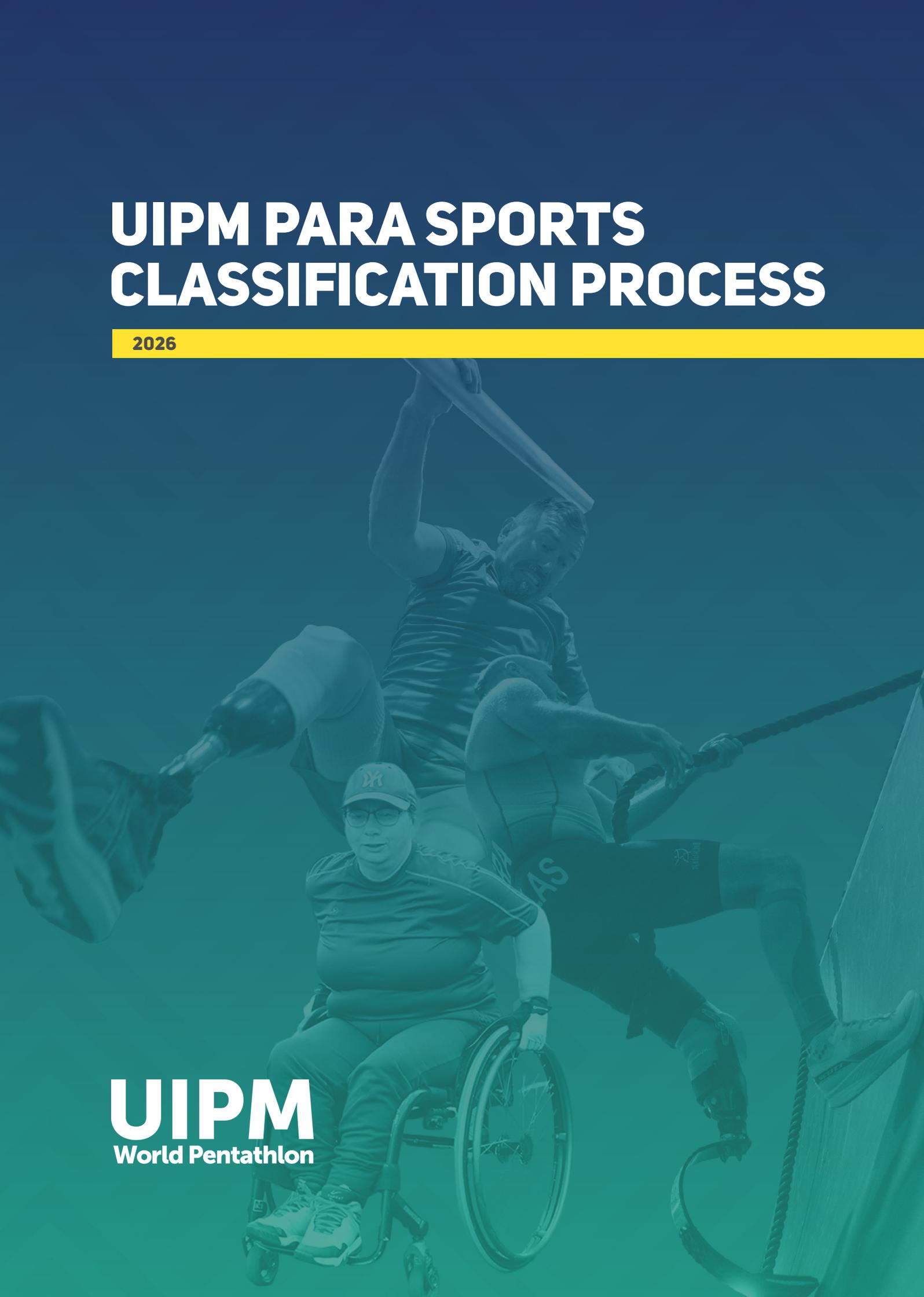


UIPM PARA SPORTS CLASSIFICATION PROCESS

2026



UIPM
World Pentathlon

TABLE OF **CONTENT**

| | | |
|----------|------------------------------------|-----------|
| 1 | Introduction | 3 |
| 2 | Submission | 3 |
| 3 | Eligibility | 4 |
| 4 | Assessment | 4 |
| 5 | Para Sports Classification Classes | 7 |
| 6 | Summary and further information | 10 |

1 Introduction

The UIPM Para Sports Classification Process is a structured and evidence-based system designed to ensure fair and equitable competition among para athletes in modern pentathlon sports. Classification groups athletes according to the extent to which their impairments impact performance, rather than the medical diagnosis itself. This approach enables meaningful competition by minimising the influence of impairment on sporting outcomes.

Aligned with the International Paralympic Committee (IPC) Classification Code, the UIPM system upholds principles of transparency, consistency, and sport-specific assessment. The IPC framework provides a globally recognised standard that ensures classification is conducted ethically and scientifically, safeguarding athlete integrity and promoting trust in competition.

By adhering to the IPC Code, UIPM ensures that classification is athlete-centred, regularly reviewed, and reflective of evolving research and best practice. Ultimately, the process supports inclusivity while maintaining the fundamental principle of fair play, allowing athletes to compete on a level playing field where success is determined by skill, training, and performance.

Figure 1 shows the process in which an athlete/coach/National Federation needs to follow to potential obtain a UIPM sports classification.

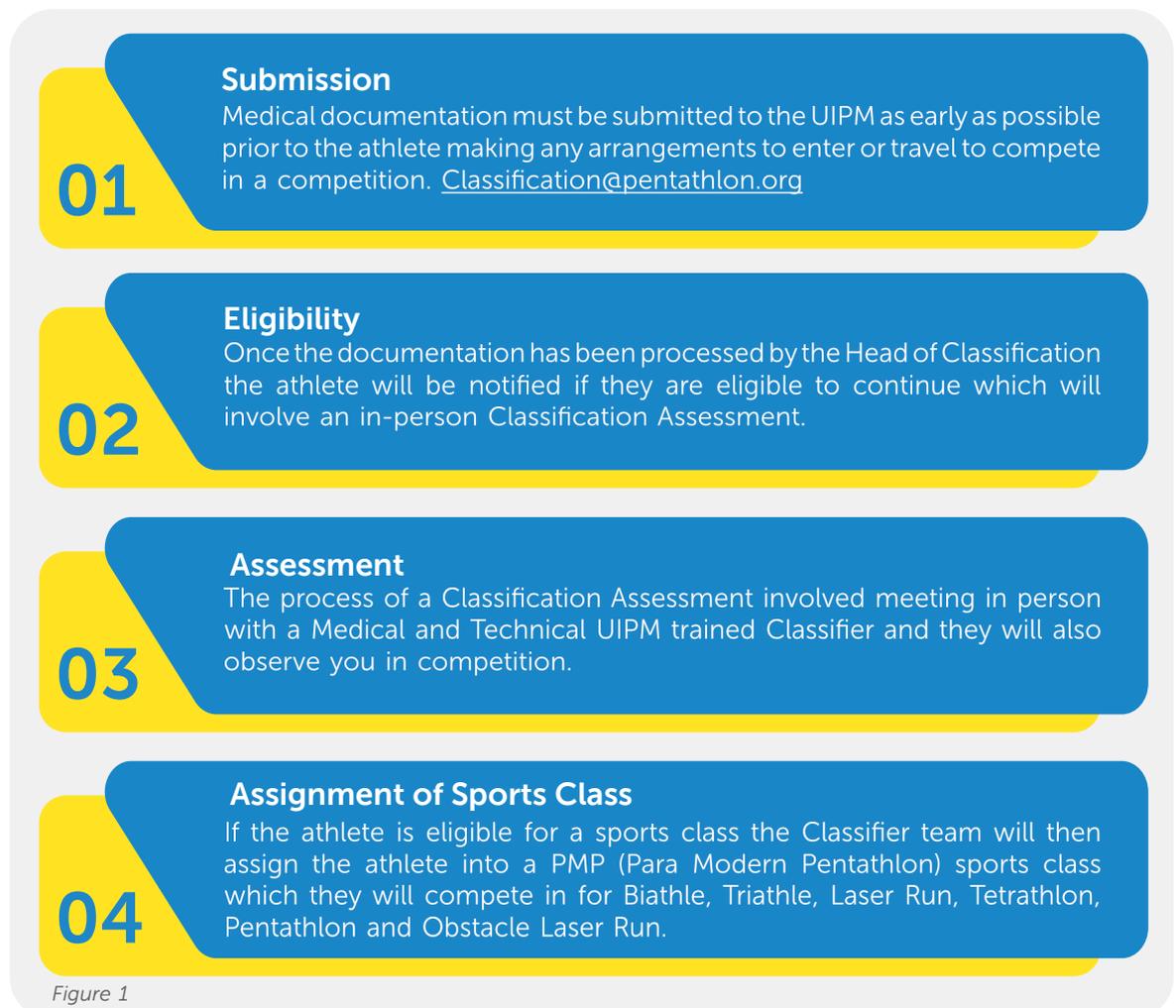


Figure 1

2

Submission

All medical documentation shall be provided in English or French. To guarantee the protection of personal data, files shall be submitted to UIPM in electronic form to the secured UIPM Para License portal.

If for any reason this is not possible, before sending a file via email, athletes should contact para@pentathlon.org and a secure alternative will be established.

Prior to and at a sport classification session, athletes must provide clear, up-to-date medical documentation that verifies their eligible impairment and supports the assessment process. While requirements vary slightly by impairment type, all documentation should align with the standards set by the International Paralympic Committee Classification Code, ensuring accuracy, credibility, and fairness.

For athletes with **physical impairments**, documentation should confirm a permanent and eligible impairment affecting movement. This typically includes:

- A formal medical diagnosis from a qualified physician (e.g., neurologist, orthopaedic specialist)
- Clinical reports detailing the nature and severity of the impairment (e.g., muscle strength, range of motion, coordination)
- Relevant imaging or test results (e.g., MRI, X-rays, nerve conduction studies)
- Surgical history or rehabilitation reports, if applicable

For athletes with **visual impairments**, documentation must verify the level of vision loss and is usually provided by an ophthalmologist or optometrist. This includes:

- A diagnosis of the underlying condition causing vision impairment
- Visual acuity testing results (best corrected vision)
- Visual field assessment results
- Confirmation that the impairment meets minimum eligibility criteria
- International Blind Sports Federation (IBSA) classification confirmation of B1, B2 or B3.

For athletes with **intellectual impairments**, documentation must demonstrate both intellectual and adaptive functioning limitations, with onset during the developmental period. Required evidence typically includes:

- Virtus confirmed class II1, II2, II3.
- A recognised diagnosis of intellectual impairment from a professional
- Standardised IQ test results (generally $IQ \leq 75$)
- Assessment of adaptive behaviour (e.g., conceptual, social, practical skills)
- Evidence that the impairment was present before the age of 22

Across all categories, documentation should be recent, written in or translated into English, and submitted in advance where possible. Incomplete or unclear documentation may delay or prevent classification, as classifiers must be confident that the athlete meets the minimum impairment criteria before proceeding to physical and technical assessments.

3 Eligibility

Medical documentation will be reviewed and evaluated by the UIPM Head of Classification (HoC). If any medical documentation or important information is missing, the athlete and/or National Federation representatives will be required to provide such documentation/video in a timely manner. Failure to provide the required documentation will result in interruption and delays to the ongoing classification process.

4 Assessment

| Aspect | Details |
|--|---|
| Athlete requirements and entitlements | <p>During the classification, the athlete may bring an English interpreter. An interview will be conducted before the start of the physical assessment, where the classifiers will discuss the history and progression of the health condition relevant to the eligibility for Para Pentathlon.</p> <p>If possible, in addition to the submission, the athlete should carry the medical documentation or a copy of it during the classification process.</p> |
| Physical assessment | <p>The athlete will undergo a physical evaluation on a medical examination table by the Medical Classifier. This evaluation aims to check the health status and disabilities related to the practice of Para Pentathlon. The assessments are different and specific for physical, intellectual, and visual disabilities.</p> <p>In the assessment of an athlete with a physical disability, the medical classifier will evaluate strength and passive range of motion, or coordination in cases of athletes with specific central nervous system injuries.</p> <p>The joints and movements evaluated will be:</p> <ul style="list-style-type: none"> • Neck: Flexion – Extension – Rotation • Shoulder: Flexion – Extension – Abduction – External Rotation – Internal Rotation – Protraction / Retraction – Adduction • Elbow: Pronation – Supination • Trunk: Rotation – Flexion – Extension • Fingers: Abduction – Adduction – Thumb Opposition – Flexion – Extension • Wrist: Flexion – Extension • Elbow: Extension – Flexion • Hip: Flexion – Abduction – Adduction – Extension – Internal Rotation – External Rotation • Knee: Flexion – Extension • Ankle: Dorsiflexion – Plantar Flexion |

Assessments

MUSCLE TESTING (POWER SCALE)

Scores will be assigned for each of the joints and movements according to the following criteria:

A - for strength.

The scale has 6 levels from 0-5.

0 - Total lack of voluntary contraction.

1 - Faint contraction without any movement of the limb (trace, flicker).

2 - Contraction with very weak movement through the full available range of movement when gravity is eliminated (poor) or when an athlete has good contraction through a very limited available range which is not functional for the sport.

3 - Contraction with movement through the full available range of movement against gravity.

4 - Contraction with full available range of movement against gravity and some resistance (good).

5 - Contraction of normal strength through the full available range of movement against full resistance.

No 0.5 or +/-; that is, an athlete will be rated as a 0, 1, 2, 3, 4, or 5, not a 2.5 or 3.5 for example.

Method of Muscle Power Testing will be assessed according to the *Muscle Testing Techniques of Manual Examination and Performance Testing* (Daniels & Worthingham, 2018).

B - For the evaluation of "range of movement," the athlete's active movement will be assessed. Scores are given by the percentage of movement according to the reference adopted in classifier manual.

C - For the coordination evaluation, when eligible (e.g., brain injury; cerebral palsy; stroke; multiple sclerosis; similar central neurological disorders), a 6-level scale (0-5) will be adopted.

0 - No functional movement at all

1 - Severely restricted ROM due to severe hypertonic muscle stiffness and/or very minimally coordinated movements

2 - Severely restricted ROM, severe spasticity-hypertonic muscle stiffness present and/or severe coordination problems.

3 - Moderate ROM, moderate spasticity, with tone restricting movement and/or moderate coordination problems.

4 - Almost full ROM, with slight spasticity and slight increase in muscle tone and/or slight coordination problems.

5 - Able to move from start to end positions fluidly and consistently, maintaining full Range of Motion (ROM) of this movement.

Types of tests: The athlete will undergo functional tests (FT) by the Medical or Technical Classifier, which include:

| Aspect | Details |
|---------------------|---|
| Long sit test (LST) | <p>The athlete sits in a long sit position on the plinth, with legs as straight as possible, considering hamstring impairments (if tight hamstrings are limiting, move the athlete's feet outside the plinth). Support for legs for balance if needed (e.g., short lower limbs or amputations) – take notes in case of any support. The athlete will lean forward approximately 30 degrees – then hold for 3 seconds, then return to upright without using the arms. The athlete will then lean backward approximately 30 degrees without using arms, hold for 3 seconds, then return to upright without using the arms. If the athlete can perform the above movements, the routine will be repeated while providing resistance.</p> |
| 90° squat test | <p>The athlete stands without assistance - squats with 1 or both legs as able to a 90-degree angle at the knee(s) (test with and without prosthesis) - returns to standing position.</p> <p>Balance assistance may be given for safety but must be noted by the Classifier.</p> |
| Jump test | <p>The athlete stands without assistance – squats to approximately 90 degrees – performs a jump with one or two legs – lands on the ground without assistance. The test can be performed with or without a prosthesis, whichever reflects the athlete's best result.</p> <p>Balance assistance may be given for safety but must be noted by the Classifier.</p> |
| Grip test | <p>The athlete should keep the torso as upright as possible (the test can be performed sitting if the athlete has any limitations such as the need for a wheelchair). The athlete must lift a 1kg weight held by the hand with the upper limb extended in the shoulder elevation position, in the sagittal plane, until the elevated upper limb holding the weight reaches shoulder height (becoming parallel to the ground), after which the limb must return to the original vertical position.</p> <p>The test will be repeated in the coronal plane with the goal of abducting the upper limb to the shoulder level. The test should be performed with both upper limbs.</p> <p>Any failure should be observed by the Classifier and noted.</p> |

Note: The above tests require a yes or no rating, but detailed comments can be included if they assist with evaluations.

5 Para Sports Classification Classes

5.1 Background on sport classes

For class allocation within Para Pentathlon, the assessment of segments and their respective impairments will be considered. This means that the following segments will be adopted: the spine (trunk control); from shoulder to elbow; from elbow to wrist; more distal than the wrist; from hip to knee, from knee to ankle, and more distal than the ankle as per Figure 2.

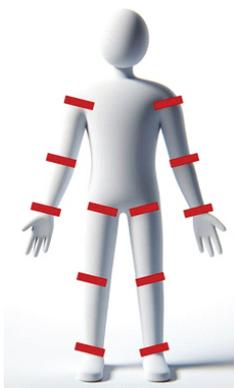


Figure 2: Segments used in the classification process.

From Daniels' and Worthingham's *Muscle Testing Techniques of Manual Examination*. Instead of the classical scoring system of 0 through 5, scores of 0, 1 and 2 will now be considered as 0* (indicating significant impairment), and scores of 3, 4 and 5 will be considered as 1* (indicating less significant or no significant impairment).

To qualify for classification under the classes of physical impairment, the segment will be considered as having a significant impairment (SI) when this segment scores 0, 1 or 2 in coordination, or in strength, or has the active range of motion (AROM) ($\leq 49\%$) or has eligible limb length discrepancy.

To be considered an eligible segment for classification, the segment must exhibit a score of 0* in at least two agonist and antagonist movements simultaneously, such as flexion and extension, or internal and external rotation, where applicable.

For classifying athletes within Para Pentathlon, the following classes have been established based on the assessment of impairments across all body segments.

The classification process will evaluate the full body and capacity of the athlete, even if the full evaluation itself will not change the final class decision.

5.2 Classifications

| Classification | Details |
|----------------|---|
| PMP 1 | This sports class includes only athletes who use a daily wheelchair defined as anyone who cannot walk to 100 meter in distance, with or without crutch support. Both PMP1a and PMP1b compete together in the PMP1 class race. |
| PMP1a | Athletes with no trunk control (for example, but not limited to, spinal cord injury [SCI]). These athletes demonstrate no power, balance or active range of motion (AROM) during plinth evaluation and fail at the LST, 90° squat test and jump test. |
| PMP1b | Athletes with poor trunk control, (for example incomplete SCI, bilateral lower limbs amputation with short stump, but not limited to). In the LST, these athletes may show some power, some balance or some AROM. The athlete must fail at the LST, 90° squat test and jump test. |
| PMP 2 | <p>Athletes with combined impairments affecting both upper and lower limbs.</p> <p>To qualify for this class, an athlete must exhibit significant impairments that meet the following criteria:</p> <ul style="list-style-type: none"> The athlete must receive a score of 0* (indicating no functional movement - 0,1 or 2 as described by Daniels and Worthingham for coordination or strength or less than 50% AROM or eligible length discrepancy) in at least five of the eligible segments (fig.1). Or the athlete must have a score of 0* (indicating no functional movement - 0,1 or 2 as described by Daniels and Worthingham for coordination or strength or less than 50% AROM or eligible length discrepancy) in at least three of these segments and demonstrate a limitation in trunk control (3 or 4, as described by Daniels and Worthingham for coordination or strength). |
| PMP 3 | <p>Athletes with combined upper limbs impairments.</p> <p>Athletes must meet the following criteria: Exhibit impairments in three or more eligible segments of the upper limbs. These segments are systematically categorised from the shoulder to elbow; from elbow to wrist; and below the wrist (fig.1). The impairment in these segments must be significant (scores 0*).</p> |
| PMP 4 | <p>Athletes with combined lower limbs impairments.</p> <p>Athletes must meet the following criteria:</p> <ul style="list-style-type: none"> Exhibit impairments in three or more eligible segments of the lower limbs. These segments are systematically categorized from the hip to knee; from knee to ankle; and below the ankle (fig.1). The impairment in these segments must be significant (scores 0*). |

| Classification | Details |
|----------------|---|
| PMP 5 | Athletes with significant impairments in their upper or lower limbs. Currently both PMP5a and PMP5b compete together in the PMP5 class race. |
| PMP 5a | Athletes who score 0* in one or more of the following areas: <ul style="list-style-type: none"> • Below the elbow • Below the knee • Below the wrist and ankle simultaneously • Both wrists simultaneously • Both ankles simultaneously. |
| PMP 5b | Athletes who score 0* at the level of the wrist or above, or at the level of the ankle or above. |
| PMP 6 | Visual impairment. Currently both PMP6a and PMP6b compete together in the PMP6 class race. A Guide is optional for these athletes |
| PMP 6a | Matches International Blind Sports Federation (IBSA) B1 criteria, for athletes with severe visual impairment or no vision. |
| PMP 6b | Corresponds to IBSA B2 or B3 criteria, for athletes with moderate to mild visual impairment. For these classes, athletes must provide certification from IBSA or another Paralympic sport (international) utilising the same classification protocol. All medical documentation and the required forms must also be submitted. |
| PMP 7a | PMP7a – is based on eligibility criteria stated in Virtus reflecting I12 class of athletes with an Intellectual Disability and Significant Additional Impairment I12 Class definition A significant additional impairment is defined by Virtus as a lifelong condition that affects the functional capacity of the individual and substantially impacts on their sports performance. This includes athletes who have an intellectual disability, associated lifelong conditions, and/or a genetic condition, such as Down syndrome. Athletes will be eligible for I12 if it can be demonstrated that they have significant functional impairment in addition to an intellectual disability. That is: A formal diagnosis of Trisomy 21 or Translocation Down Syndrome. OR 2. Have a diagnosed intellectual disability (as defined by the I11 criteria) AND meet the minimum criteria for additional impairment as defined by the Virtus FAST Assessment with supporting medical evidence. |

| Classification | Details |
|----------------|---|
| PMP 7b | <p>PMP7b- is based on eligibility criteria stated in Virtus reflecting II1 and II3 class.</p> <p>II1 Class definition</p> <ol style="list-style-type: none"> 1. Significant impairment in intellectual functioning which is defined as a Full-Scale IQ score of 75 or lower, and; 2. Significant limitations in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills. This is defined as performance that is at least 2 standard deviations below the mean of, either: <ol style="list-style-type: none"> a. One of the following 3 types of adaptive behaviour: conceptual, social, or practical skills b. An overall score on a standardised measure of conceptual, social and practical skills OR c. In nations where standardised tests are not available, diagnosis can be made by clinical judgement based on the 'appropriate assessment of comparable behavioural indicators' (ICD-11) and; 3. Intellectual disability must be evident during the developmental period, which is from conception to before 22 years of age <p>Athletes must meet all 3 elements of the criteria to be eligible for consideration for intellectual disability sport and have their diagnosis confirmed by a qualified psychologist or psychiatrist.</p> <p>II3 Class definition</p> <p>Autism or Autism Spectrum Disorder (ASD), is defined by the World Health Organisation (WHO) as 'persistent deficits in the ability to initiate and to sustain reciprocal social interaction and social communication, and by a range of restricted, repetitive, and inflexible patterns of behaviour, interests or activities that are clearly atypical or excessive for the individual's age and sociocultural context. The onset of the disorder occurs during the developmental period, typically in early childhood, but symptoms may not become fully apparent until later when social demands exceed limited capacities. Deficits are sufficiently severe to cause impairment in personal, family, social, educational, occupational or other important areas of functioning and are usually a pervasive feature of the individual's functioning observable in all settings, although they may vary according to social, educational, or other context. Individuals along the spectrum exhibit a full range of intellectual functioning and language abilities.' (ICD 11).</p> <p>Both the ICD 11 and the DSM 5 definition of Autism are accepted by Virtus.</p> <p>Based upon this, the Virtus eligibility criteria for athletes with autism is a formal diagnosis of Autism or ASD carried out by qualified practitioners, using clinically accepted diagnostic techniques.</p> |

5.3 Minimal Impairment Criteria (MIC)

An athlete will be considered under the Minimal Impairment Criteria (MIC) if they present a disability based on an eligible health condition in any joint that scores 0, 1 or 2 for strength or coordination, or that shows a reduction in joint range of motion greater than 50% in at least one of the joints tested during this classification process at the level of the wrist or above, or at the level of the ankle or above. Athletes with a proven reduction of lower or upper limbs that is equal to or greater than 10% compared to the contralateral side, will also be considered. In these cases, the athlete will initially be placed in the PMP5-b class, with the possibility of allocation change according to classification processes.

6 Summary and further information

Once the in-person assessment has been completed the para athlete will be classified into one of the above classifications.

A formal classification letter will be written and approved by the Para Pentathlon HoC.

The athlete will be given a Status. In para sport, classification statuses indicate how certain an athlete's class is and whether it may change over time. Under the framework of the International Paralympic Committee Classification Code, the main statuses are:

New (N): The athlete has not yet been classified by an official panel (potential the same nation of Classifiers, or a national classification). They must complete a full classification assessment before competing in sanctioned events.

Review (R): The athlete has been classified, but their class may change in the future. This could be due to a fluctuating condition, recent injury, growth (for younger athletes), or because more observation is needed in competition.

Review with Fixed Date (RFD): Similar to Review status, but with a specified date by which the athlete must be reassessed. This is often used when changes are expected within a known timeframe.

Confirmed (C): The athlete's classification is considered stable and is unlikely to change. No further assessment is required unless there is a significant change in the athlete's condition or a formal protest.

Not Eligible (NE): The athlete does not meet the minimum impairment criteria for PMP sport and therefore cannot compete in para sport within that classification system. However within regional and national events may compete in a PMP Open class for participation.

These statuses help ensure fairness by indicating the level of certainty in an athlete's classification and whether reassessment may be needed.

The para athlete can appeal the classification decision within 21 days. Appeals need to be submitted in writing to classification@pentathlon.org.

Further information can be obtained by contacting para@pentathlon.org.

Acknowledgement of authors contributions to this guidance Dr Roberto Nahon
Head of Classification Para Pentathlon and Dr Nicola Robinson Senior Lecture
at Liverpool John Moores University and Chair UIPM Para Commission.

UIPM

World Pentathlon

UNION INTERNATIONALE DE PENTATHLON MODERNE
Stade Louis II – Entrée C
19 avenue des Castelans
MC-98000 Monaco

TEL: +377 9777 8555 FAX: +377 9777 8550 EMAIL: UIPM@PENTATHLON.ORG



Web:
uipmworld.org



Facebook:
[/WorldPentathlon](https://www.facebook.com/WorldPentathlon)



X:
[/WorldPentathlon](https://twitter.com/WorldPentathlon)



YouTube:
[/uipmchannel](https://www.youtube.com/uipmchannel)



Instagram:
[/theUIPM](https://www.instagram.com/theUIPM)



Weibo:
国际现代五项联盟



VKontakte:
[/worldpentathlon](https://vk.com/worldpentathlon)



**UIPM
Central App:**
iOS/Android