



Para Poomsae Classes of the German Taekwondo Federation

Classes:	Visual Impairment	P 10
	Intellectual Impairment	P 20
	Neurological Impairment	P 30
	Physical Impairment	P 40
	Assistive Devices	P 50
	DEAF	P 60
	Short Stature	P 70

In the Sports Classes P 10 and P 20, the coach is allowed to give the commands from the position he/she chooses.

In the Sports Class P 20, the athlete is free to choose the form he/she presents. Higher forms will give extra points.

In the Sports Classes P 10 and P 30, the athlete is allowed to present a poomsae, which was not drawn. While doing so, the athlete may present a poomsae from 2 to 16. This will lead into a point reduction. It's also allowed for members of the Sport Classes P 40 and P 50.

P 10 Visual Impairment

P 11 Visual acuity is poorer than LogMAR 2.60

P 12 Visual acuity ranges from LogMAR 1.50 to 2.60 (inclusive), and/or the athlete has a visual field that is constricted to a radius of less than 5 degrees
OR
visual acuity ranges from LogMAR 1.40 to 1 (inclusive), and/or the athlete has a visual field that is constricted to a radius of less than 20 degrees.

P 20 Intellectual Impairment

P 21 Athletes who meet the criteria for II-1 under the VIRTUS current criteria and appear on the VIRTUS International Master list.





P 22 Athletes with Downs Syndrome plus a significant impairment as defined by VIRTUS who appear on the VIRTUS International Master list.

P 30 Neurological Impairment

P 31 The P 31 athlete may appear to have near normal function when ambulating, but the athlete must demonstrate a limitation in function to classifiers based on evidence of spasticity (increased tone), ataxia, athetosis or dystonic movements while performing on court in training.

The athlete has bilateral affected (lower limbs more affected), asymmetric bilateral affected, double unilateral (one arm leg on same side) or bilateral (affecting 3 limbs) with signs of spasticity involvement in both legs (ASAS grade 3 and 2) more so than in the arms (grade 1 and 2), able to walk and stand independently, however single leg stance and shift of gravity often leads to difficulty in maintaining balance.

P 32 The P32 class is for athletes with dyskinesias athetosis, dystonia, ataxia as well as athletes who have mild spasticity (all 4 limbs) or a combination of the above.

The athlete can walk, however, has difficulty with coordination, smooth movement execution, slow movements, holding postures and maintaining static balance. The athlete's coordination is impaired due to or a combination of overshooting, involuntary movements, tremors and/or posturing of all or some body parts.

P 33 Unilateral spasticity (one arm leg on same side) or very mild spastic hemi-dystonia. Spasticity grade 2 or 3 on only one side of the body. The other side has good functional control.

The lower limbs: the athlete has difficulty with walking on heels and significant difficulties with single leg stance or hopping on the impaired side. Side stepping and galloping, leading with the impaired leg is also affected or very difficult.

Obvious asymmetry in both passive and active range of motion on the impaired side versus the non-affected side. Strength on the affected side is reduced.

P 34 Mild unilateral (one arm leg on same side) or bilateral affected (lower limbs more affected) (spasticity grade 1-2), mild athetosis, dyskinesia or dystonia, hemi-dystonia are present less than 25 % in duration and less than 25% of max and very mild ataxia (SARA score band of 2-8).

P 35 Impairment of the legs which are not eligible in other sports classes. A written document issued by a medical doctor must be presented.

P 36 Impairment of the arms which are not eligible in other sports classes. A written document issued by a medical doctor must be presented.



P 40 Physical Impairment

- P 41 Bilateral above or through elbow amputations. No elbow joint can be presented on either side for acquired amputations,
OR
Bilateral dysmelia in which the length of each upper limb is $\leq (0.193 \times \text{standing height})$.
- P 42 Bilateral amputations, below the elbow but above or through wrist (no carpal bones present in either wrist)
OR
Bilateral dysmelia in which the length of each upper limb is $\leq 0.337 \times \text{standing height in cm}$.
- P 43 This sport class is for athletes with upper body limb deficiencies see MIC (Appendix Two Article 7.1).
Unilateral amputation, through or above wrist (i.e., no carpal bones present in affected limb). Arthrodesis wrist joints are not eligible.
OR
Unilateral dysmelia in which the length of the affected arm measured from acromion to fingertip is equal in length or shorter than the combined length of the humerus and the radius of the unaffected arm.
OR
Unilateral dysmelia in which the length of the affected arm from acromion to the most distal aspect is $\leq 1/3$ the length of the humerus (acromion to superior head of radius) of the unaffected arm.
- P 44 Loss of PROM
Elbow flexion contracture from arthrodesis or ankylosis of the joint (verified with objective medical reports i.e. x-ray) with MDF showing traumatic soft tissue loss or boney joint damage. Arm length is measured from acromion to longest finger/end of affected arm and is \leq the distance measured from acromion to radial styloid on unaffected arm with the elbow extended passively to the longest point.
Impaired muscle power loss of three (3) muscle grade points in shoulder abduction and/or flexion
OR
loss of two (2) grade points of muscle strength in elbow flexion and/or extension against gravity.
- P 45 Lower limb deficiencies leg length difference equal to or greater than 7 cm.
OR
unilateral above or below knee amputation (may use a prosthetic device)



P 50 Assistive Devices

P51 Impaired Muscle Power

Complete or incomplete spinal cord injury (lumbar lesion L4-L5): no more than grade three (3) muscle strength for hip abductors and extensors for both lower limbs.

OR

Other health conditions impaired muscle power causes: resulting in no more than grade three (3) at the following muscles: testing for hip abductors and hip extensors of the least affected lower limb.

Lower Limb Deficiency (amputation)

Bilateral: the shorter residual limb (femur: from the great trochanter to the bony tip of the residual limb) must be \leq to the distance from the olecranon process to the tip of the middle finger.

Unilateral: Above or through the knee amputation Lower Limb Deficiency (Dysmeila)

Bilateral: the length of the shorter lower limb (from the great trochanter to the most proximal aspect) must be $\leq 1.11 \times$ the distance from the olecranon to the tip of the middle finger.

Unilateral: the length of the affected lower limb (from the great trochanter to the most proximal aspect) must be \leq to the distance from the great trochanter to the tibial lateral condyle (outside) on the unaffected lower limb.

Hypertonia spasticity athletes with diplegia severe spasticity who are not able to ambulate functionally may compete sitting. Spasticity grades must impair the ability to walk functionally.

P52 Impaired Muscle Power

Impaired muscle power (spinal cord lesion or comparable involvement) with no abdominals at all (no sitting balance, the trunk must be strapped on the back of the chair). No active rotation of trunk. Could have some upper trunk extensors and flexors.

Normal upper limbs function.

Lower limb deficiency athletes with incomplete or complete trunk function meeting the MIC for lower limbs and lower limb deficiency (bilateral or unilateral lower limb amputation or dysmelia).

The athletes with incomplete trunk function may choose to strap their trunk to the back of the chair. Normal upper limbs function. Examples of impairments:

Athletes with bilateral or unilateral hip disarticulation athletes with bilateral or unilateral amputation or dysmelia.

P53 Athletes with severe spasticity unilateral or bi-lateral that limits ambulation and require canes or crutches or walking frame to balance, ambulate or compete.



P 60 DEAF

- P 61 Hearing loss of at least 55dB PTA in the better ear (3-tone frequency average at 500, 1000 and 2000 Hertz, ISO 1969 Standard).
- P 62 Hearing loss of at least 55dB PTA in the worse ear (3-tone frequency average at 500, 1000 and 2000 Hertz, ISO 1969 Standard). If a cochlea implant is in use, the measure shall be taken without it.

It is strictly forbidden for a competitor to use any kind of hearing aid(s)/amplification or external cochlear implant parts during the warm-up and competition within the restricted zone area. This is to prevent giving advantage over those not using amplification in sports.

P 70 Short stature

- P72 Male
Standing height \leq 145 cm,
AND
Arm length \leq 66 cm,
AND
Sum of standing height plus arm length \leq 200 cm

- P72 Female
Standing height \leq 137 cm,
AND
Arm length \leq 63 cm,
AND
Sum of standing height plus arm length \leq 190 cm

Measure the longest arm length supine with the arm in 90 degrees abduction from the acromion to the tip of the longest finger.