



## USA Fencing National Medical Diagnostics Form (MDF) and Supporting Documentation Guide for ParaFencing Athletes

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Per the International Paralympic Committee (IPC) Athlete Classification Code (the “Code”), athletes are required to submit a Medical Diagnostics Form (MDF) and supporting documentation to verify that they have an eligible impairment and that the impairment is caused by an eligible underlying health condition before they can be evaluated by a classification panel. An athlete’s MDF and supporting documentation must answer the following questions in order for the athlete to be evaluated by a classification panel:

- ❖ Of the eligible impairments for paraFencing, which impairment(s) does the athlete have?
- ❖ What is the underlying health condition(s) that is causing the eligible impairment(s)?
- ❖ What is the current state of the health condition(s)/impairment(s)?

The MDF form must be completed by the athlete, parent/guardian, or doctor familiar with the athlete’s health condition(s). In addition to the MDF, all impairments must have supporting medical documentation. Supporting documentation can come from more than one doctor or medical professional. The chart below details the type of supporting documentation generally required for each eligible impairment. **Please note, this list of health conditions and supporting medical documentation is not exhaustive.** Athletes may be required to provide further documentation at the request of USA Fencing and/or the IF.

Eligible Impairment	Examples of Health Conditions	Suggested Medical Documentation
Impaired Muscle Power  Athletes have a Health Condition that either reduces or eliminates their	<ul style="list-style-type: none"> <li>Spinal cord injury “SCI” (complete or incomplete, tetra-or paraplegia or paraparesis)</li> <li>Muscular dystrophy</li> </ul>	<ul style="list-style-type: none"> <li>ASIA scores (for SCI)</li> <li>Specialist reports detailing condition, date and cause of injury, any surgeries, etc.</li> <li>Manual muscle test results</li> </ul>

ability to voluntarily contract their muscles in order to move or to generate force.	<ul style="list-style-type: none"> <li>• Post-polio syndrome</li> <li>• Spina bifida</li> <li>• Brachial plexus injury</li> </ul>	<ul style="list-style-type: none"> <li>• Electromyogram (EMG)</li> <li>• Nerve conduction velocity</li> </ul>
<b>Impaired Passive Range of Movement</b>  Athletes have a restriction or a lack of passive movement in one or more joints.	<ul style="list-style-type: none"> <li>• Arthrogryposis</li> <li>• Joint contractures resulting from chronic joint immobilization or trauma</li> <li>• Ankylosis</li> </ul>	<ul style="list-style-type: none"> <li>• Specialist reports detailing impairment/condition</li> <li>• Goniometric measurements</li> <li>• X-rays of affected limbs or joints</li> </ul>
<b>Limb Deficiency</b>  Athletes have a total or partial absence of bones or joints.	<ul style="list-style-type: none"> <li>• Congenital limb deficiency</li> <li>• Amputations resulting from trauma or illness</li> </ul>	<ul style="list-style-type: none"> <li>• Photograph of affected limb</li> <li>• X-rays of affected limb/joint</li> <li>• Medical report detailing surgery or dysmelia</li> </ul>
<b>Limb Length Difference</b>  Athletes have difference in length of legs.	<ul style="list-style-type: none"> <li>• Difference in leg length as a result of trauma or disturbance of limb growth</li> </ul>	<ul style="list-style-type: none"> <li>• X-rays of affected limb/joint</li> <li>• Medical report detailing impairment/condition</li> </ul>
<b>Hypertonia</b>  Athletes have an increase in muscle tension and a reduced ability of a muscle to stretch caused by damage to the nervous system.	<ul style="list-style-type: none"> <li>• Cerebral palsy</li> <li>• Stroke</li> <li>• Traumatic brain injury</li> </ul>	<ul style="list-style-type: none"> <li>• Neurology reports detailing condition, date and cause of injury, any surgeries, treatment plans, etc.</li> <li>• Modified Ashworth scores</li> <li>• Coordination testing</li> <li>• Brain MRI</li> <li>• Electromyogram (EMG)</li> </ul>
<b>Ataxia</b>  Athletes have uncoordinated movements caused by damage to the central nervous system.	<ul style="list-style-type: none"> <li>• Cerebral palsy</li> <li>• Stroke</li> <li>• Traumatic brain injury</li> <li>• Spinocerebellar ataxia</li> <li>• Multiple sclerosis</li> </ul>	<ul style="list-style-type: none"> <li>• Neurology reports detailing condition, date and cause of injury, any surgeries, treatment plans, etc.</li> <li>• Modified Ashworth scores</li> <li>• Coordination testing</li> <li>• Brain MRI</li> <li>• Electromyogram (EMG)</li> </ul>
<b>Athetosis</b>  Athletes have continual slow involuntary movements.	<ul style="list-style-type: none"> <li>• Cerebral palsy</li> <li>• Stroke</li> <li>• Traumatic brain injury</li> </ul>	<ul style="list-style-type: none"> <li>• Neurology reports detailing condition, date and cause of injury, any surgeries, treatment plans, etc.</li> <li>• Modified Ashworth scores</li> <li>• Coordination testing</li> <li>• Brain MRI</li> <li>• Electromyogram (EMG)</li> </ul>

For additional information, please refer to the IPC Athlete Classification Code and International Standards for Eligible Impairments, which can be found at [Paralympic.org/Classification](https://www.paralympic.org/Classification).