

## **Eligibility information for Dispensation / Classification**

A para equestrian athlete has a permanent, measurable physical or visual impairment that affects function. In order to establish eligibility for the sport, medical documentation must support that the athlete has a primary health condition as listed with the International Paralympic Committee (IPC).

Para equestrian with FEI/USEF is not inclusive of all disabilities or health conditions, but is limited to the nine IPC impairments as outlined below from the FEI Para equestrian Classification Rules manual, 2024<sup>1</sup>:

**Impaired muscle power** – Athletes with Impaired Muscle Power have a Health Condition that either reduces or eliminates their ability to voluntarily contract their muscles in order to move or to generate force. (IPC, Feb 2024)

Examples – Conditions resulting from trauma, illness or are birth related including: Spinal cord injury (SCI) complete or incomplete, Spina bifida, Post polio syndrome, Muscular Dystrophy. Neuromuscular conditions should show motor changes present on EMG, NCV studies or other appropriate medical testing.

**Impaired Passive Range Of Motion (PROM)** – Athletes with Impaired Passive Range of Movement have a restriction or a lack of passive movement in one or more joints. (IPC, Feb 2024)

Examples – A structural limitation in the joint that causes restricted motion resulting from trauma, scarring in the joint, structural anomalies from birth, impaired soft tissue lengthening, or contracture resulting from chronic joint immobilization. Includes conditions such as Rheumatoid arthritis, Heterotopic ossification, Arthrogryposis.

**Limb deficiency** – Athletes with Limb Deficiency have total or partial absence of bones or joints as a consequence of trauma, illness, or congenital limb deficiency. (IPC, Feb 2024)

Examples – traumatic or surgical amputation, impaired growth, bone Cancer, congenital occurrence such as dysmelia

**Leg length difference** – Athletes with Leg Length Difference have a difference in the length of their legs as a result of a disturbance of limb growth, or as a result of trauma. (IPC, Feb 2024)

Examples – illness/trauma during stages of growth affecting one leg or one side

of the body as with Cerebral palsy, IVH, birth trauma; polio/post-polio syndrome; trauma or surgical intervention to one lower limb more than the other. Discrepancy is measurable on x-ray.

**Short stature** – Athletes with Short Stature have a reduced length in the bones of the upper limbs, lower limbs and/or trunk. (IPC, Feb 2024)

Examples – Achondroplasia, Growth hormone dysfunction, Osteogenesis imperfecta; all resulting in a maximum adult height of 129 cm/50.8”

**Hypertonia** – Athletes with Hypertonia have an increase in muscle tension and a reduced ability of a muscle to stretch caused by damage to the central nervous system. (IPC, Feb 2024)

Examples – spasticity/velocity dependent, neurologic stiffness or excessive motor activity triggered by internal or external influences. Upper motor neuron lesion as seen in Cerebral Palsy (CP), Cerebral vascular accident (CVA), Traumatic or acquired brain injury (BI), Multiple sclerosis (MS);

**Ataxia** – Athletes with Ataxia have uncoordinated movements caused by damage to the central nervous system. (IPC, Feb 2024)

Examples – Often cerebellar involvement leading to challenges in grading or timing of movement as seen with CP, BI, CVA, MS

**Athetosis** – Athletes with Athetosis have continual slow involuntary movements. (IPC, Feb 2024)

Generally characterized by unbalanced involuntary movements and a difficulty in maintaining a symmetrical posture, due to a neurological condition.  
Examples – writhing type or dystonic movement seen in CP, Huntington’s chorea, BI.

**Impaired Vision** – Athletes with Vision Impairment have reduced, or no vision caused by damage to the eye structure, optical nerves, optical pathways or visual cortex of the brain. (IPC, Feb 2024)

The impairments, measured with maximal correction, result in permanent restriction of the visual field, acuity, and/or light perception in both eyes. It is measured by a doctor of ophthalmology according to the standards of the International Blind Sports Association (IBSA).

Examples – Optic nerve hypoplasia (ONH), Macular degeneration, trauma to the eye/nerves, Retinitis pigmentosa, Diabetic retinopathy.

### **Ineligible**

There are numerous disabling health conditions or impairments that create functional challenges but are not found to be amongst the eligible conditions as established by the IPC, and hence FEI or USEF para equestrian. Examples of impairments or health conditions that are not currently eligible as a **primary** diagnosis are as follows:

#### **Non-permanent –**

Reasonable expectation of improvement over time, with adequate medical intervention or with clinical/research trials

#### **Non-physical/non-motor -**

psychologic/psychiatric impairment, emotional dys-regulation, behavioral challenges, intellectual challenges, learning challenges, ADHD, ADD, ASD, DCD, PTSD, sensory processing disorders, brain fog, conversion disorder, addiction, eating disorder

#### **Difficulty in quantifying impairment effects -**

Cardiac, circulatory and/or respiratory dysfunction, pain, hypotonia, systemic dysfunction, essential tremor, endurance/fatigue, obesity, metabolic dysfunction, Reynaud's

#### **Environmental response -**

Photo sensitive, temperature regulation, asthma, allergies

#### **Sensory dysfunction –**

Hearing loss, pain, balance/vestibular, kinesthetic, integumentary, dizziness, paraesthesias/lack of sensation, CRPS, sensory neuropathy

#### **Organ dysfunction -**

Bowel/bladder control, metabolic function, IBS, organ failure or replacement, migraines

#### **Early stages –**

Otherwise eligible conditions that are early in onset and/or have not impacted areas of motor function and have non-physical presentation (i.e. sensory loss in early MS) or do not meet minimum eligibility criteria

Some underlying diagnosis are non-eligible, but secondary effects from those conditions or prolonged effects may result in permanent, physical changes that establish eligibility especially such as diabetes, Cancer or Chronic regional pain syndrome (CRPS)

### **Degenerative/Aging Conditions -**

Degenerative joint disease (DJD), Herniated disc, Osteoarthritis, Facet dysfunction, deconditioning

### **Joint hypermobility or instability –**

Hypotonia, chronic joint dislocations, Marfans syndrome, Ehlers-Danlos syndrome

**Conditions currently under active treatment** or anticipated treatment such as upcoming surgery or planned clinical trials

### **Acute/New conditions –**

Requires adequate healing time to expect maximal function; generally one year for neurologic or orthopedic insult or surgery, during an acute flare up of a condition

### **Trunk only involvement –**

Scoliosis, spinal degeneration (see also Degenerative/Aging Conditions), Ankylosing Spondylitis (AS), Spondylosis

### **Conditions with widely variable presentations –**

Auto-immune disorders, Genetic syndromes, Cancer, dystonia, Parkinsons, tics, mannerisms, motor perseverations, medication induced impairments

**In addition, please know that receipt of benefits or disability ratings from Social Security, Workman's Compensation, the VA or the benefit of a service animal or disabled parking placard do not automatically indicate the required health condition or level of disability to determine eligibility.**

**The gathering of medical evidence (MD reports, medical testing reports with quantifiable results) submitted with a Medical Diagnostic Form, Request for Classification and a Consent for Classification (USEF website) is the first step to review for eligibility for para equestrian. Please submit to:**

**Laureen Johnson**

**USEF Director of Para Equestrian**

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1 - [FEI PE Classification Rules 2024 clean.pdf](#)