PARA-STANDING TENNIS

Minimal Impairment Criteria for Playing Para-Standing Tennis with Impairment at the Lower Limb			
Eligible impairment type	**Examples of health conditions**	**PST2**	**PST3**
Hypertonia Ataxia Athetosis	Cerebral palsy, stroke, acquired brain injury, multiple sclerosis Ataxia resulting from cerebral palsy, brain injury, Friedreich's ataxia, multiple sclerosis, spinocerebellar ataxia Cerebral palsy, stroke, traumatic brain injury	Spastic/ataxic/athetoid hemiplegia/ diplegia/ quadriplegia/ monoplegia with moderate involvement of lower limb but with no or very mild involvement of upper limbs. Demonstrate a limitation in function based on spasticity, ataxia, athetosis or dystonic movements while performing during match or training. The Player may walk with a slight limp but runs more fluidly. Clear evidence must include spasticity grade 1-2 in the affected limbs (at least one leg must be affected). A clear difference needs to be demonstrated between active ranges of motion vs. passive. In addition, a clear difference between fast PROM against slow PROM needs to be demonstrated. Plus ONE of these signs:	Spastic/ataxic/athetoid hemiplegia/diplegia/ quadriplegia with marked involvement of lower limb but with no or only mild impairment of upper limbs. Demonstrate a limitation in function based on spasticity, ataxia, athetosis or dystonic movements while performing during match or training. The Player walks or runs with a limp due to spasticity in the lower limb. Clear evidence must include spasticity grade 2-3 in the affected lower limb. A clear difference needs to be demonstrated between active ranges of motion vs. passive. In addition, a clear difference between fast PROM against slow PROM needs to be demonstrated. The Player has difficulty walking on his heel on the impaired side and has significant difficulty with hopping and balancing and side stepping on the impaired leg or side. Plus ONE of these signs:

		1. Upper motor neuron reflex pattern must be demonstrated (one of these signs): a. Positive unilateral babinski b. Clear unilateral clonus 4 beats or more c. Noticeably brisk reflexes or clear difference in reflexes left vs. right leg 2. Irregular migrating contraction (chorea) and/or writhing movements (athetoid) 3. Leg length difference and/or difference of muscle bulk of more than 2 cm 4. Dysmetria and/or dyssynergia In monoplegia the hip joint must be involved with limitations in PROM or difference in ROM active versus passive. For ataxia and athetosis the Player must have clear signs of cerebellar dysfunction with incoordination of the lower limb. Shows moderate difficulty in stopping, starting, turning, balance and explosive movements.	1. Upper motor neuron reflex pattern must be demonstrated (one of these signs): a. Positive unilateral babinski b. Clear unilateral clonus 4 beats or more c. Noticeably brisk reflexes or clear difference in reflexes left vs. right leg 2. Irregular migrating contraction (chorea) and/or writhing movements (athetoid) 3. Leg length difference and/or difference of muscle bulk of more than 2 cm 4. Dysmetria and/or dyssynergia For ataxia and athetosis the Player must have clear signs of cerebellar dysfunction with incoordination of the lower limb. Shows marked difficulty in stopping, starting, turning, balance and explosive movements.

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Limb Deficiency	Amputation resulting from trauma or congenital limb deficiency (dysmelia).	1. Unilateral amputation of half of the foot, measured on the non-amputated foot from the tip of the great toe to the posterior aspect of the calcaneus. 2. Equivalent to the above description.	1. Unilateral amputation through or above the knee (AK amputation). 2. Double below knee (BK) amputation. 3. Equivalent congenital limb deficiency or dysmelia that is similar to Point 1 or 2 above. 4. Bilateral arm amputation or equivalent congenital limb deficiency or dysmelia.
Impaired Passive Range of Movement (PROM)	Arthrogryposis, ankylosis, post burns joint contractures)	Impairment of PROM that meets TWO (2) of the following criteria in one or both lower limbs: 1. Hip flexion deficit of >45 degrees. 2. Hip Extension deficit of >25 degrees. 3. Knee Flexion deficit of >60 degrees. 4. Knee Extension deficit of >30 degrees. 5. Less than or equal to 10 degree ankle dorsiflexion and a maximal ankle PROM of 10 degree.	Impairment of PROM that meets FOUR (4) of the following criteria in one or both lower limbs 1. Hip flexion deficit of >45 degrees. 2. Hip Extension deficit of >25 degrees. 3. Knee Flexion deficit of >60 degrees. 4. Knee Extension deficit of >30 degrees. 5. Less than or equal to 10 degree ankle dorsiflexion and a maximal ankle PROM of 10 degrees. 6. Less than or equal to 20 degree plantar flexion and a maximal ankle PROM of 10 degrees.

		6. Less than or equal to 20 degree plantar flexion and a maximal ankle PROM of 10 degree.	OR THREE (3) criteria of PROM Plus ONE (1) criteria of Impaired muscle power or leg length deficiency of 4 cm.
Impaired muscle power	Spinal cord injury, muscular dystrophy, brachial plexus injury, Erb palsy, polio, spina bifida.	Impairment of Muscle power that meets TWO (2) of the following criteria in one or both limbs: 1. Hip flexion loss of 3 muscle grade points (muscle grade of two). 2. Hip extension loss of 3 muscle grade points (muscle grade of two). 3. Hip Abduction loss of 3 muscle grade points (muscle grade of two). 4. Hip Adduction loss of 3 muscle grade points (muscle grade of two). 5. Knee flexion loss of 3 muscle grade points (muscle grade of two).	Impairment of Muscle power that meets FOUR (4) of the following criteria in one or both limbs: 1. Hip flexion loss of 3 muscle grade points (muscle grade of two). 2. Hip extension loss of 3 muscle grade points (muscle grade of two). 3. Hip Abduction loss of 3 muscle grade points (muscle grade of two). 4. Hip Adduction loss of 3 muscle grade points (muscle grade of two). 5. Knee flexion loss of 3 muscle grade points (muscle grade of two). 6. Knee extension loss of 3 muscle grade points (muscle grade of two).

		6. Knee extension loss of 3 muscle grade points (muscle grade of two). 7. Ankle plantar flexion loss of 3 muscle grade points (muscle grade of two). 8. Ankle dorsiflexion loss of 3 muscle grade points (muscle grade of two) OR Back and Torso: Severely reduced mobility of a permanent nature, for example scoliosis measuring over 60 degrees curve as measured by the Cobb method. X-ray proof is necessary.	7. Ankle plantar flexion loss of 3 muscle grade points (muscle grade of two). 8. Ankle dorsiflexion loss of 3 muscle grade points (muscle grade of two) OR THREE (3) criteria of PROM Plus ONE criteria of Impaired muscle power or leg length deficiency of 4cm.
Leg length difference	Congenital or traumatic cause of bone shortening in one leg	The difference in length between right and left leg should be at least 7 cm. Measurements to be taken from the inferior aspect of the anterior superior iliac spine to the most medial tip of medial malleolus on the same side.	Leg length difference equivalent to single above knee amputation.

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Minimal Impairment Criteria for Playing Para-Standing Tennis with Impairment at the Upper Limb			
Eligible impairment type	**Examples of health conditions**	**PST1**	
		Non-playing arm	**Playing arm**
Hypertonia	Cerebral palsy, stroke, acquired brain injury, multiple sclerosis	Spastic/ataxic/athetoid hemiplegia/ diplegia/ monoplegia with moderate involvement of upper limb but very mild involvement of lower limbs. Demonstrate a limitation in function based on spasticity, ataxia, athetosis or dystonic movements while performing during match or training. Clear evidence must include spasticity grade 1-2 in the affected upper limb. A clear difference needs to be demonstrated between active ranges of motion vs. passive. In addition, a clear difference between fast PROM against slow PROM needs to be demonstrated.	If only playing arm impairment, then same criteria as for non-playing arm.
Ataxia	Ataxia resulting from cerebral palsy, brain injury, Friedreich's ataxia, multiple sclerosis, spinocerebellar ataxia		
Athetosis	Cerebral palsy, stroke, traumatic brain injury		

		Plus Upper motor neuron reflex patter must be demonstrated: Clear unilateral clonus 4 beats or more Noticeably brisk reflexes or clear difference in reflexes non-playing vs. playing arm Dysdiadokokinesis Dysynergie and dysmetria In arm monoplegia the elbow must be involved with limitations in ROM. For ataxia and athetosis the Player must have clear signs of cerebellar dysfunction with incoordination of the upper limb.	
Limb deficiency	Amputation resulting from trauma or congenital limb deficiency (dysmelia)	To be eligible to compete in this class Players must have ONE of the following patterns of impairment: 1. Unilateral amputation, through or above wrist (i.e., no carpal bones present in affected limb).	To be eligible to compete in this class Players must have ONE of the following patterns of impairment: 1. Complete amputation of at least 3 digits excluding the thumb from at least the metacarpophalangeal joint,

		2. 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.	then no strapping of the racket to the hand allowed. 2. Complete amputation of at least 4 digits excluding the thumb from at least the metacarbophalangeal joint, then strapping of the racket allowed. 3. Amputation of thumb and thenar eminence. 4. Equivalent congenital deformity.
Impaired Passive Range of Movement (PROM)	Arthrogryposis, ankylosis, post burns joint contractures	A unilateral upper limb impairment of PROM that meets THREE (3) of the following criteria. 1. Shoulder abduction <60^0 available in the range. 2. Shoulder limitation of PROM in the plane of forward flexion (≤60^0). 3. Shoulder limitation of PROM in the plane of extension (≤20^0).	Meets ONE (1) of the criteria 1. Shoulder abduction < 90°. 2. Shoulder forward flexion of < 90°. 3. Shoulder horizontal extension of < 40°. 4. Shoulder external rotation (when arm abducted to 90^0) achieving < 60°.

		4. Elbow extension deficit of > 70^0. 5. Ankylosis of the elbow >80^0 flexion. Wrist arthrodeses or ankylosis is not eligible on the non-playing arm side.	5. Elbow extension deficit of ≥45^0 or ankylosis in any position. 6. Wrist ankylosed in ≥50^0 flexion or extension. 7. Any four digits with ≤10^0 of flexion / extension at the metacarpophalangeal joint.
Impaired Muscle Power	Spinal cord injury, muscular dystrophy, brachial plexus injury, Erb palsy, polio, spina bifida.	A unilateral upper limb impairment of muscle power that meets THREE (3) of the following criteria: 1. Shoulder abduction loss of 3 muscle grade points (i.e., grade 2 shoulder abductors). 2. Shoulder forward flexion loss of 3 muscle grade points (i.e., grade 2 shoulder forward flexion). 3. Shoulder extension loss of 3 muscle grade points (i.e., grade 2 shoulder extension). 4. Loss of 2 muscle grade points in elbow flexion AND extension (i.e., grade 3	Meets ONE (1) of the following criteria: 1. Shoulder abduction loss of 3 muscle grade points (i.e., grade 2 shoulder abductors). 2. Shoulder forward flexion loss of 3 muscle grade points (i.e., muscle grade of two). 3. Shoulder internal rotation loss of 3 muscle grade points (i.e., muscle grade of two). 4. Shoulder external rotation loss of 3 muscle grade points (i.e., muscle grade of 2).

		elbow extensors and flexors).	5. Elbow flexion loss of 3 muscle grade points (i.e., muscle grade of 2). 6. Elbow extension loss of 3 muscle grade points (i.e., muscle grade of two).

Eligible Impairment Type	**Examples of health conditions**	**PST4**
Short Stature (achondroplasia or other)	Aberrant dimensions of bones of upper and lower limbs or trunk which will reduce standing height.	Player must be older than >13 years of age If the player is younger than 18 s/he must prove their chromosomal disorder diagnosis related to short stature. The player must meet the same criteria below and classification measurements will be completed at each competition until the age of 18 For males: ● Maximum standing height </=145cm and; ● Arm length </=66 cm and; ● Sum of standing height plus arm length </=200cm. For females: ● Maximum standing height </=137cm and;

		• Arm length </= 63 cm and; • Sum of standing height plus arm length </=190cm.