



The HX KARATE CUP Para Karate  
Classification Information sheet & categories for all Para Categories

Classes	Examples (Guide Only)
Blind/ Visually impaired – BLINDFOLDS ARE REQUIRED (NOTE: Athletes will be Classified according to the LESS- IMPAIRED EYE)	
K10	Athletes who have limited vision in both eyes: – Visual acuity ranges from 6/18 to light perception in the less-impaired eye
K10	Athletes who have no sight in both eyes: – Blindness: No light perception

Intellectually impaired	
K21	Athletes must have an IQ of 75 or lower on standard tests, having originated before the age of 18. Evidence of significant limitations in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills.
K22	Athletes who have an intellectual impairment and Down Syndrome as caused by extra genetic material in chromosome 21'.
K23	Athletes who have Autism or Autism Spectrum Disorder (ASD): A full-scale score of IQ of above 75, and/or no diagnosis of intellectual impairment (evidence of functioning cognitively at average or above average levels). A formal diagnosis of autism, ASD or Asperger's syndrome, carried out by a qualified practitioner using accepted diagnostic techniques

Wheelchair Users	
Athletes with hypertonia, ataxia, athetosis, limb deficiency, impaired range of movement, hemiplegia	
K30	Moderate involvement in both legs.
	Coordination issues or involuntary movements affecting all four limbs
	Moderate involvement on one side of their body
	Mild ataxia, athetosis, or dystonia in one arm and leg on the same side or both.
	Unilateral amputation above the knee up to the hip, or a combination of lower limb impairment/s with functional loss in one leg above the knee.
	Unilateral amputation below the knee and above or through the ankle, or a combination of lower-limb impairments with functional loss in one foot, ankle and/or lower leg, or a leg-length difference of more than seven (>7 cm).
	Wheelchair athletes with moderate to severe impairments (including coordination impairments) affecting all four limbs and the trunk. Upper limb strikes and wheelchair propulsion is difficult. Trunk control and muscle power is absent or poor.
	Trunk control is limited and there may be no lower abdominal/spinal activity.
	Hand grasp, release and wheelchair propulsion may be fairly symmetrical between the upper limbs, with little no limitation in execution of upper limb strikes. Trunk control is good.

Standing Class	
Athletes with restricted joints, muscle weakness or loss of limbs, co-ordination impairments (hypertonia, ataxia, athetosis) and short stature	
K40	Impairments in both arms in the shoulder and elbows
	Impairments in one arm at the elbow or shoulder
	Impairments in both arms in the elbows and wrists
	Impairments in one arm at the wrist or elbow or in the ankle and foot.
	Co-ordination impairment in both legs
	Coordination impairment or involuntary movements that affects both the arms and legs.
	Co-ordination impairments down one side of their body
	Mild coordination difficulties.
	Short stature (Adult standing height less than or equal to 145cm (males)/137cm (females); AND Arm length less than or equal to 66cm (males)/63cm (females); AND Standing height plus arm length less than or equal to 200cm (males)/190cm (females).