

LETTER TO THE EDITOR

INFLUENCE OF THE INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH ON PARALYMPIC SPORTS CLASSIFICATION

Sir,

A special edition of the *Journal of Rehabilitation Medicine* devoted to the International Classification of Functioning, Disability and Health (ICF) describes the unifying nature of this classification. It also explores its usefulness for integrating diverse aspects of human functioning (1). This is certainly the case for the International Paralympic Committee (IPC) classifications of human functioning for sport (2).

The IPC has moved away from impairment towards functional classifications over the last 20 years. These systems have been implemented in the last 4 Paralympic games (3). The focus is on ability and participation. The conduct of fair competition regards disease or bodily functions as far less important than activities and participation. This unifying system has allowed greater integration of people with different impairment and disease states for equal participation in sport.

The IPC classification for the sports of swimming and sailing have closely applied the ICF 3-phase approach (4, 5). Swimming is divided into 10 classes and sailing into 7 classes for participation. The designated class predicts an expected level of performance. This is decided firstly through a test of the bodily functions of strength, range of motion and coordination. The second phase is an assessment of the activities of the sport. The swimming activities include floating, diving, turning, strokes and kicking and are tested in the pool environment. The sailing activities of sheeting (pulling) and securing a rope, transfers and steering control are tested in the sailing boat.

Observation in competition is the final phase of assessment and is influenced by the participant's motivation and the real environment of competition. It is on this challenging stage that the true worth of the ICF/IPC approach can be seen. Perceptions of participation and performance formed from an ICD disease approach may be totally flawed. One example is an athlete with a complete mid-cervical tetraplegia who scores negligible points for bodily functions, yet may participate

solo or as a crewing sailor in a boat with adaptive equipment. Another example is a swimmer who is independently mobile on land with apparently minor bilateral ankle arthrodeses, but who is profoundly restricted in propulsion for swimming.

The application of the functional classification in sport has given many people with disabilities the opportunity to explore their potential to participate in new areas of competition and recreation. The focus on activities and participation has also influenced positive thinking of health professionals about abilities and function rather than disease when assessing patients. We can thank the ICF for this enlightenment and framework.

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