



2026 International Masters Standards of Eligible Impairments –

Adaptive Weightlifting in the Snatch and Clean & Jerk

Introduction

This document reflects the Standards of Eligible Impairments necessary to classify Masters level adaptive weightlifters for the sport of Weightlifting. The essential purpose of the document is to retain certainty in the classifications of para weightlifters and advance the participation of these Athletes. Compliance with these standards within the International Masters Weightlifting Association (IMWA) is mandatory. All adaptive athletes must have an Eligible Impairment and comply with the Minimum Impairment Criteria applicable to this sport.

1 Requirements

- 1.1 The Standards of Eligible Impairments Policy designates certain impairments as 'Eligible Impairments'.
- 1.2 Any Masters-level Athlete wishing to compete as a Adaptive Weightlifter must have an Eligible Impairment.

2 Establishing an Eligible Impairment

- 2.1 This process will include the following:
 - 2.1.1 The Athlete must provide medical documentation via the IMWA Health Professional Clearance Form alongside their competition application to the



IMWA so that the IMWA is satisfied that the Athlete has one or more Eligible Impairments;

2.1.2 If the IMWA is satisfied that an Athlete has one or more Eligible Impairments this will be recorded and the Athlete will not have to reclassify again unless their condition changes. The IMWA will advise which classification the Athlete will be classified under based on the classifications of the IMWA at the time of application.

2.2 If the IMWA concludes that an Athlete does not have an Eligible Impairment that is required in order to compete, the IMWA will designate the Athlete as ineligible and will notify the Athlete as such.

3 Eligible Impairments

The following are Eligible Impairments for the sport of Weightlifting, noting this list is not-exhaustive:

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. Examples of conditions which may lead to impaired muscle power include: spinal cord injury (complete or incomplete, tetra-or paraplegia), muscular dystrophy, post polio syndrome and spina bifida.

Impaired passive range of movement

Athletes with impaired range of movement have a Health Condition that either reduces or eliminates movement in one or more joints. Health Conditions which may lead to impaired range of movement include: arthrogyrosis and contracture resulting from chronic joint immobilization. Athletes with a Health Condition that reduces range of movement because of pain (for example osteoarthritis) are not considered Eligible Impairments.

Join instability

Athletes with joint instability have a Health Condition that provides too much range of motion within the joints causing them to be unstable. Health Conditions which may lead to joint instability include Ehlers Danlos Syndrome or Marfan's Syndrome. Athletes with a Health Condition that has general hypermobility such as benign joint hypermobility is not considered an Eligible Impairment and athletes with Health Conditions causing this Impairment are not Eligible.

Limb deficiency



Athletes with limb deficiency have total or partial absence of bones or joints as a consequence of trauma (for example traumatic amputation), illness (for example bone cancer) or congenital limb deficiency (for example dysmelia).



Leg length difference

Athletes that have a difference in the length of their legs as a result of dysgenesis or trauma.

Short stature

Athletes with standing height reduced due to reduced length in the bones of upper and lower limbs or trunk. Examples of Health Conditions that lead to short stature include: achondroplasia, growth hormone dysfunction, and osteogenesis imperfecta.

Hypertonia

Athletes with hypertonia are characterized by a condition marked by an abnormal increase in muscle tension and a reduced ability of a muscle to stretch which is caused by damage to the central nervous system. Examples of Health Conditions that lead to hypertonia include: Cerebral Palsy, traumatic brain injury and stroke.

Ataxia

Athletes with ataxia have voluntary movement which is unsteady or clumsy. It may result from damage to the motor or sensory nervous system. Examples of Health Conditions that lead to ataxia include: Cerebral Palsy, traumatic brain injury, stroke and multiple sclerosis.

Athetosis

Athletes with Athetosis have unwanted, involuntary movement and posturing that occurs even when a person is trying to be still. Examples of Health Conditions that lead to athetosis include cerebral palsy, traumatic brain injury and stroke.

Vision impairment

Athletes with impaired vision have a Health Condition that either reduces or eliminates normal vision. It can result from damage to the eye structure, optical nerves or optical pathways, or visual cortex of the brain. Examples of Health Conditions that lead to vision impairment include: retinitis pigmentosa and diabetic retinopathy.

Intellectual impairment

An Intellectual impairment is characterized by a limitation in intellectual functioning and adaptive behavior as expressed in conceptual, social and practical adaptive skills.



Hearing impairment

A hearing impairment is characterized by reduced or loss of hearing.

4. Non-Eligible Impairments

Impairment types which are not part of the list under 3.1 are called Non-Eligible Impairment types.

Some examples are the following, noting this list is not exhaustive:

- Pain (myofascial *pain*-dysfunction syndrome/fibromyalgia/complex regional pain syndrome);
- Low muscle tone;
- Osteoarthritis;
- Chronic fatigue syndrome;
- Conversion disorders,
- Post-traumatic stress disorder;
- Benign hypermobility of joints;
- Impaired Muscle endurance;
- Impaired Motor reflex functions;
- Impaired Cardiovascular functions;
- Impaired Respiratory functions;
- Impairment Metabolic functions;
- Tics and mannerisms, stereotypes and motor perseveration.

IMWA MASTERS ADAPTIVE COMMITTEE CONTACT: samanthajlove@gmail.com

SAMANTHA LOVE is the IMWA MASTERS ADAPTIVE WEIGHTLIFTING CHAIR





International Masters Weightlifting Association Health Professional Clearance Form (for adaptive athlete participation)

This document will assist the International Masters Weightlifting Association (IMWA) in determining an athlete's preparedness for physical activity associated with participating in an Olympic weightlifting competition, and determine which adaptive athlete classification they will be competing in.

Terms and Conditions

1. The application form must be submitted by an athlete with a permanent disability or a legal guardian on their behalf. If the applicant is unable to sign, a legal guardian can sign on their behalf.
2. The applicant must be a client/patient of the authorizing health care professional/service provider. The authorized health care provider signing the Clearance Form must NOT be related to the applicant.
3. The Health Professional is required to read the document "IMWA Standards of Eligible Impairments – Olympic-Style Para-weightlifting" prior to signing the attestation.
4. Approval for adaptive athlete participation is valid for a period of six (6) months from the date of approval from IMWA.
5. Health Professional Clearance Forms that are incomplete or improperly completed will not be accepted. The applicant will be notified and asked to resubmit.
6. These terms and conditions are subject to change without notice.





Adaptive Weightlifting - Athlete Information

Applicant Name (Person with the Permanent Disability):

First Name: _____ **Last Name:** _____

Date of Birth (dd/mm/yyyy): _____/_____/_____

Mailing Address: _____

Country: _____

Phone: (_____) - _____ - _____

E-mail: _____

I certify that I understand the terms and conditions as set forth in this application.

Applicant or Guardian's Signature: _____ **Date:** _____

Which adaptive weightlifting category do you wish to enter? Noting the athlete may fit into one or more of the categories and should select the category they wish to compete in:

- PW1: Athletes who are deaf, deafened, or hard of hearing
- PW2: Athletes with visual impairment
- PW3: Athletes with intellectual impairment
- PW4: Athletes with limb deficiencies - no prosthesis
- PW5: Athletes with limb deficiencies - with prosthesis
- PW6: Athletes with limited range of motion or joint instability
- PW7: Athletes competing with the use of a wheelchair
- PW8: Athletes of Short Stature

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* IMWA is committed to protecting the privacy, confidentiality and security of any personal information we collect

Health Care Professional Authorization

This authorization must be filled out by one of the authorized health care practitioners listed below. The applicant must be a client/patient of the authorizing health care professional/service provider and can speak to their permanent disability.

Type of Accepted Health Care Professional (select one):

<input type="checkbox"/> Physician	<input type="checkbox"/> Speech Language Pathologist
<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Occupational Therapist
<input type="checkbox"/> Social Worker (RSW)	<input type="checkbox"/> Audiologist
<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Psychiatrist
<input type="checkbox"/> Behaviour Analyst (BCBA)	<input type="checkbox"/> Athletic Therapist
<input type="checkbox"/> Psychologist	<input type="checkbox"/>
<input type="checkbox"/> Executive Director of a Disability Services Provider	
*Organization Name: _____	

Professional Stamp (if available)

*I certify that the applicant, who is a client/patient of mine, is an individual with a **PERMANENT disability** which classifies as an adaptive athlete per the IMWA Standards of Eligible Impairments – Olympic Style Para-Weightlifting Criteria. I certify further that the information I have provided in this application is accurate and complete to the best of my knowledge and that the individual is fit to compete at the time of authorization.*

Patient's name: _____

Eligible Permanent Impairment:

Name of Health Care Professional OR Executive Director: _____

Professional Registration Number: _____

Practice/Service Address:

Country: _____

Phone: (_____) - _____ - _____ x. _____ **E-mail:** _____

Health Care Professional OR Executive Director Signature: _____

Date: _____

*Signatures from other types of health care professionals not included on the list above will **NOT** be accepted.



