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CCS C05



**NATIONAL STANDARD OF THE
PEOPLE'S REPUBLIC OF CHINA**

GB/T 16433-2009

Replacing GB/T 16433-1996

**Medical and functional classification of athletics for disabled
athletes**

残疾人田径运动员医学和功能分级

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Foreword

This standard replaces GB/T 16433-1996 "Disabled Athletes Medical and functional classification standards." The standards are compared with the original GB/T 16433-1996 following changes.

--- According to wheelchair racing, running, jumping and throwing events projects were identified by the minimum disability criteria;

--- In the classification standard, cerebral palsy and visual disability re-encoded;

--- In the classification standard, spinal cord injuries and amputations and other physical disabilities to re-encode the merger, increasing competition by short limbs level. The standard proposed by the People's Republic of China Ministry of Civil Affairs. This standard by the national rehabilitation and special equipment Standardization Technical Committee on Persons with Disabilities (SAC/TC148) centralized. This standard was drafted. China Rehabilitation Research Center, National Rehabilitation Devices Quality Supervision and Inspection Center, Chinese Paralympic Movement control center. The main drafters of this standard. Ding Botan, Gu Yaling, Wang Lan, Ying Huang, Wen security. This standard replaces the standards previously issued as follows:

--- GB/T 16433-1996. Disabled Athletes Medical and functional classification

1 Scope

GB/T 16433-2009 is the Chinese national standard on medical and functional classification of athletics for disabled athletes, in the field of health care technology. The /T suffix marks it as a recommended standard: it is not compulsory by itself, but it becomes binding as soon as a contract, a tender or a customer specification calls it up - which in practice is how most foreign buyers meet it. It was issued on 30 September 2009 by the General Administration of Quality Supervision, Inspection and Quarantine of the People's Republic of China; Standardization Administration of China, and has been in force since 1 December 2009. Classification: ICS 11.020, CCS C05. This page is published from the official record of the standard held by the Chinese standards administration: the identification, the dates, the classification and the issuing body are taken from there. The clause text, the tables and the

numeric limits are in the document itself, which is delivered complete in English translation.

This standard specifies the athletes' Medical and functional classification standard disabilities. This standard applies to the blind, spinal cord injury, cerebral palsy, amputation and other athletes with physical disabilities.

2 Normative references

The following documents contain provisions which, through reference in this standard and become the standard terms. For dated references, subsequent Amendments (not including errata content) or revisions do not apply to this standard, however, encourage the parties to the agreement are based on research Whether the latest versions of these documents. For undated reference documents, the latest versions apply to this standard. Medical and

GB/T 14726 classification for disabled athletes

3 Grading

3.1 Blind Athletes grading standards Participated in field events (F) or track (T) are divided into three levels, the same standard.

--- 11. no light perception in both eyes; or light perception, but at any distance, in any direction can not identify the shape of the hand;

--- 12. visual acuity from

0.03 to hand shape recognition and/or visual field of less than 5 °;

--- 13. visual acuity above

0.03 to

0.1 and/or visual field larger than 5 °, less than 20 °. NOTE. check, measure the side of good eye best corrected visual acuity. Athletes grading

3.2 of spinal cord injury, cerebral palsy, amputations and other physical disabilities

3.2.1 wheelchair racing, running and jumping project

3.2.1.1 Minimum disability criteria 3.2.1.1.1 has a clear dystonia, athetosis and ataxia signs (cerebral palsy) 3.2.1.1.2 limb shortage

a) the lower limbs. the first half of foot amputations or similar congenital shortage;

b) upper limb. Unilateral amputation above the elbow and similar length and congenital shortage; Shortages and bilateral congenital amputation above the wrist and similar length, which is measured as a shoulder to fingertip length no longer than

0.646 ride height. 3.2.1.1.3 joint passive range of motion disorders

a) lower extremity 5 with one or more of the following types of cases. 1) decrease hip flexion at least 60 °; 2) at least reduce hip extension 40 °; 3) at least reduced knee flexion 75 °; 4) minimum knee extension difference 35 °; 5) ankle dorsiflexion, plantar flexion range of not more than 10 ° (10 ° dorsiflexion and plantar flexion within 25 °). Or have the following five types of cases two or more. 1) at least reduce hip flexion 45 °, but less than 60 °; 2) reduction of hip extension at least 25 °, but less than 40 °; 3) at least reduced knee flexion 55 °, but less than 75 °;