct**):

65.1.1 comply with the IPC Classification Code and International Standards, and these Classification Rules;

65.1.2 comply with the IGF Code of Ethics, IGF Codes of Conduct, and IGF Code on the Prevention of the Manipulation of Competitions;

65.1.3 act as neutral evaluators throughout all stages of the Classification process;

65.1.4 have high regard for the dignity of all Athletes;

65.1.5 have high regard for the physical and mental welfare of Athletes;

65.1.6 perform their duties courteously, respectfully, competently, consistently, and objectively for all Athletes;

65.1.7 respect all Athletes and Athlete Support Personnel and strive to uphold a courteous environment during the Classification process;

65.1.8 ensure that they are fit to perform the role and physical duties reasonably expected of Classification Personnel, and notify the IGF if this ceases to be the case;

65.1.9 maintain excellent hygiene and sanitation during the Classification process;

65.1.10 not abuse their position to obtain advantage or benefit for themselves or third parties;

65.1.11 maintain confidentiality of Athlete information in accordance with these Classification Rules;

65.1.12 comply with all of the IGF's safeguarding rules.

65.2 Where there are reasonable grounds to suspect that a member of Classification Personnel might have breached the Classification Personnel Code of Conduct, the Head of the IGF Integrity Unit will initiate an investigation in a timely manner. Grounds do not need to be given to the member of Classification Personnel for the initiation of an investigation, and the decision to initiate an investigation cannot be contested.

65.3 If the Head of the IGF Integrity Unit determines that a member of Classification Personnel has a case to answer for breaching the Classification Personnel Code of Conduct, the IGF Integrity Unit will bring disciplinary proceedings against that member of Classification Personnel, which proceedings will be dealt with in accordance with the

procedural rules of the IGF Tribunal. Classification Personnel must acknowledge and accept that disciplinary action against them may include a variety of sanctions, including but not limited to verbal or written reprimands, further training, and revocation of certification as a Classifier for the IGF.

65.4 Each Participant, member of Classification Personnel, and National Federation must:

65.4.1 report to the Head of the IGF Integrity Unit promptly, truthfully, completely, and in good faith any information they possess that a reasonable person would consider might evidence or otherwise constitute a breach of the Classification Personnel Code of Conduct by any member of Classification Personnel (including themselves);

65.4.2 cooperate promptly, truthfully, completely, and in good faith with all investigations into any alleged breach of the Classification Personnel Code of Conduct carried out by the IGF Integrity Unit, including by answering any questions and providing access to any information, data, and/or documentation requested as part of that investigation;

65.4.3 cooperate promptly, truthfully, completely, and in good faith with any proceedings brought by the IGF Integrity Unit against any member of Classification Personnel for a breach of the Classification Personnel Code of Conduct; and

65.4.4 not do anything (by act or omission) that has the object or effect of obstructing, preventing, delaying, or otherwise interfering with or frustrating any such investigation or proceeding.

65.5 Participants and National Federations who fail to comply with Article 65.4 may be subject to separate disciplinary proceedings before the IGF Tribunal based on a formal complaint made by the Head of the IGF Integrity Unit. Any such complaint will be dealt with in accordance with the procedural rules of the IGF Tribunal.

CHAPTER 7: ROLES AND RESPONSIBILITIES

66. IGF Responsibilities

66.1 The roles and responsibilities of the IGF under these Classification Rules include to:

66.1.1 increase awareness of the purpose, principles, and scientific rationale behind Classification amongst relevant stakeholders in Golf for Athletes with a Disability;

66.1.2 develop, implement, and regularly review and publish these Classification Rules in Compliance with the IPC Classification Code and International Standards;

66.1.3 require, as a condition of membership, that its National Federations and other members comply with these Classification Rules, and to take appropriate action to ensure such compliance;

66.1.4 develop and deliver (where appropriate with the involvement of Athletes) Classification education and awareness programmes for National Federations, Athletes, Athlete Support Personnel, and Classifiers, which must, at a minimum, explain these Classification Rules and that the rules must comply with the IPC Classification Code and the International Standards;

66.1.5 promote, initiate, and/or review Classification Research;

66.1.6 develop, implement, and maintain a clear Classifier recruitment, training and development pathway; and

66.1.7 cooperate fully, honestly, and in good faith with the IPC in connection with any investigations conducted by the IPC in relation to potential Intentional Misrepresentation or Compliance matters.

67. General Participant Responsibilities

67.1 It is the personal responsibility of all Participants to:

67.1.1 be knowledgeable of and comply with the Classification Rules, and all applicable regulations, policies, rules, and processes adopted pursuant to these Classification Rules;

67.1.2 participate in, and cooperate fully, honestly, and in good faith with any Classification process and/or related procedure; and

67.1.3 cooperate fully, honestly, and in good faith with any investigations concerning potential Intentional Misrepresentation

68. Athlete Responsibilities

68.1 In addition to the general responsibilities listed in Article 67.1 above, all Athletes must:

68.1.1 ensure that the IGF is provided (through their National Federation) with all relevant Diagnostic Information required to enable the IGF to assess the

existence of an Underlying Health Condition and Eligible Impairment, and ensure that all such information is complete, accurate, authentic, and relevant, and that the IGF is informed of any changes to that information;

68.1.2 as set out in Article 24.5, give their best efforts during an Evaluation Session and comply with all reasonable instructions given to them by a Classification Panel; and

68.1.3 support and facilitate Classification education and research, and the development and implementation of the IGF's Classification systems.

69. Athlete Support Personnel Responsibilities

69.1 In addition to the general responsibilities listed in Article 67.1 above, all Athlete Support Personnel must:

69.1.1 use their influence on Athlete values and behaviour to foster a positive and collaborative attitude regarding the Classification process and those involved in the Classification of Athletes (e.g. Classifiers); and

69.1.2 facilitate and encourage Athletes to participate in Classification education and research, and the development and implementation of the IGF's Classification systems.

CHAPTER 8: BEST PRACTICE CLASSIFICATION, AND RESEARCH

70. Best Practice Classification

70.1 The IGF will ensure that it has a sport-specific Classification system that reflects **Best Practice Classification.** Best Practice Classification means that the Classification system:

70.1.1 Adopts the four stages of Classification set out in Article 6.1 and describes the methods used in each of the four stages;

70.1.2 uses the best available evidence at each stage of Classification, in particular by:

70.1.2.1 focusing on the relationship between the impairment and key performance determinants, where the impairment is the unit of classification and impairments are classified based on the extent to which they impact the Athlete's ability to execute the specific tasks and activities fundamental to Golf for Athletes with a Disability;

70.1.2.2 drawing on reliable assessment results from a range of domains (for example, Athlete training history, impairment(s), performance of novel and practised motor tasks, and Golf for Athletes with a Disability -specific/sports technical performance);

70.1.2.3 using assessments that are, as a minimum, evidence-informed (i.e., scientific evidence indicates that the individual assessments that make up the Classification system will provide information that is accurate and reliable); and

70.1.2.4 relying on as few assumptions as possible (and, where assumptions are relied on, ensuring that those assumptions are defensible);

70.1.3 applies principles of clinical reasoning and critical thinking to enable balanced consideration of the assessments conducted at each stage of Classification;

70.1.4 is consistent with established principles of human movement science, low vision science, cognitive science, and sports performance; and

70.1.5 is consistent with current knowledge of (i) each Eligible Impairment, and (ii) the Underlying Health Conditions that are consistent with those Eligible Impairments.

[*Comment to Article 62: Best Practice Classification represents the full utilisation of the scientific evidence available today, where evidence-informed assessments are used along with clinical reasoning to draw conclusions from assessment results from a range of domains. Best Practice Classification will evolve over time, with the goal for it to reach the standard of evidence-based Classification, as referred to in Article 71.2.*]

71. Classification Research

71.1 The IGF will conduct multidisciplinary Classification Research to:

71.1.1 ensure that its Classification system meets (and continues to meet) the requirements for Best Practice Classification; and

71.1.2 monitor the quality of its assessment systems and improve its evidence base.

71.2 The IGF will also invest in Classification Research that is designed to assist in developing evidence-based Classification (EBC) systems (i.e., systems that are supported by scientific evidence that indicates that the methods used for assigning Athletes a Sport Class will result in Sport Classes that each comprise Athletes who have Eligible Impairments causing approximately the same degree of activity limitation in that sport). Evidence based Classification is the gold standard, to which all Classification systems should aspire.

[*Comment to Article 71.2: Classification Research aiming to develop EBC should be informed by the conceptual framework for Classification Research as presented in David L. Mann, Sean M. Tweedy, Robin C. Jackson & Yves C. Vanlandewijck (2021), Classifying the evidence for evidence-based classification in Paralympic sport, Journal of Sports Sciences, 39:sup1, 1-6.*]

71.3 The IGF will ensure that, where appropriate, stakeholders (including Athletes and Classifiers) have an opportunity to provide input as part of the IGF's plans to conduct Classification Research.

71.4 All Classification Research will comply with internationally recognised ethical standards and research practices.

CHAPTER 9: DATA

72. General provision

72.1 The Classification Rules require the IGF to Process Classification Data relating to Athletes, Athlete Support Personnel, Classification Personnel, and other individuals involved in Golf for Athletes with a Disability.

72.2 This Chapter sets out the data protection and privacy standards that the IGF will apply when Processing Classification Data.

73. Principles for Processing Classification Data

73.1 The IGF will only Process Classification Data in connection with Classification, or other purposes relating to the Classification Rules, and/or the IPC Classification Code, and/or International Standards, including (without limitation) UHC Assessments, Eligible Impairment Assessments, MIC Assessments, Sport Class Assessments, Evaluation Sessions, conducting disciplinary procedures, resolving Protests and Appeals, using or sharing Classification-related intelligence, and for education and awareness.

73.2 The IGF will only collect Classification Data that it reasonably requires to achieve the above purposes, and will take steps to delete, destroy, or anonymise Classification Data once it is no longer required for such purposes.

73.3 The IGF will use reasonable efforts to ensure Classification Data is:

73.3.1 accurate, complete, and up-to-date;

73.3.2 Processed fairly and lawfully, and in a manner that is clear to the relevant individual, such as through the use of written or oral notices;

73.3.3 Processed for specified and legitimate purposes in connection with Classification, or other purposes relating to the Classification Rules and/or the IPC Classification Code and/or International Standards, and not further processed for unrelated or incompatible purposes unless those purposes are expressly permitted by law; and

73.3.4 adequate, relevant, and limited to what the IGF reasonably requires in connection with Classification, or other purposes relating to the Classification Rules, and/or the IPC Classification Code and/or International Standards.

[*Comment to Article 73.3: the IGF will abide by certain common principles of data protection when Processing Classification Data. This includes taking reasonable and appropriate steps to ensure that Classification Data remains correct and accurate, is not Processed for additional, unrelated purposes except where applicable laws expressly permit, and is promptly deleted, destroyed, or permanently anonymised as soon as possible. It also includes taking reasonable and appropriate steps to ensure that relevant individuals are informed, for instance through the use of specific or general informational notices, regarding the Processing of their Classification Data.*]

74. Lawful grounds for Processing Classification Data

74.1 The IGF will ensure that each Processing operation it performs upon Classification Data has a valid legal basis to support it, and that the Processing is otherwise permitted under applicable Data Protection Laws.

74.2 Lawful grounds for Processing Classification Data include where the relevant Processing (i) furthers the IGF's legitimate interests, and those interests outweigh the interests of the relevant individual; (ii) takes place with the individual's informed and voluntary consent; (iii) is required or necessary under applicable law to fulfil contractual obligations owed to the individual or to perform tasks carried out in the public interest; or (iv) complies with other legal grounds available to the IGF under applicable Data Protection Laws.

[*Comment to Article 74.2: the IGF is likely to rely on more than one legal basis to perform the various Processing operations required under the Classification Rules and/or the IPC Classification Code and/or International Standards. The appropriate ground may depend on a range of factors, such as whether the Classification Data includes Sensitive Personal Information; whether data protection, sport, or other local laws expressly set forth such grounds (in which case, the data may be considered necessary to comply with such laws or necessary to fulfil legitimate interests related to sport); and other circumstances relating to the Processing.*]

74.3 Where the IGF relies upon consent to justify its Processing of certain Classification Data, and the relevant individual is not competent by virtue of their age or other factors to provide informed and voluntary consent, a duly authorised representative may provide consent on the individual's behalf.

[*Comment to Article 74.3: In situations where an Athlete is a minor, as determined under applicable law, and so incapable of furnishing consent, their authorised representative, which may include a parent, guardian, or other representative, such as a member of the Athlete's delegation where the Athlete's parent or guardian has expressly agreed to this, may provide consent on the Athlete's behalf.*]

75. Processing for Classification Research

75.1 The IGF may Process Classification Data to engage in Classification Research, and in these circumstances the IGF will ensure that a valid legal basis exists to permit such Processing, which may be the Athlete's informed and voluntary consent or other legal grounds available to the IGF under applicable Data Protection Laws.

[*Comment to Article 75.1: Classification Research is vital for the development of Classification in sport and Athletes are often asked to provide Classification Data to Classification Organisations, including the IGF for this purpose. In addition to reliance upon consent, Data Protection Laws applicable to the IGF may permit the Processing of Personal Information, including Sensitive Personal Information, on grounds other than consent, provided certain conditions related to the Classification Research are satisfied. In all of these circumstances, the IGF will ensure that its Classification Research is transparent to the relevant Athletes.*]

75.2 Where the IGF Processes Classification Data for Research Purposes it will comply with all applicable ethical use and research requirements. Whenever possible, the IGF will

conduct Classification Research using Anonymised Data in lieu of Personal Information, in order to best protect the privacy of the relevant Athlete(s).

75.3 Personal Information (including Sensitive Personal Information) provided for Research Purposes will not be used to engage in individual Classification and the allocation of a Sport Class to that individual.

75.4 In the event that the IGF publishes any Classification Data Processed for Research Purposes, it will seek to ensure that the publication contains only Anonymised Data and does not identify Athletes. If the publication will contain any Personal Information, the IGF will obtain the informed and voluntary written consent of the relevant Athlete(s) prior to such publication.

76. Notification to Athletes and others

76.1 The IGF will notify Athletes and others whose Classification Data they process about the following, along with any other disclosures required by applicable Data Protection Laws:

76.1.1 to the extent that the IGF is not the Classification Organisation responsible for collecting the Classification Data, the identity of that other Classification Organisation;

76.1.2 an appropriate contact point for handling any enquiries within the IGF and/or any other relevant Classification Organisation responsible for collecting the Classification Data;

76.1.3 the types of Classification Data collected and processed, and the purpose(s) for which the Classification Data may be processed, which must be sufficiently comprehensive in scope to cover all purposes relating to these Classification Rules and/or the IPC Classification Code and/or International Standards;

76.1.4 the types of third parties, such as other Classification Organisations, and national or international sports federations, to whom Classification Data may be disclosed;

76.1.5 the individual's rights with respect to the Classification Data under Article 80; and

76.1.6 the expected period of time that the Classification Data will be retained by the IGF, as documented in accordance with Article 79.2.

[*Comment to Article 76.1: the IGF will ensure that Athletes and other individuals whose Classification Data they Process are adequately informed regarding the Processing of their Personal Information. The above disclosures represent a minimum standard, and the IGF may be required to furnish information going beyond the categories listed above under applicable Data Protection Laws.*]

76.2 The IGF will furnish the information listed in Article 76.1 at the time that it collects Classification Data from an individual or at an otherwise appropriate time in accordance with applicable Data Protection Laws, in a format and manner that the individual can reasonably comprehend, using clear and plain language that can be readily understood.

[*Comment to Article 76.2: the IGF may decide the most effective way of notifying Athletes and others, either individually or as part of a larger group. This may take the form of notices communicated via websites or social media or language contained in forms and templates commonly used in Classification. The IGF will provide notice in writing, unless circumstances do not permit it to do so. The IGF will take into account, where possible, the relevant age and mental capacity of the individuals receiving such notice.*]

76.3 Where the IGF receives Classification Data from third parties it will communicate the information in Article 76.1 as soon as reasonably practicable, unless the Athlete or other individual is already in possession of it, such as where it has been furnished by another Classification Organisation.

77. Classification data security

77.1 The IGF will:

77.1.1 protect Classification Data by applying appropriate security safeguards, including physical, organisational, technical, and other measures to prevent the loss, theft, or unauthorised access, destruction, use, modification, or disclosure of Classification Data; and

[*Comment to Article 77.1.1: the IGF will take reasonable steps to protect the Classification Data it Processes to keep the Classification Data secure at all times from external or internal privacy and security threats. When deciding what safeguards to apply, the IGF will take account of the context in which it Processes the Classification Data, as well as the damage that a security breach could cause to the relevant individuals. The IGF will consider, among other things, access and authentication controls (e.g., complex passwords; password managers; role-based access); network firewalls; security software (e.g., anti-malware/anti-spyware); systems monitoring; and encryption techniques, for data residing on internal systems and portable devices as appropriate. The IGF will also create and maintain policies and procedures to safeguard data held in hard-copy format, and to report security vulnerabilities and breaches promptly within the IGF.*]

77.1.2 take reasonable steps to ensure that any other party that it provides Classification Data to for Processing does so in a manner consistent with this Chapter. Where the IGF engages third parties to Process Classification Data on its behalf or under its instructions, it will subject such third parties to appropriate contractual controls.

[*Comment to Article 77.1.2: The IGF bears ultimate responsibility when outsourcing any Processing to third parties and should only rely upon reputable parties to Process Classification Data. The IGF will ensure that such third parties only Process Classification Data on the IGF's instructions, apply appropriate security measures to the Classification Data, promptly provide notice of any security compromise impacting the Classification Data, and apply other suitable safeguards.*]

78. Disclosure of Classification Data

78.1 The IGF may disclose Classification Data to other Classification Organisations (including the IPC), provided that such disclosure reasonably relates to Processing activities contemplated under the Classification Rules and/or the IPC Classification Code and/or International Standards, and/or the disclosure is in accordance with applicable Data Protection Laws.

[*Comment to Article 78.1: The IGF may wish to disclose Classification Data to another Classification Organisation (including the IPC), such as in connection with Competitions, to ensure the integrity of the Classification process (including in respect of instances or suspected instances of Intentional Misrepresentation), and to otherwise assist in the process of Classification.*]

78.2 The IGF may disclose Classification Data to other parties only if such disclosure is permitted by applicable Data Protection Laws and fulfils purposes relating to the Classification Rules and/or the IPC Classification Code and/or International Standards.

78.3 Notwithstanding the foregoing, the IGF may share Classification Data with law enforcement or other government authorities if required to do so under applicable law.

[*Comment to Article 78.3: In cases where the IGF is compelled by law to disclose Classification Data, it may do so consistent with this Chapter.*]

79. Retaining Classification Data

79.1 The IGF will ensure that Classification Data is only retained for as long as it is reasonably required by the IGF to fulfil purposes relating to the Classification Rules and/or the IPC Classification Code and/or International Standards, and/or the retention of the Classification Data is otherwise required by applicable law. Where the above conditions are not met, Classification Data will be deleted, destroyed, or permanently anonymised.

[*Comment to Article 79.1: the IGF may retain Classification Data as long as it is still useful or necessary to fulfil a purpose relating to these Classification Rules and/or the IPC Classification Code and/or International Standards.*]

79.2 The IGF will develop guidelines for establishing reasonable and appropriate retention times that reflect the different categories and purposes served of the Classification Data that it Processes.

[*Comment to Article 79.2: the IGF will develop guidelines, which may be reflected in internal policies or procedures, to enable it to allocate suitable retention times for the various types of Classification Data it Processes. In relation to retired or former Athletes, the continued retention of certain categories of Classification Data following an Athlete's retirement may be justified for a certain period of time (for example, where the IGF reasonably believes that the Athlete may return to active competition, or if the Classification Data may reasonably be needed for investigatory or disciplinary purposes). In relation to individual Classifiers, the IGF will make sure that Classifiers do not retain any of the Classification Data that Classifiers Process in that capacity once the Classification Data is no longer necessary to Classification of the relevant Athlete. This includes any notes, comments, video recordings, or records written or captured*

electronically (e.g., on personal laptops or other storage devices), generated, or compiled by Classifiers during Classification.]

80. Rights relating to Classification Data

80.1 Individuals may request from the IGF:

80.1.1 confirmation of whether or not the IGF Processes Classification Data relating to them and the informational disclosures set forth in Article 76.1;

80.1.2 a copy of the Classification Data held by the IGF relating to them in an accessible format; and/or

80.1.3 correction or deletion of the Classification Data relating to them held by the IGF.

[*Comment to Article 80.1: The IGF will provide Athletes with information about the Classification Data it Processes in relation to them, and will respond to requests seeking access to, or correction or deletion of such Classification Data.*]

80.2 The IGF will respond to such requests and should do so within a reasonable period of time, taking into account the effort required to comply with the request, and in accordance with applicable Data Protection Laws, which may set forth specific timeframes for responding.

80.3 Notwithstanding the above, the IGF may refuse to grant such requests where it would interfere with efforts to maintain the integrity of the Classification process, prevent the IGF from complying with the IPC Classification Code, or refusing the request is otherwise permitted under applicable Data Protection Laws.

[*Comment to Article 80.3: In certain contexts, the IGF may refuse a request seeking access to, or correction or deletion of, Classification Data, such as where the request would undermine efforts to ensure the integrity of Para sport, such as investigations and intelligence gathering relating to Intentional Misrepresentation by an Athlete or conducting disciplinary proceedings. Under certain data protection laws, it may be possible to refuse a request, such as where the request is manifestly unfounded, repetitive, or abusive in nature.*]

80.4 Data Protection Laws may provide for additional individual rights, besides those arising under Article 80.1, and the IGF will honour such rights where they exist in law.

CHAPTER 10: TRANSITIONAL PROVISIONS

81. Transitional provisions

81.1 Any period prior to the Effective Date will be governed by the substantive rules in effect at the time. However, procedural rules will apply retroactively unless specified otherwise.

81.2 Any charge for breach of the IGF's previous classification rules that: (i) was pending as of the Effective Date; or (ii) is brought after the Effective Date, will be governed by the substantive rules in effect at the time the alleged breach occurred, and not by the substantive rules set out in these Classification Rules, unless the IGF or the body hearing the case determines that the principle of "lex mitior" appropriately applies under the circumstances of the case (i.e., the IGF or the hearing body determines that: (i) the new substantive rules in these Classification Rules are more lenient than those in force at the time of the breach; and (ii) it would be reasonable and proportionate in all the circumstances to apply the new substantive rules).

81.3 The IGF will promptly notify the Participant, the Participant's National Federation, and the IPC of any decision made to apply the principle of "lex mitior" under Article 81.2.

81.3.1 That decision may be appealed by the IPC to the IGF Appeals Panel (see Article 56) within 21 days from the date of receipt of the decision, except that if the IPC has not previously received a copy of the full case file pertaining to the alleged breach of the IGF's previous classification rules (together with English translations of all documents within the case file, where not originally in the English language), it will have 15 days from its receipt of the notice of the decision to apply the principle of "lex mitior" to request a copy of that case file (including any translations).

81.3.2 In such case, the IPC will have 21 days from its receipt of the full case file (and all necessary translations) to file an appeal.

81.4 The limitation period set out in Article 52.4 is a procedural rule not a substantive rule, and should be applied retroactively along with all of the other procedural rules in these Classification Rules (provided, however, that Article 52.4 will only be applied retroactively if the limitation period has not already expired as at the Effective Date).

APPENDIX 1: CLASSIFICATION OF ATHLETES WITH PHYSICAL IMPAIRMENTS

1. Introduction

1.1. As is noted in the comment to Article 15.1 of the Classification Rules, in order for an Athlete to be eligible to compete in Golf for Athletes with a Disability:

1.1.1 the Athlete must have an Eligible Impairment; and

1.1.2 that Eligible Impairment must be capable of altering the biomechanical execution of the Athlete's full golf swing with a driver in a way that: (i) is demonstrable; and (ii) will adversely affect the Athlete's performance (as assessed by reference to the Minimum Impairment Criteria in the MIC Assessment).

1.2. Once an Athlete's eligibility to compete in Golf for Athletes with a Disability has been confirmed by the Classification Panel, then (subject to Articles 29 and 30 of the Classification Rules) the Athlete will be allocated a Sport Class based on the effect that the Athlete's Eligible Impairment can be expected to have on their achievable Maximum Clubhead Speed and/or Clubface Angle Variability (and thus on their golfing performance).

1.3. This Appendix sets out the objective, evidence-based assessment procedures for each type of Physical Impairment catered for by the IGF to determine whether an Athlete is eligible to compete in Golf for Athletes with a Disability, and if so, the Sport Class that the Athlete should be allocated. The procedures set out in this Appendix rely on standardised tests that are reliable, valid, and sensitive to the ways in which Eligible Impairments can limit golf performance.

2. Eligible Impairments

2.1. All Physical Impairments must be consistent with an Underlying Health Condition that (i) originates from the central or peripheral nervous system; or (ii) is musculoskeletal. The Physical Impairments catered for by the IGF are:

Eligible Impairment	Examples of Underlying Health Conditions
Impaired Muscle Power Athletes with Impaired Muscle Power have a reduced (or no) ability to contract their muscles to generate force that is consistent with an Underlying Health Condition affecting the structure and function of the central or peripheral nervous system or the muscles (including the muscle origin and muscle insertion).	Examples of an Underlying Health Condition that may lead to Impaired Muscle Power include spinal cord injury (complete or incomplete), spina bifida, plexus injuries, polyneuropathies or muscular dystrophies.

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 a structure of bones, joints, connective tissue, or soft tissues.	Examples of an Underlying Health Condition that may lead to Impaired Passive Range of Movement include arthrogryposis and contractures resulting from joint dysplasia, rheumatoid diseases, or trauma resulting in anatomical changes and/or function of a joint.
Limb Deficiency and/or Limb Length Difference 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. This Eligible Impairment can be further divided into the following sub-categories: (a) limb deficiency; (b) leg length difference; and/or (c) arm length difference.	Examples of an Underlying Health Condition that may lead to Limb Deficiency include traumatic oncologic or vascular amputation, illness (for example amputation due to infectious disease) or congenital limb deficiency (longitudinal or transverse). Examples of an Underlying Health Condition that may lead to Limb Length Difference include congenital or traumatic disturbance of limb growth and/or its anatomy.
Short Stature Athletes with Short Stature have reduced total body length (including head, trunk, and legs) as a result of congenitally or developmentally reduced length of the bones of the upper and lower limbs (and may also have reduced trunk length) that is consistent with an Underlying Health Condition. Athletes will not be considered to have Short Stature if their reduced total body length is the result of Limb Deficiency or Limb Length Difference only.	Examples of an Underlying Health Condition that may lead to Short Stature include achondroplasia, or growth hormone dysfunction.
Coordination Impairments Athletes with a Coordination Impairment have one or more of the following three movement disorders that (i) adversely affects the ability to voluntarily produce a full range of skilled movement fluidly, rapidly, and accurately;	Examples of an Underlying Health Condition that may lead to one or a combination of Coordination Impairments include cerebral palsy, traumatic brain injury or cerebrovascular disease.

and (ii) is consistent with an Underlying Health Condition affecting the structure and function of the central nervous system: (a) **Hypertonia/Spasticity**: an increase in muscle tension that may be velocity-dependent and/or a reduced ability of a muscle to stretch. (b) **Motor Ataxia**: limited precision in direction and velocity of voluntary movement. (c) **Dyskinesia (athetosis, dystonia, chorea)**: involuntary movements that interfere with voluntary movements. [*Comment to Coordination Impairments: Coordination is the ability to voluntarily produce skilled movement fluidly, rapidly, and accurately (Connick et al., 2015; Runciman & Derman, 2018).*]	

3. Diagnostic Information

3.1. As noted in Article 10 of these Classification Rules, it is the responsibility of the Athlete and their National Federation to provide the IGF with all relevant Diagnostic Information necessary to enable the IGF to assess whether the Athlete has an Underlying Health Condition leading to a Physical Impairment.

4. UHC Assessment

4.1. The UHC Assessment will be conducted in accordance with the process set out in Part IV by either: (i) a committee comprised of the Head of Classification and at least two other experts appointed by the Head of Classification; or (ii) one or more Classifiers, at the sole discretion of the IGF.

5. Eligible Impairment Assessment and MIC Assessment

5.1. General Assessment Process

5.1.1. The Classification Panel will use the assessment methods and testing protocols set out in Article 5.2 to 5.6 to conduct the Eligible Impairment Assessment and the MIC Assessment during the Evaluation Session, in accordance with Articles 13 and 15.

5.1.2. For the purpose of the Eligible Impairment Assessment, the Classification Panel must:

5.1.2.1. review the Athlete's Diagnostic Information and the written outcome of the UHC Assessor;

5.1.2.2. conduct the assessment method and testing protocol applicable to the Eligible Impairment being assessed;

5.1.2.3. determine whether the assessment findings demonstrate the defining characteristics of that Eligible Impairment described in Article 2.1 above;

5.1.2.4. determine whether those findings are consistent with one or more Underlying Health Conditions verified during the UHC Assessment and whether there are any inconsistencies with those underlying Health Conditions; and

5.1.2.5. determine that the findings are not attributable solely to Non-Eligible Impairment, an error in the administration or measurements of the assessment, insufficient effort, an inability to understand or execute the assessment or another factor that does not demonstrate the relevant Eligible Impairment.

5.1.3. Subject to Article 5.1.2, the assessment findings confirm the presence of the relevant Eligible Impairment where:

5.1.3.1. for Impaired Muscle Power, Manual Muscle Testing and, where applicable, hand-grip assessment demonstrate a reduced or absent ability to voluntarily contract the relevant muscle or muscle group to generate force;

5.1.3.2. for Impaired Passive Range of Movement, passive range-of-movement assessment demonstrates a valid and reproducible restriction in the available passive movement of a joint;

5.1.3.3. for Limb Deficiency, visual and anatomical assessment confirms total or partial absence of bones or joints of the upper or lower limb;

5.1.3.4. for Limb Length Difference, repeated objective measurement confirms an anatomical difference in the length of corresponding upper or lower limbs that is attributable to a difference in bone length and not solely to positioning, soft tissue contour or measurement error;

5.1.3.5. for Short Stature, anthropometric assessment confirms reduced total body length resulting from reduced dimensions of bones of the upper limbs, lower limbs or trunk and not resulting solely from Limb Deficiency or Limb Length Difference;

5.1.3.6. for Hypertonia, assessment using the Australian Spasticity Assessment Scale identifies a valid and reproducible velocity-dependent increase in muscle tone, including a catch and/or resistance during rapid passive movement;

5.1.3.7. for Motor Ataxia, the SARA assessment identifies clinically observable signs of impaired coordination, balance and/or gait that are characteristic of Motor Ataxia; and

5.1.3.8. for Dyskinesia, assessment using the Dyskinesia Impairment Scale - Second Edition identifies clinically observable dystonia and/or choreoathetosis at rest or during action. A score indicating that a task was not performed does not confirm the presence of Dyskinesia.

5.1.4. Confirmation of an Eligible Impairment under Article 5.1.2 and 5.1.3 does not, by itself, establish that the Athlete meets the applicable Minimum Impairment Criteria.

5.1.5. After confirming that the Athlete has the relevant Eligible Impairment, the Classification Panel must make and record a separate determination under Article 15 as to whether that Eligible Impairment meets the applicable Minimum Impairment Criteria. The same assessment method and test results may be relied upon for both determinations and need not be repeated.

[*Comment to Article 5.1 and Article 13.3.1: The Eligible Impairment and MIC determinations must be made and recorded separately and sequentially, even where the same assessment method or test results inform both determinations.*]

5.2. **Impaired Muscle Power**

5.2.1 **Method of assessment:** Impaired muscle power will be assessed using Manual Muscle Testing (MMT) in accordance with the 11th edition of Daniels and Worthingham's Muscle Testing: Techniques of Manual Muscle and Physical Performance Testing (Avers et al., 2024). The MMT scale comprises six grades, from 0 to 5, as follows:

MMT Score	Description
5	Full available range of motion against gravity and full manual resistance (normal strength)
4	Full available range of motion against gravity and moderate resistance
3	Full available range of motion against gravity but no resistance
2	Full available range of motion with gravity eliminated
1	A visible or palpable contraction without the joint movement required for the next grade, under the applicable muscle-specific testing procedure.
0	No contraction detected by observation or palpation under the applicable muscle-specific testing procedure.

5.2.2 **Testing Protocols:**

5.2.2.1 **Manual Muscle Testing (MMT)**

(a) **Positioning:**

(i) The Athlete undergoing Classification must perform each test movement in the preferred testing position detailed below in Article 5.2.3, subject to the grade-specific testing procedures and the adaptations permitted under Article 5.2.2.1(a)(ii).

(ii) The preferred testing positions are intended to standardise assessment across Classification Panels. Where an Athlete's anatomy or impairment prevents the preferred position from being used, the Classification Panel may adapt the position, provided that the intended movement remains isolated, the test is performed against gravity where required, and the adapted position does not assist or restrict the Athlete's performance.

(iii) Where an Athlete is unable to complete the test movement through the full available range against gravity, the Classification Panel must determine the applicable MMT grade using the corresponding gravity-minimised position and testing methodology described in the 11th edition of Daniels and Worthingham's Muscle Testing: Techniques of Manual Muscle Testing and Physical Performance Testing (Avers et al., 2024).

(b) **Methodology:**

(i) Prior to conducting the MMT assessment and where possible to do so, a member of the Classification Panel will:

(A) Identify and document joints as left or right and the corresponding lead or trail role in the Athlete's golf swing;

(B) Bilaterally measure and record the Athlete's passive range of motion at each of the joints listed in the table set out below in Article 5.2.3 in accordance with the processes set out in Article 5.3.

(ii) A member of the Classification Panel will then facilitate three MMT trials at each joint movement identified in Article 5.2.2.1(b)(i) in accordance with the process outlined in the table set out below in Article 5.2.3.

(iii) To increase the test reliability and sensitivity, a member of the Classification Panel may provide manual stabilisation of the body segment proximal to the joint being assessed.

(A) The purpose of this stabilisation is to isolate the test joint and to prevent the Athlete from producing the test movement through compensatory motion of adjacent joints or other body segments.

(B) Such stabilisation may not apply excessive force or otherwise restrict the Athlete's available voluntary movement.

(iv) Additionally, where the Classification Panel deems it appropriate:

(A) a belt or stabilising strap may be utilised (e.g., for spinal rotation; and/or

(B) the Athlete may use a balance aid with their upper limb(s) to ensure safety while performing assessment movements such as standing hip flexion.

(v) The Athlete will be permitted to take a rest of between 30-60 seconds between MMT trials so as to allow for adequate recovery time between trials.

(vi) The Classification Panel will record:

(A) the MMT score for each valid trial and the final MMT grade for each movement tested;

(B) the side of the Athlete's body on which the trials were conducted, identified as left or right;

(C) the position in which the Athlete was tested, including the reason for any adaptation; and

(D) any stabilisation tools and assistance used.

(vii) The Classification Panel must determine the final MMT grade from the Athlete's best reproducible performance under the specified testing protocol, after checking the testing position, the Athlete's understanding of the instructions, pain, compensatory movement and effort. MMT grades must not be averaged.

(viii) Where disagreement between valid trial scores could affect whether the Athlete meets the Minimum Impairment Criteria or the Sport Class allocated, the Classification Panel must repeat the relevant assessment after appropriate rest. If the

discrepancy remains unresolved, the item must be recorded as not assessable, with the reasons documented. If this prevents completion of the Evaluation Session, the Classification Panel may suspend the Evaluation Session in accordance with Article 29.

5.2.2.2 **Hand grip Dynamometry** must be completed where the Classification Panel is assessing an Athlete for reduced or absent grip function.

(a) **Equipment**:

(i) The hand grip dynamometry test must be conducted using a calibrated digital or hydraulic handgrip dynamometer that measures maximal voluntary grip force in kilograms-force (kgf), with measurement increments of 0.1 kgf or finer. Where the instrument's force scale is labelled "kg", the result must be recorded as kgf.

(ii) The dynamometer must be checked and prepared in accordance with the manufacturer's instructions, including resetting the peak reading before each trial.

(iii) The handle setting must follow the manufacturer's instructions for the device. Where adjustment for hand size is permitted, the setting must allow correct placement of the Athlete's hand on the measuring surfaces. The same device and handle setting must be used for all recorded trials on that hand.

(b) **Positioning:**

(i) The preferred testing position is as follows:

(A) The Athlete is seated with the trunk upright and supported, and the hips and knees as close to 90 degrees as possible.

(B) The shoulder is adducted and neutrally rotated, the elbow is flexed at 90 degrees, the forearm is in neutral, and the wrist is held between 0-30 degrees of extension and 0-15 degrees of ulnar deviation.

(C) The tested arm is not supported by the examiner or an armrest. The dynamometer is held vertically and aligned with the forearm.

(ii) Where the Athlete's anatomy or impairment prevents the preferred testing position from being used, the Classification Panel may adapt the position, provided that the adaptation permits valid use of the device and does not assist the

Athlete's grip or apply additional force to the measuring mechanism. The adapted position must remain consistent across trials on that hand.

(c) **Methodology:**

(i) A member of the Classification Panel must explain and demonstrate the test and check that the Athlete understands the instructions and can grasp the device correctly. A familiarisation attempt may be used for this purpose and must not be included among the recorded assessment trials.

(ii) The Classification Panel must obtain three valid assessment trials on each hand that can be assessed using this protocol.

(iii) For each trial, the Athlete must be instructed: "Squeeze as hard as you can and keep squeezing until I say relax." The examiner must time a three-second contraction and then instruct the Athlete to relax. The same instructions and contraction duration must be used for each trial.

(iv) The Athlete must have at least 60 seconds of rest between successive attempts on the same hand, including after familiarisation and before repeating an invalid trial. This minimum rest period must not be waived.

(v) The peak grip force from each valid assessment trial must be recorded in kgf. For each hand, the highest of the three valid results must be used when applying the Minimum Impairment Criteria. The results must not be averaged or combined across hands.

(vi) A trial affected by a procedural error, loss of the specified testing position or external assistance must be recorded as invalid, with the reason documented, and repeated after the required rest period.

(vii) An invalid grasp or inability to fit the device must not be scored as zero. Where a valid assessment cannot be completed for a hand, the Classification Panel must record that hand as not assessable and document the reason.

(viii) The Classification Panel must document:

(A) the hand tested, identifying both left or right and its lead or trail role in the Athlete's golf swing;

(B) the dynamometer make and model, its calibration status, and the handle setting used for each hand;

(C) the testing position and any adaptation, stabilisation or assistance used, together with the reason for any adaptation;

(D) all three valid trial results for each assessed hand, together with any invalid trial and the reason it was excluded;

(E) the highest valid result for each assessed hand, used when applying the Minimum Impairment Criteria; and

(F) any pain or other factor affecting the assessment, and any rest period longer than the specified minimum.

5.2.3 **Minimum Impairment Criteria:** Athletes must meet at least one of the following Minimum Impairment Criteria:

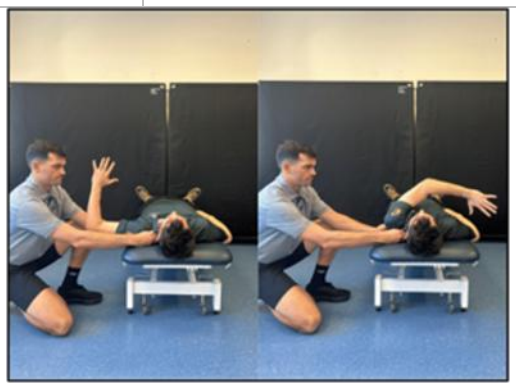
5.2.3.1 a MMT score of less than 3 in at least one movement at a joint listed in the table below; and/or

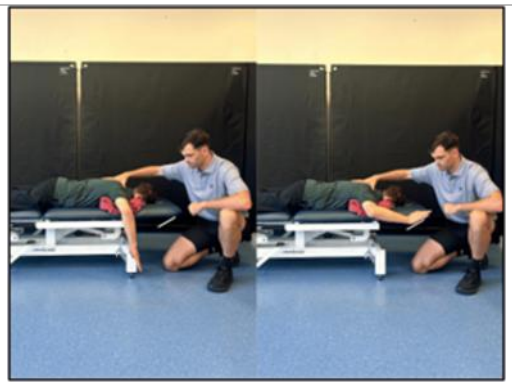
5.2.3.2 for impairments primarily affecting hand grip function: a maximum valid grip force of 9.0 kgf or less in the Athlete's lead or trail hand, determined from the highest of three valid trials on that hand using the hand grip dynamometry protocol specified above.

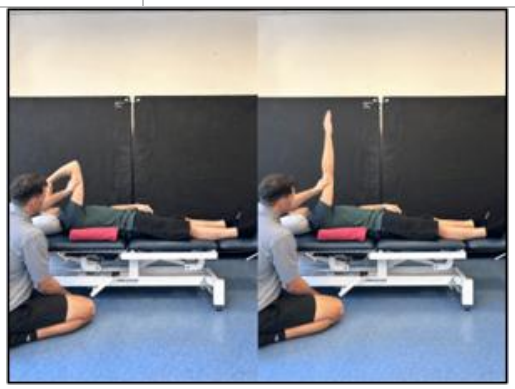
[Comment to Article 5.2.2.1(b)(i)(B): This measurement is used to establish the Athlete's available passive range of movement for the MMT assessment and to identify restrictions or other factors that may confound interpretation of the MMT result. It does not constitute an assessment of Impaired Passive Range of Movement unless that Eligible Impairment is separately assessed in accordance with Article 5.3.]

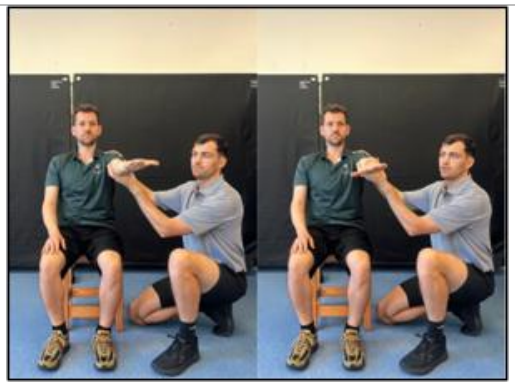
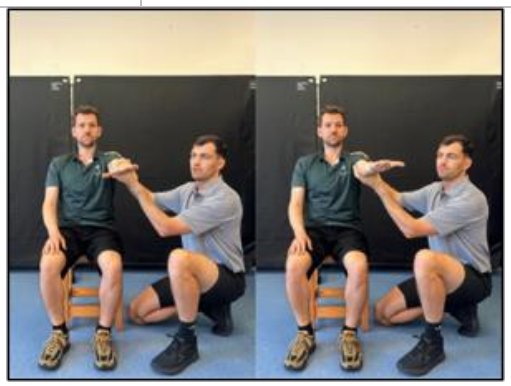
[*Comment to Article 5.2.3: These Minimum Impairment Criteria have been selected based on their functional relevance to golf swing performance and are supported by objective electromyographic, kinematic, and kinetic analyses of the golf swing across the major joints of the kinetic chain (Pink et al., 1990; Bechler et al., 1995; Williams & Cavanagh, 1983; McHardy & Pollard, 2005; Fedorcik et al., 2012).]*

Joint & Movement	Minimum Impairment Criteria	Preferred Testing Position and Movement
Shoulder Abduction	MMT score of 0-2/5 at Athlete's: - Lead or trail shoulder	**Position:** Seated upright on an armless chair or firm, stable bench, with the trunk upright and feet supported. The test arm starts beside the trunk with the elbow extended or slightly flexed and the forearm neutral. **Movement:** The Athlete abducts the arm through the full available range. Normal scapular upward rotation is permitted. The trunk must not laterally flex or rotate to assist the movement.

Shoulder **Horizontal Adduction**	MMT score of 0-2/5 at Athlete's: - Lead or trail shoulder	**Position**: Supine, with the test shoulder abducted to 90° and elbow flexed to 90°. The upper arm starts level with the shoulder. **Movement**: The Athlete moves the arm horizontally across the chest through the full available range. Normal scapular movement is permitted. The trunk must remain flat and must not rotate to assist the movement.
		
Shoulder External Rotation	MMT score of 0-2/5 at Athlete's: - Lead or trail shoulder	**Position**: Prone, with the test shoulder abducted to 90°, elbow flexed to 90° and upper arm fully supported on the plinth. The forearm hangs vertically beyond the edge of the plinth. **Movement**: The Athlete externally rotates the shoulder by lifting the forearm through the full available range while the upper arm remains supported. The trunk must not rotate, and the elbow must remain at 90°.

		
Shoulder Flexion	MMT score of 0-2/5at Athlete's: - Lead or trail shoulder	**Position**: Seated upright on an armless chair or firm, stable bench, with the trunk upright and feet supported. The test arm starts beside the trunk with the elbow extended or slightly flexed and forearm neutral. **Movement**: The Athlete raises the arm forwards through the full available range. The trunk must not lean backwards or extend to assist the movement.
Elbow Flexion	MMT score of 0-2/5 at Athlete's: - Lead or trail elbow	**Position**: Seated upright, with the test shoulder adducted, the upper arm beside the trunk, and the forearm supinated. The elbow starts in full available extension. **Movement**: The Athlete flexes the elbow through the full available range while keeping the upper arm beside the trunk. The shoulder must not flex or extend to assist the movement.

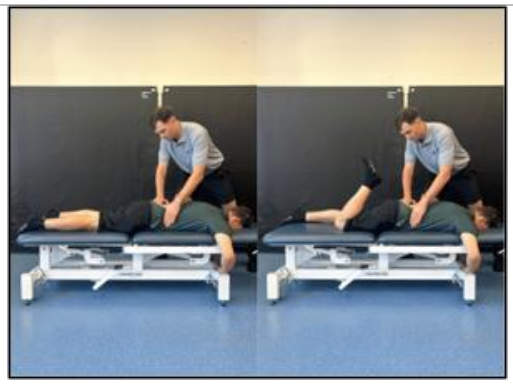
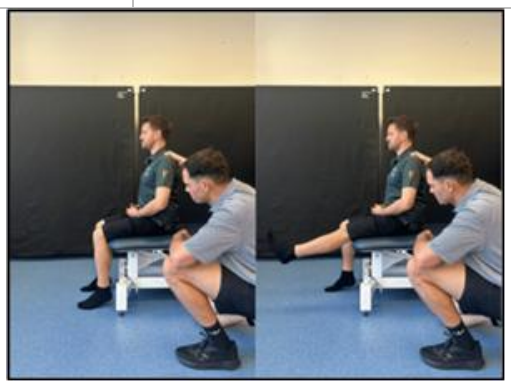
Elbow Extension	MMT score of 0-2/5 at Athlete's: - Lead or trail elbow	**Position**: Prone, with the test shoulder abducted to 90° and upper arm supported on the plinth. The elbow starts flexed to approximately 90°, with the forearm hanging beyond the edge of the plinth. **Movement**: The Athlete extends the elbow through the full available range while the upper arm remains supported and stationary.
		
Forearm Pronation	MMT score of 0-2/5 at Athlete's: - Lead or trail elbow	**Position**: Seated upright, with the test shoulder adducted, upper arm beside the trunk and elbow flexed to 90°. The forearm starts in full available supination. **Movement**: The Athlete pronates through the full available range while the elbow remains at 90° and the upper arm remains beside the trunk. Shoulder internal rotation must not assist the movement.

		
Forearm Supination	MMT score of 0-2/5 at Athlete's: - Lead or trail forearm	**Position**: Seated upright, with the test shoulder adducted, upper arm beside the trunk and elbow flexed to 90°. The forearm starts in full available pronation. **Movement**: The Athlete supinates through the full available range while the elbow remains at 90° and the upper arm remains beside the trunk. Shoulder external rotation must not assist the movement.
		
Wrist Extension	MMT score of 0-2/5 at Athlete's: - Trail wrist only	**Position**: Seated, with the elbow flexed and the forearm fully pronated and supported on a firm surface. The hand and wrist extend beyond the edge of the support surface, and the fingers remain relaxed. The wrist starts in full available flexion. **Movement**: The Athlete extends the wrist through the full available range while the forearm remains fully supported and stationary.

Wrist Radial Deviation and Ulnar Deviation	MMT score of 0-2/5 in both radial and ulnar deviation at Athlete's: - Trail wrist only	**Position**: Seated with the elbow flexed and forearm fully pronated and supported on a firm surface, with the hand free beyond the edge. The wrist starts in neutral. **Movement**: Ulnar deviation: The Athlete slides the hand towards the little-finger side through the full available range. Radial deviation: After returning to neutral, the Athlete slides the hand towards the thumb side through the full available range. Assess each movement separately. The forearm must remain supported and stationary, with the wrist maintained in neutral flexion-extension. Forearm rotation, elbow movement and finger movement must not assist or substitute for wrist deviation.
Grip Strength	Maximum valid grip force of 9.0 kgf or less in the Athlete's lead or trail hand, determined from the highest of three valid trials on that hand using the hand grip	**Position:** As outlined in 5.2.2.2 (b) **Movement:** As outlined in 5.2.2.2 (c) (iii)

	dynamometry protocol above.	
Hip Abduction	MMT score of 0-2/5 at Athlete's: - Lead or trail hip	**Position**: Side-lying, with the test limb uppermost, pelvis stacked vertically and lower limb flexed for stability. The test hip starts in neutral flexion/extension and neutral rotation, with the knee extended. **Movement**: The Athlete abducts the test leg through the full available range while keeping the knee facing forwards. The pelvis must not hike, roll backwards or rotate.
Hip Extension	MMT score of 0-2/5 at Athlete's: - Lead or trail hip	**Position**: Prone, with both legs extended, pelvis level and test hip in neutral rotation. **Movement**: The Athlete lifts the test thigh from the plinth and extends the hip through the full available range while keeping the knee extended. The pelvis must remain on the plinth without anterior tilt or rotation, and lumbar extension must not assist the movement.

Hip Flexion	MMT score of 0-2/5 at Athlete's: - Lead or trail hip	**Position**: Standing upright with the test hip in neutral and the pelvis level. The Athlete may use the upper limbs on a stable support for balance. The test knee is flexed to minimise restriction from the hamstrings. **Movement**: From neutral, the Athlete flexes the hip through the full available range against gravity. The trunk and pelvis must remain upright and stable, without posterior trunk lean, pelvic rotation or pelvic hiking.
Knee Flexion	MMT score of 0-2/5 at Athlete's: - Lead or trail knee	**Position**: Prone, with both hips neutral and knees initially extended. **Movement**: The Athlete flexes the test knee through the full available range while keeping the thigh and pelvis in contact with the plinth. Hip flexion, hip rotation or pelvic movement must not assist the movement.

		
Knee Extension	MMT score of 0-2/5 at Athlete's: - Lead or trail knee	**Position**: Short sitting on the edge of a firm plinth or bench, with the thighs fully supported, knees flexed and lower legs hanging freely. **Movement**: The Athlete extends the test knee through the full available range to terminal available extension. The thigh must remain supported and stationary.
		

5.3 **Impaired Passive Range of Movement**

5.3.1 **Method of assessment:** Range of movement is measured passively using a universal goniometer or validated digital inclinometer, or other validated angle-measuring device specified for the movement being assessed in Article 5.3.3.

[*Comment to Article 5.3.1, When standardised positions and bony landmarks are used-goniometers and digital inclinometers demonstrate good-to-excellent intra- and inter-rater reliability and concurrent validity for clinical ROM measurement (Kolber et al., 2012; Hanks & Myers, 2023).*]

5.3.2 **Testing Protocols:**

5.3.2.1 **Positioning**: The Athlete undergoing Classification must perform each test movement in the standard test position outlined in the table below in Article 5.3.3. If the Athlete is restricted in their ability to maintain the standard test position, then an appropriate modified test position may be administered by the Classification Panel.

5.3.2.2 **Methodology**:

(a) The Classification Panel will complete three trials of each joint as outlined in the table below in Article 5.3.3.

(b) During each trial, a member of the Classification Panel must move the relaxed joint slowly to the reproducible passive end point, being the limit of passive movement reached without forcing through pain or a spastic catch and without compensatory movement contributing to the recorded range.

(c) Where required to ensure test sensitivity and standardisation, a member of the Classification Panel may provide manual stabilisation of the body segment proximal to the joint being assessed so as to isolate the test joint.

(i) The purpose of this stabilisation is to minimise and, where possible, prevent compensatory motion of adjacent joints or other body segments.

(ii) Stabilisation must not apply excessive force, cause pain, or otherwise restrict the Athlete's available passive movement.

(d) Where appropriate, a belt or stabilising strap may be used to maintain the required testing position.

(e) The Classification Panel will record:

(i) the starting angle, end angle and total passive excursion for each valid trial, to the nearest degree, identifying the joint and movement assessed;

(ii) the end-feel, meaning the quality of resistance felt by the examiner at the limit of passive movement (for example, soft, firm or hard), and any factors affecting interpretation, including pain, muscle guarding, involuntary muscle activity or compensatory movement;

(iii) the side of the Athlete's body on which the trials were conducted, identified as left or right and as lead or trail;

(iv) the position in which the Athlete was tested, including the reason for any adaptation;

(v) any stabilisation tools and assistance used; and

(vi) the final passive range measurement used for the classification decision.

(f) The final measurement must represent the reproducible passive limit obtained under the specified testing protocol. A more restricted result must not be selected solely because it is the lowest recorded value.

(g) Where disagreement between valid measurements could affect

whether the Athlete meets the Minimum Impairment Criteria or the Sport Class allocated, the Classification Panel must repeat the relevant assessment or obtain a repeat assessment by another appropriately qualified member of the Classification Panel. The discrepancy must be resolved before making a classification determination that depends on that measurement.

(h) Measurement reference and application of the Minimum Impairment Criteria:

(i) Angular measurements must use the anatomical neutral position, or the alternative reference position expressly specified in the movement-specific testing protocol, as the 0° reference. This reference must not be reset to the Athlete's actual starting position where that position differs from the specified reference.

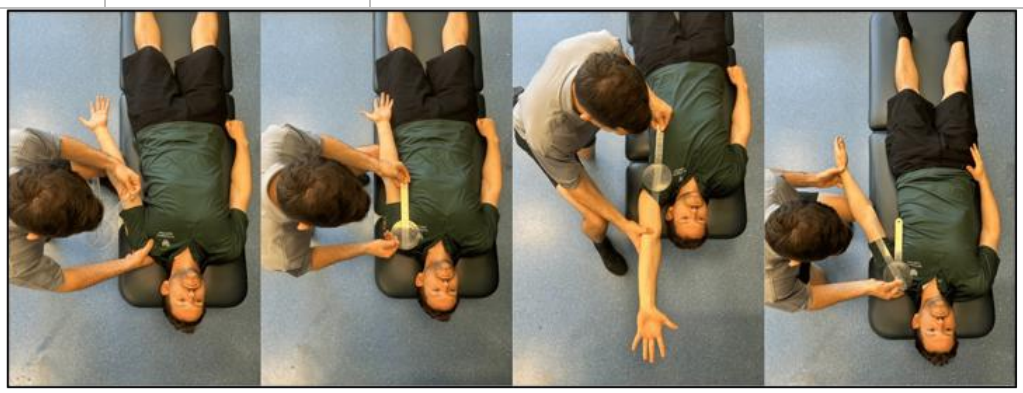
(ii) Where a Minimum Impairment Criterion specifies the maximum passive angle reached in a particular direction, the Classification Panel must compare the reproducible passive end angle, measured from the specified 0° reference, with that criterion. The angular excursion between the Athlete's actual starting position and end position must not be substituted for this measurement.

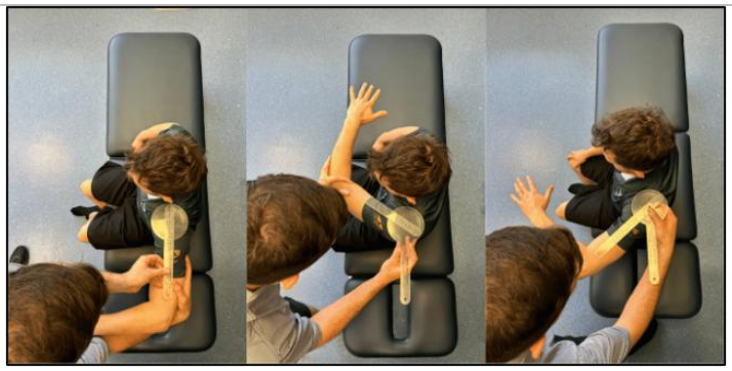
(iii) Where a Minimum Impairment Criterion expressly specifies a combined range of movement, total movement excursion or an extension deficit, the measurement must be calculated in accordance with that criterion.

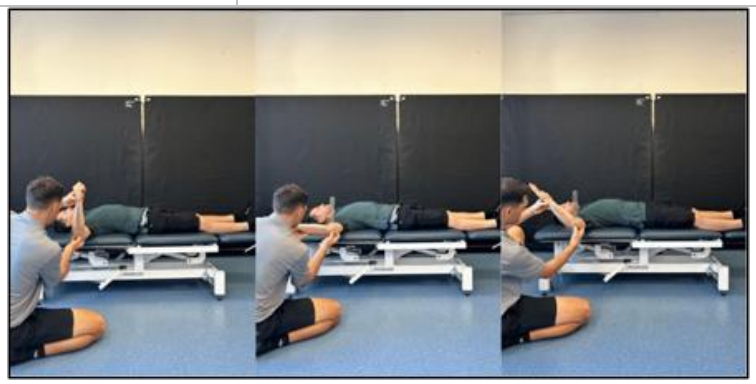
5.3.3 **Minimum Impairment Criteria:** Athletes must meet the Minimum Impairment Criteria in respect of at least one joint/movement tested, as shown in the table below.

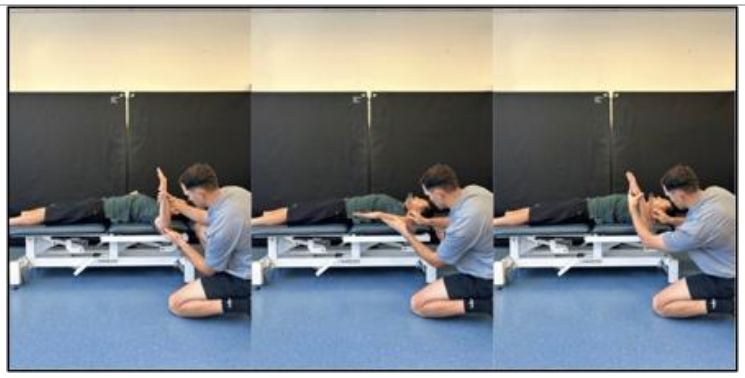
5.3.3.1 For the purposes of the criteria below, a fused or ankylosed joint is one in which no passive movement is detectable in all planes of movement.

5.3.3.2 For Sport Class allocation, the same structural joint restriction must not be counted as more than one IPROM Minimum Impairment Criterion. Separate criteria within the same joint may be counted only where they reflect independently demonstrated restrictions, rather than the same fused or ankylosed position.

Joint and Movement	Minimum Impairment Criteria	Preferred Testing Position and Measured Method
Shoulder - Abduction	Passive range 0-30° of Athlete's: - Lead or trail shoulder	**Position:** Supine, trunk midline, test arm beside the body and elbow extended. **Movement:** Passively abduct the shoulder to end range while preventing trunk lateral flexion or rotation. Normal scapular upward rotation is permitted. **Goniometer:** Fulcrum over the anterior aspect of the acromion; stationary arm parallel to the midline of the sternum; moving arm along the medial midline of the humerus towards the medial epicondyle.
		
Shoulder - Horizontal Adduction	Passive range of 0-50° of Athlete's: - Lead shoulder	**Position:** Supine, with the lead shoulder abducted to 90°, elbow extended and forearm neutral. Horizontal adduction is measured from 0°, defined as the position in which the humerus lies directly lateral to the shoulder in the transverse plane. **Movement:** The Classification Panel passively moves the arm horizontally across the chest to end range. Normal scapular protraction is permitted; trunk rotation or lifting of the trunk from the plinth must not contribute to the measured range. **Goniometer:** Fulcrum over the superior aspect of the acromion; stationary arm parallel to the line across the shoulders; moving arm along the midline of the humerus towards the lateral epicondyle.

		
Shoulder - Abduction Contracture **(Adduction Deficit)**	Passive adduction deficit greater than or equal to 30° from neutral of Athlete's: - Lead or trail shoulder	**Position:** Supine, trunk midline, elbow extended and shoulder positioned at 30° abduction. **Movement:** Passively move the arm towards 0° neutral while preventing trunk movement. **Goniometer:** Use the same alignment as shoulder abduction: fulcrum over the anterior acromion; stationary arm parallel to the sternal midline; moving arm along the medial humerus. Record the residual abduction angle if 0° cannot be reached.
Shoulder - Flexion	Passive range 0-20° of Athlete's: - Lead or trail shoulder	**Position**: Supine, trunk and pelvis neutral, test arm beside the body, elbow extended and forearm neutral. **Movement:** Passively flex the shoulder to end range while preventing lumbar extension, rib elevation or trunk rotation. **Goniometer:** Fulcrum over the lateral aspect of the acromion; stationary arm parallel to the midaxillary line of the trunk; moving arm along the lateral midline of the humerus towards the lateral epicondyle

Shoulder - External Rotation	Passive range 0-40° of Athlete's: - Trail shoulder	**Position**: Supine, trail shoulder abducted to 90°, elbow flexed to 90° and humerus supported horizontally. Forearm starts vertical. **Movement**: Stabilise the scapula and passively externally rotate the shoulder to end range. **Goniometer**: Fulcrum over the olecranon; stationary arm perpendicular to the floor; moving arm along the ulna towards the ulnar styloid. Prevent trunk rotation or excessive scapular movement.
		
Shoulder - Internal Rotation	Passive range 0-20° of Athlete's: - Lead shoulder	**Position**: Supine, lead shoulder abducted to 90°, elbow flexed to 90° and humerus supported horizontally. Forearm starts vertical. **Movement**: Stabilise the scapula and passively internally rotate to end range. **Goniometer**: Fulcrum over the olecranon; stationary arm perpendicular to the floor; moving arm along the ulna towards the ulnar styloid. Prevent trunk or excessive scapular movement

		
Elbow - Flexion Contracture **(Extension Deficit)**	Flexion contracture greater than or equal to 45° of Athlete's: - Lead or trail elbow	**Position**: Supine, shoulder adducted and neutral, upper arm supported and forearm supinated. **Movement:** Passively extend the elbow to end range while keeping the humerus stationary. **Goniometer:** Fulcrum over the lateral humeral epicondyle; stationary arm along the lateral humerus towards the acromion; moving arm along the lateral forearm towards the radial styloid. Record the residual flexion angle from 0° terminal extension.
Elbow - Flexion	Passive range 0-70° of Athlete's: - Trail elbow	**Position:** Supine, trail shoulder adducted and neutral, upper arm supported and forearm supinated. **Movement:** Passively flex the elbow to end range without allowing shoulder movement. **Goniometer:** Fulcrum over the lateral humeral epicondyle; stationary arm towards the acromion; moving arm along the radius towards the radial styloid

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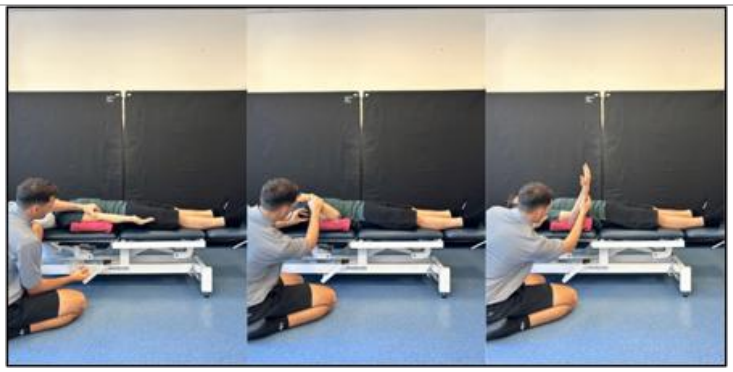
<tr><td colspan="3">  </td></tr>
<tr><td>Elbow flexion contracture and Pronation or Supination</td><td>Flexion contracture less than 45° together with:
- Passive forearm pronation of 45° or less in the same lead upper limb; or
- Passive forearm supination of 45° or less in the same trail upper limb.
Both criteria must be present within the same upper limb.</td><td>Position: Seated upright, shoulder adducted, upper arm maintained beside the trunk and forearm starting in neutral. Assess the elbow flexion contracture first, then assess forearm rotation in the same upper limb with the elbow flexed to 90°.
Movement: Measure the elbow flexion contracture as described above.
- For the lead arm, passively pronate the forearm to end range while preventing shoulder internal rotation.
- For the trail arm, passively supinate the forearm to end range while preventing shoulder external rotation.
Goniometer:
- For elbow flexion contracture, use the methodology described above. For pronation, place the fulcrum immediately lateral to the ulnar styloid; stationary arm parallel to the anterior midline of the humerus; moving arm across the dorsal distal forearm immediately proximal to the radial and ulnar styloids.
- For supination, place the fulcrum immediately medial to the ulnar styloid; stationary arm parallel to the anterior midline of the humerus; moving arm across the volar distal forearm immediately proximal to the radial and ulnar styloids.
Both measurements must be taken from the same upper limb.</td></tr>
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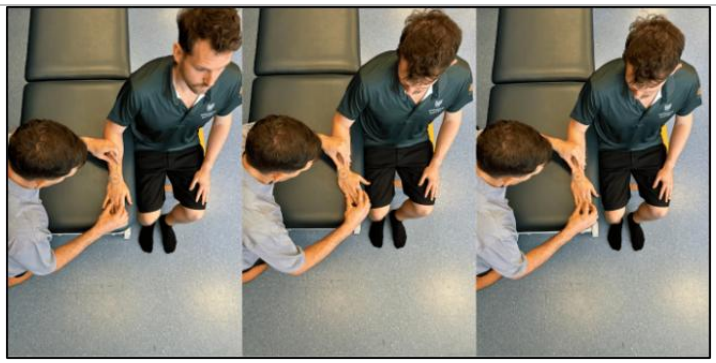
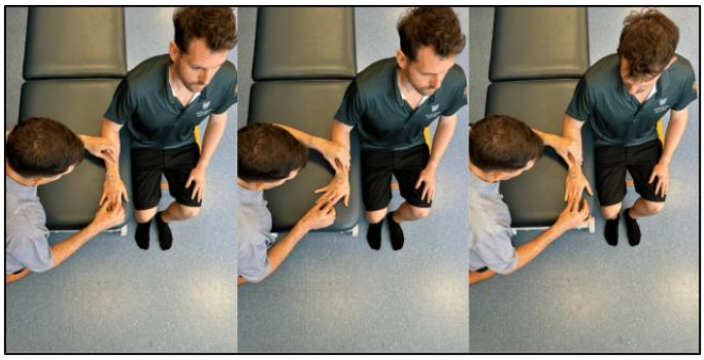
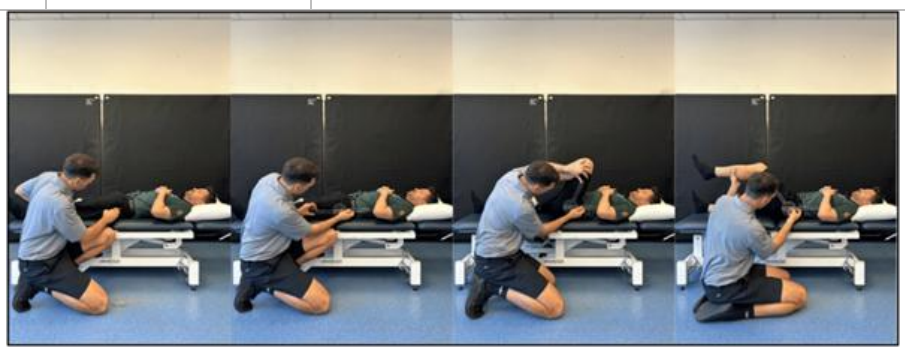
Wrist - Extension and Radial/Ulnar Deviation	Passive wrist extension range 0-10° and total passive radial and ulnar deviation range 0-5° of Athlete's: - Trail wrist	**Position:** Seated, elbow flexed, forearm pronated and supported on a firm surface, with the wrist and hand free to move. Fingers remain relaxed. **Movement:** Stabilise the distal forearm and passively extend the wrist to end range. Return the wrist to neutral, then passively assess radial and ulnar deviation separately, preventing forearm or hand rotation. Add the radial and ulnar deviation measurements to determine the total passive range. **Goniometer:** - For wrist extension, place the fulcrum over the lateral wrist at the triquetrum; stationary arm along the lateral midline of the ulna towards the olecranon; moving arm along the lateral midline of the fifth metacarpal. - For radial and ulnar deviation, place the fulcrum over the capitate on the dorsal wrist; stationary arm along the dorsal midline of the forearm; moving arm along the dorsal midline of the third metacarpal. **Both measurements must be taken from the same trail wrist.**

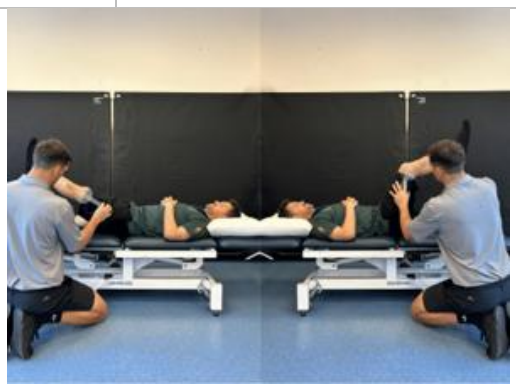




Hip - Flexion Contracture **(Extension deficit)**	Flexion contracture 35° or more in Athlete's: - Lead or trail hip	**Position:** Supine using a modified Thomas-test position. Flex the contralateral hip and knee sufficiently to maintain the pelvis neutral and minimise lumbar lordosis. Allow the test thigh to relax towards the plinth. Support the test limb with the knee extended, or permit sufficient knee extension to minimise restriction from rectus femoris. Record the test knee position. **Measurement:** Measure the residual hip-flexion angle from anatomical neutral while preventing anterior pelvic tilt or lumbar extension. Restriction caused by the testing position must not be attributed to a fixed hip flexion contracture. **Goniometer:** Fulcrum over the greater trochanter; stationary arm along the lateral midline of the pelvis/trunk; moving arm along the lateral midline of the femur towards the lateral epicondyle.

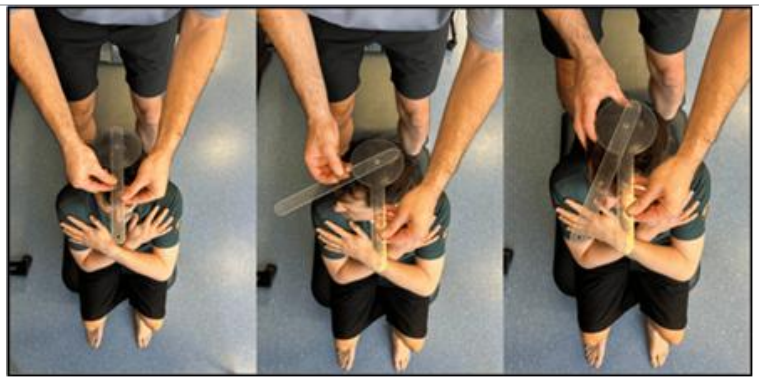


Hip - Ankylosed or Fused	No detectable passive excursion in all assessed planes irrespective of the fixed position of the hip, in the Athlete's: - Lead or trail hip	**Position:** Supine initially, with the pelvis stabilised. Adjust the testing position as required to assess each plane of hip movement, accommodating the fixed hip position and preventing compensatory pelvic or lumbar movement. **Measurement:** Confirm the structural diagnosis from the Athlete's Diagnostic Information. Assess and record passive hip flexion, extension, abduction, adduction, internal rotation and external rotation, including the fixed position and any detectable excursion in each plane. An extension deficit alone does not satisfy the all-plane fusion criterion. **Goniometer:** Use the anatomical landmarks and goniometer alignment appropriate to each movement assessed. Measure the fixed position relative to the specified neutral reference and record any detectable passive excursion.
Knee - Flexion Contracture **(Extension deficit)**	Flexion contracture 40° or more in Athlete's: - Lead or trail knee	**Position:** Supine, pelvis level, test hip in neutral and thigh supported. **Movement:** Passively extend the test knee to end range while maintaining the thigh and pelvis stationary. **Goniometer:** Fulcrum over the lateral femoral epicondyle; stationary arm along the lateral midline of the femur towards the greater trochanter; moving arm along the lateral midline of the lower leg towards the lateral malleolus. Record the residual knee flexion angle from 0° terminal extension. Apply the same methodology to the lead and trail knee.

<table>
<tr><td colspan="3"> </td></tr>
<tr><td>Knee - Ankylosed or Fused</td><td>Ankylosed or fused knee with no detectable passive flexion/extension excursion, fixed at:
- Anatomical terminal knee extension (0°), for the lead knee; or
- 45° or more of knee flexion, for the lead or trail knee.</td><td>Position: Supine, with the pelvis level and the test thigh supported. Support the lower leg as required to accommodate the knee's fixed position. Prevent compensatory hip or pelvic movement.
Measurement: Assess the relaxed knee for passive flexion and extension without forcing movement. Record the fixed knee position in degrees of knee flexion relative to neutral knee extension (0°), together with any detectable passive flexion/extension excursion. Identify the knee as left or right and as lead or trail according to the Athlete's declared playing side. Apply the corresponding lead-knee or trail-knee criterion.
Goniometer: Fulcrum over the lateral femoral epicondyle; stationary arm along the lateral midline of the femur towards the greater trochanter; moving arm along the lateral midline of the lower leg towards the lateral malleolus. Measure and record the fixed knee position and any passive flexion/extension excursion separately.</td></tr>
<tr><td colspan="3">  </td></tr>
<tr><td>Pantalar Ankle Fusion or Equivalent Ankylosis</td><td>No detectable passive excursion in all planes of movement in the Athlete's:</td><td>Position: For dorsiflexion/plantarflexion, position the Athlete in short sitting or supine with the lower leg supported and the subtalar joint neutral. Stabilise the tibia. For inversion/eversion, position the Athlete prone with the foot</td></tr>
</table>

	- Lead ankle	beyond the end of the plinth. Stabilise the tibia and allow the calcaneus to move freely. **Measurement**: Assess the relaxed ankle and hindfoot through passive dorsiflexion, plantarflexion, inversion and eversion without forcing movement. For inversion/eversion, assess calcaneal/hindfoot movement only; midfoot or forefoot movement must not contribute to the recorded range. Record the starting angle, end angle and passive excursion for each movement separately. **Goniometer**: For dorsiflexion/plantarflexion, place the fulcrum over the lateral malleolus, with the stationary arm along the lateral fibula towards the fibular head and the moving arm parallel to the lateral border of the fifth metatarsal. For inversion/eversion, place the fulcrum posteriorly between the malleoli, with the stationary arm along the posterior midline of the lower leg and the moving arm along the midline of the calcaneus.
Thoracolumbar Rotation	Passive rotation range 0-10° in both left and right directions of Athlete's: - Thoracolumbar spine	**Position:** Seated upright on an armless chair or firm, stable bench, with hips and knees at approximately 90° and feet supported. Secure a stabilising strap across the ASIS and anchor it to the chair/bench to minimise pelvic rotation. Position a pole horizontally across the posterior thoracic spine. The Athlete secures the pole against the back by placing both arms behind the pole, with the shoulders extended and elbows flexed so that the pole rests within the anterior elbow region. The Athlete then moves the shoulders into flexion to firmly secure the pole against the thoracic spine. Keep the pelvis, thighs and knees stationary throughout. **Movement:** From neutral, passively rotate the thorax to the left and right while maintaining the pole firmly against the thoracic spine and preventing pelvic rotation.

		Measurement: Use a validated digital angle-measuring device capable of measuring transverse-plane/axial rotation, aligned with the pole or upper-trunk axis. An ordinary gravity-dependent inclinometer must not be used for axial rotation. Preferably film the assessment from directly above.
Cervical Rotation	Passive rotation range 0-20° in either direction of Athlete's: - Cervical spine	**Position:** Seated upright on an armless chair or firm, stable bench, feet supported, trunk facing forwards and shoulders level. Head starts in neutral. **Movement:** Stabilise the upper thorax and passively rotate the head left and right to end range while preventing shoulder or thoracic rotation. **Measurement:** Use a CROM device or validated digital angle-measuring device capable of measuring transverse-plane cervical rotation. Zero the device in neutral before measuring each direction.



[Comment to Article 5.3.2.2(b): The preferred testing methodologies detailed in the table are intended to standardise passive range of movement assessment across Classification Panels. Where an Athlete's anatomy or impairment prevents the preferred methodology from being used, the Classification Panel may adapt the position or measurement method provided that the intended joint movement remains isolated, equivalent anatomical reference points are maintained where possible, and the adapted methodology does not artificially increase or decrease the Athlete's measured passive range of movement.]

5.4 Limb Deficiency and/or Limb Length Difference

5.4.1 Limb deficiency:

5.4.1.1 **Method of Assessment**: The Classification Panel will visually assess whether the Athlete has any limb deficiencies, and will document:

(a) the level of amputation or deficiency, using standard anatomical terminology (e.g., transradial, transhumeral);

(b) the residual limb length; and

(c) whether the limb affected is on the Athlete's left or right limb and its corresponding lead or trail role according to the Athlete's declared playing side.

5.4.1.2 **Minimum Impairment Criteria:** Athletes must meet one or more of the following:

(a) Lower limb deficiency: Amputation (or congenital absence) at or proximal to the ankle joint (e.g., Syme amputation) or higher on at least one side; and/or

(b) Upper limb deficiency: Amputation (or congenital absence) of any segment of the upper limb that results in complete absence of functional grip in one hand. This may include: (i) absence of hand structures essential for grasp; (ii) forearm amputations preventing stabilisation of Adaptive Equipment; and/or (iii) severe congenital

limb deficiencies preventing functional prehension.

[*Comment to Article 5.4.1.2: These Minimum Impairment Criteria have been selected for their functional relevance to executing a full driver swing and are supported by kinematic/kinetic analyses showing the upper limb's contribution to club delivery and the lower limb's golfer-ground interaction to generate speed (Nesbit, 2005; Han et al., 2019).]*

5.4.1.3 Where the Classification Panel is uncertain as to the Athlete's level of grip function, the Classification Panel will also carry out the same testing set out at Article 5.2.2.2 above, and apply the Minimum Impairment Criteria set out in Article 5.2.3.2.

5.4.2 **Limb length difference:**

Lower limb

5.4.2.1 **Method of Assessment**: The Classification Panel will measure the length of each of the Athlete's lower limbs.

5.4.2.2 **Testing Protocols:**

(a) **Positioning:** The Athlete must lie supine on a firm table or firm floor surface with their head in a neutral position, their trunk midline, pelvis level, and knees fully extended.

(b) **Methodology:**

(i) The Classification Panel will assess the Athlete's limb length by measuring both of their lower limbs from the anterior superior iliac spine (**ASIS**) to the medial malleolus (using the same anatomical landmarks in respect of each limb).

(ii) The measurement must follow the Athlete's soft tissue contour without compression.

(iii) Measurements must be repeated for confirmation. Where discrepancies exist, the Classification Panel will reassess the Athlete's alignment and landmark identifications before making the final recording.

5.4.2.3 **Minimum Impairment Criteria**: The Athlete must have a lower-limb length difference of 20.0 cm or more, calculated from the difference between the final accepted ASIS-to-medial-malleolus measurements of the two lower limbs.

[*Comment to Article 5.4.2.3: These Minimum Impairment Criteria have been selected for their relevance to stance and weight-transfer during a full driver swing, supported by ground-reaction/centre-of-pressure studies linking golfer-ground interaction and swing style to Clubhead Speed (Ball & Best, 2007; Han et al., 2019).*]

Upper limb

5.4.2.4 **Method of assessment:** The Classification Panel will measure the length of each of the Athlete's upper limbs.

5.4.2.5 **Testing Protocols:**

(a) **Positioning**:

(i) The Athlete must lie supine with scapulae flat on a firm table or on a firm floor surface, with their head in a neutral position, their trunk midline, and pelvis level.

(ii) The Athlete's shoulders must be positioned in glenohumeral abduction 90° (frontal plane) and rotation 0° (neutral; humeral epicondyles vertical).

(iii) The Athlete's elbow, forearm, and wrist must be aligned with the elbow in full extension (0°), the forearm neutral, and the wrist neutral (no flexion/extension or radial/ulnar deviation).

(iv) The alignment of the Athlete's arm with their glenohumeral joint (GHJ) may be maintained via supports placed under the Athlete's arm as needed.

(v) The Athlete's fingers must be relaxed in extension.

(b) **Methodology**:

(i) The Classification Panel will measure from the Athlete's acromion to their longest fingertip on each of their upper limbs.

(ii) The measurement must follow the Athlete's soft tissue contour without compression.

(iii) Measurements must be repeated for confirmation. Where discrepancies exist, the Classification Panel will reassess the

Athlete's alignment and landmark identifications before making the final recording.

5.4.2.6 **Minimum Impairment Criteria**: The Athlete must have an arm length difference of ≥15.0 cm or more, measured from the acromion to the tip of the longest finger.

[*Comment to Article 5.4.2.6: These Minimum Impairment Criteria have been chosen for their relevance to reach, grip and wrist mechanics during the hitting phase of a full driver swing, supported by forward-/full-body dynamics showing wrist/hand path roles in Clubhead Speed and face delivery (MacKenzie & Sprigings, 2009; Nesbit, 2005).*]

5.5 Short Stature

5.5.1 **Method of assessment**: The Classification Panel will obtain objective anthropometric measurements of the Athlete's: (i) standing height; (ii) arm length.

5.5.2 **Testing Protocols**

5.5.2.1 **Equipment:**

(a) The Athlete's standing height must be measured using a portable clinical stadiometer with a rigid vertical mast/backboard and a perpendicular (i.e. right-angle) headpiece. The device must provide 0.1cm (1mm) resolution and demonstrate ±0.2 cm accuracy before use.

(b) The Athlete's arm length must be measured using a Class I non-elastic steel tape measure or segmometer readable to 0.1 cm.

(c) The Classification Panel may also use (i) a marker for anatomical landmarking and (ii) a goniometer for angle checks.

5.5.2.2 **Positioning:**

(a) Standing height (where physically possible):

(i) The Athlete must be barefoot, remove any headwear, and compress their hair so the headpiece of the stadiometer contacts the vertex of the Athlete's head.

(ii) The Athlete's heels must be together on a hard, level surface, with their knees fully extended (not locked), pelvis level, trunk upright and midline, shoulders relaxed, and their arms at their sides.

(iii) The Athlete's head position must be in the Frankfort plane (horizontal), with their eyes facing forwards.

(iv) The Athlete should lightly contact the mast/backboard of the stadiometer with their heels, buttocks, upper back, and

occiput. If any point cannot contact, the Classification Panel must document which point and the reason.

(b) Arm length:

(i) The preferred testing position is for the Athlete to lie supine on a firm table or firm floor surface, with the scapulae flat, the head neutral, the trunk in the midline and the pelvis level.

(ii) In the preferred testing position:

(A) the shoulder must be positioned at 90° of glenohumeral abduction in the frontal plane and in neutral rotation;

(B) the elbow must be fully extended, the forearm neutral and the wrist neutral, without flexion, extension or radial or ulnar deviation;

(C) the upper arm, forearm, hand and longest finger must be aligned to permit a direct linear measurement; and

(D) the fingers must be relaxed in extension.

(iii) Where the Athlete cannot adopt the preferred testing position because of their anatomy, Underlying Health Condition or impairment, the Classification Panel may use an alternative supported supine, seated or standing position, including a position in which the shoulder is placed at an angle other than 90° of abduction, provided that:

(A) the lateral point of the acromion and the tip of the longest finger can be identified;

(B) the position does not compress, stretch or otherwise alter the measured dimension; and

(C) the measurement can be obtained validly and reproducibly.

(iv) Supports may be placed under the arm as necessary to maintain the required alignment, provided that they do not alter the measured dimension.

(A) The Classification Panel must record whether the preferred or an alternative position was used. If an alternative position was used, it must also record:

(B) the reason the preferred position could not be used;

(C) the position adopted; and

(D) any supports, assistance or other adaptations used.

5.5.2.3 **Methodology:**

(a) **Pre-test set-up and calibration (all devices):** Prior to conducting any relevant tests, the Classification Panel must:

(i) Ensure that the equipment used has been: (i) assembled in accordance with the manufacturer's instructions, and (ii) placed on a hard, level surface (not carpet).

(ii) Verify that the stadiometer plumb (spirit level) and headpiece are square and have been calibrated to zero.

(iii) Use the stadiometer to measure certified length standards of 100.0 cm and 200.0 cm, taking three readings of each. The mean average of each of the three readings must be within ±0.2 cm of the standard and have a range (max-min) of 0.2 cm or less.

(iv) Verify the tape measure/segmometer against a 100.0 cm standard, taking three readings. The mean average of the readings must be within ±0.2 cm of the standard and have a range (max-min) of 0.2 cm or less.

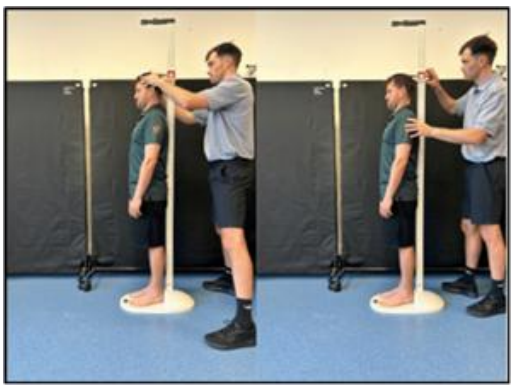
(v) Record the make and model of the equipment used, and the results of the above verification tests.

(b) **Standing height measurement.** When measuring the Athlete's standing height, the Classification Panel will:

(i) Confirm that the Athlete is in the correct position as set out in Article 5.5.2.2(a);

(ii) Lower the headpiece of the stadiometer so that it has firm contact with the vertex of the Athlete's head while ensuring that the Athlete's head remains in the Frankfort plane, and that the headpiece of the stadiometer remains perpendicular to the scale.

Read the stadiometer at eye level, and record the Athlete's standing height to the nearest 0.1 cm.



(c) **Arm length measurements:** when measuring the Athlete's arm length, the Classification Panel will:

(i) measure both arms, using the preferred position or, where permitted, an alternative position under Article 5.5.2.2(b);

(ii) palpate and mark the lateral point of the acromion and identify the tip of the longest finger on each arm;

(iii) confirm that the Athlete's position satisfies the applicable requirements of Article 5.5.2.2(b);

(iv) place the tape measure or segmometer in a straight line from the lateral point of the acromion to the tip of the longest finger, without following or contouring around the soft tissue;

(v) record the measurement to the nearest 0.1 cm, excluding the fingernail;

(vi) record the side measured and whether the preferred or an alternative position was used; and

(vii) use the longer final accepted measurement as the Athlete's arm-length result for the purposes of Article 5.5.3.

(d) **Trials and acceptance:**

(i) The Classification Panel will conduct two independent measurements of the Athlete's standing height and two independent measurements of each arm.

(ii) If the two measurements of a relevant dimension differ by more than 0.5 cm, the Classification Panel will conduct a third measurement of that dimension.

(iii) The Classification Panel will record the mean of the two closest measurements as the final accepted measurement. If three measurements remain more than 0.5 cm apart, the median of the three measurements will be recorded.

(iv) The longer of the final accepted right-arm and left-arm measurements will be recorded as the Athlete's arm-length result.

(e) Inability to obtain a valid measurement: If the Classification Panel cannot obtain a valid and reproducible measurement of the Athlete's standing height or both arms using the applicable testing protocol:

(i) the Classification Panel must not estimate the relevant measurement or substitute a different anthropometric dimension;

(ii) the Classification Panel may request additional information or expertise in accordance with Article 27; and

(iii) if the Classification Panel remains unable to complete the MIC Assessment, it must suspend the Evaluation Session and designate the Athlete as Classification Not Completed in accordance with Article 29.

5.5.3 **Minimum Impairment Criteria**:

5.5.3.1 **Female Athletes**: must meet both of the following Minimum Impairment Criteria:

(a) a standing height of 140 cm or less; and

(b) arm length of 63 cm or less, determined using the longer arm in accordance with Article 5.5.2.

5.5.3.2 **Male Athletes**: must meet both of the following Minimum Impairment Criteria:

(a) A standing height of 149 cm or less; and

(b) arm length of 66 cm or less, determined using the longer arm in accordance with Article 5.5.2.

[Comment to Article 5.5.3: Both the applicable standing-height criterion and the applicable arm-length criterion must be satisfied. There is no separate combined standing-height-plus-arm-length criterion.

The standing-height thresholds reflect the upper limit obtained by adding three standard deviations to the adult mean heights reported for male and female individuals with achondroplasia in Hoover-Fong JE et al. (2021), rounded to the nearest whole centimetre. The arm-length thresholds are retained from the pre-existing IGF Short Stature criteria.]

5.6 Coordination Impairments

5.6.1 Hypertonia/Spasticity:

5.6.1.1 Method of assessment:

(a) Hypertonia/Spasticity must be assessed using the Australian Spasticity Assessment Scale (ASAS).

(b) The ASAS grades the response observed during rapid passive movement (RPM) from Grade 0 to Grade 4 as follows:

Score	Description
0	No catch on rapid passive movement (RPM)
1	A catch occurs during RPM, followed by release, with no resistance throughout the remaining available range.
2	A catch occurs during the second half of the available range and is followed by resistance throughout the remaining available range.
3	A catch occurs during the first half of the available range, up to and including the halfway point, and is followed by resistance throughout the remaining available range.
4	During attempted RPM, the body part appears fixed but moves during slow passive movement.

(c) Each movement and each side must be assessed and recorded separately. ASAS grades must not be summed or averaged.

5.6.1.2 Testing Protocols:

(a) **Positioning:**

(i) The Athlete must be positioned as specified for the relevant movement in the table in Article 5.6.1.2(d).

(ii) The Classification Panel must position and support the Athlete in a stable manner that permits the tested joint to be moved safely through its available passive range.

(iii) Where necessary, a member of the Classification Panel may stabilise a joint or body segment proximal to the joint being assessed to isolate the test movement and minimise avoidable accessory movement.

(iv) Stabilisation must not restrict the Athlete's available passive range or otherwise alter the response being assessed.

(b) **Methodology:**

(i) The assessment must consist of:

(A) one slow passive movement through the Athlete's available passive range;

(B) three RPMs in the same direction to identify whether a velocity-dependent catch occurs; and

(C) a fourth RPM through the catch to determine whether resistance continues throughout the remaining available range.

(ii) The assessment must be conducted as follows:

(A) **Starting position**: The tested muscle or muscle group must be held passively in a shortened anatomical position.

(B) **Step 1**: The Classification Panel must move the tested muscle or muscle group slowly from the shortened position through its full available passive range. This establishes the available passive range, identifies any fixed contracture and enables the Classification Panel to perform the subsequent rapid passive movements safely.

(C) **Step 2**: The muscle or muscle group must then be returned passively to the shortened position and moved through three rapid passive movements in the same direction as Step 1. Each movement must be performed as rapidly as the Classifier can move the limb without exerting force. The movement must remain gentle and controlled so that any velocity-dependent catch can be identified. Where a true velocity-dependent catch is present, its location should be relatively consistent across the three rapid passive movements.

(D) **Step 3**: A fourth rapid passive movement must be performed from the same starting position, in the same direction and at a similar rapid velocity. The Classification Panel must apply sufficient controlled force to move through the catch, within the available passive range, and determine whether resistance persists throughout the remaining range. This distinguishes Grade 1 from Grades 2 and 3.

(E) **Step 4**: The joint angle at which the true velocity-dependent catch occurs must be measured using a goniometer and documented as part of the

assessment findings to be used as supplementary data beyond the standard ASAS protocol. Where video review is used to assist with identifying or confirming the catch point, another member of the Classification Panel must record the tested joint from a side-on and level viewing angle while the assessing Classifier performs the ASAS.

(c) **Scoring validity**

(i) Subject to Article 5.1.2, an ASAS grade may be assigned only where the Classification Panel is satisfied that the response observed during RPM represents Hypertonia/Spasticity.

(ii) Fixed contracture or other non-neural orthopaedic or musculoskeletal restriction, guarding or muscle bracing, and inconsistent or volitional resistance must not be scored as Hypertonia/Spasticity.

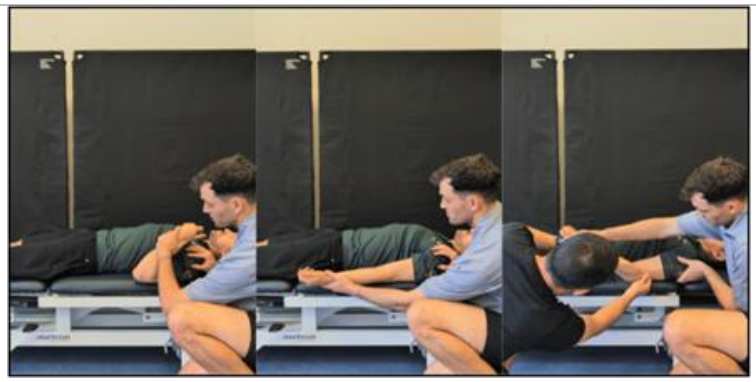
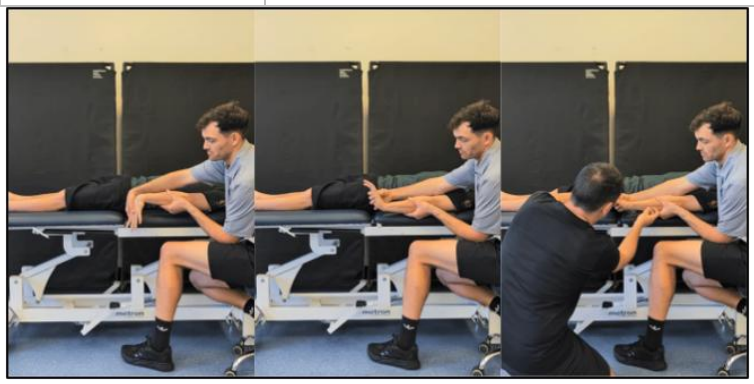
(iii) An ASAS Grade 4 may be assigned only where the body part appears fixed during attempted RPM but moves during slow passive movement.

(iv) A joint that does not move during slow passive movement must be recorded as having a fixed contracture and must not be assigned an ASAS grade for that movement.

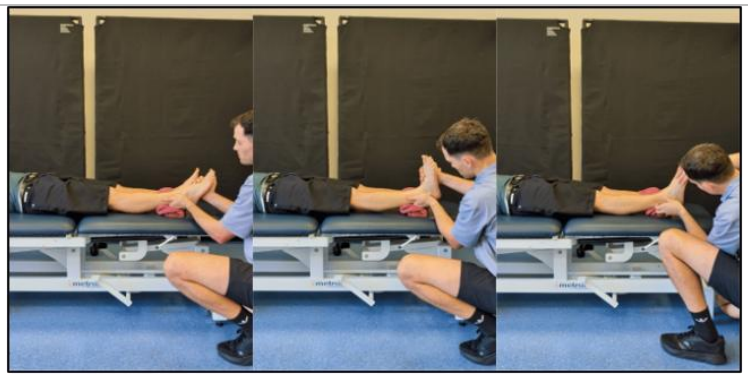
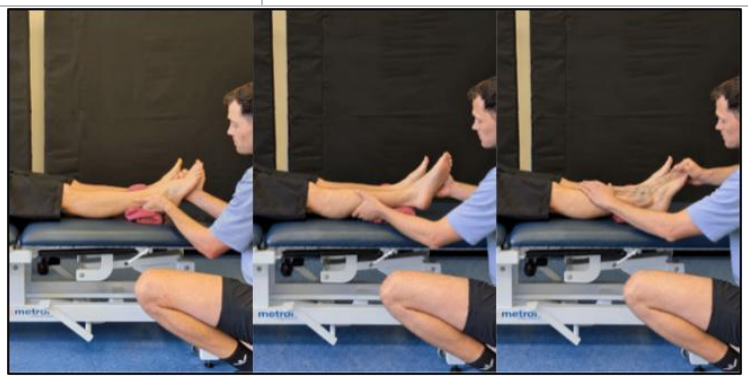
(d) **Tested movements and standardised test position**

(i) The passive movements, muscle groups and standardised test positions used for Classification are set out below:

Passive Movement Assessed	**Muscle Group Assessed**	**Standardised testing method**
Elbow Extension	Biceps brachii / arm flexors	**Position:** Supine, upper arm supported beside the trunk and elbow in full available flexion. **Movement:** Stabilise the upper arm and passively extend the elbow through its full available range.

		
Forearm Supination	Forearm pronators	**Position:** Supine, shoulder adducted, elbow flexed to approximately 90° and forearm in full available pronation. **Movement:** Stabilise the upper arm and passively supinate the forearm through its full available range without allowing shoulder rotation.
Wrist Extension	Wrist flexors	**Position:** Supine, forearm supported with the wrist and hand free to move, and wrist in full available flexion. **Movement:** Stabilise the distal forearm and passively extend the wrist through its full available range.
		

Hip Abduction	Hip adductors	**Position:** Supine, pelvis level, hips in neutral rotation, knees extended and tested hip in full available adduction. **Movement:** Stabilise the pelvis and passively abduct the hip through its full available range without pelvic rotation or lateral tilt.
Knee Extension	Hamstrings	**Position:** Supine, tested hip flexed to approximately 90° and knee in full available flexion. **Movement:** Maintain the hip at approximately 90° and passively extend the knee through its full available range.
Ankle Dorsiflexion (knee at terminal extension)	Gastrocnemius	**Position:** Supine, tested knee maintained at terminal extension and ankle in full available plantarflexion. **Movement:** Stabilise the lower leg and passively dorsiflex the ankle through its full available range while maintaining knee extension.

		
Ankle Eversion (ankle at terminal plantarflexion)	Tibialis posterior	**Position:** Supine, ankle maintained in terminal plantarflexion and foot in full available inversion. **Movement:** Stabilise the lower leg and passively evert the foot through its full available range while maintaining plantarflexion.
		

5.6.1.3 **Minimum Impairment Criteria:**

(a) An Athlete meets the Minimum Impairment Criteria for Hypertonia/Spasticity:

(i) Where the Athlete records a valid ASAS Grade 2 or more in at least one passive movement listed in Article 5.6.1.2(d) in at least one limb.

(ii) An ASAS Grade 1 does not satisfy the Minimum Impairment Criteria.

(b) Each qualifying ASAS grade must be determined and recorded in accordance with Article 5.6.1.1 and 5.6.1.2.

5.6.2 **Motor Ataxia:**

5.6.2.1 **Method of Assessment:** Motor Ataxia will be assessed using a modified version of the Scale for the Assessment and Rating of Ataxia (SARA). The modified SARA comprises the seven physical assessment items set out in Article 5.6.2.2 below. The Speech

Disturbance item contained in the standard eight-item SARA is omitted and must not be administered, scored or included in any score calculated under these Classification Rules.

5.6.2.2 **Testing Protocols:**

(a) **Positioning:** The Athlete will be asked to adopt the position specified for each of the seven modified SARA assessment items, as set out below.

(b) **Methodology:** The seven modified SARA assessment items must be administered in the following sequence:

(i) **Sitting**

(A) The Athlete is asked to sit on an examination bed without the support of their feet, with their eyes open and arms outstretched to the front, as demonstrated in the image below:

(B) The Athlete's performance will be allocated a score in accordance with the following scale:

0	Normal, no difficulties sitting for more than 10s
1	Slight difficulties, intermittent sway
2	Constant sway, but able to sit more than 10s without support
3	Able to sit for more than 10s only with intermittent support
4	Unable to sit for more than 10s without continuous support

(ii) **Stance**

(A) The Athlete is asked to stand in each of the following positions:

(I) in a natural standing position;

(II) with their feet together in parallel, with their big toes touching; and

(III) in tandem stance, with both feet on one line and no space between the heel and toe.

(B) The Athlete must not wear any shoes and must keep their eyes open. Three trials are permitted for each position, with the best trial scored in accordance with the following scale:

0	Normal, able to stand in tandem for more than 10s
1	Able to stand with feet together without sway, but not in tandem for more than 10s
2	Able to stand with feet together for more than 10s, but only with sway
3	Able to stand for more than 10s without support in natural position but not with feet together
4	Able to stand for more than 10s in natural position only with intermittent support
5	Able to stand more than 10s in natural position only with constant support of one arm
6	Unable to stand for more than 10s even with constant support of one arm

(iii) **Heel-shin slide**

(A) The Athlete is asked to lie supine on the examination bed, without sight of their legs.

(B) The Athlete is then asked to lift one leg, point with the heel to their opposite knee, and slide the heel down along their opposite shin to their ankle and lay the leg back down on the examination bed, as shown in the images below.

(C) The Athlete must perform three cycles on each side. During each cycle, the Athlete must lift one leg, place the heel on the opposite knee, slide the heel along the shin to the ankle and return the leg to the examination bed. Each slide-down movement should be completed within one second. The performance across the three

cycles on each side will be scored in accordance with the following scale:

0	Normal
1	Slightly abnormal, contact to shin maintained
2	Clearly abnormal, goes off-shin up to 3 times during 3 cycles
3	Severely abnormal, goes off-shin 4 or more times during 3 cycles
4	Unable to perform the task (including where the Athlete slides down without contact to their shin in all three attempts)

(D) The mean of the score of each side will then be calculated to give the Athlete's total score:

(iv) **Nose-Finger Test**

(A) The Athlete is asked to sit comfortably with their eyes open (if necessary, with support for their feet and/or trunk).

(B) The Athlete is then asked to point repeatedly with their index finger from their nose to the examiner's finger, which should be in front of the Athlete and at around 90% of the Athlete's reach, as per the images below.

(C) The Athlete should repeat the test on each side of their body (left/right).

(D) The Athlete's movements should be made at a moderate speed.

(E) The average performance of movements is allocated a point score according to the amplitude of the kinetic tremor as follows.

0	No tremor
1	Tremor with an amplitude 0 to less than 2 cm
2	Tremor with an amplitude 2 cm through 5 cm
3	Tremor with an amplitude greater than 5 cm
4	Unable to perform 5 pointing movements

(F) The mean of the Athlete's scores of each side will then be calculated to give the Athlete's total score out of 4 points.

(v) **Finger Chase:**

(A) The Athlete must sit comfortably. Support for the Athlete's feet and/or trunk may be provided where necessary.

(B) The examiner must sit in front of the Athlete and perform five consecutive, sudden and rapid pointing movements in unpredictable directions within the frontal plane. The movements must be performed at approximately 50% of the Athlete's reach, with an amplitude of approximately 30 cm and at a frequency of approximately one movement every two seconds.

(C) The Athlete must follow the examiner's movements with their index finger as quickly and precisely as possible.

(D) The assessment must be performed separately on the right and left sides. The average performance of the final three movements on each side will be allocated a score as follows:

0	No dysmetria
1	Dysmetria with an average undershoot or overshoot of less than 5 cm.
2	Dysmetria with an average undershoot or overshoot of 5 cm to 15 cm
3	Dysmetria with an average undershoot or overshoot of more than 15 cm.
4	Unable to complete five pointing movements.

(vi) **Fast Alternating Hand Movements:**

(A) The Athlete must sit comfortably. Support for the Athlete's feet or trunk may be provided where necessary.

(B) The Athlete must perform ten cycles of repetitive alternating pronation and supination of the hand on their thigh as quickly and precisely as possible.

(C) The Classification Panel must first demonstrate the movement at a speed of approximately ten cycles in seven seconds. The time taken by the Athlete to complete ten cycles must be recorded.

(D) The assessment must be performed separately on the right and left sides. Each side must be scored as follows:

0	Normal, without irregularities, and completed in less than 10s.
1	Lightly irregular, but completed in less than 10s.
2	Clearly irregular, with individual movements difficult to distinguish or with relevant interruptions, but completed in less than 10s.
3	Very irregular, with individual movements difficult to distinguish or with relevant interruptions, and completed in 10s or more.
4	Unable to complete ten cycles.

(vii) **Gait**

(A) With their eyes open, the Athlete must:

(I) Walk at a safe distance parallel to a wall, including performing a half-turn to face the opposite direction; and

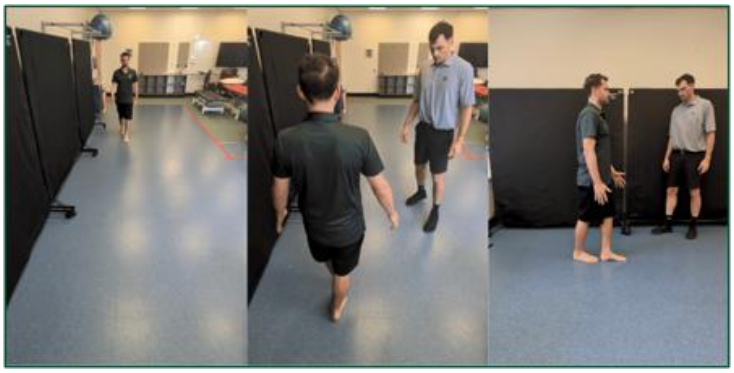
(II) attempt to walk ten consecutive steps in tandem, heel-to-toe, without support.

(B) The walking course must allow the Classification Panel to determine whether the Athlete can walk more than

10 metres where this is relevant to the allocation of a score of 6 or 7.

(C) The Athlete's performance will be allocated a score in accordance with the following scale:

0	Normal, no difficulties in walking, turning and walking tandem (up to one misstep allowed)
1	Slight difficulties, only visible when walking 10 consecutive steps in tandem
2	Clearly abnormal, 10 consecutive tandem steps not possible.
3	Considerable staggering, difficulties in half-turn, but without support
4	Marked staggering, intermittent support of the wall required
5	Severe staggering, permanent support of one stick or light support by one arm required
6	Walking greater than 10 m only with strong support (two special sticks or stroller or accompanying person)
7	Walking 10 m or less only with strong support (two special sticks or stroller or accompanying person)
8	Unable to walk, even supported



(c) **Scoring and Attribution**

(I) The Classification Panel must assign a score for a modified SARA assessment item only where it is satisfied that the Athlete's observed performance reflects Motor Ataxia.

(II) Where the Athlete's performance may be affected by another Eligible Impairment, a Non-Eligible Impairment, pain, fatigue, an inability to understand or execute the assessment, insufficient effort, an error in test administration or another relevant factor, the Classification Panel must, where reasonably possible, address that factor and repeat the

assessment item in accordance with the applicable testing protocol.

(III) If the Classification Panel remains unable to determine a valid score attributable to Motor Ataxia, the assessment item must be recorded as not assessable and must not be used to determine whether the Athlete:

i. has Motor Ataxia;

ii. meets the applicable Minimum Impairment Criteria; or

iii. satisfies the criteria for a Sport Class.

(IV) If Article 5.6.2.2(c)(III) prevents the Classification Panel from completing the Eligible Impairment Assessment or MIC Assessment, it must suspend the Evaluation Session in accordance with Article 29.

5.6.2.3 **Minimum Impairment Criteria**: The Athlete must meet at least one of the following Minimum Impairment Criteria:

(a) Multi-domain Ataxia: For Athletes with Multi-domain Ataxia, a total Motor Ataxia score of 8 or more, comprising eligible scores from at least two assessment items, subject to the following:

(i) the Athlete's Sitting score is only eligible to count towards the total Motor Ataxia score if the Athlete's score in that test is 2 or more;

(ii) the Athlete's Stance score is only eligible to count towards the total Motor Ataxia score if the Athlete's score in that test is 3 or more; and

(iii) the Athlete's Gait score is only eligible to count towards the total Motor Ataxia score if the Athlete's score in that test is 2 or more.

(b) For Athletes with axial-dominant Ataxia, any one of:

(i) a Stance score of 6;

(ii) a Sitting score of 4; or

(iii) a Gait score of 4 or more.

(c) Limb-dominant Motor Ataxia: An Athlete meets the Minimum Impairment Criteria for limb-dominant Motor Ataxia where the Athlete records a valid side-specific score of greater than or equal to 2 in at least one of the following limb-coordination assessment items:

(i) Finger Chase;

(ii) Nose-Finger Test;

(iii) Fast Alternating Hand Movements; or

(iv) Heel-Shin Slide.

(d) Where an assessment item is scored separately for the right and left sides:

(i) the mean of the right and left scores must be calculated when determining the Athlete's total Motor Ataxia score under Article 5.6.2.3(a); and

(ii) the score recorded for each individual side must be retained and used when determining whether the Athlete meets Article 5.6.2.3(c) and when applying the Motor Ataxia Sport Class criteria in Articles 6.4.4, 6.4.5 and 6.4.6.

(e) A side-specific score may be relied upon only where the Classification Panel is satisfied that the score validly reflects Motor Ataxia and is not attributable solely to another Eligible Impairment, a Non-Eligible Impairment, pain, fatigue, an inability to understand or execute the assessment, insufficient effort, an error in test administration or another relevant factor.

(f) A valid assessment-item score that does not meet the minimum score required to contribute to the total Motor Ataxia score under Article 5.6.2.3(a) must remain recorded as the Athlete's assessment-item score but contributes zero to the total Motor Ataxia score. An assessment item recorded as not assessable must not be assigned a numerical score, treated as a score of zero, or used to calculate a bilateral mean or total Motor Ataxia score unless these Classification Rules expressly provide otherwise.

[Comment to Article 5.6.2.3: These Minimum Impairment Criteria have been selected for their sensitivity to dysmetria and endpoint variability that limit rapid, multi-joint actions required in a full driver swing (Markanday et al., 2018; Therrien et al., 2016).]

5.6.3 **Dyskinesia (athetosis, dystonia, chorea):**

5.6.3.1 **Method of Assessment**

(a) Dyskinesia will be assessed using the neck and bilateral proximal and distal upper- and lower-limb items selected from the Dyskinesia Impairment Scale, Second Edition (DIS-II) (the "selected-item DIS-II assessment"). The eye and mouth items are omitted and must not be administered or scored for the purposes of Classification.

(b) The selected-item DIS-II assessment separately rates the amplitude and duration of dystonia and choreoathetosis at rest and during action in the neck and the proximal and distal regions of the

right and left arms and legs.

(c) The right and left limbs must be assessed and scored separately.

(d) No total DIS-II raw score or logit measure will be calculated. The item-level results will be used only for the purposes specified in Articles 5.1.3 and 5.6.3.3 and the applicable Sport Class criteria.

(e) Except where these Classification Rules expressly provide otherwise, the Classification Panel must administer, record and score the selected items in accordance with the applicable DIS-II guidance.

5.6.3.2 **Testing Protocols**

(a) **Positioning:**

(i) **Seated position:** The Athlete must be seated upright in a comfortable and stable position, with their limbs positioned as required for the relevant assessment item.

(ii) **Supine position**: The Athlete must lie supine on a height-adjustable plinth or examination table, with their head neutral and their limbs positioned as required for the relevant assessment item.

(b) **Equipment.** The Classification Panel must have available a camera or smartphone capable of recording video at a minimum resolution of 720p and 30 frames per second, a tripod or other stable support, an armless chair, a height-adjustable plinth or examination table, a pen, a plastic cup, markers or tape and a goniometer.

(c) **Methodology:**

(i) **Assessment items:**

(A) The Classification Panel must separately observe and rate the amplitude and duration of dystonia and choreoathetosis in each tested body region, both at rest and during action.

(B) Each rest assessment must be conducted for 30 seconds.

(C) The Classification Panel must make a video recording of each rest and action assessment in accordance with Article 33 and the applicable DIS-II guidance.

(I) **Neck:**

i. at rest, with the Athlete seated; and

ii. during action, with the Athlete seated and rotating their head from left to right and right to left for five repetitions in each direction.

(II) **Proximal arm:**

i. at rest, with the Athlete seated; and

ii. during action, with the Athlete supine and reaching for and grasping a pen presented

iii. laterally from the trunk on the ipsilateral side;

iv. above the head;

v. across the midline towards the contralateral shoulder; and

vi. towards the ipsilateral thigh.

Each arm must be assessed separately.

(III) **Distal arm:**

i. at rest, with the Athlete seated; and

ii. during action, with the Athlete seated and reaching for, grasping and moving a cup from the contralateral side of a table to the ipsilateral side before returning it to its starting position.

Each arm must be assessed separately.

(IV) **Proximal leg:**

i. at rest, with the Athlete supine; and

ii. during action, with the Athlete supine and rolling their body to the right and left in accordance with the applicable DIS-II protocol.

The right and left proximal legs must be scored separately.

(V) **Distal leg:**

i. at rest, with the Athlete supine; and

ii. during action, with the Athlete seated and completing five alternating heel-toe tapping cycles with each foot.

Each leg must be assessed separately.

(ii) **Passive range of movement:** Where required to score amplitude in an upper- or lower-limb region, the Classification Panel must first establish the Athlete's available passive range of movement. This will provide the reference against which the amplitude of the dyskinetic movement is assessed.

(iii) **Clinical features**: The Classification Panel must observe the Athlete for:

(A) dystonia, being sustained or intermittent involuntary muscle contractions resulting in twisting or repetitive movements, abnormal postures or distortion of voluntary movement; and

(B) choreoathetosis, being involuntary movements that may be constantly changing, fragmented, jerky, writhing or contorting, including rapid movements consistent with chorea and slower movements consistent with athetosis.

(iv) **Scoring**:

(A) Duration must be scored as follows:

(I) 0: dystonia or choreoathetosis is absent;

(II) 1: dystonia or choreoathetosis is present for less than 50% of the relevant observation period or action; and

(III) 2: dystonia or choreoathetosis is present for 50% or more of the relevant observation period or action.

Score	Rating
0	D/CA absent
1	D/CA present less than 50% of the time
2	D/CA present 50% or more of the time
3	Task not performed

(B) Amplitude must be scored as follows:

(I) 0: dystonia or choreoathetosis is absent;

(II) 1: dystonia or choreoathetosis affects less than 50% of the Athlete's available range of movement; and

(III) 2: dystonia or choreoathetosis affects 50% or more of the Athlete's available range of movement.

Score	Rating
0	D/CA absent
1	D/CA affecting less than 50% of the Athlete's available range of motion
2	D/CA affecting 50% or more of the Athlete's available range of motion
3	Task not performed

(C) For an action assessment only, a score of 3 means that the task was not performed. It is not a measure of the presence or severity of Dyskinesia.

(v) **Scoring validity and tasks not performed:**

(A) A score of 1 or 2 may be assigned only where the Classification Panel is satisfied that the observed movement reflects dystonia or choreoathetosis. A severity score must not be assigned solely on the basis of another Eligible Impairment, a Non-Eligible Impairment, pain, fatigue, an inability to understand or execute the assessment, insufficient effort, an error in test administration or another factor that does not demonstrate Dyskinesia.

(B) Where reasonably possible, the Classification Panel must address any remediable factor and repeat the affected assessment item.

(C) Where an action item is scored 3, the Classification Panel must record why the task was not performed or

completed. A score of 3 must not be converted to, or interpreted as, a Dyskinesia severity score of 2.

(D) Where an action is performed but a valid score attributable to dystonia or choreoathetosis cannot be determined, the item must be recorded as not assessable and treated in the same manner as an action item scored 3 for the purposes of Article 5.6.3.3.

5.6.3.3 **Minimum Impairment Criteria:**

(a) An Athlete meets the Minimum Impairment Criteria for Dyskinesia where, during at least one assessable action in a tested body region, either dystonia or choreoathetosis has both:

(i) an amplitude score of 1 or 2; and

(ii) a duration score of 1 or 2.

(b) The qualifying amplitude and duration scores must relate to the same type of Dyskinesia, in the same body region and during the same action assessment.

(c) Rest ratings do not, by themselves, satisfy the Minimum Impairment Criteria.

(d) An action item scored 3 or recorded as not assessable is excluded from the MIC determination and neither confirms nor disproves that the Athlete meets the Minimum Impairment Criteria. The Athlete may nevertheless meet the Minimum Impairment Criteria on the basis of another assessable action item.

(e) If insufficient action items can be assessed to determine whether the Athlete meets the Minimum Impairment Criteria, the Classification Panel must suspend the Evaluation Session in accordance with Article 29.

[Comment to Article 5.6.3.3: These Minimum Impairment Criteria identify observable dystonia or choreoathetosis during voluntary movement at a level relevant to the control, timing and consistency of a golf swing. Rest ratings provide baseline and quality-assurance information but do not form part of the Minimum Impairment Criteria. An action score of 3 means that the task was not performed and does not establish the presence or severity of Dyskinesia.]

6. Sport Classes and Sport Class Assessment

6.1 Athletes with a Physical Impairment that meets the Minimum Impairment Criteria set out above may be allocated one of the five Sport Classes set out below, which relate to the nature of the Athlete's impairment and how that impairment affects the Athlete's CHS and/or CFV.

6.2 There are five Sport Classes for Physical Impairments in Golf for Athletes with a Disability, which include two seated classes and three standing classes:

6.2.1 **Sitting Sport Classes**: The two sitting Sport Classes are reserved for Athletes whose Eligible Impairment(s), taking into account the optimal use of Adaptive Equipment in accordance with Article 17.6, render them unable to establish and maintain a standing posture sufficient to execute a full driver swing, as assessed in accordance with Article 6.3.1 below.

6.2.2 The two sitting Sport Classes are:

6.2.2.1 **Sitting 1 (Si1):** This Sport Class comprises seated Athletes whose Eligible Impairments may result in a consistent and severe reduction in CHS and/or increase in CFV that cannot be partially remedied via any Adaptive Equipment that the Athlete has elected to use in competition as assessed according to the procedures in Article 6.3.2 below.

6.2.2.2 **Sitting 2 (Si2):** This Sport Class comprises seated Athletes whose Eligible Impairments may result in a consistent and moderate reduction in CHS and/or increase in CFV that cannot be partially remedied via any Adaptive Equipment that the Athlete has elected to use in competition as assessed according to the procedures in Article 6.3.3 below.

6.2.3 **Standing Sport Classes**: the three standing Sport Classes are reserved for Athletes who are able to play in a Standing Posture (including, where relevant, through the use of Adaptive Equipment).

6.2.4 The three standing Sport classes are:

6.2.4.1 **Standing 1 (St1):** This Sport Class comprises standing Athletes whose Eligible Impairment(s) may result in a consistent and severe reduction in CHS and/or increase in CFV that cannot be partially remedied via any Adaptive Equipment that the Athlete has elected to use in competition, as assessed according to the procedures in Article 6.4.4 below.

6.2.4.2 **Standing 2 (St2):** This Sport Class comprises standing Athletes whose Eligible Impairment(s) may result in either:

(a) a consistent and severe reduction in CHS and/or increase in CFV that can be partially remedied via Adaptive Equipment the Athlete has elected to use in competition; or

(b) a consistent and moderate reduction in CHS and/or increase in CFV that cannot be partially remedied via any Adaptive Equipment that the Athlete has elected to use in competition, in each case as assessed according to the procedures in Article 6.4.5 below.

6.2.4.3 **Standing 3 (St3):** This Sport Class comprises standing Athletes whose Eligible Impairment(s) may result in either:

(a) a consistent and moderate reduction in CHS and/or increase in CFV

that can be partially remedied via Adaptive Equipment the Athlete has elected to use in competition; or

(b) a consistent and mild reduction in CHS and/or increase in CFV that cannot be partially remedied via any Adaptive Equipment that the Athlete has elected to use in competition, in each case as assessed according to the procedures in Article 6.4.6 below.

6.3 Sport Class Assessment (Seated Classes)

6.3.1 **Eligibility to play in a Seated Class**:

6.3.1.1 An Athlete will be eligible to compete in a Seated Sport Class only where, taking into account the optimal use of permitted Adaptive Equipment in accordance with Article 17.6: the Athlete's Eligible Impairment(s) prevent the Athlete from establishing and maintaining a Standing Posture sufficient to execute a full driver swing, and the Athlete either:

(a) meets one or more of the conditions

(i) **Lower-limb Impaired Muscle Power**: the Athlete has bilateral lower-limb Impaired Muscle Power, assessed in accordance with Article 5.2 above, with each lower limb independently recording an MMT score of 0-2/5 in at least one of the following movements:

(A) hip abduction;

(B) hip extension; or

(C) knee extension;

(ii) **Impaired Passive Range of Movement**: the Athlete has bilateral lower-limb Impaired Passive Range of Movement, assessed in accordance with Article 5.3.3 above, with each lower limb independently meeting at least one of the following:

(A) hip flexion contracture of 35° or more;

(B) hip ankylosis or fusion meeting the applicable Minimum Impairment Criterion;

(C) knee flexion contracture of 40° or more; or

(D) knee ankylosis or fusion meeting the applicable Minimum Impairment Criterion; or

(iii) **Limb Deficiency/Limb Length Difference**: the Athlete has lower-limb Limb Deficiency/Limb Length Difference, meeting the applicable Minimum Impairment Criteria in Articles 5.4.1.2(a) and/or 5.4.2.3 above, assessed in accordance with Article 5.4 above; or

(iv) **Hypertonia**: the Athlete has a valid ASAS Grade 3 or more in at least one of the lower-limb ASAS assessment movements listed in Article 5.6.1.2(d), in each lower limb, assessed and recorded in accordance with Articles 5.6.1.1 to 5.6.1.3; or

(v) **Motor ataxia**: the Athlete has Motor Ataxia meeting the Minimum Impairment Criteria in Article 5.6.2.3 above and records one or more of the following, assessed in accordance with Article 5.6.2:

(A) Gait score of 4 or more;

(B) Sitting score of 3 or more; or

(C) Stance score of 4 or more; or

(vi) **Dyskinesia:** the Athlete has Dyskinesia affecting both lower limbs, with at least one action assessment in a proximal-leg or distal-leg region of each lower limb independently meeting the Minimum Impairment Criteria in Article 5.6.3.3, and with the qualifying action assessment in each lower limb recording an amplitude score of 2, a duration score of 2, or both, assessed and recorded in accordance with Articles 5.6.3.1 to 5.6.3.3.

(b) has another presentation or combination of Eligible Impairments, each of which meets the applicable Minimum Impairment Criteria, that results in a demonstrably equivalent or greater limitation in the Athlete's ability to establish and maintain a Standing Posture while executing a full driver swing than the conditions set out in Article 6.3.1.1(a), as established by objective findings obtained using the applicable assessment methods in this Appendix.

6.3.2 **Sport Class Si1:**

6.3.2.1 An Athlete who has first satisfied the eligibility requirements for a seated Sport Class under Article 6.3.1 will be considered to meet the criteria for Si1 if they meet any one or more of the following conditions:

Note: Sport Class definition: A seated Athlete's Eligible Impairment will be considered to result in a consistent and severe reduction in CHS and/or increase in CFV that cannot be partially remedied via any Adaptive Equipment that the Athlete has elected to use in competition.

(a) **Impaired Muscle Power**:

(i) the Athlete has a Seated Active Trunk Rotation Test (SATRT) result of 10° or less of active rotation in at least one direction, assessed in accordance with Article 6.3.2.2 below; or

(ii) the Athlete has Impaired Muscle Power affecting the trail upper limb, with an MMT score of 0-2/5 in at least one

applicable upper-limb movement listed in Article 5.2.3 or, where the Athlete plays using one upper limb, the upper limb used to grip and control the club; or

(iii) the Athlete has impaired grip function affecting the trail hand or, where the Athlete plays using one upper limb, the hand used to grip and control the club, and either:

(A) has a maximum valid grip force of 9.0 kgf or less in that hand in accordance with Article 5.2.3.2; or

(B) has upper-limb Limb Deficiency meeting the Minimum Impairment Criterion in Article 5.4.1.2(b), resulting in complete absence of functional grip in that hand; or

(b) **Impaired Passive Range of Movement:** the Athlete has:

(i) Impaired Passive Range of Movement affecting the trail upper limb and independently meets in that limb at least one applicable upper-limb Minimum Impairment Criterion in Article 5.3.3 or, where the Athlete plays using one upper limb, has such Impaired Passive Range of Movement affecting the upper limb used to grip and control the club; or

(ii) meets the thoracolumbar rotation Minimum Impairment Criterion in Article 5.3.3; or

(c) **Hypertonia:** the Athlete records a valid ASAS Grade 2 or more in at least one of the upper-limb ASAS assessment movements listed in Article 5.6.1.2(d), in either upper limb, assessed and recorded in accordance with Articles 5.6.1.1 to 5.6.1.3; or

(d) **Motor Ataxi**a: the Athlete records a valid side-specific score of 3 or more in either upper limb in at least one of the following modified SARA assessment items:

(i) Finger Chase;

(ii) Nose-Finger Test; or

(iii) Fast Alternating Hand Movements, assessed and recorded in accordance with Articles 5.6.2.2 and 5.6.2.3; or

(e) **Dyskinesia:** the Athlete has Dyskinesia meeting the Minimum Impairment Criteria in Article 5.6.3.3 above affecting:

(i) either upper limb, with at least one valid qualifying action assessment in a proximal-arm or distal-arm region; or

(ii) the neck, with at least one valid qualifying action assessment in the neck region, where, in either case, at least one qualifying action assessment in the relevant region has an amplitude score of 2, a duration score of 2, or both, assessed and recorded in accordance with Articles 5.6.3.1 to 5.6.3.3.

6.3.2.2 **Seated Active Trunk Rotation Test:** the SATRT applies only for the purposes of determining whether an Athlete satisfies the applicable Sport Class Si1 criterion. The SATRT is an IGF-specific assessment of active trunk rotation and does not replace the assessment of passive thoracolumbar range of movement under Article 5.3.3.

(a) **Positioning**:

(i) The Athlete must sit upright on an armless chair or firm, stable bench, with the hips and knees at approximately 90° and the feet supported.

(ii) A stabilising strap must be secured firmly across the Athlete's anterior superior iliac spines (ASIS) and anchored to the chair or bench to minimise pelvic rotation.

(iii) The Athlete's arms should be crossed with the hands contacting the contralateral shoulders. Where this position cannot be achieved because of an Eligible Impairment, the Classification Panel may use an alternative standardised arm position that does not assist trunk rotation, and must record the position used.

(b) **Measurement equipment:**

(i) Active trunk rotation must be measured using a validated digital angle-measuring device capable of measuring transverse-plane/axial rotation relative to a fixed external reference.

(ii) An ordinary gravity-dependent inclinometer must not be used to measure axial rotation.

(iii) The measuring device must be secured to, or aligned reproducibly with, the Athlete's upper thorax or with a rigid external crossbar aligned to the upper thorax, without requiring the Athlete to hold the device or crossbar.

(iv) The device must be calibrated in accordance with the manufacturer's instructions and zeroed with the Athlete in the neutral starting position before testing each direction.

(c) **Methodology**

(i) From the neutral starting position, the Athlete must actively rotate the trunk as far as possible to the left without moving the pelvis, thighs, knees or feet, and hold the end position sufficiently for the measurement to be recorded.

(ii) The Athlete must then return to neutral and repeat the procedure to the right.

(iii) Three valid repetitions must be completed in each direction.

(iv) A repetition is invalid where the Classification Panel observes pelvic rotation, movement of the thighs, knees or feet, substantial trunk side-flexion or other compensatory movement that materially affects the measured axial rotation. An invalid repetition must not be included in the result and must be repeated.

(v) The Classification Panel must record the measured angle for every valid repetition in each direction and record any relevant compensation, pain, fatigue, inability to understand or perform the test, or other factor that may have affected the result.

(d) **SATRT Result:**

(i) The median of the three valid measurements in each direction must be recorded as the Athlete's final SATRT result for that direction.

(ii) The left and right SATRT results must be recorded separately and must not be summed or averaged across directions.

(iii) For the purposes of Article 6.3.2.1, the SATRT criterion is satisfied where the Athlete's final SATRT result is 10° or less in at least one direction.

(iv) Where the Classification Panel is unable to obtain a valid and reproducible SATRT result, it must not estimate or assign a value and must address the incomplete assessment in accordance with the applicable provisions of these Classification Rules.

6.3.3 **Sport Class Si2:**

6.3.3.1 A seated Athlete's Eligible Impairment will be considered to have a consistent and moderate reduction in CHS and/or increase in CFV, that cannot be partially remedied via any Adaptive Equipment that the Athlete has elected to use in competition, where the Athlete:

(a) is eligible to compete in a seated Sport Class (per Article 6.3.1 above); but

(b) is not eligible to compete in Sport Class Si1 (per Article 6.3.2 above).

6.4 **Sport Class Assessment (Standing Sport Classes)**

6.4.1 The Classification Panel must apply the Standing Sport Class criteria in the following order:

6.4.1.1 Standing 1 (St1),

6.4.1.2 Standing 2 (St2), then

6.4.1.3 Standing 3 (St3).

6.4.2 The Classification Panel must allocate the Athlete to the first Sport Class in that order for which the Athlete satisfies all applicable criteria.

6.4.3 Any Standing Sport Class criterion that refers to Adaptive Equipment must be applied in accordance with Article 17.6. In particular, the Classification Panel must take into account the optimal use of permitted Adaptive Equipment in accordance with Article 17.6.1, whether the Athlete chooses to use that equipment or not. Where, under these Classification Rules, the Athlete's use or non-use of Adaptive Equipment affects the allocated Sport Class, Article 17.6.4 applies.

Note: For the purposes of the Standing Sport Class criteria, references to transfemoral, transtibial or below-transtibial Limb Deficiency include congenital Limb Deficiency resulting in an anatomically equivalent level of limb absence. Anatomical equivalence must be determined by reference to the bones and joints absent or preserved and not solely by the overall length of the affected limb. Limb Length Difference must be assessed separately in accordance with Article 5.4.2 and must not be treated as equivalent to a level of Limb Deficiency solely on the basis of its magnitude.

6.4.4 **Sport Class St1**

6.4.4.1 A standing Athlete's Eligible Impairments will be considered to result in a consistent and severe reduction in CHS and/or increase in CFV that cannot be partially remedied via any Adaptive Equipment that the Athlete has elected to use in competition where the Athlete meets any one or more of the following conditions:

(a) **Impaired Muscle Power**: The Athlete has impaired Muscle Power meeting the Minimum Impairment Criteria in article 5.2.3 above and any one of the following:

(A) impaired Muscle Power affecting three or more limbs, with at least one qualifying Impaired Muscle Power movement recorded within each affected limb; or

(B) impaired Muscle Power affecting two limbs, with two or more qualifying Impaired Muscle Power movements recorded within each affected limb; or

(C) impaired Muscle Power affecting both upper limbs, with at least one qualifying Impaired Muscle Power movement recorded within each upper limb and two or more qualifying Impaired Muscle Power movements recorded within at least one of those upper limbs;

(D) impaired Muscle Power affecting the lead lower limb and one upper limb, with at least one qualifying Impaired Muscle Power movement recorded within

each affected limb and two or more qualifying Impaired Muscle Power movements recorded within at least one of those limbs; or

(E) impaired Muscle Power affecting both lower limbs, with at least one qualifying Impaired Muscle Power movement recorded within each lower limb and two or more qualifying Impaired Muscle Power movements recorded within the lead lower limb.

(b) **Impaired grip:** the Athlete has:

(i) an Eligible Impairment resulting in bilateral impaired grip strength meeting the Minimum Impairment Criteria in Article 5.2.3.2 above; and

(ii) elected **not** to use Adaptive Equipment capable of partially remedying the effects of the impaired grip; or

(c) **Impaired Passive Range of Movement:** the Athlete has Impaired Passive Range of Movement meeting the Minimum Impairment Criteria in Article 5.3.3 above, affecting:

(i) three or more limbs, with at least one IPROM Minimum Impairment Criterion independently met within each affected limb; or

(ii) two limbs, with two or more distinct IPROM Minimum Impairment Criteria independently met within each affected limb; or

(iii) both upper limbs, with at least one IPROM Minimum Impairment Criterion independently met within each upper limb, and two or more distinct IPROM Minimum Impairment Criteria independently met within at least one of those upper limbs; or

(iv) the lead lower limb and one upper limb, with at least one IPROM Minimum Impairment Criterion independently met within each affected limb, and two or more distinct IPROM Minimum Impairment Criteria independently met within at least one of those limbs; or

(v) both lower limbs, with at least one IPROM Minimum Impairment Criterion independently met within each lower limb, and two or more distinct IPROM Minimum Impairment Criteria independently met within the lead lower limb; or

(vi) the thoracolumbar rotation Minimum Impairment Criterion in Article 5.3.3, together with:

(A) at least one peripheral-limb IPROM Minimum Impairment Criterion affecting the trail upper limb, lead upper limb or lead lower limb; or

(B) two or more distinct peripheral-limb IPROM Minimum Impairment Criteria affecting the trail lower limb, each independently meeting the applicable Minimum Impairment Criterion in Article 5.3.3.

(d) **Limb Deficiency/Limb Length Difference:**

(i) Limb Deficiency affecting at least three separate limbs, with the Limb Deficiency affecting each limb independently meeting the relevant Minimum Impairment Criteria in Article 5.4.1.2, irrespective of the Adaptive Equipment used by the Athlete to address such Limb Deficiencies; or

(ii) bilateral transfemoral Limb Deficiency, irrespective of the Adaptive Equipment used by the Athlete to address such Limb Deficiencies; or

(iii) lead lower-limb transfemoral Limb Deficiency, together with an Eligible Impairment affecting an upper limb that meets the relevant Minimum Impairment Criteria, where the Athlete has elected not to use Adaptive Equipment capable of partially remedying the effects of that upper-limb impairment on their achievable CHS and/or CFV; or

(iv) Limb Length Difference: the Athlete has both:

(A) upper-limb Limb Length Difference meeting the Minimum Impairment Criteria in Article 5.4.2.6, where the shorter limb is the trail upper limb; and

(B) lower-limb Limb Length Difference meeting the Minimum Impairment Criteria in Article 5.4.2.3, where the shorter limb is the lead lower limb,

(e) **Hypertonia:** The Athlete has multi-segment hypertonia meeting the Minimum Impairment Criteria in Article 5.6.1.3 above affecting:

(i) three or more limbs; or

(ii) bilateral upper limbs; or

(iii) lead lower limb and either upper limb.

(f) **Motor Ataxia:** the Athlete has Motor Ataxia meeting the Minimum Impairment Criteria in Article 5.6.2.3 above and has any one of the following:

(i) axial-dominant Motor Ataxia meeting the criteria in Article 5.6.2.3(b);

(ii) limb-dominant Motor Ataxia affecting two or more separate limbs, with at least one valid side-specific score of 2 or more in a limb-coordination assessment item for each affected limb; or

(iii) a valid side-specific score of 4 in any limb-coordination assessment item, where the Classification Panel is satisfied that the Athlete's inability to perform the relevant task is attributable to Motor Ataxia.

(iv) All scores must be assessed and recorded in accordance with Article 5.6.2.2 and 5.6.2.3.

(g) **Dyskinesia:** the Athlete has Dyskinesia meeting the Minimum Impairment Criteria in Article 5.6.3.3 above and has substantial Dyskinesia affecting multiple regions, including any one of the following:

(i) bilateral upper-limb involvement, with at least one affected upper-limb region having an action amplitude score of 2, an action duration score of 2, or both;

(ii) upper-limb and lead lower-limb involvement, with at least one affected region having an action amplitude score of 2, an action duration score of 2, or both; or

(iii) Dyskinesia affecting three or more tested limb regions, with at least one affected region having an action amplitude score of 2, an action duration score of 2, or both; or

6.4.5 **Sport Class St2:**

6.4.5.1 A standing Athlete's Eligible Impairments will be considered to result in a consistent and severe reduction in CHS and/or increase in CFV that can be partially remedied via Adaptive Equipment that the Athlete has elected to use in competition where the Athlete meets any one of the following conditions:

(a) **Impaired grip:** the Athlete has:

(i) any Eligible Impairment resulting in bilateral impaired grip strength meeting the Minimum Impairment Criteria set out in Article 5.2.3.2 above (including, for example, Limb Deficiency resulting in the absence of the Athlete's functional prehension); and

(ii) has elected to use Adaptive Equipment capable of partially remedying the effects of such impaired grip (i.e., the Athlete uses specialised grips/terminal devices to restore coupling); or

(b) **Limb Deficiency/Limb Length Difference:** subject always to Article 6.4.4.1(d)(i) above, the Athlete has:

(i) lead lower-limb transfemoral Limb Deficiency; and

(ii) an Eligible Impairment affecting an upper limb meeting the relevant Minimum Impairment Criteria, where the Athlete has elected to use Adaptive Equipment capable of partially remedying the effects of that upper-limb impairment on their achievable CHS and/or CFV.

6.4.5.2 A standing Athlete's Eligible Impairments will be considered to result in a consistent and moderate reduction in CHS and/or increase in CFV that cannot be partially remedied via any Adaptive Equipment that the Athlete has elected to use in competition where the Athlete meets any one of the following conditions:

(a) **Impaired Muscle Power:** the Athlete has Impaired Muscle Power meeting the Minimum Impairment Criteria in Article 5.2.3 above, but does not meet the Impaired Muscle Power criteria for Standing 1 (St1), and has any one of the following:

(i) Impaired Muscle Power affecting only one limb, with two or more qualifying Impaired Muscle Power movements recorded within that limb; or

(ii) Impaired Muscle Power affecting both upper limbs, with one qualifying Impaired Muscle Power movement recorded within each upper limb;

(iii) Impaired Muscle Power affecting both lower limbs, with one qualifying Impaired Muscle Power movement recorded within the lead lower limb and one or more qualifying Impaired Muscle Power movements recorded within the trail lower limb;

(iv) Impaired Muscle Power affecting the lead lower limb and one upper limb, with one qualifying Impaired Muscle Power movement recorded within each affected limb; or

(v) Impaired Muscle Power affecting the trail lower limb and one upper limb, with at least one qualifying Impaired Muscle Power movement recorded within each affected limb, where only one qualifying Impaired Muscle Power movement is recorded within at least one of those limbs.

(b) **Impaired grip**: the Athlete has:

(i) any Eligible Impairment resulting in unilateral impaired grip strength meeting the Minimum Impairment Criteria set out in Article 5.2.3.2 above (including, for example, Limb Deficiency resulting in the absence of the Athlete's functional prehension); and

(ii) elected **not** to use any Adaptive Equipment capable of partially remedying the effects of such impaired grip strength (i.e., the Athlete does not use any specialised grips/terminal devices to restore coupling); or

(c) **Impaired Passive Range of Movement:** the Athlete has Impaired Passive Range of Movement meeting the Minimum Impairment Criteria in Article 5.3.3 above, but does not meet the Impaired Passive Range of Movement criteria for Standing 1 (St1), and has:

(i) IPROM affecting only the lead upper limb, with two or more distinct IPROM Minimum Impairment Criteria independently met within that limb; or

(ii) IPROM affecting only the trail upper limb, with two or more distinct IPROM Minimum Impairment Criteria independently met within that limb; or

(iii) IPROM affecting only the lead lower limb, with two or more distinct IPROM Minimum Impairment Criteria independently met within that limb; or

(iv) IPROM affecting only the trail lower limb, with two or more distinct IPROM Minimum Impairment Criteria independently met within that limb; or

(v) IPROM affecting both upper limbs, with only one IPROM Minimum Impairment Criterion independently met within each upper limb; or

(vi) IPROM affecting both lower limbs, with only one IPROM Minimum Impairment Criterion independently met within the lead lower limb, and one or more IPROM Minimum Impairment Criteria independently met within the trail lower limb; or

(vii) IPROM affecting the lead lower limb and one upper limb, with only one IPROM Minimum Impairment Criterion independently met within each affected limb; or

(viii) IPROM affecting the trail lower limb and one upper limb, with at least one IPROM Minimum Impairment Criterion independently met within each affected limb, where only one IPROM Minimum Impairment Criterion is independently met within at least one of those affected limbs; or

(ix) the thoracolumbar rotation Minimum Impairment Criterion in Article 5.3.3, either:

(A) in isolation;

(B) together with the cervical rotation Minimum Impairment Criterion; or

(C) together with one peripheral-limb IPROM Minimum Impairment Criterion affecting the trail lower limb.

(x) the cervical rotation Minimum Impairment Criterion in Article 5.3.3, together with:

(A) at least one peripheral-limb IPROM Minimum Impairment Criterion affecting the trail upper limb, lead upper limb or lead lower limb; or

(B) two or more distinct peripheral-limb IPROM Minimum Impairment Criteria affecting the trail lower limb.

(d) **Limb Deficiency/Limb Length Difference:** subject always to Article 6.4.4.1(d)(i) above:

(i) the Athlete has:

(A) unilateral transfemoral Limb Deficiency; or

(B) trail lower-limb transfemoral Limb Deficiency together with an Eligible Impairment affecting an upper limb meeting the relevant Minimum Impairment Criteria; or

(C) bilateral transtibial Limb Deficiency; or

(D) unilateral transtibial Limb Deficiency together with an Eligible Impairment affecting an upper limb meeting the relevant Minimum Impairment Criteria, where the Athlete has elected not to use Adaptive Equipment capable of partially remedying the effects of that upper-limb impairment on their achievable CHS and/or CFV; or

(ii) **Limb Length Difference**: the Athlete does not meet the Limb Length Difference criteria for Standing 1 (St1) and has any one of the following:

(A) upper-limb Limb Length Difference meeting the Minimum Impairment Criteria in Article 5.4.2.6, where the shorter limb is the trail upper limb and the effects of that Limb Length Difference cannot be partially remedied by permitted Adaptive Equipment in accordance with Article 17.6; or

(B) lower-limb Limb Length Difference meeting the Minimum Impairment Criteria in Article 5.4.2.3, where the shorter limb is the lead lower limb and the effects of that Limb Length Difference cannot be partially remedied by permitted Adaptive Equipment in accordance with Article 17.6; or

(C) both an upper-limb Limb Length Difference meeting the Minimum Impairment Criteria in Article 5.4.2.6 and a lower-limb Limb Length Difference meeting the Minimum Impairment Criteria in Article 5.4.2.3, but the Athlete does not meet the Limb Length Difference criteria for Standing 1 (St1).

(e) **Short Stature**:

(i) **Men**:

(A) Standing Height less than or equal to 130 cm; and

(B) Arm Length less than or equal to 59 cm.

(ii) **Women**:

(A) Standing Height less than or equal to 122 cm, and

(B) Arm Length less than or equal to 57 cm.

(f) **Hypertonia:** the Athlete has Hypertonia meeting the Minimum Impairment Criteria in Article 5.6.1.3 above, but does not meet the Hypertonia criteria for Standing 1 (St1), and has:

(i) multiple segments, affecting:

(A) Bilateral lower limbs, or

(B) Trail upper limb and trail lower limb, or

(ii) Single segment, affecting:

(A) Lead or trail upper limb.

(g) **Motor Ataxia**: the Athlete has Motor Ataxia meeting the Minimum Impairment Criteria in Article 5.6.2.3 above, but does not meet the Motor Ataxia criteria for Standing 1 (St1), and has any one of the following:

(i) multi-domain Motor Ataxia with a total Motor Ataxia score of 8 or more, comprising eligible scores from at least two assessment items in accordance with Article 5.6.2.3(a);

(ii) limb-dominant Motor Ataxia affecting only one limb, where:

(A) the affected limb is the Athlete's lead upper limb or lead lower limb and has at least one valid side-specific limb-coordination assessment item score of 2 or more;

(B) the affected limb is the Athlete's trail upper limb or trail lower limb and has at least one valid side-specific limb-coordination assessment item score of 3; or

(C) the Athlete has valid side-specific scores of 2 or more in at least two limb-coordination assessment items within the same affected limb; or

(D) a valid side-specific score of 2 in a limb-coordination assessment item for the Athlete's trail upper limb or trail lower limb, together with a score of 2 or more in at least one of the Gait, Stance or Sitting assessment items.

(E) All scores must be assessed, recorded and calculated in accordance with Article 5.6.2.2 and 5.6.2.3.

(h) **Dyskinesia:** the Athlete has Dyskinesia meeting the Minimum Impairment Criteria in Article 5.6.3.3 above, but does not meet the Dyskinesia criteria for Standing 1 (St1), and has either:

(i) Dyskinesia affecting only one tested region, where the qualifying action assessment has an amplitude score of 2, a duration score of 2, or both; or

(ii) Dyskinesia meeting the Minimum Impairment Criteria in two or more tested regions.

6.4.6 **Sport Class St3:**

6.4.6.1 A standing Athlete's Eligible Impairments will be considered to result in a consistent and moderate reduction in CHS and/or increase in CFV that can be partially remedied via Adaptive Equipment that the Athlete has elected to use in competition where the Athlete meets any one of the following conditions:

(a) **Impaired Muscle Power**: the Athlete has Impaired Muscle Power meeting the Minimum Impairment Criteria in Article 5.2.3 above, but does not meet the Impaired Muscle Power criteria for Standing 1 (St1) or Standing 2 (St2), and has Impaired Muscle Power affecting one limb only.

(b) **Impaired grip:** the Athlete has:

(i) an Eligible Impairment resulting in unilateral impaired grip strength meeting the Minimum Impairment Criteria set out in Article 5.2.3.2 above (including, for example, Limb Deficiency resulting in the absence of the Athlete's functional prehension); and

(ii) elected to use Adaptive Equipment capable of partially remedying the effects of such grip deficit (i.e., the Athlete uses specialised grips/terminal devices to restore coupling); or

(c) **Limb Deficiency/Limb Length Difference:** subject always to Article 6.4.4.1(d)(i) above, the Athlete has:

(i) unilateral transtibial Limb Deficiency together with an Eligible Impairment affecting an upper limb meeting the relevant Minimum Impairment Criteria, and has elected to use Adaptive Equipment capable of partially remedying the effects of that upper-limb impairment on their achievable CHS and/or CFV; or

(ii) upper-limb Limb Length Difference meeting the Minimum Impairment Criteria in Article 5.4.2.6, where the shorter limb is the trail upper limb and the effects of that Limb Length Difference can be partially remedied by permitted Adaptive Equipment in accordance with Article 17.6; or

(iii) lower-limb Limb Length Difference meeting the Minimum Impairment Criteria in Article 5.4.2.3, where the shorter limb is the lead lower limb and the effects of that Limb Length Difference can be partially remedied by permitted Adaptive Equipment in accordance with Article 17.6.

(d) **Dyskinesia:** the Athlete has Dyskinesia meeting the Minimum Impairment Criteria in Article 5.6.3.3 above, but does not meet the Dyskinesia criteria for Standing 1 (St1) or Standing 2 (St2), and has Dyskinesia affecting only one tested region, where the qualifying action assessment has:

(i) an amplitude score of 1; and

(ii) a duration score of 1; or

(iii) the Athlete has Dyskinesia meeting the Minimum Impairment Criteria in Article 5.6.3.3(a) above affecting a single region; and

(iv) elected to use Adaptive Equipment capable of partially remedying the effects of such Dyskinesia (i.e., walkers, canes, crutches, orthotics, wraps/tape and braces).

6.4.6.2 A standing Athlete's Eligible Impairments will be considered to result in a consistent and mild reduction in CHS and/or increase in CFV that cannot be partially remedied via any Adaptive Equipment that the Athlete has elected to use in competition where the Athlete meets any one of the following conditions:

(a) **Impaired Muscle Power:** the Athlete has Impaired Muscle Power meeting the Minimum Impairment Criteria in Article 5.2.3 above, but does not meet the Impaired Muscle Power criteria for Standing 1

(St1) or Standing 2 (St2), and has:

(i) Impaired Muscle Power affecting only one upper limb, with an MMT score of 0-2/5 recorded in only one test movement within that limb; or

(ii) Impaired Muscle Power affecting only one lower limb, with an MMT score of 0-2/5 recorded in only one test movement within that limb.

(b) **Impaired Passive Range of Movement:** the Athlete has Impaired Passive Range of Movement meeting the Minimum Impairment Criteria in Article 5.3.3 above, but does not meet the Impaired Passive Range of Movement criteria for Standing 1 (St1) or Standing 2 (St2), and has:

(i) Impaired Passive Range of Movement affecting only one upper limb, being either the lead upper limb or trail upper limb, with only one IPROM Minimum Impairment Criterion independently met within that limb; or

(ii) Impaired Passive Range of Movement affecting only one lower limb, being either the lead lower limb or trail lower limb, with only one IPROM Minimum Impairment Criterion independently met within that limb.

(iii) the cervical rotation Minimum Impairment Criterion in Article 5.3.3, either:

(A) in isolation; or

(B) together with only one peripheral-limb IPROM Minimum Impairment Criterion affecting the trail lower limb.

(c) **Limb Deficiency/Limb Length Difference:** the Athlete does not meet the applicable Limb Deficiency/Limb Length Difference criteria for Standing 1 (St1) or Standing 2 (St2), and has either:

(i) Limb Deficiency:

(A) unilateral transtibial lower-limb Limb Deficiency; or

(B) any other unilateral lower-limb Limb Deficiency below the transtibial level meeting the Minimum Impairment Criteria in Article 5.4.1.2(a); or

(d) **Limb Length Difference:**

(A) upper-limb Limb Length Difference meeting the Minimum Impairment Criteria in Article 5.4.2.6, where the shorter limb is the lead upper limb; or

(B) lower-limb Limb Length Difference meeting the Minimum Impairment Criteria in Article 5.4.2.3, where the shorter limb is the trail lower limb.

(e) **Hypertonia:** The Athlete has single-segment hypertonia meeting the Minimum Impairment Criteria in Article 5.6.1.3 above affecting:

(i) Lead lower limb, or

(ii) Trail lower limb

(f) **Motor Ataxia:** the Athlete has Motor Ataxia meeting the Minimum Impairment Criteria in Article 5.6.2.3 above, but does not meet the Motor Ataxia criteria for Standing 1 (St1) or Standing 2 (St2), and has limb-dominant Motor Ataxia confined to one trail-side limb, with:

(i) a valid side-specific score of 2 in one, and only one, limb-coordination assessment item for the trail upper limb or trail lower limb;

(ii) a valid side-specific score of less than 2 in every other limb-coordination assessment item on either side;

(iii) a valid score of less than 2 in each of the Gait, Stance and Sitting assessment items; and

(iv) a total Motor Ataxia score of less than 8.

(v) All scores must be assessed, recorded and calculated in accordance with Articles 5.6.2.2 and 5.6.2.3.

(g) **Short Stature:** the Athlete has Short Stature meeting the Minimum Impairment Criteria in Article 5.5.3 above and has:

(i) **Men**:

(A) Standing Height 149 cm or less; and

(B) Arm Length 66 cm or less.

(ii) **Women**:

(A) Standing Height 140 cm or less, and

(B) Arm Length 63 cm or less.

6.5 Adaptive Equipment

6.5.1 Athletes in Sport Classes Si1 and Si2:

6.5.1.1 must use a wheelchair or seated cart (e.g., SoloRider, ParaMotion, and/or VertaCat) at all times during the Competition and cannot leave their chair/cart in order to play a shot (i.e., an Athlete using a chair and/or seated cart for transportation purposes only will be allocated a different Sport Class);

6.5.1.2 may also use:

(a) trunk and leg straps to secure themselves in their chair/cart; and/or

(b) ball/tee setting/retrieving devices (if in the form of a golf club, the club must be conforming and counts toward the number of clubs carried; if in the form of a tee, the tee must also be conforming).

6.5.2 **Athletes in Sport Classes St1, St2 and St3:**

6.5.2.1 with Limb Deficiency may use prosthetic devices (including related items such as sockets and liners). In the case of upper limb deficiencies:

(a) such prosthetic devices may have a strap or other type of attachment to the club; and

(b) when needed to secure clubs in order to make a stroke, Athletes may use long clubs with specialised grips on the golf club (every club has to be within 10 inches of the longest club, excluding the putter, as required by the Equipment Rules);

6.5.2.2 with lower Limb Length Difference may use orthotics and shoe lifts;

6.5.2.3 with Impaired Muscle Power, Impaired Passive Range of Movement, or Coordination Impairments affecting the lower limbs may use walkers, canes, crutches, orthotics, wraps/tape and braces;

6.5.2.4 with Impaired Muscle Power affecting an upper limb may use a strap or sling to secure the upper limb out of the way of the Athlete's swing;

6.5.2.5 with an Eligible Impairment resulting in an impaired ability to grip or hold the golf club may use:

(a) a strap or other type of attachment to the club;

(b) modified gloves;

(c) modified grips on the golf club, including Velcro grips; and/or

(d) grip-enhancing agents on hands or gloves;

6.5.2.6 with Coordination Impairments affecting an upper limb may use walkers, canes, crutches, orthotics, wraps/tape and braces.

6.5.3 All Athletes (irrespective of whether they are allocated a sitting or standing Sport Class) may use:

6.5.3.1 a regular golf cart ("buggy");

6.5.3.2 a pull or push cart ("trolley"); and/or

6.5.3.3 circulatory aids, compression wraps, and compression garments as indicated for specified medical conditions.

7. Observation Assessment

7.1 An Observation Assessment will be required where the Classification Panel considers this will assist in allocating a final Sport Class to the Athlete, in particular where:

7.1.1 an Athlete is on the 'borderline' between two or more Sport Classes;

7.1.2 the Classification Panel wishes to confirm the impact(s) the Athlete's Physical Impairment(s) has on their CHS and/or CFV during play;

7.1.3 the Classification Panel wishes to assess the effect of cumulative play on an Athlete's CHS and/or CFV; and/or

7.1.4 the Classification Panel wishes to assess the way in which the Athlete uses any Adaptive Equipment during play, and whether this will have any effect on their allocated Sport Class.

7.2 A Classification Panel may require an Athlete with any Physical Impairment, and any provisional Sport Class, to undergo an Observation Assessment in order to confirm their final Sport Class.

7.3 If an Observation Assessment is required, the Classification Panel will observe, during the competition at which the Athlete is to make their First Appearance:

7.3.1 the Athlete's ability to hold a golf club, perform a golf swing, and/or their general play; and/or

7.3.2 the Athlete's joint range of motion, muscle strength, muscle tone, balance and coordination, and stamina; and/or

7.3.3 the Athlete's general stability, and ability to get around the golf course; and/or

7.3.4 the Athlete's use of any Adaptive Equipment.

APPENDIX 2: CLASSIFICATION OF ATHLETES WITH VISION IMPAIRMENT

1. Introduction

1.1. As is noted in the comment to Article 15.1 of the Classification Rules, in order for an Athlete to be eligible to compete in Golf for Athletes with a Disability:

1.1.1 the Athlete must have an Eligible Impairment; and

1.1.2 that Eligible Impairment must be capable of altering the visual information linked to directional and distance judgement and the biomechanical execution of the Athlete's full golf swing with a driver in a way that: (i) is demonstrable; and (ii) will adversely affect the Athlete's performance (as assessed by reference to the Minimum Impairment Criteria in the MIC Assessment).

1.2. Once an Athlete's eligibility to compete in Golf for Athletes with a Disability has been confirmed by the Classification Panel, then (subject to Articles 29 and 30 of the Classification Rules) the Athlete will be allocated a Sport Class based on the effect that the Athlete's Eligible Impairment can be expected to have on their ability to use visual information when playing golf, including target location, distance judgement, ball position, club alignment, ball flight, and directional control, and their achievable Maximum Clubhead Speed and/or Clubface Angle Variability (and thus on their golfing performance).

1.3. This Appendix sets out the objective, evidence-based assessment procedures for Athletes with Vision Impairment to determine whether an Athlete is eligible to compete in Golf for Athletes with a Disability, and if so, the Sport Class that the Athlete should be allocated. The procedures set out in this Appendix rely on standardised tests that are reliable, valid, and sensitive to the ways in which Vision Impairment can limit golf performance.

2. Eligible Impairment

Eligible Impairment	**Examples of Underlying Health Conditions**
Vision Impairment Athletes with Vision Impairment have an Underlying Health Condition affecting the structure or function of the eye, optic nerve, optic chiasm, post-chiasmal visual pathways, or visual cortex of the brain resulting in reduced or no visual function even when using the best possible refractive or optical correction.	Examples of an Underlying Health Condition that may lead to Vision Impairment include phthisis bulbi, Stargardt disease, retinitis pigmentosa, diabetic retinopathy and glaucoma.

3. UHC Assessment

3.1 A Medical Diagnostic Form for Athletes with Vision Impairment is a template form used to collect the Athlete's Diagnostic Information for the purposes of carrying out the UHC Assessment and for providing information relevant to the Evaluation Session.

3.2 A Medical Diagnostic Form for Athletes with Vision Impairment must be completed in English and submitted to IGF to initiate the UHC Assessment. The Medical Diagnostic Form for Athletes with Vision Impairment must not be older than 12 months at the time of the UHC Assessment, unless IGF determines otherwise.

[Comment to Article 3.2: IGF may determine that an Athlete does not need an updated Medical Diagnostic Form for Athletes with Vision Impairment when the Underlying Health Condition results in a Vision Impairment that is stable and has not fluctuated. Generally, Athletes must provide an updated Medical Diagnostic Form that must not be older than 12 months at the time of the UHC Assessment to ensure that any fluctuation in Vision Impairment resulting from the Underlying Health Condition is assessed with up-to-date Diagnostic Information.]

3.3 The Medical Diagnostic Form for Athletes with Vision Impairment must be signed by an eye health care professional whose scope of practice must include the ability to diagnose and who is licensed and/or registered with the relevant regulatory authority in their jurisdiction (e.g. an ophthalmologist or optometrist).

3.3.1 Medical Diagnostic Forms for Athletes with Vision Impairment must not be signed by an eye health care professional who is also a Classifier and/or UHC Assessor, to mitigate any potential, perceived, and/or actual conflicts of interest.

3.3.2 If a Medical Diagnostic Form for Athletes with Vision Impairment was signed by a Classifier and/or UHC Assessor prior to the commencement of their role, the Medical Diagnostic Form for Athletes with Vision Impairment may be accepted by IGF, at its discretion.

3.3.3 Visual field reports must be submitted as an attachment to the Medical Diagnostic Form for Athletes with Vision Impairment when indicated by the Underlying Health Condition. Visual field reports submitted as attachments must consist of full range fields (80º diameter or more, where appropriate); documents only providing central visual fields will be considered incomplete. Full range fields may be supplemented by additional central visual fields (e.g. test patterns of central 10, central 30, etc.) to better visualise the border between seen and unseen areas.

[Comment to Article 3.3.3: Examples of Underlying Health Conditions that constrict peripheral visual field and therefore require a visual field report are retinitis pigmentosa, retinal detachment, and glaucoma.]

3.3.4 Additional supporting Diagnostic Information is required to accompany the Medical Diagnostic Form for Athletes with Vision Impairment. The Diagnostic Information must provide clinical evidence of the Health Condition(s) stated on the Medical Diagnostic Form for Athletes with Vision Impairment.

3.4 Athletes who have an Underlying Health Condition only affecting the structure or function of one eye/optic nerve (i.e. and not the other eye/optic nerve) will be deemed not to have an Underlying Health Condition for the purposes of Vision Impairment. Such Athletes will be designated as 'Not Eligible - Underlying Health Condition' in accordance with the provisions of Article12 of the main body of these Classification Rules.

[Comment to Article 3.4: The current definition of Vision Impairment in the IPC Classification Code does not specify that an Athlete must have an Underlying Health Condition affecting the structure or function of both eyes/optic nerves. This is to provide for the possibility that an International Federation may (in future) seek to comply with the IPC Classification Code and International Standards in respect of a Para sport which caters for Athletes with a Vision Impairment in only one eye. However, as currently all Para sports for Athletes with a Vision Impairment require, for the purposes of Minimum Impairment Criteria, that Athletes with a Vision Impairment meet the Minimum Impairment Criteria in respect of both eyes, it should be assessed during the UHC Assessment whether or not the Athlete has an Underlying Health Condition affecting the structure or function of both eyes/optic nerves.

Athletes who do not have an Underlying Health Condition affecting the structure or function of both eyes/optic nerves should be designated as 'Not Eligible - Underlying Health Condition' in accordance with this Article, and should not be scheduled for an Evaluation Session to attend an Eligible Impairment Assessment or Minimum Impairment Criteria Assessment, at unnecessary cost and burden to those Athletes, National Federations and others. For the avoidance of doubt, this applies regardless of whether the impairment testing is monocular or binocular in nature.]

3.5 IGF (including the UHC Assessor) may request from the Athlete's National Federation any additional information (including Diagnostic Information) that it deems necessary to carry out the UHC Assessment.

3.6 IGF is responsible for conducting UHC Assessments, which it may do through any of the following persons or bodies (each referred to as a UHC Assessor):

3.6.1 a person or persons who represent and/or work on behalf of IGF, including staff;

3.6.2 a person or persons who represent and/or work on behalf of any organisation tasked by IGF with the provision of services related to the Classification of Athletes with a Vision Impairment;

3.6.3 Classifiers; and/or

3.6.4 other persons with expertise in the field of vision science and/or related Health Conditions, and/or other appropriate field.

Refractive errors

3.7 Refractive errors are not considered Underlying Health Conditions leading to Vision Impairment as they do not lead to reduced visual function when using the best possible refractive or optical correction.

3.8 Instead, when secondary pathological changes are present resulting from refractive errors, the medical diagnosis should describe the specific changes causing the loss of

vision. If the pathological changes are confirmed on the basis of the medical evidence provided through diagnostic testing, then the Athlete will be considered to have an Underlying Health Condition.

3.9 For example, any Medical Diagnostic Form for Athletes with Vision Impairment identifying the presence of the Health Condition of high myopia, hyperopia, astigmatism, or similar diagnosis, will be assessed under the procedures set out in 10 of the main body of these Classification Rules (Stage 1: UHC Assessment). In the absence of Diagnostic Information establishing a medical diagnosis of secondary pathological changes described in Article 3.8 above, IGF will designate the Athlete 'Not Eligible - Underlying Health Condition'.

4. Eligible Impairment Assessment

4.1 IGF (including the Classification Panel) may request from the Athlete's National Federation any additional information (including Diagnostic Information) that it deems necessary to carry out the Eligible Impairment Assessment.

4.1.1 If the Medical Diagnostic Form for Athletes with Vision Impairment submitted pursuant to Article 2 above is older than 12 months at the time of the Evaluation Session, a new Medical Diagnostic Form must be completed in English and submitted to IGF for the purposes of the Eligible Impairment Assessment. This Medical Diagnostic Form for Athletes with Vision Impairment must not be older than 12 months at the time of the Eligible Impairment Assessment, unless IGF determines otherwise.

4.2 The Classification Panel will conduct the Eligible Impairment Assessment in accordance with the terms of Article 13 of the main body of these Classification Rules. In addition:

4.2.1 The Classification Panel must confirm, to the best of their ability, the presence of the Underlying Health Condition reported in the UHC Assessment.

4.2.2 The Classification Panel must conduct an examination of the ocular structures such as anterior and posterior ocular segments using a slit lamp, direct, or indirect ophthalmoscopy, unless such examination is precluded by a clinical limitation.

[Comment to Article 4.2.2: The Classification Panel should use their clinical judgement to determine when a clinical limitation prevents a full examination of the ocular structures. Such a scenario will be rare, and the Classification Panel must still be able to confirm the presence of the Underlying Health Condition reported in the UHC Assessment, in accordance with Article 4.2.1.]

4.2.3 If required by the Classification Panel, topical dilation drops may be used to dilate the pupil(s) for the purposes of examining the ocular structures such as anterior and posterior ocular segments. Any relevant contraindication to the use of dilation drops must be indicated on the Medical Diagnostic Form for Athletes with Vision Impairment and supporting Diagnostic Information.

[Comment to Article 4.2.3: To ensure the necessary time for the drops to take effect, the Evaluation Session may typically last longer for Athletes required to follow this step.]

4.2.4 The Classification Panel may conduct any other ancillary testing to assist with confirmation of Underlying Health Condition and/or Eligible Impairment, including but not limited to:

4.2.4.1 optical coherence tomography (OCT) imaging and analysis;

4.2.4.2 fundus photography;

4.2.4.3 visual field assessment;

4.2.4.4 pupillary reflex testing; and/or

4.2.4.5 referring to the Diagnostic Information correlating with visual function evaluation findings.

4.3 If, during the Eligible Impairment Assessment, the Classification Panel considers that there are inconsistencies with the Underlying Health Condition reported in the UHC Assessment, they will follow the process and take the steps set out at Article 13.5 of the main body of these Classification Rules.

4.4 The Classification Panel's assessment of Vision Impairment must be based on:

4.4.1 its confirmation of the Underlying Health Condition reported in the UHC Assessment (Article 4.2);

4.4.2 its assessment of visual function described in Articles 4.16-4.33 (visual acuity assessment) when using the best possible refractive or optical correction as described in Articles 4.6-4.15 below; and

4.5 When seeking to confirm the presence of an Eligible Impairment, the order in which the Classification Panel conducts the assessments referenced in: (i) Article 4.2 above (confirming the Underlying Health Condition); and (ii) Article 4.4 above (assessing visual function), is at the sole discretion of the Classification Panel.

[Comment to Article 4.5: The Classification Panel may decide to assess measures of visual function before confirming the documented Underlying Health Condition, given the nature of testing described in Article 4.2.2 and 4.2.3 Shining a light into an Athlete's eyes (Article 4.2.2) and, when applicable, dilating an Athlete's pupil (Article 4.2.3) can negatively impact the assessment of visual function if conducted immediately beforehand. To avoid the significant/uncertain time required for an Athlete's vision to return to normal/habitual, measures of visual function will most commonly be conducted first (i.e. before confirmation of the Underlying Health Condition as described in Article 4.2).]

Refractive Error Assessment and Best Optical Correction

4.6 Assessment of an Athlete's best corrected visual function is required to assess an Athlete's Vision Impairment, regardless of whether or not an Athlete regularly uses refractive or optical correction (such as eyeglasses or corrective lenses) in competition.

4.7 For the avoidance of doubt, refractive or optical correction refers broadly to any type of refractive or optical correction. Any optical correction that may change the assessment of an Athlete's Vision Impairment must be reported to the Classification Panel. This

includes but is not limited to diaphragmatic lenses, tinted lenses, or sunglasses, intraocular lenses, or refractive surgery.

4.8 Athletes are required to provide up-to-date refractive and optical correction information before attending an Evaluation Session by submitting the relevant parts of the Medical Diagnostic Form for Athletes with Vision Impairment to IGF.

4.8.1 The information obtained in the Medical Diagnostic Form for Athletes with Vision Impairment relating to refractive and optical correction must not be older than 12 months at the time of the Evaluation Session, unless IGF determines otherwise.

4.8.2 If worn, contact lens prescription details must be provided by the Athlete in the refractive and optical correction section of the Medical Diagnostic Form for Athletes with Vision Impairment.

4.8.3 IGF may determine that this information is not required in the case of some Athletes (e.g. Athletes who have visual function at the level of light perception or no light perception).

4.9 Subject to Article 4.9.1 below, Athletes must declare any change in prescription of refractive or optical correction to IGF when it results in a change in nature or degree of an Athlete's Eligible Impairment by submitting a Medical Review request in accordance with the procedures of Article 36 of the main body of these Classification Rules (Medical Review). Failure to do so may result in an investigation in respect of potential Intentional Misrepresentation in accordance with Article 36.10 of the main body of these Classification Rules.

4.9.1 If the change in prescription of refractive or optical correction takes place when the Athlete holds a Sport Class Status of: (i) Review at the Next Available Opportunity (R-NAO); or (ii) Review with a Fixed Review Date (R-FRD) in the year/season of the Athlete's Review, a Medical Review request is not required. Instead, details of the change and any other relevant information must be included on an updated Medical Diagnostic Form, as referenced in Article 4.1.1 above.

[Comment to Article 4.9: A change in prescription of refractive or optical correction will not always result in a change in nature or degree of an Athlete's Eligible Impairment. For example, a prescription for one eye may be adjusted by 1.50 dioptres (dioptres are the standard unit of measurement for refractive error). For one Athlete, this may result in a change in degree of Vision Impairment by improving the Athlete's visual acuity. For another Athlete, this adjustment may not result in a change in degree of Vision Impairment, and their visual acuity stays the same. Alternatively, a 5-degree change in axis of cylinder of astigmatism correction may not result in a change in degree of visual acuity for one Athlete but a 90-degree change in axis may result in a change in degree of visual acuity for another Athlete. The result is specific to each Athlete and their adaptation to their prescription.]

4.10 Subject to Article 4.10.1 below, Athletes must declare any change in type of refractive or optical correction to IGF by submitting a Medical Review request in accordance with the procedures of Article 36 of the main body of these Classification Rules (Medical Review). Failure to do so may result in an investigation in respect of potential Intentional

Misrepresentation in accordance with Article 36.10 of the main body of these Classification Rules.

4.10.1 If the change in type of refractive or optical correction takes place when the Athlete holds a Sport Class Status of: (i) Review at the Next Available Opportunity (R-NAO); or (ii) Review with a Fixed Review Date (R-FRD) in the year/season of the Athlete's Review, a Medical Review request is not required. Instead, details of the change and any other relevant information must be included on an updated Medical Diagnostic Form, as referenced in Article 4.1.1 above.

[Comment to Article 4.10: Examples of a change in type of refractive or optical correction may include: refractive surgery; implantation or removal of intraocular lenses; change in use of eyeglasses to contact lenses; and change in type of contact lenses from soft lenses to custom lenses, such as rigid gas permeable lenses or scleral lenses.]

4.11 Athletes who use any refractive or optical correction (such as eyeglasses or corrective contact lenses), either in daily life and/or in competition, must attend the Evaluation Session with these devices and any related most up-to-date prescriptions.

4.11.1 Athletes must attend the Evaluation Session wearing contact lenses for a minimum of 30 minutes prior to the start of an Evaluation Session.

4.11.2 Failure by the Athlete to bring any refractive or optical correction to the Evaluation Session may result in the Classification Panel suspending the Evaluation Session in accordance with Article 29.1 of the main body of these Classification Rules. In these circumstances, the Classification Panel must also take the steps set out in Article 29.2 of the main body of these Classification Rules.

4.11.3 An Athlete found to be using refractive or optical correction (such as eyeglasses or corrective contact lenses) in competition that were not declared during the Evaluation Session may be investigated in respect of potential Intentional Misrepresentation.

4.12 The Classification Panel may assess the Athlete's refractive error with an autorefractor, retinoscope, or other methods.

4.13 The Classification Panel may measure spectacle refraction with a lensometer/focimeter.

4.14 Should an Athlete have dry eyes during the Evaluation Session, the Classification Panel may administer (with verbal consent of the Athlete) lubricating eye drops to assist with achieving best correction.

[Comment to Article 4.14: To ensure the necessary time for the drops to take effect, the Evaluation Session may typically last longer for Athletes required to follow this step.]

4.15 Best refractive or optical correction to measure visual functions described in Articles 4.16-4.33 (visual acuity assessment) must be specific to the testing requirements.

4.15.1 The best refractive or optical correction should provide the conditions to reach the Athlete's best visual function threshold.

4.15.2 This may not be the same as that which the Athlete uses in daily life or in Competition.

[Comment to Article 4.16: The best refractive or optical correction used to reach the visual acuity threshold may not be the same best refractive or optical correction used to determine the extent of visual field.]

Visual Acuity Assessment

4.16 Visual acuity specifies a threshold limit. This is the best visual acuity possible for the Athlete. Visual acuity scoring relies on the responses of the Athlete to find their threshold.

4.17 Athletes are required to provide an indication of the optotype orientation at each presentation, including in situations of uncertainty. This ensures that the assessment reflects measured visual performance and supports accurate determination of the visual acuity threshold.

[Comment to Article 4.17: Please see Article 4.31 and accompanying comment.]

4.18 The visual acuity threshold may not always be reached with central gaze and may require eccentric viewing or specific head postures to elicit the threshold acuity level. The head position that achieves the best visual function may not necessarily be the conventional/primary position. Where nystagmus is present, testing must be conducted at the null point. The position used must be identified and documented on the classification form.

4.19 Lighting conditions may be adjusted within the testing room to assist an Athlete to achieve best performance on visual acuity testing.

4.20 For the purposes of Classification, visual acuity is measured and recorded with the logMAR notation. Visual acuity is measured on the logMAR scale to the second decimal place (i.e. visual acuity is not measured to the hundredth decimal place).

4.21 The greater the value on the logMAR scale represents less visual acuity:

4.21.1 0.0 logMAR is equivalent visual acuity to 1.0 in decimal notation or 20/20 or 6/6 acuity in Snellen notation.

4.21.2 1.0 logMAR is equivalent visual acuity to 0.1 decimal notation or 20/200 or 6/60 acuity in Snellen notation.

4.22 All visual acuity measurements are based on the Athlete's best corrected vision while wearing the best refractive or optical correction, in accordance with 4.4 above.

4.23 Binocular visual acuity is assessed with both eyes open. Unless the Classification Panel determines an Athlete has better vision only using one eye, all Eligible Impairment Assessment, Minimum Impairment Criteria Assessment, and, if applicable, Sport Class allocation must be based on the assessment of visual acuity using both eyes. If the Classification Panel determines that better vision can be achieved monocularly, visual acuity scores must be based on monocular visual acuity in the best eye.

4.24 Monocular visual acuity is assessed by occluding the fellow seeing eye.

4.25 Depending on the extent of an Athlete's visual acuity, visual acuity is tested using the Tumbling E Early Treatment of Diabetic Retinopathy Study visual acuity chart (ETDRS chart) and/or with the Berkeley Rudimentary Vision Test (BRVT).

4.26 Stimuli that may be used in the Evaluation Session to measure visual acuity scores are:

4.26.1 Tumbling E optotype on the ETDRS chart and the BRVT;

4.26.2 grating acuities on the BRVT chart;

4.26.3 white field discrimination cards and black white discrimination on the BRVT.

4.27 The ETDRS chart presentation may be oriented horizontally or vertically, and at multiple distances.

4.28 The BRVT cards may be presented at multiple distances and in various order.

4.29 Visual acuity score decision-making for acuity scores:

4.29.1 less than or equal to 1.1 logMAR must be made using the ETDRS chart;

4.29.2 between 1.2 logMAR and 2.6 logMAR (inclusive) must be made using the BRVT;

4.29.3 greater than or equal to 2.7 logMAR must be made using the grating acuity cards on the BRVT.

4.30 The Classification Panel will ask the Athlete to indicate the orientation of the presented optotypes (e.g. up, down, left, right). Indication of the optotype orientation by the Athlete can be provided verbally, with hand gestures or by using a physical reference icon of a single Tumbling E.

4.31 Following psychophysical principles of testing sensory detection and discrimination thresholds, the exact acceptance criteria of scoring visual acuity are not shared by the Classification Panel.

[Comment to Article 4.31: the probability of an Athlete correctly "guessing" the correct answers is less than 1%.]

4.32 Any Athlete Support Personnel accompanying the Athlete during the Evaluation Session must position themselves in the room at an angle so as to be unable to read (i.e. out of sight of) the visual acuity charts during the assessment.

4.33 If the range of visual acuity scores achieved is greater than or equal to 0.3 logMAR, these results may be considered inconsistent. Classifiers may investigate the reason(s) for the inconsistency (e.g., the Athlete not understanding the testing procedures, fatigue, anxiety, light sensitivity, etc.) and consider appropriate next steps, for example:

4.33.1 repeating the relevant testing;

4.33.2 requiring the Athlete to provide an indication of the optotype orientation at each presentation, including in situations of uncertainty (see Article 4.17 above);

4.33.3 following the process and taking the steps set out at Article 13.5 of the main body of these Classification Rules;

4.33.4 suspending the Evaluation Session in accordance with Article 29.1 of the main body of these Classification Rules. In these circumstances the Classification

Panel must also take the steps set out in Article 29.2 of the main body of these Classification Rules.

4.34 Classifiers may use other instruments and tests to support the process of measuring visual acuity such as optokinetic drum, prisms, light source, pinhole test, based on the Diagnostic Information provided to the Classification Panel as well as the Athlete's clinical presentation of Vision Impairment.

[Comment to Article 4.34: For example, Classifiers may use such instruments/tests to verify the reliability of the visual acuity responses already provided by the Athlete without seen areas will be added to sum a diameter.

5. Minimum Impairment Criteria

5.1 The Classification Panel will assess Minimum Impairment Criteria based on the measures of visual function described in Articles 4.16-4.34 (visual acuity assessment)) when using the best possible refractive or optical correction as described in Articles 4.6-4.15 (refractive error assessment and best optical correction).

5.2 The Classification Panel will determine whether the Athlete meets the Minimum Impairment Criteria based solely on the application of the scores recorded in their testing of the Athlete's measures of visual function described above against the threshold criteria set out in Article 5.3 below. There will be no additional (separate) testing of these measures solely for the purpose of the Minimum Impairment Criteria Assessment.

5.3 In order to meet the Minimum Impairment Criteria, the Athlete's Vision Impairment must result in a classification category of B3 or below.

5.3.1 Athletes will have no light perception, or some light perception and the ability to perceive movement, but an inability to recognise shapes (visual acuity is greater than logMAR 2.6).

5.3.2 Athletes will have significantly limited vision (visual acuity ranges from logMAR 1.5 to 2.6 (inclusive).

5.3.3 Athletes will have greatly limited visual acuity (visual acuity ranges from logMAR 1.0 to 1.4).

6. Sport Classes

6.1 If the Athlete's measure(s) of visual function meet the Minimum Impairment Criteria, the Classification Panel will allocate a Sport Class based on the measures of visual function described in Articles 4.16-4.34 (visual acuity assessment) when using the best possible refractive or optical correction as described in Articles 4.6-4.15 (refractive error assessment and best optical correction).

6.2 The Classification Panel will determine the Athlete's Sport Class based solely on the application of the scores recorded in their testing of the Athlete's measures of visual function described above against the Sport Class Descriptions set out in Article 6.3 below. There will be no additional (separate) testing of these measures solely for the purpose of the Sport Class Assessment.

6.3 Sport Class Descriptions

Sport Class Name	Sport Class Descriptions
B3	The visual acuity score is in the range of 1.0 logMAR to 1.4 logMAR (inclusive).
B2	The visual acuity score is in the range of 1.5 logMAR to 2.6 logMAR (inclusive).
B1	The visual acuity score is greater than 2.6 logMAR (not inclusive).

6.3.1 Athletes with Vision Impairment that meet the Minimum Impairment Criteria set out above may be allocated one of the two Sport Classes set out below, which relate to the nature of the Athlete's impairment and how that impairment affects the Athlete's CHS and/or CFV.

6.3.2 **Vi1**: this Sport Class comprises Athletes whose Vision Impairment may result in a consistent and severe reduction in CHS and/or increase in CFV that cannot be partially remedied via any Adaptive Equipment that the Athlete has elected to use in competition (i.e., Athletes whose vision is assessed to be within category B1).

[Comment to Article 6.3.2: Such Athletes will lack functional visual information about ball position, club alignment, target location, and ball flight, meaning that they will typically adopt more conservative, less ballistic swing patterns and rely predominantly on feed-forward control rather than online visual correction, which substantially constrains CHS and markedly increases CFV for full driver swings.]

6.3.3 **Vi2**: this Sport Class comprises Athletes whose Vision Impairment may result in a consistent and moderate reduction in CHS and/or increase in CFV that cannot be partially remedied via any Adaptive Equipment that the Athlete has elected to use in competition (i.e., Athletes whose vision is assessed to be within category B2 or B3).

[Comment to Article 6.3.3: Such Athletes retain some useful vision but have substantially reduced visual acuity and/or visual field. This usually permits basic localisation of the ball and target, but with blurred or incomplete information about distance, slope and ball flight, resulting in a consistent moderate effect on CHS and/or CFV.]

6.4 Adaptive Equipment

6.4.1 Athletes in both Vi1 and Vi2 Sport Classes may use the following Adaptive Equipment:

6.4.1.1 binoculars or similar devices, including distance measuring devices;

6.4.1.2 audio features on such devices;

6.4.1.3 a regular golf cart (“buggy”);

6.4.1.4 a pull or push cart (“trolley”); and/or

6.4.1.5 circulatory aids, compression wraps, and compression garments as indicated for specified medical conditions.

6.4.2 If an Athlete’s choice to use (or not use) Adaptive Equipment could affect their allocated Sport Class, International Federations must:

6.4.2.1 establish a mechanism to record this information (for example, by creating specific designations for Adaptive Equipment); and

6.4.2.2 have an appropriate system in place to ensure that: (i) the Athlete uses the same Adaptive Equipment (if they were allocated a Sport Class on the basis that they would use such Adaptive Equipment), or (ii) the Athlete does not use any or certain Adaptive Equipment (if they were allocated a Sport Class on the basis that they would not use such Adaptive Equipment).

7. Observation Assessment

7.1 Observation Assessment is not currently utilised as part of the Sport Class Assessment for Athletes with Vision Impairment.

APPENDIX 3: CLASSIFICATION OF ATHLETES WITH INTELLECTUAL IMPAIRMENT

1. Introduction

1.1. As is noted in the comment to Article 15.1 of the Classification Rules, in order for an Athlete to be eligible to compete in Golf for Athletes with a Disability:

1.1.1 the Athlete must have an Eligible Impairment; and

1.1.2 that Eligible Impairment must be capable of altering the biomechanical execution of the Athlete's full golf swing with a driver in a way that: (i) is demonstrable; and (ii) will adversely affect the Athlete's performance (as assessed by reference to the Minimum Impairment Criteria in the MIC Assessment).

1.2. Once an Athlete's eligibility to compete in Golf for Athletes with a Disability has been confirmed by the Classification Panel, then (subject to Articles 29 and 30 of the Classification Rules) the Athlete will be allocated a Sport Class based on the effect that the Athlete's Eligible Impairment can be expected to have on their achievable Maximum Clubhead Speed and/or Clubface Angle Variability (and thus on their golfing performance).

1.3. This Appendix sets out the objective, evidence-based assessment procedures for Athletes with Intellectual Impairment to determine whether an Athlete is eligible to compete in Golf for Athletes with a Disability, and if so, the Sport Class that the Athlete should be allocated. The procedures set out in this Appendix rely on standardised tests that are reliable, valid, and sensitive to the ways in which Intellectual Impairment can limit golf performance.

2. Eligible Impairment

Eligible Impairment	Examples of Underlying Health Conditions
Intellectual Impairment Athletes with an Intellectual Impairment have an Underlying Health Condition causing restriction in general mental functions required to understand and constructively integrate the various mental functions, including all cognitive functions and their development over the life span.	The Underlying Health Condition that may lead to Intellectual Impairment is a disorder of intellectual development (commonly known as intellectual disability).

3. Diagnostic Information

3.1. As noted in Article 10 of these Classification Rules, it is the responsibility of the Athlete and their National Federation to provide the IGF with all relevant Diagnostic Information

necessary to enable the IGF to assess whether the Athlete has an Underlying Health Condition leading to Intellectual Impairment.

3.2. Athletes wishing to undergo Classification in respect of Intellectual Impairment must provide their National Federation with a full and detailed assessment of the Athlete by a qualified psychologist to support the diagnosis of the Athlete's Underlying Health Condition leading to their Intellectual Impairment. That assessment must:

3.2.1. be no more than five years old;

3.2.2. be typed on formal letter-headed paper stating the psychologist's name and qualifications, membership number and details of any professional bodies, address, phone/fax number and email; and

3.2.3. state when and where the assessment was done (i.e., date and location).

3.3. The psychological assessment of the Athlete must also include all of the following:

3.3.1 a full and detailed relevant history including education and family background, together with copies of any previous IQ assessment reports undertaken before the age of 18;

3.3.2 an assessment of the Athlete's IQ, using an internationally recognised IQ test conducted using the most recently standardised variations of any of the following:

3.3.2.1 Wechsler Intelligence Scales - WISC (ages 6-16) and WAIS (ages 16-90) including regional variations such as HAWIE, S-SAIS and MAWIE (WASI will, however, not be used);

3.3.2.2 Stanford-Binet (for ages 2+); or

3.3.2.3 Raven Progressive Matrices (CPM will however not be used);

3.3.3 an assessment of the Athlete's adaptive behaviour, taking into account the Athlete's areas of communication, self-care, self-direction, social/interpersonal skills, and their ability to respond to life changes and environmental demands. Such assessment must be conducted:

3.3.3.1 using an internationally recognised method that has been norm-referenced on the general population including people with impairments (e.g., Vineland Adaptive Behavioural Scales, ABAS, or AAMR Adaptive Behavioural Scales); or

3.3.3.2 in countries where no validated tests exist, through rigorous and systematic clinical observations over a period of time, supplemented by additional evidence from records and those who know the Athlete well.

3.3.4 the name and version of the IQ test used, and the method of assessment of adaptive behaviour used, together with an explanation of the reasons why that approach to assessment was taken;

3.3.5 a detailed analysis, interpretation, and discussion of the results of the Athlete's IQ test and adaptive behaviour assessment, concluding with a clear

diagnosis/statement of the Athlete's intellectual functioning and adaptive behaviour;

3.3.6 an explanation of any factors that may have affected the Athlete's results in the IQ test or adaptive behaviour assessment. Particular attention should be paid to cases where there is a large difference between sub-scale IQ scores that may require the full-scale IQ to be interpreted differently or invalidate it. Reporting should follow the guidelines set out in the IQ test manual and detailed analysis and comment should be included; and

3.3.7 a copy of the original summary sheet/record form of the Athlete's IQ test and standardised adaptive behaviour assessments showing all scores. Where these sheets are not available, the psychologist should explain why within the report.

3.4 Athletes must also complete and provide to their National Federation a completed Training History and Sport Limitation Questionnaire (**TSAL-Q**) provided by the IGF (which must have been completed in the last twelve months).

4. UHC Assessment

4.1. The IGF will provide the Athlete's Diagnostic Information and TSAL-Q to VIRTUS who will act as the UHC Assessor for all cases involving Intellectual Impairment.

4.2. VIRTUS will review the Athlete's Diagnostic Information and TSAL-Q to assess whether the Athlete meets the Virtus II1 International standard (as may be amended from time to time).

4.3. As at the date of these Classification Rules, that standard requires that Athletes demonstrate that:

4.3.1 they have significant impairment in intellectual functioning, which is defined as a Full-Scale IQ of 75 or lower;

4.3.2 they have significant limitations in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills. This is defined as performance that is at least two standard deviations below the mean of either:

4.3.2.1 one of the following three types of behaviour: conceptual, social, or practical skills; or

4.3.2.2 an overall score on a standardised measure of conceptual, social, and practical skills; and

4.3.3 their impairment was evident before the age of 22 (i.e., in the developmental stage of their life).

5. Eligible Impairment Assessment

5.1 When conducting the Eligible Impairment Assessment, the Classification Panel will evaluate the Diagnostic Information to verify that the Athlete has Intellectual Impairment consistent with an Underlying Health Condition, as reported by VIRTUS in the UHC

Assessment. In accordance with Article 13.4 of the Classification Rules, the Eligible Impairment Assessment therefore need not take place in person.

6. MIC Assessment

6.1 The Athlete will be required to undergo a Sport Cognition Test Battery, consisting of a series of tests on five (5) different components of sport cognition: memory and learning; executive functioning; visual perception and fluid intelligence; and processing speed and attention-concentration skills. Additionally, visual-motor ability is assessed for in a separate test.

6.2 The following table outlines each of the five (5) tests:

Component	Tests	Task	Scoring	Cut-off score
Executive functioning	Tower of London	To copy the frame structure by moving balls in the least number of moves possible.	Number of items solved correctly	12.43
Memory and learning	Corsi	To remember a sequence of blocks and to repeat the sequence in the same order.	Average length of a sequence	6.69
Processing speed & attention - communication with others	Flanker test	To react as fast as possible to four different stimuli, with the corresponding arrow key, while ignoring the distractors.	Number of correct responses in 30 seconds	41
Visual perception & fluid intelligence	Block design	To copy patterns with white/red cubes.	Raw total performance score	58.31
	Matrix reasoning	To indicate out of 5 pictures which one belongs at the place of the question mark in the matrix.	Amount of items solved correctly	28.91
Visual motor skills	Finger tapping	To tap the spacebar for ten (10) seconds as fast as possible with the dominant and non-dominant hand.	/	/

6.3 For each test of the Sport Cognition Test Battery, the following scoring mechanism applies:

6.3.1 A score of 1 is given if the individual score for the Athlete is higher than the cut-off score.

6.3.2 A score of 0 is given if the individual score for the Athlete is lower or equal to the cut-off score.

6.4 **Minimum Impairment Criteria:** The Athlete must have a total score across all tests within the Sport Cognition Test Battery is 1 or less.

7. Sport Class

7.1 Athletes with Intellectual Impairment that meets the Minimum Impairment Criteria set out above may be allocated the Sport Class Ii1.

[*Comment to Article 7.1: Such Athletes will have at least a mildly adverse effect on their sport-relevant cognition. In practical terms, this can be expected to manifest most consistently as a mild increase in CFV (e.g., greater shot-to-shot dispersion and start-line consistency) and/or less commonly, a mild reduction in CHS. This weighting towards Clubface variability reflects experimental evidence that cognitive load, mental fatigue, and attentional control interventions in golf and related precision sports predominantly affect accuracy and dispersion outcomes, with smaller or less consistent effects on maximal force or speed production (Van Biesen et al., 2016; Van Biesen et al., 2021; Vine et al., 2011; Pan et al., 2025; Khalaji et al., 2025; Ding et al., 2024).*]

7.2 **Adaptive Equipment**

7.2.1 Athletes with the Sport Class Ii1 may use the following Adaptive Equipment:

7.2.1.1 a regular golf cart (“buggy”);

7.2.1.2 a pull or push cart (“trolley”); and/or

7.2.1.3 circulatory aids, compression wraps, and compression garments as indicated for specified medical conditions.

8. Observation Assessment

8.1 Observation Assessment is not currently utilised as part of the Sport Class Assessment for Athletes with an Intellectual Impairment.

APPENDIX 4: DEFINITIONS

Terms used in the Classification Rules that begin with capital letters have the meanings set out below. Defined terms from the IPC Constitution are shown in underline. In the event of any inconsistency between a definition in underline below and a definition in the IPC Constitution, the version in the IPC Constitution will prevail.

Adaptive Equipment means any implement, apparatus, and/or technical aid adapted to the special needs of an Athlete to reduce the impact of their impairment(s) and that is permitted by the Rules of Golf and/or the Equipment Rules, except that refractive or optical corrections (such as eyeglasses or corrective lenses) are not considered to be Adaptive Equipment.

Anonymised Data means data rendered in such a way that makes it impossible to identify the individual to whom the data relates**,** whether by the Classification Organisation Processing the data or by any other party.

Appeal has the meaning given to that term in Article 44.

Appeal Body means the body designated by IGF for hearing and determining Appeals, i.e., the IPC Board of Appeal of Classification.

Athlete is currently licensed by the IGF means registered with their national federation.

Best Practice Classification has the meaning given to that term in Article 70.1.

Board of Appeal of Classification (BAC) means the body established by the IPC to hear and determine classification appeals.

Certification has the meaning given to it in Article 63.1, i.e., the process by which the IGF assesses and confirms that a Classifier has met the Classifier competencies. The words 'Certify' and 'Certified' will be interpreted accordingly.

Chief Classifier means a Classifier appointed by IGF to direct, administer, co-ordinate, and implement Classification matters for a specific Classification opportunity according to the Classification Rules.

Classification means the determination of which Athletes are (i) eligible to compete in Golf for Athletes with a Disability; and (ii) the grouping of eligible Athletes into Sport Classes based on the extent to which their impairment(s) impact(s) their ability to execute the specific tasks and activities fundamental to Golf for Athletes with a Disability, further to the process set out in 12 of Chapter 2.

Classification Data means Personal Information, including Sensitive Personal Information, relating to an Athlete, Athlete Support Person, other Participant, Classification Personnel, and others involved in Golf for Athletes with a Disability or Classification Processed in connection with Classification, or other purposes related to the Classification Rules and/or the IPC Classification Code and/or International Standards.

Classification Master List has the meaning given to that term in Article 35.1.

Classification Organisation means any organisation (including, for the avoidance of doubt, the IGF and the IPC) that is responsible for any aspect of Classification and/or holds Classification Data pursuant to the Classification Rules and/or the IPC Classification Code and/or International Standards.

Classification Panel means a specified number of Classifiers, appointed by IGF to conduct Evaluation Sessions and determine an Athlete's Sport Class and Sport Class Status in accordance with these Classification Rules.

Classification Personnel means Persons acting with the authority of the IGF in relation to Classification, for example Classifiers and administrative officers.

Classification Personnel Code of Conduct means the behavioural and ethical standards for Classification Personnel specified by the IGF, as further detailed in Article 65.

Classification Research means any systematic scientific evaluation, analysis, or investigation, which aims to enhance or understand a Para sport classification system or systems.

Classification Rules means these Classification Rules, as may be amended from time to time.

Classifier means a person authorised as an official and certified by IGF to evaluate Athletes as a member of a Classification Panel.

Clubface Angle Variability (CFV) means the consistency the Athlete is able to achieve in the angle at which they hit the ball when playing a shot. As the Clubface angle governs most of the initial horizontal launch direction of the ball when struck, CFV is therefore the primary determinant of shot dispersion.

Combined Class Event has the meaning given to it in Article 37.2.

Competition means a golf tournament or championship, which may feature single or multiple rounds of golf.

Competition Categories has the meaning given to it in Article 37.2.

Compliance means the implementation of rules, regulations, policies and processes that adhere to the text, spirit, and intent of the IPC Classification Code and International Standards.

Coordination Impairment has the meaning given to that term in Appendix 1.

Covered Competition has the meaning given to that term in Article 3.1.

Data Protection Laws means all data protection and privacy laws and regulations applicable to the IGF.

Diagnostic Information means medical records and/or any other documentation that enables the IGF to assess the existence or otherwise of an Underlying Health Condition or Eligible Impairment.

Dyskinesia has the meaning given to that term in Appendix 1.

Effective Date has the meaning given to that term in Article 1.2.

Eligible Impairment means an impairment that is Permanent and that falls within one of the categories catered for by the IGF, as set out in Appendix 1, 2 and 3.

Eligible Impairment Assessment means stage 2 of the Classification process, i.e., the assessment described in Article 6.1.

Equipment Rules means the rules published by The R&A Rules Limited and the United States Golf Association that define the equipment that may be used by Athletes within the sport of golf, as amended from time to time.

Evaluation Session means stages 2, 3 and 4 of the Classification process, i.e., the Eligible Impairment Assessment, MIC Assessment, and allocation of Sport Class and Sport Class Status, as further defined in Article 6.1.

First Appearance has the meaning given to that term in Article 17.8.4.2.

Fixed Review Date has the meaning given to that term in Article 20.1.3.

Head of Classification has the meaning given to it in Article 59.3.1, i.e., a person appointed by IGF responsible for the direction, administration, coordination, and implementation of Classification matters for IGF.

Health Condition means a disease (acute or chronic), disorder, injury, or trauma.

Hypertonia has the meaning given to that term in Appendix 1.

IGF means the International Golf Federation.

IGF Appeals' Panel means the body described in the IGF Appeals Panel Policy (i.e., the operationally independent body responsible for hearing and determining appeals made against decisions of the IGF Tribunal).

IGF Code of Ethics means the IGF's Code of Ethics as in force from time to time.

IGF Code on the Prevention of the Manipulation of Competitions means the IGF's Code on the Prevention of the Manipulation of Competitions as in force from time to time.

IGF Codes of Conduct means the IGF's Codes of Conduct for: (i) Athletes and Athlete Support Personnel; and (ii) Tournament Support Personnel, each as in force from time to time.

IGF Counting Event means any Golf for Athletes with a Disability Competition hosted by a National Federation at which Athletes registered with another National Federation are invited to compete.

IGF Protest means a Protest made by IGF pursuant to Article 41.

IGF Tribunal means the body described in the IGF Tribunal Policy (i.e., the operationally independent body with responsibility for hearing and determining complaints referred to it by the Head of the IGF Integrity Unit.)

Impaired Muscle Power has the meaning given to that term in Appendix 1.

Impaired Passive Range of Movement has the meaning given to that term in Appendix 1.

In-Competition means the period commencing from the day on which IGF offers Classification opportunities in relation to a Competition in which the Athlete is scheduled to compete through to the day such Competition ends.

Individual Combined Class Event has the meaning given to it in Article 37.3.

Intellectual Impairment has the meaning given to that term in Appendix 3.

Intentional Misrepresentation has the meaning given to that term in Article 49.1.

International Classifier has the same meaning as 'Classifier' (as distinct from a National Classifier).

International Federation means an international sport federation recognised by the IPC as the sole worldwide representative of a specific Para sport that is on the Paralympic Games Sport Programme.

International Standard means a document adopted by the IPC to supplement the IPC Classification Code, as amended from time to time.

IPC means the International Paralympic Committee e.V.

IPC Classification Code means the 2025 IPC Classification Code, as amended from time to time.

IPC Constitution means the constitution of the IPC, as amended from time to time.

Lead Side for a golf swing refers to the left-hand anatomical side for right-handed Athletes.

Limb Deficiency and/or Limb Length Difference has the meaning given to that term in Appendix 1.

Maximum Clubhead Speed (CHS) means the maximum speed at which the Athlete is able to hit the ball when playing a shot. A higher CHS will result in a higher ball speed and, under comparable launch/spin conditions, result in a longer carry and longer shot distance. An

Athlete's CHS therefore contributes substantially to their overall scoring in Golf, as longer tee shots will shorten the approach distance and improve proximity to the hole.

Medical Classifier means a Classifier with specialist medical expertise.

Medical Review has the meaning given to that term in Article 36.

MIC Assessment means stage 3 of the Classification process, i.e., the assessment described in Article 6.1.

Minimum Impairment Criteria means the minimum level of impairment resulting from an Eligible Impairment that is required in order for an Athlete to be eligible to participate in Golf for Athletes with a Disability.

Minor means a natural Person who has not reached the age of eighteen years.

Motor Ataxia has the meaning given to that term in Appendix 1.

National Classifier means a person authorised by a National Federation, to carry out some or all aspects of national level classification.

National Federation means a national member of IGF.

National Federation Protest means a Protest made by a National Federation pursuant to Article 40.

National Representative means any person who is an office-holder or member of staff of, or who otherwise represents and/or works on behalf of a National Federation.

Next Available Opportunity means the next available opportunity at which the Athlete can attend a new Evaluation Session, as determined by the IGF.

Non-Eligible Impairment has the meaning given to that term in Article 9.2.

Observation Assessment means the observation of an Athlete in Competition by a Classification Panel as part of the Sport Class Assessment so that the Classification Panel can complete its determination regarding the extent to which an Athlete's Eligible Impairment(s) impact(s) their ability to execute the specific tasks and activities fundamental to Golf for Athletes with a Disability.

Operational Independence (or **Operationally Independent**) means that (a) board members, staff members, commission members, consultants, and officials of IGF, as well as any Person involved in the investigation and pre-adjudication of the matter, cannot be appointed as members and/or clerks (to the extent that such clerk is involved in the deliberation process and/or drafting of any decision) of the relevant body, and (b) the relevant body must be in a position to conduct the hearing and decision-making process without interference from IGF or any third party. The objective is to ensure that members of the relevant body, or individuals otherwise involved in the decision of the relevant body, are not involved in the investigation of, or decisions to proceed with, the case.

Out-of-Competition means any period that is not In-Competition.

Para Athlete means any Athlete competing in a Para sport.

Para sport means any sport in which persons with a disability participate in accordance with classification rules that are compliant with the IPC Classification Code and the related International Standards.

Paralympic Games means the major international event owned and sanctioned by the IPC comprising summer and winter editions usually held in alternating biennial cycles where Para Athletes compete in Para sports that are on the Paralympic Games Sport Programme.

Paralympic Games Sport Programme means the Para sports on the programme for the Paralympic Games.

Paralympic Movement has the meaning given to that term in Article 2.1 of the IPC Constitution: 'The Paralympic Movement' comprises the IPC, the IPC Members, the Recognised International Federations, and any other Persons that participate in Para sport or are involved in the promotion, organisation, and/or delivery of Para sport.

Participant means:

(i) Athletes;

(ii) Athlete Support Personnel;

(iii) National Representatives; and

(iv) any other persons under the jurisdiction of IGF who participate in any aspect of Classification.

Permanent means an impairment that is unlikely to be resolved, meaning that the principal effects are lifelong.

Person means natural persons, corporate bodies, and unincorporated bodies (whether or not having separate legal personality), and also includes the legal personal representatives, successors, and permitted assigns of such person, as the context so requires. For the avoidance of doubt, the term Person does not include the IPC.

Personal Information means any information that relates to an identified or identifiable Athlete, Athlete Support Personnel, other Participant, Classification Personnel, or other individual involved in Para sport.

Physical Impairment means the Eligible Impairments listed in Appendix 1.

Athlete means any Athlete who has participated in any way in the Classification process, who has taken any step to engage in that process (for example by providing Diagnostic Information to their National Federation for the purposes of undergoing Classification), and/or who has entered or participated in any Covered Competition.

Athlete Support Person means any coach, trainer, manager, agent, team staff, official, medical, paramedical personnel, parent, or any other person working with, treating, and/or assisting an Athlete.

Public Disclosure means the dissemination or distribution of information to the general public at a minimum by placing the information on the IGF's website and leaving the information up for the longer of one month or the duration of any period of ineligibility.

Process(ing) means the collection, recording, storage, use, or disclosure of Personal Information

Protest has the meaning given to that term in Article 38.1.

Protest Panel means a Classification Panel appointed by the IGF to conduct an Evaluation Session as a result of a Protest.

Re-certification means the process by which the IGF will assess that a Classifier has maintained specific Classifier competencies.

Recognised International Federation (RIF) has the meaning given to that term in Article 20.1 of the IPC Constitution: 'The IPC recognises the importance of creating a Paralympic family network of recognised international federations that are not eligible to become IPC Members but contribute to the development of the Paralympic Movement. Accordingly, the Governing Board may, in its absolute discretion, grant the status of 'Recognised International Federation' (**RIF**) to an international federation that is not part of the Paralympic Games Sport Programme and so is not eligible to become an IPC Member as an International Federation, but still contributes to the development of the Paralympic Movement. For the avoidance of doubt, RIFs are not IPC Members'.

Research Purposes means the general development and integrity of sports within the Paralympic Movement, including but not limited to Classification Research.

Rules of Golf mean the rules of golf published by The R&A Rules Limited and the United States Golf Association, as amended from time to time.

Seated Posture means a seated golfing stance, utilising either a wheelchair or seated cart.

Sensitive Personal Information means Personal Information that relates to health or is otherwise deemed to be a sensitive or special category of Personal Information under applicable Data Protection Laws.

Short Stature has the meaning given to that term in Appendix 1.

Spasticity has the meaning given to that term in Appendix 1.

Sport Class means a category for competition in which Athletes are categorised by reference to the extent to which their Eligible Impairment(s) impact(s) their ability to execute the specific tasks and activities fundamental to Golf for Athletes with a Disability as set out in the Classification Rules.

Sport Class Assessment has the meaning given to that term in Article 6.1.

Sport Class Status means a status applied to a Sport Class to indicate whether and when an Athlete may be required to undergo Classification in the future.

Standing Posture means a standing golfing stance, unsupported by the use of any wheelchair or seated cart.

Substantial Assistance has the meaning given to it in Article 54.4.7.1.

Team Combined Class Event has the meaning given to it in Article 37.4.

Trail Side in a golf swing refers to the right-hand anatomical side for right-handed athletes.

Trainee Classifier means a person who is in the process of formal training to become a Classifier.

UHC Assessment means stage 1 of the Classification process, i.e., the assessment described in Article 6.1.

UHC Assessor means any person or body responsible for conducting UHC Assessments in accordance with Article 7.1.

Underlying Health Condition means a verifiable Health Condition that may lead to an Eligible Impairment catered for by the IGF.

Virtus means the International Federation for Intellectual Impairment Sport.

Vision Impairment has the meaning given to that term in Appendix 2.

Without Prejudice Agreement means a written agreement between the IGF and a Participant that allows the Participant to provide information to the IGF in a defined time-limited setting with the understanding that, if an agreement for Substantial Assistance is not finalised, the information provided by the Participant in this particular setting may not be used by the IGF against the Participant (or any other Participant) in any Intentional Misrepresentation proceedings, and the information provided by the IGF in this particular setting may not be used by the Participant against the IGF in any Intentional Misrepresentation proceedings. However, and for the avoidance of doubt, such an agreement will not preclude the IGF or Participant from using any information or evidence gathered from any source other than during the specific time-limited setting described in the agreement).

APPENDIX 5: STAGE 3 - MINIMUM IMPAIRMENT CRITERIA ASSESSMENT

The MIC thresholds were developed through a technical, evidence-informed methodology rather than through broad member consultation. A broad member consultation process was not used as the primary method for setting the MIC thresholds because threshold-setting was considered a specialised classification methodology matter requiring appraisal of impairment-specific evidence, clinical measurement properties, golf biomechanics, and expert classification judgement.

The MIC thresholds reflected in these Classification Rules were developed and refined following review of the best available evidence relevant to each Eligible Impairment type, the assessment measures selected for MIC testing, and the likely effect of those impairments on the specific tasks and activities fundamental to golf. The intent was to identify impairment thresholds that were objective, clinically measurable, reliable, and capable of supporting a defensible inference that the Athlete's impairment would produce meaningful activity limitation in golf.

The methodology first identified two leading sport-specific determinants for golf classification: (1) driver Clubhead Speed and (2) driver Clubface Variability at impact. Driver Clubhead Speed was selected because it is linked to ball speed, driving distance, approach distance and scoring potential. Golf performance literature supports relationships between strength, force-producing capacity, swing speed, ball speed, driving distance and performance outcomes (Broadie, 2012; Brennan et al., 2024; Hellström, 2009; Torres-Ronda et al., 2011; Wells et al., 2018). Biomechanical evidence also indicates that Clubhead Speed is influenced by lower-limb force production, pelvis and trunk rotation, proximal-to-distal sequencing, swing geometry and torque application, all of which may be affected by Eligible Impairments including impaired muscle power, passive range of motion restriction, limb deficiency, hypertonia and ataxia (Brennan et al., 2024; Myers et al., 2008; Nesbit & Serrano, 2005; Tinmark et al., 2010; Wells et al., 2018).

Driver Clubface Variability at impact was selected as the second leading determinant because face angle is a major contributor to initial ball direction and horizontal shot dispersion. Golf impact and ball-flight research supports face-angle variability as a sport-specific mechanism by which impairments affecting grip, hand control, distal upper-limb control, timing, coordination and voluntary movement control may affect golf performance (Betzler et al., 2012, 2014; Wood et al., 2018).

The MIC thresholds were then assessed using clinically recognised impairment measures selected for their clinical utility, feasibility, reliability, validity evidence and suitability within a classification environment. These included the Daniels and Worthingham Muscle Testing Scale / Manual Muscle Testing, hand grip dynamometry, standardised passive range of motion assessment, the Australian Spasticity Assessment Scale, the Scale for the Assessment and Rating of Ataxia, and the Dyskinesia Impairment Scale - Second Edition.

Following submission of the draft IGF Classification Rules, Adelaide University undertook an independent evidence review titled Evidence Summary: Psychometric Properties of Measures Used Within IGF Classification (Adelaide University, 2026). The review focused on five

classification measures: the Daniels and Worthingham Muscle Testing Scale, hand grip dynamometry, the Australian Spasticity Assessment Scale, the Scale for the Assessment and Rating of Ataxia, and the Dyskinesia Impairment Scale - Second Edition. The review found that these clinical assessment measures generally demonstrate acceptable to strong psychometric properties, supporting their use as evidence-informed tools within the IGF classification process. It also noted that most evidence is drawn from clinical rather than golf-specific athlete populations, and that further sport-specific research in Paralympic golf classification populations would strengthen the evidence base.

For impaired muscle power, Manual Muscle Testing was selected as a clinically recognised method for assessing substantial voluntary muscle weakness. The MMT threshold of less than 3/5 was retained because it identifies weakness severe enough that the Athlete cannot complete the tested movement through range against gravity. The Adelaide University review supports MMT as a generally reliable clinical method for assessing muscle strength, while noting that reliability can vary by muscle group, population and testing procedure. The golf-specific rationale is that severe muscle power loss may affect force production, weight transfer, stance stability, segmental sequencing, arm-trunk coordination and club delivery, with likely impact on driver Clubhead speed and/or Clubface Variability.

For hand grip strength, dynamometry was selected because it provides an objective measure of grip capacity at the hand-club interface. The Adelaide University review found that hand grip dynamometry demonstrates high test-retest, inter-rater and intra-rater reliability across multiple populations, relatively small measurement error, and validity evidence as an indicator of strength capacity. Grip strength is relevant to golf because the hands maintain the hand-club connection, stabilise the handle, contribute to wrist hinge and release, and influence Clubface presentation at impact. The relevance of grip strength and broader strength qualities to golf performance is further supported by golf literature identifying grip strength, trunk strength and leg-hip strength as contributors to swing speed and performance (Hellström, 2009; Torres-Ronda et al., 2011).

For passive range of motion thresholds, Adelaide University should not be treated as direct psychometric support, because passive ROM/goniometry was not included within the five-measure scope of the Adelaide review. Instead, the PROM thresholds were retained because they identify severe, permanent movement restrictions in joint regions necessary for the physical execution of the golf swing. The rationale is supported by peer-reviewed golf biomechanics and performance literature linking lower-limb force transfer, pelvis-trunk rotation, kinematic sequencing, upper-limb positioning, wrist mechanics, Clubhead presentation and face angle to Clubhead speed, club delivery and shot outcome (Betzler et al., 2012, 2014; Bourgain et al., 2022; Brennan et al., 2024; Chu et al., 2010; Nesbit, 2005; Nesbit & Serrano, 2005; Wood et al., 2018).

For hypertonia, the Australian Spasticity Assessment Scale was selected as a recognised clinical measure of spasticity relevant to swing rhythm, movement consistency, voluntary control, stance stability and upper-limb release. For ataxia, the Scale for the Assessment and Rating of Ataxia was selected as a recognised measure of coordination impairment relevant to balance, postural control, rhythm, sequencing and inter-segmental timing. For dyskinesia, the Dyskinesia Impairment Scale - Second Edition was selected as a recognised measure of

dystonia and choreoathetosis relevant to involuntary movement and voluntary motor control. The Adelaide University review independently supported the psychometric suitability of these selected tools, while also identifying the need for ongoing validation in sport-specific classification populations.

For the ataxia thresholds specifically, targeted consultation was undertaken with Associate Professor Emma Beckman to consider whether the proposed thresholds were appropriate for identifying coordination impairment likely to produce meaningful activity limitation in golf. This was important because ataxia may affect inter-segmental timing, postural control, rhythm, motor planning and shot-to-shot consistency. Within the IGF framework, ataxia may reduce Clubhead speed through impaired proximal-to-distal sequencing and reduced energy transfer, and may increase Clubface Variability through poorer limb control, balance and timing.

The MIC methodology and proposed thresholds were then appraised through targeted technical consultation with Associate Professor Emma Beckman, Professor Sean Tweedy, and Dr Brad Stenner, reflecting expertise in Paralympic classification, impairment assessment, classification methodology, rehabilitation medicine and sport-specific performance. These consultations included review of the rationale for identifying driver Clubhead speed and driver Clubface Variability as the key golf performance determinants, review of the selected MIC assessment methodology, and appraisal of the sensitivity, specificity and suitability of the proposed thresholds.

IGF acknowledges that the evidence base will continue to develop, particularly in relation to golf-specific classification populations. The current MIC thresholds should therefore be understood as evidence-informed and expert-appraised thresholds based on the best available evidence at the time of development. IGF does not claim that each exact numerical MIC cut-point has already been directly validated against Para golf outcomes. Rather, the thresholds are supported by the clinical meaning and psychometric suitability of the selected measures, the best available peer-reviewed golf biomechanics and performance literature, and targeted expert review. IGF will continue to refine the thresholds as classification data, athlete outcomes, technical assessment findings, adaptive equipment data and further sport-specific research become available.

MIC Threshold Rationale Table

Eligible impairment / domain	Assessment measure	MIC threshold selected	Best available evidence supporting the MIC threshold and likely activity limitation in golf	Ongoing evidence development / prospective confirmation
Lower-limb passive ROM deficit - hip	Standardised passive ROM assessment / goniometry	Hip PROM MIC is met where, as specified in Appendix 1, the Athlete has: - a hip flexion contracture of 35° or more; or - a fused or ankylosed hip with no detectable passive excursion in all assessed planes under the specified testing protocol.	The hip PROM threshold is retained because a hip fixed in neutral or a flexion contracture 35° or more represents a severe restriction in a joint region required for set-up posture, stance width, pelvic rotation, lower-limb loading and trail-to-lead weight transfer. In golf-specific activity terms, this threshold identifies a restriction likely to affect the Athlete's ability to create a stable address position, rotate through the pelvis, transfer force through the lower limb and contribute to driver Clubhead speed. Golf literature supports the importance of lower-limb force production and force-transfer capacity to Clubhead Speed (Brennan et al., 2024; Wells et al., 2018). Golf biomechanics literature also supports the importance of coordinated lower-body loading, pelvis-trunk rotation and sequencing through the kinetic chain for driving performance and CHS generation (Bourgain et al., 2022; Chu et al., 2010). Hip-specific golf evidence shows that golfers use asymmetrical weight-bearing hip rotation during the swing, with greater lead-hip rotational demand during swing phases (Gulgin et al., 2010). A hip PROM restriction meeting MIC is therefore expected to create activity limitation primarily through reduced stance efficiency, reduced pelvis-trunk contribution, reduced weight transfer and reduced driver CHS.	The current hip PROM threshold is defensible as an evidence-informed and expert-appraised MIC threshold because it captures severe restriction in a joint region central to the standing driver swing. Ongoing evidence development should prospectively monitor how hip flexion contracture, fixed hip position, lead/trail side involvement, compensatory movement and permitted Adaptive Equipment affect driver CHS, weight transfer, swing sequencing, shot dispersion and Sport Class allocation. This should refine threshold guidance without implying that the current threshold is unsupported.
Lower-limb passive ROM deficit - knee	Standardised passive ROM assessment / goniometry	Knee PROM MIC is met where, as specified in Appendix 1, the Athlete has either: a knee flexion contracture of 40° or more in the lead or trail knee; or an ankylosed or fused knee with no detectable passive flexion/extension excursion, fixed at: anatomical terminal extension (0°) in the lead knee; or 45° or more of knee flexion in the lead or trail knee.	The knee PROM threshold is retained because a knee ankylosed in extension or a flexion contracture 40° or more represents a severe restriction likely to affect address posture, balance, lower-limb loading, trail-to-lead weight transfer, lead-leg braking, follow-through stability and repeated swing execution. In golf-specific activity terms, the knee contributes to maintaining a stable base, absorbing and transferring lower-limb force, and supporting the pelvis-trunk sequence during the downswing and follow-through. Golf literature supports the importance of lower-limb force production and force-transfer capacity to Clubhead Speed (Brennan et al., 2024; Wells et al., 2018). Biomechanical evidence also supports the importance of lower-body loading, pelvis-trunk sequencing and kinetic-chain transfer during the golf swing (Chu et al., 2010; Nesbit & Serrano, 2005). A knee PROM restriction meeting MIC is therefore likely to affect golf activity limitation through reduced lower-limb loading capacity, reduced lead-leg braking, altered weight transfer and reduced consistency of force transfer.	The current knee PROM threshold is defensible as an evidence-informed and expert-appraised MIC threshold because it captures severe restriction likely to materially affect the standing driver swing. Ongoing evidence development should prospectively monitor how knee ankylosis or flexion contracture affects driver CHS, lead/trail side contribution, weight-transfer mechanics, balance, follow-through stability, shot dispersion and Sport Class allocation.

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Upper-limb passive ROM deficit - wrist	Standardised passive ROM assessment / goniometry	Wrist PROM MIC is met, as specified in Appendix 1, where the Athlete's trail wrist, passive wrist extension is 10° or less and the total passive radial-plus-ulnar deviation excursion is 5° or less. Both components must be satisfied in the same trail wrist.	The wrist PROM threshold is retained because it captures severe restriction in a joint region directly involved in hand-club coupling, wrist hinge, delayed release, Clubface stabilisation and final delivery of the Clubhead to impact. In golf-specific activity terms, severe restriction of playing-side wrist extension and radial-ulnar deviation narrows the available movement window for hinging, releasing, stabilising and squaring the Clubface. Chu et al. (2010) reported that delayed release of the arms and wrists was significantly related to ball velocity, supporting the relevance of wrist-release mechanics to driving performance. Fedorcik et al. (2012) reported differences in lead-wrist radial deviation and wrist mechanics between low- and high-handicap golfers, supporting the relevance of wrist kinematics to swing execution. Clubhead presentation, impact location and face angle are also important determinants of launch direction, shot outcome and dispersion (Betzler et al., 2012, 2014; Wood et al., 2018). A wrist PROM restriction meeting MIC may therefore affect both key golf pathways: CHS, through impaired release and energy transfer, and CFV, through reduced capacity to control face angle at impact.	The current wrist PROM threshold is defensible as an evidence-informed and expert-appraised MIC threshold because it captures severe restriction in a joint region directly relevant to club delivery. Ongoing evidence development should prospectively monitor how wrist extension and radial-ulnar deviation restriction affect driver CHS, delayed release, face angle, club path, strike location, shot dispersion, permitted adaptive grip use and Sport Class allocation.
Upper-limb passive ROM deficit - shoulder	Standardised passive ROM assessment / goniometry	Shoulder PROM MIC is met, as specified in Appendix 1, where the Athlete has either: passive abduction 30° or less - lead or trail shoulder; passive horizontal adduction 50° or less - lead shoulder; passive adduction deficit of 30° or more from neutral - lead or trail shoulder; passive flexion 20° or less -lead or trail shoulder; passive external rotation 40° or less - trail shoulder; or passive internal rotation 20° or less - lead shoulder.	The shoulder PROM thresholds are retained because severe shoulder ROM restriction limits upper-limb positioning, backswing arc, swing width, arm elevation, club positioning and the ability to coordinate the arms with trunk rotation during the backswing and downswing. Mitchell et al. (2003) directly characterised bilateral shoulder motion during the driver swing, supporting the relevance of substantial shoulder excursion to golf-swing execution. Golf swing biomechanics further supports the importance of trunk-shoulder-arm sequencing, upper-limb angular motion, delayed release, swing geometry and segmental coordination in driver mechanics and ball velocity generation (Bourgain et al., 2022; Chu et al., 2010; Nesbit, 2005; Nesbit & Serrano, 2005). Severe shoulder restriction may therefore reduce CHS through shortened backswing arc, reduced swing width and altered segmental sequencing. It may also affect CFV where compensatory trunk, elbow or wrist strategies increase variability in club delivery.	The current shoulder PROM thresholds are defensible as evidence-informed and expert-appraised MIC thresholds because they capture severe restriction in joint positions required for club positioning, backswing development and coordinated upper-limb contribution to the swing. Ongoing evidence development should prospectively monitor how shoulder flexion, abduction/adduction and rotation restrictions affect driver CHS, backswing arc, trunk compensation, Clubface Variability, strike consistency and Sport Class allocation.
Upper-limb passive ROM deficit - elbow / forearm	Standardised passive ROM assessment / goniometry	Elbow/forearm PROM MIC is met, as specified in Appendix 1, where the Athlete has either: elbow flexion contracture of 45° or more - lead or trail	The elbow and forearm PROM thresholds are retained because severe elbow contracture and restricted forearm rotation can reduce functional swing radius, grip orientation, club positioning, backswing completion, hand path and the ability to present the Clubface consistently through impact. The evidence for elbow/forearm PROM is less direct than for shoulder motion and wrist kinematics, so the rationale is best framed through the broader upper-limb kinetic-chain and club-delivery pathway. The golf swing requires coordinated segmental movement from trunk to shoulder, arm, forearm, wrist	The current elbow/forearm PROM thresholds are defensible as evidence-informed and expert-appraised MIC thresholds because they capture severe restriction likely to affect swing radius, grip orientation, hand path, club delivery and face-angle control.

		elbow; passive elbow flexion of 70° or less - trail elbow; or an elbow flexion contracture of less than 45° together with: passive pronation 45° or less in the same lead upper limb; or passive supination 45° or less in the same trail upper limb.	and club, with hand path, torque application and segmental sequencing influencing delivered club speed and club orientation (Bourgain et al., 2022; Nesbit, 2005; Nesbit & Serrano, 2005). Chu et al. (2010) also supports the relevance of delayed arm/wrist release to ball velocity. Where present with the qualifying elbow flexion contracture, severe pronation/supination restriction may compromise grip orientation and face-angle control, linking this threshold to CFV through clubhead-presentation and face-angle evidence (Betzler et al., 2012, 2014; Wood et al., 2018).	Ongoing evidence development should prospectively monitor how elbow extension/flexion restriction and forearm pronation/supination restriction affect swing radius, grip orientation, delayed release, driver CHS, Clubface Variability, strike location, permitted adaptive equipment use and Sport Class allocation.
Passive ROM deficit - thoracolumbar rotation	Standardised thoracolumbar rotation assessment with pelvis fixed / lower body stabilised	Thoracolumbar PROM MIC is met, as specified in Appendix 1,where thoracolumbar rotation is 10° or less in both left and right directions with the pelvis fixed / lower body stabilised.	The thoracolumbar PROM threshold is retained because it captures a severe restriction in the Athlete's ability to rotate the trunk independently of the pelvis. In golf-specific activity terms, thoracolumbar rotation is required for backswing coil, trunk-pelvis separation, proximal-to-distal sequencing, power transfer, swing arc development and repeated driver swing execution. Peer-reviewed golf biomechanics literature supports this activity-limitation pathway. Myers et al. (2008) specifically examined upper torso and pelvis rotation/velocity and their role in ball velocity. Chu et al. (2010) found that biomechanical variables, including upper torso-pelvis separation and delayed release, were related to driving ball velocity. Horan et al. (2010) described 3D thorax and pelvis kinematics during the downswing in skilled golfers, supporting the relevance of thorax-pelvis motion to swing execution. Tinmark et al. (2010) supports the importance of proximal-to-distal sequencing and speed summation during full-swing golf shots. Bourgain et al. (2022) provides broader systematic-review support for trunk, pelvis and segmental kinematics as central components of golf swing analysis. A thoracolumbar PROM value 10° or less in both left and right directions with the pelvis fixed therefore identifies a severe movement restriction in a region repeatedly linked to the mechanics required for CHS generation and coordinated club delivery.	The current thoracolumbar PROM threshold is defensible as an evidence-informed and expert-appraised MIC threshold because it captures severe restriction in a movement domain central to the standing golf swing. Ongoing evidence development should prospectively monitor how thoracolumbar rotation 10° or less affects backswing length, trunk-pelvis separation, driver CHS, kinematic sequencing, compensatory movement, Clubface Variability, shot dispersion and Sport Class allocation.
Passive ROM deficit - cervical rotation	Standardised cervical rotation assessment with pelvis fixed / lower body stabilised	Cervical PROM MIC is met, as specified in Appendix 1, where cervical rotation is 20° or less with the pelvis fixed / lower body stabilised.	The cervical PROM threshold is retained because it captures severe restriction in a movement region relevant to golf set-up, head-neck orientation, visual orientation to the ball, shoulder-trunk positioning and compensatory swing control. In golf-specific activity terms, cervical rotation is not treated as a primary generator of CHS. Its relevance is indirect: severe cervical restriction may limit the Athlete's capacity to maintain visual orientation, head-thorax coordination and a stable address position while the trunk and shoulders rotate around the set-up posture. Horan and Kavanagh (2012) examined head, thorax and pelvis motion during the downswing in professional golfers, supporting the relevance of head-thorax-pelvis coordination to repeatable golf-swing control. Broader peer-reviewed golf biomechanics evidence also supports the importance of multi-segment kinematics, upper-body sequencing and rotational mechanics to driving performance and ball velocity (Bourgain et al., 2022;	The current cervical PROM threshold is defensible as an evidence-informed and expert-appraised MIC threshold because it captures severe restriction in a movement domain relevant to set-up, visual orientation and coordinated head-thorax control. The evidence base is less direct than for thoracolumbar rotation, shoulder motion, wrist mechanics or lower-limb force transfer; therefore, ongoing evidence development should prospectively monitor how

			Chu et al., 2010). A cervical PROM value <20° with the pelvis fixed therefore identifies a severe movement restriction that is likely to affect golf activity limitation through constrained head-thorax positioning, impaired visual orientation, altered set-up tolerance and compensatory trunk/shoulder movement that may affect swing consistency and club delivery.	cervical rotation <20° affects address posture, visual orientation, head-thorax coordination, compensatory movement, club delivery, Clubface Variability, shot dispersion and Sport Class allocation. This wording supports the current threshold without overstating that the exact less than 20° cut-point has already been directly validated against Para golf outcomes.
Eligible impairment / domain	Assessment measure	MIC threshold selected	Relevant evidence / expert review	Future research needed
Impaired muscle power - upper limb	Manual Muscle Testing / Daniels and Worthingham Muscle Testing Scale	Upper-limb impaired muscle power MIC is met, as specified in Appendix 1, where relevant upper-limb muscle groups are assessed as MMT 0-2/5.	The upper-limb muscle power threshold is retained because MMT 0-2/5 identifies substantial voluntary weakness in muscle groups required for club positioning, swing width, arm-trunk coordination, wrist release, grip security and Clubface delivery. The independent Adelaide University evidence review supports the psychometric suitability of MTS/MMT as an evidence-informed clinical tool for assessing muscle strength, while noting that MMT reliability is not uniform across all contexts and depends on the muscle tested, population and testing procedure (Adelaide University, 2026). In golf-specific activity terms, upper-limb weakness may affect CHS by reducing the Athlete's capacity to maintain swing arc, coordinate the arms with trunk rotation and transfer force through the club. It may also affect CFV where weakness compromises hand-club coupling, wrist release or the ability to present the Clubface consistently at impact. Golf performance literature supports associations between upper-body strength qualities and CHS (Brennan et al., 2024; Hellström, 2008). Chu et al. (2010) also supports the relevance of delayed arm and wrist release to ball velocity. Clubhead presentation characteristics, impact location and face angle are relevant to launch direction, shot outcome and dispersion, supporting the importance of distal upper-limb control in golf performance (Betzler et al., 2012, 2014; Wood et al., 2018).	The current upper-limb muscle power threshold is defensible as an evidence-informed and expert-appraised MIC threshold. Ongoing evidence development should prospectively monitor how upper-limb MMT 0-2/5, lead/trail arm involvement, bilateral weakness, grip adaptation, wrist release and permitted Adaptive Equipment affect driver CHS, Clubface Variability, strike location, shot dispersion and Sport Class allocation. This should support refinement of lead-arm, trail-arm and bilateral weighting without undermining the current threshold rationale.
Impaired muscle power - lower limb	Manual Muscle Testing / Daniels and Worthingham Muscle Testing Scale	Lower-limb impaired muscle power MIC is met, as specified in Appendix 1, where relevant lower-limb muscle groups are assessed as MMT 0-2/5.	The lower-limb muscle power threshold is retained because MMT 0-2/5 identifies substantial voluntary weakness: the Athlete is unable to complete the tested movement through range against gravity. The independent Adelaide University evidence review supports the psychometric suitability of MTS/MMT as an evidence-informed clinical assessment tool, while noting that reliability varies by muscle group, population and testing procedure (Adelaide University, 2026). In golf-specific activity terms, severe lower-limb weakness is likely to affect the Athlete's ability to establish a stable base, shift weight, generate and absorb ground-reaction forces, support lead-leg braking, and transfer force through the pelvis and trunk during the downswing. Golf literature supports the importance of lower-limb force production and force-transfer capacity to Clubhead Speed (Brennan et al., 2024; Wells et al., 2018). Golf biomechanics evidence also supports the role of weight	The current upper-limb muscle power threshold is defensible as an evidence-informed and expert-appraised MIC threshold. Ongoing evidence development should prospectively monitor how upper-limb MMT 0-2/5, lead/trail arm involvement, bilateral weakness, grip adaptation, wrist release and permitted Adaptive Equipment affect driver CHS, Clubface Variability, strike location, shot dispersion and Sport Class allocation. This should support refinement of lead-arm, trail-arm

			shifting, upper torso-pelvis separation, trunk tilt and delayed arm/wrist release in driving ball velocity (Chu et al., 2010). A lower-limb MMT deficit meeting MIC is therefore expected to create activity limitation primarily through reduced stance stability, reduced lower-limb contribution to the kinetic chain, reduced force transfer and reduced driver CHS.	and bilateral weighting without undermining the current threshold rationale.
Hand grip strength deficit	Hand grip dynamometry and/or key hand muscle testing	Hand grip MIC is met, as specified in Appendix 1, where the maximum valid grip force is 9.0 kgf or less in the Athlete's lead or trail hand, determined from the highest of three valid trials on that hand.	The hand grip threshold is retained because it identifies marked impairment at the hand-club interface. In golf-specific activity terms, the hands form the final link between the body and club and are required to maintain secure coupling, stabilise the handle, coordinate wrist hinge/release, resist unwanted club rotation and present the Clubface consistently at impact. The independent Adelaide University evidence review provides strong support for grip dynamometry as an evidence-informed assessment tool, reporting high test-retest, inter-rater and intra-rater reliability across multiple populations, relatively small measurement error, and validity evidence as an indicator of strength capacity (Adelaide University, 2026). Grip strength has also been identified as relevant to golf performance within broader strength and golf-performance literature (Hellström, 2008; Torres-Ronda et al., 2011). The importance of grip-related control is further supported by impact and ball-flight evidence: Clubhead presentation and ball impact location vary between golfers and are relevant to shot outcome, while face angle is a major determinant of initial launch direction and shot dispersion (Betzler et al., 2012, 2014; Wood et al., 2018). The alternative MMT criterion is retained because grip dynamometry alone may not fully capture impaired prehension, intrinsic hand weakness, selective motor loss or functional club control.	The current grip strength threshold is defensible as an evidence-informed and expert-appraised MIC threshold because it captures marked impairment in the body region directly responsible for hand-club coupling and Clubface control. Ongoing evidence development should prospectively monitor how grip strength 9 kgf or less, , unilateral/bilateral involvement, hand dominance, lead/trail hand role and permitted adaptive grips affect driver CHS, Clubface Variability, face angle, strike location, shot dispersion and Sport Class allocation. IGF should also maintain strict protocol standardisation because grip scores can vary by dynamometer type, handle setting, body position, trial number and whether best or average score is recorded.
Upper-limb passive ROM deficit	Passive ROM assessment	Examples include shoulder abduction less than 30°, shoulder flexion less than 20°, , elbow flexion contracture 45° or more in the lead or trail elbow; passive elbow flexion ≤70° in the trail elbow; or elbow flexion contracture less than-45° combined in the same upper limb with lead-arm pronation 45° or less or trail-arm supination 45° or less, wrist extension less than 10°, and radial-ulnar deviation 5° or less,	The IGF impairment framework links upper-limb ROM deficits to reduced available swing arc, reduced elastic energy storage, altered wrist set/release and impaired distal club control. Golf mechanics literature supports the importance of swing geometry, hand path and torque application for delivered Clubhead Speed (Nesbit & Serrano, 2005), while trunk and upper-body sequencing are relevant to driving performance (Myers et al., 2008; Tinmark et al., 2010).	

		as specified in the IGF Classification Rules.		
Limb deficiency	Limb deficiency assessment / anatomical level of absence, including consideration of side, level, bilateral involvement, functional use and permitted Adaptive Equipment.	Limb Deficiency MIC is met, as specified in Appendix 1, where the Athlete has either: (i) lower-limb amputation or congenital absence at or proximal to the ankle joint on at least one side; or (ii) upper-limb amputation or congenital absence of a segment of the upper limb resulting in complete absence of functional grip in one hand.	The limb deficiency MIC is appropriately framed around anatomical absence at levels likely to affect the athlete's ability to execute the specific tasks and activities fundamental to golf. Lower-limb absence at or proximal to the ankle may affect stance stability, base of support, weight transfer, ground-reaction force generation and lead-leg braking. Upper-limb absence at or proximal to the hand may affect grip, hand-club coupling, wrist release, distal club control and Clubface delivery. This is consistent with the IGF CHS/CFV model, where lower-limb deficiency primarily affects driver Clubhead Speed through stance, loading and force-transfer mechanisms, while upper-limb deficiency primarily affects Clubface Variability through grip, release and club delivery mechanisms. Golf-specific evidence supports this pathway. Sidiropoulos et al. (2023) found that lower-limb loss affects weight-shift and X-factor patterns during the golf swing, with differences according to limb side and amputation level. Kenny et al. (2015) found that disabled golfers, including amputees and other physical impairment groups, demonstrated lower carry distance and lower Clubhead and ball velocity than able-bodied golfers of broadly similar handicap category. More recent disability-golf launch-monitor research has also shown wide between- and within-class variability in golfers with disabilities, with sitting golfers demonstrating significantly lower carry distance than other categories (Jones et al., 2026). More broadly, driver Clubhead Speed is associated with force-producing capacity and physical characteristics (Brennan et al., 2024; Wells et al., 2018), while Clubhead presentation, impact location and face angle are relevant to shot direction and outcome (Betzler et al., 2012, 2014; Wood et al., 2018).	The current limb deficiency MIC threshold is defensible as an evidence-informed and expert-appraised threshold because it identifies anatomical absence likely to materially affect either ground contact/force transfer or hand-club control. Ongoing evidence development should prospectively monitor how deficiency level, lead/trail side, bilateral involvement, upper- versus lower-limb involvement, prosthesis use and permitted Adaptive Equipment affect driver clubhead speed, Clubface Variability, strike location, shot dispersion and broader golfing performance. This should support refinement of classifier guidance and Sport Class weighting without implying that the current threshold is unsupported.
Short stature	Standing height and arm length measurement	Short stature MIC is met, as specified in Appendix 1, where the Athlete meets the sex-specific standing height and arm-length criteria as specified in the Rules. The current IGF framework identifies standing height 140 or less cm for females / 149 cm or less for males, arm length 63 cm or less for	The short-stature MIC is appropriately framed around anthropometric thresholds likely to affect the athlete's ability to execute golf-specific tasks requiring swing arc, lever length and generation of Clubhead Speed. These sex-specific arm-length -measurement thresholds align with established Para-athletics short-stature classification criteria used in international Para sport and reflected in national Para-athletics classification guidance (Paralympics Australia, 2024). In golf, short stature is expected to affect activity limitation primarily through reduced swing arc, reduced lever length, reduced moment arm for force application, and reduced potential to generate driver Clubhead Speed and carry distance. Golf mechanics literature supports the influence of swing geometry, hand path, forces, torques and segmental mechanics on delivered Clubhead Speed (Nesbit & Serrano, 2005). Golf-performance literature also supports that physical characteristics and strength	The current short-stature MIC threshold is defensible as an evidence-informed and classification-consistent anthropometric threshold. Ongoing evidence development should prospectively monitor whether standing height and arm length criteria are consistently associated with driver Cub-Head Speed, carry distance and broader golfing performance, while accounting for sex, age, skill level, strength, club fitting and technique.

		females / 66 cm or less for males.	qualities are associated with swing speed and performance (Brennan et al., 2024; Torres-Ronda et al., 2011; Wells et al., 2018).	This should support future refinement of threshold guidance and Sport Class weighting without undermining the current rationale.
Hypertonia / spasticity	Australian Spasticity Assessment Scale	ASAS 2 or more in relevant limb segment(s), as specified in the IGF Classification Rules	ASAS 2 or more was selected because it identifies a level of hypertonia beyond a minimal catch-and-release response. In classification terms, this threshold is intended to identify an Eligible Impairment likely to interfere with voluntary movement control during the specific tasks and activities fundamental to golf. Love et al. (2016) describe the ASAS as a measure that identifies spasticity through a velocity-dependent increased response to rapid passive movement and quantifies it using an ordinal scale. In golf, hypertonia at this level may reasonably be expected to affect activity limitation through disrupted rhythm, smooth acceleration/deceleration, segmental sequencing, stance control, wrist release and repeatable club delivery. Golf biomechanics literature supports the importance of torso-pelvis rotation, kinematic sequencing, force transfer and physical characteristics to Clubhead Speed and swing performance (Brennan et al., 2024; Myers et al., 2008; Tinmark et al., 2010; Wells et al., 2018). Adelaide University independently supported the psychometric suitability of ASAS, noting moderate-to-good reliability for assessing spasticity across muscle groups.	The current ASAS 2 or more threshold is defensible as an evidence-informed and expert-appraised MIC threshold. As part of ongoing evidence-based review, IGF should prospectively monitor whether ASAS 2 or more in upper-limb, lower-limb are consistently associated with observable limitation in driver clubhead speed, Clubface Variability, swing rhythm, strike consistency and broader golfing performance. This should be used to refine classifier guidance rather than suggest the current threshold is unsupported.
Ataxia	Scale for the Assessment and Rating of Ataxia / modified SARA-Golf	Full ataxia MIC is met, as specified in Appendix 1, where an Athlete has either: **Multi-domain:** total 8 or more, at least two contributing items, subject to contribution floors. **Axial:** Stance 6, Sitting 4 or Gait 4 or more. **Limb-dominant:** valid side-specific score 2 or more in Finger Chase, Nose-Finger, Fast Alternating Hand Movements or Heel-Shin Slide.	SARA 8 or more was selected as an evidence-informed and expert-appraised threshold because SARA scores around this level are more likely to represent functionally meaningful ataxia rather than minimal detectable coordination signs. Kim et al. (2011) reported that SARA scores around 5.5 marked the boundary between minimal and greater ADL dependency in ataxic stroke patients, while Grobe-Einsler et al. (2023) reported adult SARA reference cut-offs of 3 overall, 4.5 for adults aged 60-69 years, and 6.5 for adults aged 70-79 years. A SARA threshold of 8 or more therefore sits above expected reference cut-offs for most adults and close to a clinically meaningful functional boundary. This is relevant to golf because ataxia may impair postural control, rhythm, inter-segmental timing, limb accuracy and repeatability, all of which may affect proximal-to-distal sequencing, energy transfer, club delivery and shot-to-shot consistency (Betzler et al., 2012, 2014; Myers et al., 2008; Tinmark et al., 2010; Wood et al., 2018).	The full ataxia MIC threshold set is defensible as evidence-informed and expert-appraised. Ongoing evidence development should prospectively examine whether dominant axial ataxia criteria, limb-dominant ataxia criteria and multi-domain SARA 8 or more criteria are consistently associated with limitation in driver Clubhead Speed, Clubface Variability, strike variability, postural stability during the golf swing and broader golfing performance. This should support refinement of threshold guidance and weighting across axial versus limb-dominant presentations.

			The proposed ataxia thresholds were appraised through targeted consultation with Associate Professor Emma Beckman. Adelaide University independently supported the psychometric suitability of SARA, noting high reliability for assessing ataxia severity and validity through correlations with balance and functional measures.	
Dyskinesia	Dyskinesia Impairment Scale - Second Edition and clinical assessment of involuntary movement affecting voluntary control	Dyskinesia MIC is met, as specified in Appendix 1, where, during at least one assessable action in a tested body region, either dystonia or choreoathetosis has both: (i) an amplitude score of 1 or 2; and (ii) a duration score of 1 or 2. The qualifying amplitude and duration scores must relate to the same type of Dyskinesia, in the same body region and during the same action assessment.	The dyskinesia MIC is appropriately framed as a functional interference threshold rather than a fixed numerical cut-point. This is IPC-consistent because the classification-relevant question is whether the Eligible Impairment affects the athlete's ability to execute the specific tasks and activities fundamental to golf. Dyskinetic movements may fluctuate and may be most relevant when they interfere with posture, voluntary motor control, rhythm or task execution. Monbaliu et al. (2016) reported that dystonia and choreoathetosis increase during activity, with dystonia appearing to have a larger impact on functional abilities. Stewart et al. (2021) also support that dyskinetic movements and postures can have measurable functional impact in children with dyskinetic cerebral palsy. In golf, dyskinesia interfering with posture, voluntary upper-limb control, rhythm, club path or Clubface delivery may reasonably be expected to increase Clubface Variability and reduce repeatability. Golf impact research supports the relevance of Clubhead presentation, ball impact location and face angle to launch direction and shot outcome (Betzler et al., 2012, 2014; Wood et al., 2018). The IGF framework similarly identifies dyskinesia as affecting motor planning/rhythm, distal control and segmental control. Adelaide University independently supported the psychometric suitability of DIS-II, noting strong measurement properties for dystonia and choreoathetosis.	The current functional-interference threshold is defensible because it targets dyskinesia that materially affects posture or voluntary control, rather than incidental or mild involuntary movement. Ongoing evidence development should prospectively examine how dyskinesia severity, distribution, task demand, fatigue, medication timing and competition arousal affect Clubface Variability, club path variability, strike location, carry-distance variability, shot dispersion and broader golfing performance.

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