

# Inclusive Coaching Guidance for Ambulant Athletes

Building confidence and supporting coaches to  
include athletes of all abilities



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Start



# Inclusive Coaching Guidance for Ambulant Athletes

This document contains information to support coaches to do what they do best - coach athletics to athletes of all abilities!

It has an event group focus as below:

- Ambulant sprints
- Ambulant jumps
- Ambulant throws
- Ambulant endurance

It is an interactive guidance document and is designed so you can move in and out of the sections you are interested in. Please note when clicking on the links that some may open in a window behind the current window.



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# 1. Introduction/Access

Disability athletics has an increasing profile in the UK and with the success of the GB athletics team at 2012 London Paralympic Games the sport has seen many more disabled participants looking to participate.

Disabled athletes should be encouraged and supported to join their local athletics club to access appropriate training and guidance to develop in their chosen event.

Many people think you need disability/impairment specific qualifications to coach a disabled athlete. This is not the case.

Coaches should adapt and modify all aspects of their coaching practice to create an environment that caters for all individual needs, allowing everyone to participate and experience success within the activity. The responsibility of inclusion rests with the coach.



## 2. Consistent Coaching Principles

British Athletics has a clear philosophy, it believes in:

- An **athlete centred approach** in which the needs of the athlete are placed before the interests of, and pressures imposed by, the club, school, parents or coach
- An **inclusive attitude** in which all athletes can take part, are valued and encouraged to explore their own potential
- The importance of providing a **fun and safe environment**
- Encouraging athletes to be **involved** in their own development and **empowered** to take greater responsibility for it

An athlete centered approach is one in which the needs of the athlete (especially a child, youth or a disabled athlete) is placed before everything else – the activity, the competition, your personal goals and ambitions. In this approach athletes are encouraged to be involved in their own development and empowered to take greater responsibility for it.

Working with athletes is a privilege, no matter their age or at what level they perform. If they are striving to improve then it is important that as a coach we too work hard to be the best that we can be. This can be both demanding and time consuming but extremely rewarding.

## 2.1 Adaptation & inclusion

Many people choose to take part in athletics, not just because of its high profile on the International stage, but also because there are so many diverse events, each requiring different abilities.

Running, jumping, throwing and pushing can be enjoyed by athletes of all abilities but activities must be organised appropriately to ensure that all do achieve success. This requires the recognition that athletes have very different needs and careful thought to be given to good differentiation.

Your coaching may involve children and young athletes, male and/or female athletes, disabled and/or non disabled athletes, adult recreational athletes, high performance and talented athletes, veteran and masters athletes, all at different stages of development and skill learning.

Each athlete you work with is an individual and has a unique set of motives, needs and aspirations. In being truly athlete centered, you as the coach will need skills to identify these needs and motivations and adapt training sessions to ensure these needs are fulfilled to encourage athlete satisfaction, retention, participation and performance development related to their stage of athlete development and skill learning.

British Athletics and England Athletics adopt an inclusive philosophy, welcoming all people to the sport.

For more information and strategies for including all athletes within your sessions [click here](#) for guidance on the Inclusion Spectrum and STEP.



### 3. Classification Information

According to the International Paralympic Committee

*“To ensure competition is fair and equal, all Paralympic sports have a system in place which ensures that winning is determined by skill, fitness, power, endurance, tactical ability and mental focus, the same factors that account for success in sport for able bodied athletes.”*

For more information on general classification click [here](#) for ‘An Introduction to Classification’ video and downloadable factsheet.

British Athletics are responsible for classification in the UK and further information can be found [here](#)



## Classification: What the letters and numbers mean

- The lower the number the less functional the athlete (the greater the impairment)
- The higher the number the more functional the athlete (the lesser the impairment)

Impairment	T = Track events	F = Field events
<b>Blind and Vision Impaired</b>	T11, T12, T13	F11, F12, F13
<b>Learning Disability</b>	T20	F20
<b>Cerebral Palsy (or similar)</b>	T31, T32, T33, T34, T35, T36, T37, T38	F31, F32, F33, F34, F35, F36, F37, F38
<b>Dwarf</b>	T40, T41	F40, F41
<b>Limb loss (or similar)</b>	T42, T43, T44, T45, T46, T47	F42, F43, F44, F45, F46
<b>Spinal injury (or similar)</b>	T51, T52, T53, T54	F51, F52, F53, F54, F55, F56*, F57*
<b>Lower limb loss (or similar)</b>		F56*, F57*

\*overlap exists between these categories which may be Spinal Injury or Amputee

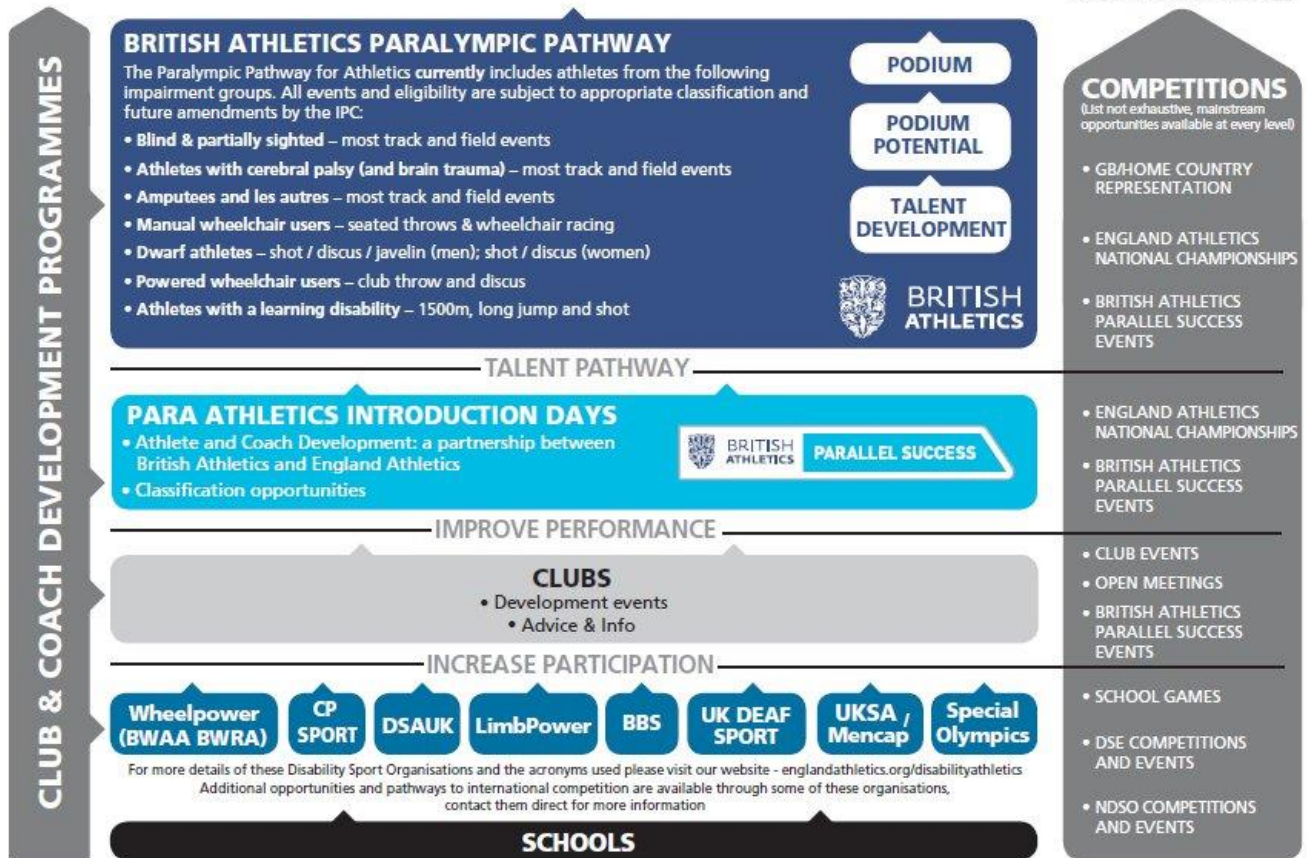


## 4. Disabled Athlete Pathway

There are pathways and opportunities available for disabled athletes at all levels, from participating at club level for social reasons through to elite level representation at international competition.

Click on the diagram below for more information on the Disabled Athlete Pathway.

# DISABLED ATHLETE PATHWAY



## 4.1 Paralympic Pathway

British Athletics have a Paralympic Pathway which forms the basis of their World Class Performance Programme ([WCPP](#)). This pathway usually includes the events/classes that are included in Paralympic Games and World Championships. They have been identified by the International Federation (IPC Athletics) as being suitable and safe for the relevant classes (impairments). The events are updated periodically by [IPC Athletics](#), usually in line with a Paralympic Games and/or World Championships. The events listed here are valid for 2015.

The Paralympic Pathway events are identified within the event group information in this guide, click [here](#) (or see Appendices).

## 5. Event Specific Information

Athletics events for disabled athletes are usually divided into the following event groups:

- Ambulant Sprints
- Ambulant Jumps
- Ambulant Throws
- Ambulant Endurance
- Seated Throws
- Wheelchair racing (track and road)

### 5.1 Ambulant Sprinting, Jumping, Throwing & Endurance

There are sprinting (100m, 200m, 400m), jumping (long jump, triple jump, high jump), throwing (shot, javelin and discus) and endurance (800m to Marathon) events available to ambulant athletes.

Ambulant athletes (those able to walk/run) unassisted consist of:

- Blind and vision impaired athletes
- Athletes with a learning disability
- Athletes with cerebral palsy (or similar)
- Athletes with limb loss (or similar)
- Dwarf athletes (no jumping or endurance events)

## 5.2 Wheelchair (seated) throwing and racing

Wheelchair athletes are able to compete in seated throwing and wheelchair racing events.

Seated Throwing events (shot, javelin, discus and club) are available to those athletes that are unable to stand and/or have balance and stability problems that make throwing from an ambulant position difficult. Athletes in the seated throwing events throw from either their day chairs or from custom made throwing frames, which are secured to the ground by straps.

Wheelchair racing events (100m, 200m, 400m, 800m, 1500m, 5000m, 10000m, marathon) are available for those athletes that primarily are wheelchair users. Wheelchair racers use bespoke racing wheelchairs for competition.

Seated throwing and wheelchair racing events are available for:

- Athletes with cerebral palsy (or similar)
- Athletes with spinal injury
- Athletes with lower limb loss (or similar)

This coaching guidance document will cover the ambulant event groups only.

Seated throws and Wheelchair racing can be found in a separate coaching guidance document specific to wheelchair athletes.

## 6. Introductory Coaching Considerations

Coaching disabled athletes is simply about best coaching practice.

Coaching disabled athletes involves working with the individual athlete, assessing their function – i.e. what they can do, and identifying ways and methods to encourage and enhance movement in areas that are problematic.

There is a need for all coaches to become better informed so that all athletes have access to the best possible coaching practices.



## 6.1 Coaching Ambulant Sprints – An Introduction

Ambulant sprint events include:

- 100m
- 200m
- 400m

The athlete impairments/classifications associated with ambulant sprints are:

Impairment	Classification	Recommended Events
<b>Blind &amp; Vision Impaired</b>	T11, T12, T13	100m, 200m, 400m
<b>Learning/Intellectual Disability</b>	T20	100m, 200m, 400m
<b>Cerebral Palsy</b> (or similar)	T35, T36, T37, T38	100m, 200m, 400m* (*T37 & T38 only)
<b>Limb loss</b> (or similar)	T42, T43, T44, T45, T46, T47	100m, 200m, 400m* (*not T42)

Paralympic Pathway sprinting events can be found [here](#)

## Coaching Ambulant Sprints – An Introduction

The basic principles of sprinting are the same for all athletes. No two athletes are the same having differing physiques, strength, balance, physical and learning ability.

An effective coach will experiment to find out what works best for each individual athlete. Generally, when working with disabled athletes, more time is needed for skills to be achieved, practised and developed to maximum ability.

Every athlete has a unique style regardless of ability. The walking/sprinting drills will be the same for both disabled and non disabled athletes. The only difference likely to be that disabled athletes may progress at a slower rate and may need drills to be broken down into smaller parts.


As the athlete progresses, gets stronger and more functional there may be the need for more specialised equipment to aid athletic performance. Such equipment would include the use of prosthetics (for amputee athletes) and splints (for athletes with cerebral palsy).

The use of such specialised equipment will not be discussed within the realms of this guidance document.

Although some information can be in the Information and Advice on Running Blades document [here](#).


Some vision impaired athletes also have the option of running with a guide runner in competition. Further information on this can be found in the Running and Sprinting with Guides document [here](#).

## Coaching Ambulant Sprints – Sport Specific Rules

Rule	Description
<b>Starts</b>	<ul style="list-style-type: none"> <li>• A four point stance is not required for athletes with cerebral palsy (or similar) i.e. T35-38, and athletes with limb loss (or similar) i.e. T42-46.</li> <li>• Pads (or similar) may be used to rest stumps or improve balance.</li> </ul> 
<b>Guides</b>	<ul style="list-style-type: none"> <li>• Guide runners are permitted for blind and moderately vision impaired athletes i.e. T11 and T12.</li> <li>• Mildly vision impaired athletes i.e. T13 are NOT allowed a guide runner.</li> <li>• Athletes and guide runners must not be more than 0.5m apart except for during the last 10m of the race.</li> <li>• The athlete must cross the line ahead of the guide runner.</li> <li>• Athletes running with a guide are allocated 2 lanes for sprint events.</li> </ul>



## Coaching Ambulant Sprints – Sport Specific Rules

Rule	Description
<b>Glasses</b>	<ul style="list-style-type: none"> <li>Blind (T/F11) athletes must wear approved opaque glasses or approved alternative during all track and field events.</li> </ul> 
<b>Visual modification</b>	<ul style="list-style-type: none"> <li>Moderately visually impaired (T12) athletes are permitted to use a guide on the track.</li> </ul>
<b>Prosthetics</b>	<ul style="list-style-type: none"> <li>It is compulsory for athletes with lower limb loss (T42-44) athletes to wear prostheses in track events, no hopping is allowed (except in high jump).</li> </ul>
<b>Relays</b>	<ul style="list-style-type: none"> <li>Athletes with limb loss (or similar) - T42-47 the take over can be by touch on any part of the body of the outgoing athlete.</li> <li>For visual impaired athletes (T11 and 12) either the athlete or the guide runner can carry the baton.</li> </ul>

The IPC Athletics Rule book can be found [here](#)

## Coaching Ambulant Sprints – An Introduction

The following are examples of possible variations that may assist in the initial stages when working with ambulant sprinters, and is based on the Athletics 365 development programme.

Click [here](#) to find out more about Athletics 365.



## Coaching Ambulant Sprints – Athletics 365

**SECTION 12:** Developing Running Technique (maximum Velocity/Full Flight Running) – to view videos of the Athletics 365 Developing Running Technique challenges please click [here](#).

### Section 12 – Stage 1 (red)

Challenge	Observation	Suggestion
<b>12a) Walk with relaxed shoulders and good upright posture.</b>	Walking with limp - athlete with one side stronger than other	Emphasise equal weight bearing through both legs Hips and shoulders to be level Eyes level and looking forward
<b>12b) Walk tall with high hips, good upright posture and balance</b>	Unable to heel strike on one or both feet	Make drills slower so more time spent on single leg with focus on foot position
<b>12c) Head up with focus in front</b>	Gets easily distracted  Keeps looking at floor	May have some attention/learning issues - Consider placement of athlete within group  Place marker further down track for athlete to focus on
<b>12d) Awareness of space and the safety of others</b>	Unable to stay within lane	May have vision problems - Select a buddy to walk/run beside athlete

## Coaching Ambulant Sprints – Athletics 365

**SECTION 12:** Developing Running Technique (maximum Velocity/Full Flight Running) – to view videos of the Athletics 365 Developing Running Technique challenges please click [here](#)

### Section 12 – Stage 2 (yellow)

Challenge	Observation	Suggestion
<b>12a) Jog/skip with relaxed shoulders and good upright posture</b>	Co-ordination problems whilst skipping	Spend more time with walking drills. Exchange skip for slow jog
<b>12b) Jog/skip tall with high hips, good upright posture and balance</b>	Athlete likes to jog fast	May have balance and strength problems when the movement is slower so runs quickly so momentum takes over  Keep revisiting walking and balance drills
<b>12c) Walk with knee up, toe up action</b>	Unable to lift knees to hip height  Unable to lift toes up	Weak hip flexor strength Tight glut muscles – include more glut flexibility into warm-up and cool down  Tight calf muscles – improve calf flexibility Weak tibialis anterior  Make drills slower so more time spent on single leg with focus on knee and foot position

## Coaching Ambulant Sprints – Athletics 365

**SECTION 12:** Developing Running Technique (maximum Velocity/Full Flight Running) – to view videos of the Athletics 365 Developing Running Technique challenges please click [here](#)

### Section 12 – Stage 2 (yellow) - continued

Challenge	Observation	Suggestion
<b>12d) Walk with heel up (underneath the buttocks), toe up action (foot at 90°)</b>	Unable to lift heel to buttocks	Weak/inactive hamstrings – include more hamstring specific exercises into warm-up and cool down. Include for Physical Preparation  Continue with toe up drills  Make drills slower so more time spent on single leg with focus on heel and foot position
<b>12e) Walk with relaxed sockets to pockets arm driving action</b>	Only uses one arm	Encourage swing from both shoulders Place weight on affected arm Options of prosthetic arms for running and physical preparation

## Coaching Ambulant Sprints – Athletics 365

**SECTION 12:** Developing Running Technique (maximum Velocity/Full Flight Running) – to view videos of the Athletics 365 Developing Running Technique challenges please click [here](#)

### Section 12 – Stage 3 (green)

Challenge	Suggestions
<b>12a) Run tall with relaxed shoulders a good upright posture</b>	<p>Stage 3 consists of progressions of each drill seen in Stage 1 and 2, from walking, jogging to running.</p> <p>Ensure the running is under control and emphasise good rhythm and timing.</p> <p>Emphasise symmetrical movement with hips and shoulders level at all times.</p> <p>Encourage dorsi-flexion of feet. If athlete is displaying difficulty with this, spend time improving tibialis anterior strength and flexibility of calf muscles.</p> <p>Keep revisiting Stage 1 and 2 drills, if necessary.</p>
<b>12b) Run tall with high hips, good upright posture and balance</b>	
<b>12c) Jog/skip with knee up, toe up action (good upright posture; no forwards or backwards lean)</b>	
<b>12d) Jog/skip with heel up, toe up action (good posture; no backwards lean)</b>	
<b>12e) Jog/skip with relaxed pockets to sockets arm action</b>	
<b>12f) Start, stop and change pace with control and response to instruction</b>	
<b>12g) Run and change direction (applying appropriate force), demonstrating speed and agility</b>	

## Coaching Ambulant Sprints – Athletics 365

**SECTION 12:** Developing Running Technique (maximum Velocity/Full Flight Running) – to view videos of the Athletics 365 Developing Running Technique challenges please click [here](#)

Section 12 - Stage 4 (purple)

Section 12 - Stage 5 (blue)

Section 12 - Stage 6 (black)

Suggestions

Progress through Stages 4, 5 and 6 as appropriate.

When working with ambulant athletes, usually more time is needed performing the drills at a slower pace (walking).

Include variations on the drills for greater learning.

Progression through the stages will be slower, keep revisiting the early stages – emphasising technique and good form.

Keep coaching points simple and clear, and provide good demonstrations.

It is recommended that you incorporate balance and postural control exercises when working with disabled athletes. Examples of this can be found [here](#) and [here](#)

Other useful resources you may wish to view include:

Athletics 365 challenges for sprint starts and drive phase – [here](#)

Secondary curriculum resource video clips for running at speed – [here](#)

## Coaching Ambulant Sprints – Examples of Best Practice

Impairment	Video
<b>Vision Impaired</b>	<a href="#">T11 Male 400m</a> <a href="#">T11 Female 200m</a> <a href="#">T12 Female 100m</a> <a href="#">T13 Male 100m</a> <a href="#">T13 Female 400m</a>
<b>Cerebral Palsy (or similar)</b>	<a href="#">T35 Male 100m</a> <a href="#">T35 Female 200m</a> <a href="#">T36 Female 100m</a> <a href="#">T36 Male 200m</a> <a href="#">T37 Male 100m</a> <a href="#">T37 Female 200m</a> <a href="#">T38 Female 100m</a> <a href="#">T38 Male 200m</a>
<b>Limb loss (or similar)</b>	<a href="#">T42 Male 100m</a> <a href="#">T42 Female 100m</a> <a href="#">T44 Male 200m</a> <a href="#">T46 Female 100m</a> <a href="#">T46 Male 400m</a>

Impairment specific information from Sports Coach UK can be found [here](#)



## 6.2 Coaching Ambulant Jumps – An Introduction

The basic principles of jumps are the same for all athletes. No two athletes are the same having differing physiques, strength, balance, physical or learning ability.

An effective coach will experiment to find out what works best for each individual athlete. Generally, when working with disabled athletes, more time is needed for skills to be achieved, practised and developed to maximum ability.

Every athlete has a unique style regardless of ability. The jumping drills will be the same for both disabled and non disabled athletes. The only difference is likely to be that disabled athletes may progress at a slower rate and may need each drill to be broken down into smaller parts.

As the athlete progresses, gets stronger and more functional there may be the need for more specialised equipment to aid athletic performance. Such equipment would include the use of prosthetics (for amputee athletes) and splints (for athletes with cerebral palsy).

The use of such specialised equipment will not be discussed within the realms of this guidance document. Although some information can be seen in the Information and Advice on Running Blades document [here](#).

Some visually impaired athletes also have the option of having the assistance of a guide for competition purposes. Such a guide would help with orientation and the use of audio cues for run-up and take-off purposes. The guide cannot provide any coaching and will be asked to sit away from the athlete in between jumps.

## Coaching Ambulant Jumps – An Introduction

The following are examples of possible variations that may assist in the initial stages when working with ambulant jumpers, and is based on the Athletics 365 development programme.

Click [here](#) to find out more about Athletics 365.



## Coaching Ambulant Jumps – An Introduction

Ambulant jumping events include:

- Long Jump
- Triple Jump
- High Jump

The athlete impairments/classifications associated with ambulant Jumps are:


Impairment	Classification	Recommended Events
<b>Blind &amp; Vision Impaired</b>	T11, T12, TF13	Long Jump Triple Jump
<b>Learning/ Intellectual Disability</b>	T20	Long Jump Triple Jump High Jump
<b>Cerebral Palsy (or similar)</b>	T36, T37, T38	Long Jump
<b>Limb loss (or similar)</b>	T42, T43, T44, T45, T46, T47	Long Jump High Jump

N.B. Although jumps are considered field events they have a prefix 'T'. This is because the classification criteria for jumping is the same as for track events.

Long jump will be the only jumping event covered in this document as it provides the greatest competition opportunities for disabled athletes across all impairment groups.

Paralympic Pathway for jumping events can be found [here](#)

## Coaching Ambulant Jumps – Sport Specific Rules

Rule	Description
<b>Guides</b> (Long Jump & Triple Jump)	<ul style="list-style-type: none"> <li>• Blind and moderately visually impaired (T11 and T12) athletes are allowed a guide onto the field of play to assist with orientation onto and off the run-up and to provide auditory signals if required.</li> <li>• Mildly visually impaired athletes i.e. T13 are NOT allowed a guide onto the field of play.</li> </ul>
<b>Take-off board</b> (Long Jump & Triple Jump)	<ul style="list-style-type: none"> <li>• For Blind and moderately visually impaired (T11 and T12) athletes the take-off area shall consist of a rectangle 1.00m x 1.22m which must be prepared in such a way (by use of chalk, talcum powder, light sand, etc) that the athlete leaves an impression on the area with his/her take-off foot. This mark is where the jump will be measured from.</li> </ul>
<b>High Jump</b>	<ul style="list-style-type: none"> <li>• Athletes are allowed to NOT wear prosthetics</li> </ul> 

The IPC Athletics Rule book can be found [here](#)

## Coaching Ambulant Long Jump – Athletics 365

**SECTION 18:** Long Jump and Standing Long Jump – to view videos of the Athletics 365 Long Jump and Standing Long Jump challenges please click [here](#).

### Section 18 – Stage 1 (red)

Challenge	Observation	Suggestion
<b>18a) Demonstrate various jumps in response to instructions (jumps for height, distance, 2 feet to 2 feet, etc.)</b>	Athlete favouring one leg	Encourage athlete to use both legs. Simplify and/or slow down activity so athlete can focus on using affected leg
<b>18b) Demonstrate soft landing – bending at the knees to cushion impact.</b>	Athlete has unsymmetrical landing	Encourage athlete to weight bear on affected side. It is likely that more time will be needed developing strength on affected side
<b>18c) Take off from, and land in, different positions.</b>	Gets easily distracted	May have some attention/learning issues. Consider placement of athlete within group and ensure coaching cues are simple and direct
	Keeps looking at floor	May have vision impairment. Consider using audio cues (e.g. whistle, shout or clap) to identify take-off and landing

## Coaching Ambulant Long Jump – Athletics 365

**SECTION 18:** Long Jump and Standing Long Jump – to view videos of the Athletics 365 Long Jump and Standing Long Jump challenges click [here](#)

### Section 18: Stage 2 (yellow)

Challenge	Observation	Suggestion
<b>18a) Use backward to forward arm swing to increase jumping distance.</b>	Athlete tends to only swing one side	Encourage athlete to use both arms and swing from shoulders
<b>18b) Jump for distance from 2 feet to 2 feet.</b>	Unsymmetrical arm swing and leg take-off	Emphasize the importance of hips and shoulders being level and encourage the use of affected arm\leg.  Break the drill down into smaller and slower parts so athlete can “feel” the use of affected side  Create an environment where the athlete does not feel embarrassed
<b>18c) Demonstrate control and balance on landing - feet shoulder width apart; Centre of Gravity over base.</b>	Athlete unable to get both heels onto floor on landing	Emphasize the importance of hips being level even if one heel is not on floor  Get athlete to spend more time in controlled landing position before moving on.  Control speed of activity, slowing movement down if necessary so athlete is controlling muscle movements
<b>18d) Jump for distance from one foot to two feet (both feet).</b>	Athlete favours one leg	Encourage some take-offs from affected leg and measure distances from both take-off legs

## Coaching Ambulant Long Jump – Athletics 365

**SECTION 18:** Long Jump and Standing Long Jump – to view videos of the Athletics 365 Long Jump and Standing Long Jump challenges click [here](#)

### Section 18: Stage 3 (green)

Challenge	Suggestions
<b>18a) Identify preferred take off leg</b>	<p>Stage 3 consists of progressions of each drill seen in Stage 1 and 2, adding complexity.</p> <p>Ensure the running jumping phases are under control and emphasise good rhythm and timing.</p> <p>Emphasise symmetrical movement with hips and shoulders level at all times.</p> <p>Keep revisiting Stage 1 and 2 drills, if necessary.</p>
<b>18b) Use a short run (2 strides) to jump from one foot to 2 feet (both feet).</b>	
<b>18c) Demonstrate soft controlled landing into sand pit.</b>	
<b>18d) Focus is forwards and not downwards.</b>	
<b>18e) Move body parts in an effective order to aid jump distance and efficiency</b>	

## Coaching Ambulant Long Jump – Athletics 365

**SECTION 18:** Long Jump and Standing Long Jump – to view videos of the Athletics 365 Long Jump and Standing Long Jump challenges click [here](#)

Section 18: Stage 4 (purple)

Section 18: Stage 5 (blue)

Section 18: Stage 6 (black)

Suggestions

Progress through Stages 4, 5 and 6 as appropriate.

When working with ambulant athletes, usually more time is needed performing the drills at a slower pace.

Include variations on the drills for greater learning.

Progression through the stages will be slower, keep revisiting the early stages – emphasising technique and good form.

Keep coaching points simple and clear, and provide good demonstrations.

It is recommended that you incorporate dynamic balance and coordination exercises when working with disabled athletes. Examples of this can be found [here](#)

Other useful resources you may wish to view include:

Secondary curriculum resource video clips for jumping (long jump) [here](#)



## Coaching Ambulant Long Jump – Examples of Best Practice

Impairment	Video
Vision Impaired	<a href="#">T11 Male Triple Jump</a> <a href="#">T12 Female Long Jump</a> <a href="#">T13 Female Long Jump</a>
Learning/Intellectual Disability	<a href="#">T20 Female Long Jump</a>
Cerebral Palsy (or similar)	<a href="#">T37/38 Male Long Jump</a> <a href="#">T37/38 Female Long Jump</a>
Limb loss (or similar)	<a href="#">T42/T44 Male Long Jump</a> <a href="#">T42 Male High Jump</a> <a href="#">T46 Male Long Jump</a>



Impairment specific information from Sports Coach UK can be found [here](#)

### 6.3 Coaching Ambulant Throws – An Introduction

The basic principles of throwing are the same for all athletes. No two athletes are the same having differing physiques, strength, balance, physical or learning ability.

An effective coach will experiment to find out what works best for each individual athlete. Generally, when working with disabled athletes, more time is needed for skills to be achieved, practised and developed to maximum ability.

Every athlete has a unique style regardless of ability. The throwing drills will be the same for both disabled and non disabled athletes. The only difference likely to be that disabled athletes may progress at a slower rate and may need each drill to be broken down into smaller parts.

As the athlete progresses, gets stronger and more functional there maybe the need for more specialised equipment to aid athletic performance. Such equipment would include the use of prosthetics (for amputee athletes) and splints (for athletes with cerebral palsy). The use of such specialised equipment will not be discussed within the realms of this guidance document.

Some visually impaired athletes also have the option of having the assistance of a guide for competition purposes who can go onto the field of play with them. Such a guide would help with orientation into and out of the throwing circle or javelin run up. The guide cannot provide any coaching and will be asked to sit away from the athlete in between throws.

## Coaching Ambulant Throws – An Introduction

The following are examples of possible variations that may assist in the initial stages when working with ambulant throwers, and is based on the Athletics 365 development programme.

Click [here](#) to find out more about Athletics 365.



## Coaching Ambulant Throws – An Introduction

Ambulant throwing events include:

- **Shot Put**
- **Discus**
- **Javelin**
- **Hammer\*** (vision impaired and learning disability only)


\*There is no Paralympic Pathway for Hammer

The athlete impairments/classifications associated with Ambulant Throws are:

Impairment	Classification	Recommended Events
<b>Blind &amp; Vision Impaired</b>	F11, F12, F13	Shot Put Discus Javelin Hammer
<b>Learning/Intellectual Disability</b>	F20	Shot Put Discus Javelin Hammer
<b>Cerebral Palsy (or similar)</b>	F35, F36, F37, F38	Shot Put Discus Javelin
<b>Dwarf athletes</b>	F40, F41	Shot Put Discus Javelin
<b>Limb loss (or similar)</b>	F42, F43, F44, F46, F47	Shot Put Discus Javelin

Paralympic Pathway throwing events can be found [here](#)

## Coaching Ambulant Throws – Sport Specific Rules

Rule	Description
<b>Guides</b>	<ul style="list-style-type: none"> <li>Blind and moderately visually impaired (F11 and F12) athletes are allowed a guide onto the field of play to assist with orientation onto/into and off/out of the run-up/throwing circle. They can also assist with implement selection.</li> <li>Mildly vision impaired athletes i.e. F13 are NOT allowed a guide onto the field of play.</li> </ul> 
<b>Glasses</b>	<ul style="list-style-type: none"> <li>Blind (T/F11) athletes must wear approved opaque glasses or approved alternative during all track and field events.</li> </ul>
<b>Implements</b>	<ul style="list-style-type: none"> <li>Implement weights for each class and age group can be viewed <a href="#">here</a></li> <li>Dwarf athletes (F40) shot put diameters can be smaller (4kg – 95mm, 3kg – 85mm)</li> </ul>

The IPC Athletics Rule book can be found [here](#)

## Coaching Ambulant Shot Put – Athletics 365

**SECTION 22:** Shot Put and Chest Pass – to view videos of the Athletics 365 Shot Put and Chest Push challenges please click [here](#)

### Section 22: Stage 1 (red)

Challenge	Observation	Suggestion
<b>22a) Wait for instruction from coach before throwing and retrieving implement safely.</b>	Provide clear demonstrations	Keep instructions clear and simple
<b>22b) Push an object up and forwards to gain height and distances, and aim at a raised target.</b>	Encourage the use of both arms and legs for all athletes	Provide bright visual targets if needed
<b>22c) Demonstrate a standing two handed push throw, extending arms through the elbows.</b>	Provide different size balls, or balls with handles. Especially important for those athletes with small hands, grip and hand strength difficulties or with one or both hands missing	More repetitions and variations on the activity may be required

## Coaching Ambulant Shot Put – Athletics 365

**SECTION 22:** Shot Put and Chest Pass – to view videos of the Athletics 365 Shot Put and Chest Push challenges please click [here](#)

### Section 22 – Stage 2 (yellow)

Challenge	Observation	Suggestion
<b>22a) Demonstrate a standing two handed push throw (as Red) with knees bending then extending prior to throw (legs before arms).</b>	Co-ordination seems an issue with arms activated before legs	Slow movement down and emphasise legs before arms action  Provide variations of the activity
<b>22b) Demonstrate a standing two handed push throw, with flicking action through the wrist and fingers.</b>	Athlete favours one arm	Encourage the use of both arms If athlete has one arm only then one-armed practice is fine and should be encouraged
<b>22c) Demonstrate a standing two handed push throw (as above) stepping into the throw.</b>	Athlete has trouble pushing off one leg	Create activity where athlete has to change lead leg  Get athlete to practice moving into the step (without the throw)
<b>22d) Demonstrate a two handed backward, overhead toss, bending &amp; extending 'legs before arms'.</b>		Break activity down into smaller parts if necessary  Create an environment where the athlete does not feel embarrassed

## Coaching Ambulant Shot Put – Athletics 365

**SECTION 22:** Shot Put and Chest Pass – to view videos of the Athletics 365 Shot Put and Chest Push challenges please click [here](#)

### Section 22 – Stage 3 (green)

Challenge	Suggestion
<b>22a) Move body parts in an effective order to aid a two handed push throw for distance and efficiency (from legs to hips to arms).</b>	Emphasise symmetrical movement with hips and shoulders level at all times.  More repetition of good practice might be required
<b>22b) Correctly hold a shot put in hand, with shot resting on fingers and not palm (dirty fingers, clean palm). Shot placed under the chin at the side of the neck and with elbow high.</b>	Have shots of varying weight and diameter  Provide a <a href="#">variety of shots</a> to cater for all ages and impairments
<b>22c) Demonstrate a kneeling single arm push throw, with extension through elbow and wrist.</b>	Provide a sitting option for those that might find kneeling uncomfortable or not possible
<b>22d) Demonstrate a kneeling single arm push throw (as Green 22c) with rotation through waist to increase force.</b>	
<b>22e) Identify preferred putting/pushing arm.</b>	For many disabled athletes this is very apparent



## Coaching Ambulant Shot Put – Athletics 365

**SECTION 22:** Shot Put and Chest Pass – to view videos of the Athletics 365 Shot Put and Chest Push challenges please click [here](#)

### Section 22 – Stage 4 (purple)

Challenge	Observation	Suggestion
<b>22a) Demonstrate a two handed push throw (Yellow - Red) with increased weight (Size 4 football - 1, 2 or 3 kg Med Ball).</b>		Have balls available of varying weight and diameter especially for those athletes with small hands and/or grip and hand strength issues. Consider balls with one or two handles.
<b>22b) Demonstrate a standing frontal single arm push throw, with rotation through waist to increase force.</b>	Athlete has muscle imbalance on one side and balance is an issue	Emphasize importance of level shoulders so athlete aware of both sides of their body. Experiment with different standing positions.
<b>22c) Standing Shot Put: turn shoulders away from the direction of the throw in preparation (starting) position.</b>	Athlete has some balance issues upon rotation	Break movement down and perhaps get athlete to practice movement whilst sitting and/or kneeling first.
<b>22d) Demonstrate 'Power Position' with left toes in line with the heel of the right foot (right handed thrower).</b>	Athlete has proprioception issues	Assist athlete manually to get feet in correct position, if necessary.
<b>22e) Demonstrate 'Power Position' with both legs bent and weight on the ball of the right foot (right handed thrower).</b>	Athlete has some balance issues when transferring weight	Emphasise level hip and shoulder positioning. Athlete may need more specific balance work

## Coaching Ambulant Shot Put – Athletics 365

**SECTION 22:** Shot Put and Chest Pass – to view videos of the Athletics 365 Shot Put and Chest Push challenges please click [here](#)

### Section 22: Stage 5 (blue)

### Section 22: Stage 6 (black)

#### Suggestions

Progress through Stages 5 and 6 as appropriate.

When working with ambulant athletes, usually more time is needed performing the drills at a slower pace.

Include variations on the drills for greater learning.

Progression through the stages will be slower, keep revisiting the early stages – emphasising technique and good form.

Keep coaching points simple and clear, and provide good demonstrations.

It is recommended that you incorporate dynamic balance and coordination exercises when working with disabled athletes. Examples of this can be found [here](#) and [here](#)

Other useful resources you may wish to view include:

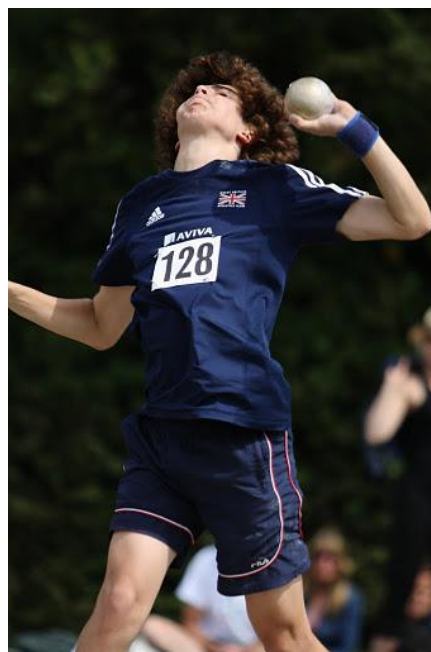
Secondary curriculum resource video clips for throwing (shot) [here](#)

## Coaching Ambulant Shot Put – Examples of Best Practice

Impairment	Video
Vision Impaired	<a href="#">F11-12 Male Shot</a>
Learning/Intellectual Disability	<a href="#">F20 Male Shot</a>
Cerebral Palsy (or similar)	<a href="#">F35-36 Male Shot</a>
Limb loss (or similar)	<a href="#">F42 Male Shot</a> <a href="#">F44 Male Shot</a>



Impairment specific factsheets from Sports Coach UK can be found [here](#)



## Coaching Ambulant Javelin – Athletics 365

**SECTION 23:** Javelin – Tennis Ball, Howler & Turbo Jav – to view videos of the Athletics 365 Javelin challenges (including Tennis Ball, Howler & Turbo Jav Throw) please click [here](#)

### Section 23 – Stage 1 (red)

### Section 23 – Stage 2 (yellow)

### Section 23 – Stage 3 (green)

#### Suggestions

Stages 1, 2 and 3 of this event involve different drills and equipment to develop the pull throwing action.

All the activities are relevant to ambulant athletes and the same coaching cues should be given.

More practice maybe required for ambulant athletes for the skill to be mastered.

If the athlete is experiencing balance issues, encourage a wide base of support and practice weight transfer activities from one leg to another.

If the athlete is favouring one arm only, encourage the use of both arms and highlight the importance of level shoulders and head up. A light wrist or arm weight can also be placed on the affected arm to provide a focus for the athlete and to encourage them to use both sides of their body.

Different implement weights should be available for individual athlete requirements.

## Coaching Ambulant Javelin – Athletics 365

**SECTION 23:** Javelin – Tennis Ball, Howler & Turbo Jav – to view videos of the Athletics 365 Javelin challenges please click [here](#)

### Section 23 – Stage 4 (purple)

Challenge	Observation	Suggestion
<b>23a) Demonstrate Tennis Ball Technique (Red to Yellow) with a Turbo Jav, Howler or equivalent.</b>	Athlete has muscle imbalance on one side, balance an issue and block is weak	Emphasize importance of level shoulders so athlete aware of both sides of their body. Experiment with different standing positions, some athletes may need a wider base of support. More strength work will be needed particularly on weak side.
<b>23b) Demonstrate a single arm throw (Turbo Javelin/Howler) as Purple 23a with three stride approach (left, right, left).</b>	Athlete has some co-ordination issues	Break activity down and practice 3-steps whilst walking with and without javelin
<b>23c) Correctly hold a Javelin in hand demonstrating either 'Thumb and first finger' grip or 'Thumb and Second finger' grip.</b>	Ensure demonstration is clear and simple. Athletes with a vision impairment may need assistance in getting their hand in correct position in relation to javelin. Provide variety of <a href="#">javelins</a> for age and impairments	
<b>23d) Correctly explain the safety elements and rules relating to javelin.</b>	Same for all athletes. Simple, clear explanations needed for athletes with learning disability. Check for understanding may be required.	

## Coaching Ambulant Javelin – Athletics 365

**SECTION 23:** Javelin – Tennis Ball, Howler & Turbo Jav – to view videos of the Athletics 365 Javelin challenges (including Tennis Ball, Howler & Turbo Jav Throw) please click [here](#)

### Section 23: Stage 5 (blue)

### Section 23: Stage 6 (black)

#### Suggestions

Progress through Stages 5 and 6 as appropriate.

When working with ambulant athletes, usually more time is needed performing the drills at a slower pace.

Include variations on the drills for greater learning.

Progression through the stages will be slower, keep revisiting the early stages – emphasising technique and good form.

Keep coaching points simple and clear, and provide good demonstrations.

It is recommended that you incorporate dynamic balance and coordination exercises when working with disabled athletes. Examples of this can be found [here](#) and [here](#).

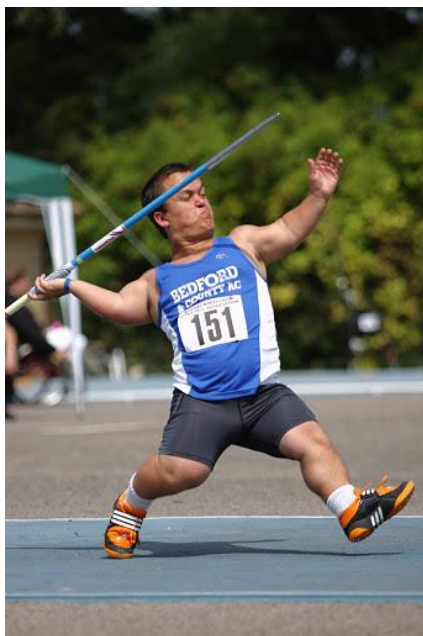
Click [here](#) to view clips of additional footwork co-ordination drills.

Other useful resources you may wish to view include:

Secondary curriculum resource video clips for throwing (javelin) [here](#)

## Coaching Ambulant Javelin – Examples of Best Practice

Impairment	Video
Vision Impaired	<a href="#">F11-12 Male Javelin</a>
Cerebral Palsy (or similar)	<a href="#">F37-38 Male Javelin</a> <a href="#">F35-38 Female Javelin</a>
Dwarf athletes	<a href="#">F40 Male Javelin</a> <a href="#">F41 Male Javelin</a>
Limb loss (or similar)	<a href="#">F42-44 Male Javelin</a>



Impairment specific factsheets from Sports Coach UK can be found [here](#)

## Coaching Ambulant Discus – Athletics 365

**SECTION 24:** Discus – including Soft Discus, Bean Bag and Quoit – to view videos of the Athletics 365 Discus challenges (including soft discus, bean bag and quoit) please click [here](#)

**Section 24 – Stage 1 (red)**

**Section 24 – Stage 2 (yellow)**

**Section 24 – Stage 3 (green)**

### Suggestions

Stages 1, 2 and 3 of this event involve different drills and equipment to develop the sling throwing action.

All the activities are relevant to ambulant athletes and the same coaching cues should be given.

More practice maybe required for ambulant athletes for the skill to be mastered.

If the athlete is experiencing balance issues, encourage a wide base of support and practice weight transfer activities from one leg to another.

If the athlete is favouring one arm only, encourage the use of both arms and highlight the importance of level shoulders and head up. A light wrist or arm weight can also be placed on the affected arm to provide a focus for the athlete and to encourage them to use both sides of their body.

Provide a variety of [discuses](#) to cater for all ages and impairments.



## Coaching Ambulant Discus – Athletics 365

**SECTION 24:** Discus – including Soft Discus, Bean Bag and Quoit – to view videos of the Athletics 365 Discus challenges please click [here](#)

### Section 24: Stage 4 (purple)

Challenge	Observation	Suggestion
<b>24a) Standing Side Throw: start with left shoulder in direction of the throw, feet 1 1/2 shoulder-width apart.</b>	Athlete has muscle imbalance on one side, balance an issue and block is weak.	Emphasize importance of level shoulders so athlete is aware of both sides of their body. Experiment with different standing positions, some athletes may need a wider base of support. More strength work will be needed particularly on weak side.
<b>24b) Standing Side Throw: swing Discus backwards and then pull forwards, pivoting on the right foot (right handed).</b>	Athlete is having difficulty pivoting on foot.	Create separate activity (could be part of warm-up) where athlete is just practicing pivoting their feet
<b>24c) Standing Side Throw: turn the right heel out while pushing the right hip forwards and blocking with the left leg.</b>	Athlete has some co-ordination problems finding pivot, hip and block a difficult combination. Break movement down and perhaps get athlete to practice movement whilst sitting and/or kneeling first.	
<b>24d) Standing Side Throw: release the discus about head height, releasing off the index finger.</b>	Use a towel to emphasise the separation created between hip and throwing arm. Get athlete to look at a tree or other high object at release point.	

## Coaching Ambulant Discus – Athletics 365

**SECTION 24:** Discus – including Soft Discus, Bean Bag and Quoit – to view videos of the Athletics 365 Discus challenges (including soft discus, bean bag and quoit) please click [here](#)

### Section 24: Stage 5 (blue)

### Section 24: Stage 6 (black)

#### Suggestions

Progress through Stages 5 and 6 as appropriate.

When working with ambulant athletes, usually more time is needed performing the drills at a slower pace.

Include variations on the drills for greater learning.

Progression through the stages will be slower, keep revisiting the early stages – emphasising technique and good form.

Keep coaching points simple and clear, and provide good demonstrations.

It is recommended that you incorporate dynamic balance and coordination exercises when working with disabled athletes. Examples of this can be found [here](#) and [here](#).

Click [here](#) to view clips of additional pivoting and rotation drills.

Other useful resources you may wish to view include:

Secondary curriculum resource video clips for throwing (discus) [here](#)

## Coaching Ambulant Discus – Examples of Best Practice

Impairment	Video
Vision Impaired	<a href="#">F12-13 Female Discus</a>
Cerebral Palsy (or similar)	<a href="#">F35-36 Female Discus</a>
Dwarf athletes	<a href="#">F40 Discus</a>
Limb loss (or similar)	<a href="#">F42 Male Discus</a> <a href="#">F44 Male Discus</a>



Impairment specific factsheets from Sports Coach UK can be found [here](#)

## 6.4 Coaching Ambulant Endurance – An Introduction

The basic principles of endurance running and race walking are the same for all athletes. No two athletes are the same having differing physiques, strength, balance, physical or learning ability.

An effective coach will experiment to find out what works best for each individual athlete. Generally, when working with disabled athletes, more time is needed for skills to be achieved, practised and developed to maximum ability. Additionally, the general fitness level of disabled athletes may be lower due to issues including lack of opportunity, financial limitations, and negative perceptions.

Every athlete has a unique style regardless of ability. The running and walking drills will be the same for both disabled and non disabled athletes. The only difference likely to be that disabled athletes may progress at a slower rate and may need each drill to be broken down into smaller parts.

As the athlete progresses, gets stronger and more functional, there maybe the need for more specialised equipment to aid athletic performance. Such equipment would include the use of prosthetics (for amputee athletes) and splints (for athletes with cerebral palsy). The use of such specialised equipment will not be discussed within the realms of this guidance document.

Blind and some vision impaired athletes also have the option of running with a guide runner in competition. Further information on this can be found in the Running and Sprinting with Guides document [here](#) and in the video Guide Running Off Track found [here](#).

## Coaching Ambulant Endurance Running – Sport Specific Rules

Rule	Description
<b>Guides</b>	<ul style="list-style-type: none"> <li>• Guide runners are permitted for blind and moderately vision impaired athletes i.e. T11 and T12 (NOT T13 athletes).</li> <li>• Competition organisers shall provide distinctive vests to identify guide runners.</li> <li>• Appropriate athletes are usually expected to provide their own guide runners.</li> <li>• The method of guidance for appropriate athlete is the choice of the athlete. May include elbow lead, non-elastic tether or verbal instruction.</li> <li>• Guide runners are not allowed to push, pull or otherwise propel the athlete.</li> <li>• In races of 5000m or above, athletes are allowed to use 2 guide runners (only one interchange is permitted), without hindrance to other athletes and on the back straight only.</li> </ul>
<b>Glasses</b>	<ul style="list-style-type: none"> <li>• Blind (T/F11) athletes must wear approved opaque glasses or approved alternative during all track and field events.</li> </ul>
<b>Other assistance</b>	<ul style="list-style-type: none"> <li>• In events 800m and above, T11 and T12 athletes may have assistance from personnel other than competition officials, who are permitted to call intermediary times from an area inside the competition area that has been designated for that purpose by the appropriate Referee.</li> </ul>

The IPC Athletics Rule book can be found [here](#)

## Coaching Ambulant Race Walking – Sport Specific Rules

There are no disability specific rules for race walking as it is not an included event for IPC Athletics. However, a common sense approach is encouraged utilising the same rules for running (see previous page) for those athletes that require assistance during training and competition.

Rule	Description
<p><b>The advancing leg shall be straightened (i.e. not bent at the knee) from the moment of first contact with the ground until the vertical upright position.</b></p>	<p>A straight leg on first contact usually requires heel contact. If an athlete is not functionally able to heel strike they may not be able to achieve this straight leg contact. As this is an IAAF ruling, they may not be able to enter competitions but can and should use race walking as a training modality.</p> <p>Specific drills over an extended time working on heel contact maybe required, including stretching calf muscles and strengthening tibialis anterior.</p>

The IPC Athletics Rule book can be found [here](#)

## Coaching Ambulant Endurance – An Introduction

The following are examples of possible variations that may assist in the initial stages when working with ambulant endurance runners, and race walkers, and is based on the Athletics 365 development programme.

Click [here](#) to find out more about Athletics 365.



## Coaching Ambulant Endurance – An Introduction

Ambulant endurance events include:

- **800m**
- **1500m**
- **3000m**
- **3000m steeplechase**
- **5000m**
- **10000m**
- **Marathon**
- **5km – 50km walks**

There is not a Paralympic pathway for all impairments and events (and very limited for females). However, functionally there is no reason why the impairments listed overleaf should not participate in the identified events.





## Coaching Ambulant Endurance – An Introduction

The athlete impairments/classifications associated with ambulant Endurance are:

Impairment	Classification	Recommended Events
<b>Blind &amp; Vision Impaired</b>	T11, T12, T13	800m, 1500m, 5000m, 10000m, Marathon, all walking distances
<b>Learning/Intellectual Disability</b>	T20	800m, 1500m, 5000m, 10000m, all walking distances
<b>Cerebral Palsy (or similar)</b>	T36, T37, T38	800m, 1500m, 1000m walk
<b>Limb loss (or similar) - Leg</b>	T43, T44	800m, 1500m, 1000m walk
<b>Limb loss (or similar) - Arm</b>	T45, T46, T47	800m, 1500m, 5000m, 10000m, Marathon, all walking distances

Paralympic Pathway endurance events can be found [here](#).

## Coaching Ambulant Endurance Running – Athletics 365

**SECTION 16:** Endurance Running Technique – to view videos of the Athletics 365 Endurance Running Technique challenges please click [here](#).

### Section 16 – Stage 1 (red)

Challenge	Observation	Suggestion
<b>16a) Demonstrate all of Running Technique Stage 1</b>		
<b>16b) Copy movement of leader with co-ordination and control</b>		
<b>16c) Steady running (approx. 70-80% of max Heart Rate) for 1 minute</b>	<p>Appears to be loading on one leg more than the other</p> <p>Athlete not balanced in upper body, only using one side</p>	<p>Emphasise equal weight bearing through both legs</p> <p>Hips and shoulders to be level</p> <p>Eyes level and looking forward</p> <p>Encourage athlete to use both arms and swing them from shoulders</p> <p>Place light arm weight on arm to increase proprioception and focus on that arm</p>
<b>16d) Sustained Pace Running (approx. 80-90+% of max Heart Rate) for 30 secs</b>	<p>Keeps looking at floor</p> <p>Struggling to maintain steady or sustained running pace</p>	<p>May have vision issues, - select a buddy to run beside athlete</p> <p>Consider lowering timeframe or pace. May take longer to achieve this due to lower basic fitness levels</p>

## Coaching Ambulant Endurance Running – Athletics 365

**SECTION 16:** Endurance Running Technique – to view videos of the Athletics 365 Endurance Running Technique challenges please click [here](#).

### Section 16 – Stage 2 (yellow)

Challenge	Observation	Suggestion
<b>16a) Demonstrate all of Running Technique Stage 2</b>		
<b>16b) Active mid foot contact when skipping</b>	Co-ordination problems whilst skipping	Break skip down into hop and weight transfer between legs. Practice individual parts separately. Exchange skip for slow jog  Keep revisiting walking and balance drills
<b>16c) Steady running (approx. 70-80% of max Heart Rate) for 2 mins</b>	Struggling to maintain steady or sustained running pace	Consider lowering timeframe or pace. May take longer to achieve this due to lower basic fitness levels
<b>16d) Sustained Pace Running (approx. 80-90+% of max Heart Rate) for 1 min</b>		

## Coaching Ambulant Endurance Running – Athletics 365

**SECTION 16:** Endurance Running Technique – to view videos of the Athletics 365 Endurance Running Technique challenges please click [here](#).

### Section 16 – Stage 3 (green)

Challenge	Suggestion
<b>16a) Demonstrate all of Running Technique Stage 3</b>	
<b>16b) Demonstrate an active mid foot in order to sustain efficient running technique</b>	<p>Ensure the running is under control and emphasise good rhythm and timing.</p> <p>Emphasise symmetrical movement with hips and shoulders level at all times, and neutral head.</p> <p>Encourage dorsi-flexion of foot on contact. If athlete is displaying difficulty with this, spend time improving tibialis anterior strength and flexibility of calf muscles.</p> <p>Encourage propulsion off the ground.</p>
<b>16c) Demonstrate pace judgement to within 10 metres (+/-) of designated target</b>	<p>Assist development of pace judgement by including:</p> <ul style="list-style-type: none"> <li>• auditory or visual feedback e.g. rhythmical clapping or whistling</li> <li>• running alongside a buddy</li> </ul>
<b>16d) Steady running for 3 minutes</b>	Struggling to maintain steady or sustained running pace
<b>16e) Sustained Pace Running (approx. 80-90+% of max Heart Rate) for 3 mins</b>	Consider lowering timeframe or pace. May take longer to achieve this due to lower basic fitness levels

## Coaching Ambulant Endurance Running – Athletics 365

**SECTION 16:** Endurance Running Technique – to view videos of the Athletics 365 Endurance Running Technique challenges please click [here](#).

Section 16 – Stage 4 (purple)		
Challenge	Observation	Suggestion
<b>16a) Demonstrate all of Running Technique Stage 4</b>		
<b>16b) Demonstrate Arm Technique similar to sprinting action but much less pronounced</b>	Tends to favour one arm only	Encourage swing from both shoulders Place weight on affected arm Options of prosthetic arms for running and physical preparation
<b>16c) Demonstrate pace judgement to within 5 metres (+/-) of designated target</b>	Struggling to maintain steady or sustained running pace	
<b>16d) Steady running for 5 mins</b>	Consider lowering timeframe or pace. May take longer to achieve this due to lower basic fitness levels	
<b>16e) Sustained Pace Running for 3 mins</b>	Keep revisiting Stage 1 - 3, if necessary	

## Coaching Ambulant Endurance Running – Athletics 365

**SECTION 16:** Endurance Running Technique – to view videos of the Athletics 365 Endurance Running Technique challenges please click [here](#).

### Section 16 – Stage 5 (blue)

Challenge	Observation	Suggestion
<b>16a) Demonstrate all of Running Technique Stage 4</b>		
<b>16b) Heel is cycled underneath the buttock in recovery phase, but not as pronounced as sprinting action.</b>	<p>Unable to lift knees to hip height</p> <p>Unable to lift toes up</p>	<p>Weak hip flexor strength Tight glute muscles – include more glute flexibility into warm-up and cool down</p> <p>Tight calf muscles – improve calf flexibility Weak tibialis anterior</p> <p>Make drills slower so more time spent on single leg with focus on knee and foot position</p>
<b>16c) Demonstrate consistent pace judgement over fixed distance</b>	Ensure the running is under control and emphasise good rhythm and timing.	
<b>16d) Steady running for 10 mins</b>	Emphasise symmetrical movement with hips and shoulders level at all times.	
<b>16e) Sustained Pace Running for 5 mins</b>	Keep revisiting Stage 1 - 4 if necessary	

## Coaching Ambulant Endurance Running – Athletics 365

**SECTION 16:** Endurance Running Technique – to view videos of the Athletics 365 Endurance Running Technique challenges please click [here](#).

### Section 16 – Stage 6 (black)

Challenge	Observation	Suggestion
<b>16a) Demonstrate all of Running Technique Stage 6</b>		
<b>16b) Demonstrate relaxed rhythmical running with no visual tension for several minutes</b>	Stage 6 consists of progressions of each stage seen in Stages 1 – 5.	Keep revisiting Stages 1 – 5 as appropriate.
<b>16c) Demonstrate consistent pace judgement over varied distance (e.g. 800m &amp; 1500m pace)</b>	Consistent messaging and drills are essential for skills and fitness development.	
<b>16d) Steady running for 20 mins</b>		
<b>16e) Sustained Pace Running for 10 mins – 3km</b>		

Other useful resources you may wish to view include:

A general discussion on ambulant endurance - [here](#)

Secondary curriculum resource video clips for running (endurance) - [here](#)

## Coaching Ambulant Endurance Running – Athletics 365

**SECTION 16:** Endurance Running Technique – to view videos of the Athletics 365 Endurance Running Technique challenges please click [here](#).

**Section 16 – Stage 1 (red)**

**Section 16 – Stage 2 (yellow)**

**Section 16 – Stage 3 (green)**

**Section 16 – Stage 4 (purple)**

**Section 16 – Stage 5 (blue)**

**Section 16 – Stage 6 (black)**

Challenge

Suggestion

Progress through Stages 1 - 6 as appropriate.

When working with ambulant athletes, usually more time is needed performing the drills at a slower pace.

Include variations on the drills for greater learning.

Progression through the stages will be slower and keep revisiting the early stages – emphasising technique and good form.

Keep coaching points simple and clear, and provide good demonstrations.

It is recommended that you incorporate balance and postural control exercises when working with disabled athletes. Examples of this can be found [here](#) and [here](#)

Other useful resources you may wish to view include:

Secondary curriculum resource video clips for running (endurance) [here](#).



## Coaching Ambulant Endurance Running – Examples of Best Practice

Impairment	Video
Vision Impaired	<a href="#">T11 Female 800m</a> <a href="#">T12 Female 1500m</a> <a href="#">T12 Male 5000m</a> <a href="#">T13 Male 800m</a> <a href="#">T11/12 Marathon</a>
Learning/Intellectual Disability	<a href="#">T20 Male 1500m</a> <a href="#">T20 Female 1500m</a>
Cerebral Palsy (or similar)	<a href="#">T36 Male 800m</a> <a href="#">T37 Male 800m</a>
Limb loss (or similar)	<a href="#">T45/46 Male 800m</a> <a href="#">T45/46 Male 5000m</a> <a href="#">T46 Marathon</a>



Impairment specific information from Sports Coach UK can be found [here](#)

## Coaching Ambulant Race Walking – Athletics 365

**SECTION 17:** Race Walking – to view videos of the Athletics 365 Race Walking challenges please click [here](#).

### Section 17 – Stage 1 (red)

Challenge	Observation	Suggestion
<p><b>17a) Steady walking (approx. 70-80% of max Heart Rate) for 1 minute</b></p> <p><b>17b) Sustained Pace walking (approx. 80-90+% of max Heart Rate) for 30 secs</b></p>	<p>Struggling to maintain steady or sustained running pace</p> <p>Keeps looking at floor</p>	<p>Consider lowering timeframe or pace. May take longer to achieve this due to lower basic fitness levels</p>
<p><b>17c) Use bent arms (90°) driven backwards and forwards to balance leg action.</b></p>	<p>Athlete not balanced in upper body, only using one side</p>	<p>Encourage athlete to use both arms and swing them from shoulders</p> <p>Place light arm weight on arm to increase proprioception and focus on that arm</p>
<p><b>17d) Walk gradually increasing the pace, not breaking into running (understanding the difference between a walk and a run)</b></p>	<p>Appears to be loading on one leg more than the other</p> <p>Finds it difficult to walk at greater speeds preferring to break into a run</p>	<p>Emphasise equal weight bearing through both legs</p> <p>Hips and shoulders to be level</p> <p>Eyes level and looking forward</p> <p>May have balance and strength problems when the movement is slower so runs quickly so momentum takes over</p> <p>Keep revisiting walking and balance drills</p>
<p><b>17e) Lands controlled on the heel</b></p>	<p>Unable to heel strike on one or both feet</p>	<p>Make drills slower so more time spent on single leg with focus on foot position</p> <p>Focus on strengthening tibialis anterior and stretching calf muscles</p>

## Coaching Ambulant Race Walking – Athletics 365

**SECTION 17:** Race Walking – to view videos of the Athletics 365 Race Walking challenges please click [here](#).

### Section 17 – Stage 2 (yellow)

Challenge	Observation	Suggestion
<p><b>17a) Steady walking (approx. 70-80% of max Heart Rate) for 2 minute</b></p> <p><b>17b) Sustained Pace walking (approx. 80-90+% of max Heart Rate) for 1 min</b></p>	Struggling to maintain steady or sustained running pace	Consider lowering timeframe or pace. May take longer to achieve this due to lower basic fitness levels
<b>17c) Walk with relaxed full upright posture (with no bend at waist).</b>	Is bent at waist and keeps looking at floor	May have vision issues, - select a buddy to walk beside athlete
<b>17d) Walk with straight leg at contact and through vertical.</b>	Has difficulty maintaining straight leg	May have strength issues through hip. Spend time developing gluteus medius and other leg abductors.
<b>17e) One foot to maintain contact with the ground at all times.</b>	Unable to maintain one foot contact at all times	May have flexibility issues in hip flexors and hamstrings. Incorporate dynamic stretching within warm-up.

## Coaching Ambulant Race Walking – Athletics 365

**SECTION 17:** Race Walking – to view videos of the Athletics 365 Race Walking challenges please click [here](#).

### Section 17 – Stage 3 (green)

Challenge	Observation	Suggestion
<p><b>17a) Steady walking (approx. 70-80% of max Heart Rate) for 3 minutes</b></p> <p><b>17b) Sustained Pace walking (approx. 80-90+% of max Heart Rate) for 2 minutes</b></p>	Struggling to maintain steady or sustained running pace	Consider lowering timeframe or pace. May take longer to achieve this due to lower basic fitness levels
<b>17c) Walk with relaxed shoulders and shoulders square to the front</b>	Shoulders not relaxed and rising to ears  Tends to walk with a swagger action	Emphasise relaxed shoulders.  Consider some specific strength and scapula work to improve posture  May have weak core and unable to maintain strong neutral position
<b>17d) Hands swing to the centre of the body and elbows drive backwards so hands end just above hips ('Chest to Pocket' arm action with hands).</b>	Only uses one arm	Encourage swing from both shoulders  Place weight on affected arm  Options of prosthetic arms for running and physical preparation
<b>17e) Look forward keeping head level whilst race walking</b>	Keeps looking at floor or feet	Place marker further down track or pick an object e.g. tree in the distance for athlete to focus on

## Coaching Ambulant Race Walking – Athletics 365

**SECTION 17:** Race Walking – to view videos of the Athletics 365 Race Walking challenges please click [here](#).

### Section 17 – Stage 4 (purple)

Challenge	Observation	Suggestion
<b>17a) Steady walking (approx. 70-80% of max Heart Rate) for 5 minutes</b>  <b>17b) Sustained Pace walking (approx. 80-90+% of max Heart Rate) for 3 minutes</b>	Struggling to maintain steady or sustained running pace	Consider lowering timeframe or pace. May take longer to achieve this due to lower basic fitness levels
<b>17c) Walk with strong push off rear foot</b>	Has a weak push off rear foot	Encourage propulsion off the ground, applying force backwards Develop hip flexor and calf strength
<b>17d) Change length of stride from long to short and short to long</b>	Gets easily distracted and co-ordination problems	May have some attention/learning issues. Consider placement of athlete within group and ensure coaching cues are simple and direct
<b>17e) Front foot planted on heel with toes up position</b>	Unable to heel strike on one or both feet	Make drills slower so more time spent on single leg with focus on foot position  Spend time developing strength of tibialis anterior and flexibility of calf muscles

## Coaching Ambulant Race Walking – Athletics 365

**SECTION 17:** Race Walking – to view videos of the Athletics 365 Race Walking challenges please click [here](#).

### Section 17 – Stage 5 (blue)

Challenge	Observation	Suggestion
<p><b>17a) Steady walking (approx. 70-80% of max Heart Rate) for 10 minutes</b></p> <p><b>17b) Sustained Pace walking (approx. 80-90+% of max Heart Rate) for 5 minutes</b></p>	Struggling to maintain steady or sustained running pace	Consider lowering timeframe or pace. May take longer to achieve this due to lower basic fitness levels
<b>17c) Race walk on a line with balance and control, remaining tall (hips high) with relaxed arm action</b>	Ensure the walking is under control and emphasise good rhythm and timing. Emphasise symmetrical movement with hips and shoulders level at all times. Revisit balance drills.	
<b>17d) Change cadence of stride from slow to fast retaining technique</b>	Displays trouble coordinating the change	Keep cues simple Assist development by including: <ul style="list-style-type: none"> <li>• auditory or visual feedback e.g. rhythmical clapping or whistling</li> <li>• Walking alongside a buddy</li> </ul>
<b>17e) Support leg is straight and remains extended as long as possible in the Rear Support Phase.</b>	Spends longer on one leg than the other	Emphasise equal weight bearing through both legs Hips and shoulders to be level Eyes level and looking forward Develop weaker side

## Coaching Ambulant Race Walking – Athletics 365

**SECTION 17:** Race Walking – to view videos of the Athletics 365 Race Walking challenges please click [here](#).

### Section 17 – Stage 6 (black)

Challenge	Observation	Suggestion
<p><b>17a) Steady walking (approx. 70-80% of max Heart Rate) for 20 minutes</b></p> <p><b>17b) Sustained Pace walking (approx. 80-90+% of max Heart Rate) for 2km</b></p>	Struggling to maintain steady or sustained running pace	Consider lowering timeframe or pace. May take longer to achieve this due to lower basic fitness levels
<b>17c) Walk short sprints maintaining good technique</b>	Fatigues quickly with deteriorating technique	Increase rest time between walk sprints
<b>17d) Walk with rhythm and relaxation (no visual tension), keeping the foot low to ground on recovery</b>	Ensure the walking is under control and emphasise good rhythm and timing. Emphasise symmetrical movement with hips and shoulders level at all times. Revisit balance drills .	
<b>17e) Front foot lands smoothly on the heel while rear foot is in a heel up position.</b>	Unable to heel strike on one or both feet	Make drills slower so more time spent on single leg with focus on foot position Spend time developing strength of tibialis anterior and flexibility of calf muscles

## Coaching Ambulant Race Walking – Athletics 365

**SECTION 17:** Race Walking – to view videos of the Athletics 365 Race Walking challenges please click [here](#).

**Section 17 – Stage 1 (red)**

**Section 17 – Stage 2 (yellow)**

**Section 17 – Stage 3 (green)**

**Section 17 – Stage 4 (purple)**

**Section 17 – Stage 5 (blue)**

**Section 17 – Stage 6 (black)**

Challenge

Suggestion

Progress through Stages 1 - 6 as appropriate.

When working with ambulant athletes, usually more time is needed performing the drills at a slower pace.

Include variations on the drills for greater learning.

Progression through the stages will be slower and keep revisiting the early stages – emphasising technique and good form.

Keep coaching points simple and clear, and provide good demonstrations.

It is recommended that you incorporate balance and postural control exercises when working with disabled athletes. Examples of this can be found [here](#) and [here](#).

Other useful resources you may wish to view include: Secondary curriculum resource video clips for race walking (endurance) - [here](#)



## 7.1 Ambulant Sprints – Paralympic Pathway Events

Impairment	Class	Events	
		Male	Female
<b>Vision Impaired</b>	T11	100m, 200m, 400m	100m, 200m, 400m
	T12	100m, 200m, 400m	100m, 200m, 400m
	T13	100m, 400m	100m, 200m, 400m
	T11-13	4x100m Relay	4x100m Relay
<b>Learning Disability</b>	T20	400m	400m
<b>Cerebral Palsy (or similar)</b>	T35	100m, 200m	100m, 200m
	T36	100m, 400m	100m, 200m
	T37	100m, 400m	100m, 400m
	T38	100m, 400m	100m, 400m
	T35-38	No Relay	No Relay
<b>Dwarf athletes</b>	T40	No sprint events	No sprint events
	T41	No sprint events	No sprint events
<b>Limb loss (or similar)</b>	T42	100m, 200m	100m
	T43/44	100m, 200m, 400m	100m, 200m, 400m
	T45/46	100m, 400m	100m, 400m
	T42-47	4x100m Relay	4x100m Relay

Correct in 2015 but likely to be reviewed for Rio 2016 and are therefore subject to change – please check the IPC website [www.paralympic.org](http://www.paralympic.org) for further information. The Paralympic pathway for T47 will be announced prior to Rio 2016.

◀ Paralympic Pathway

◀ Coaching Ambulant Sprints



## 7.2 Ambulant Jumps – Paralympic Pathway Events

Impairment	Class	Events	
		Male	Female
Blind & Vision Impaired	T11	Long Jump	Long Jump
	T12	Long Jump	Long Jump
	T13	High Jump	
Learning Disability	T20	Long Jump	Long Jump
Cerebral Palsy (or similar)	T35	No jump events	No jump events
	T36	Long Jump	No jump events
	T37	Long Jump	Long Jump
	T38	Long Jump	Long Jump
Dwarf athletes	T40	No jump events	No jump events
	T41	No jump events	No jump events
Limb loss (or similar)	T42	Long jump, High Jump	Long Jump
	T43/44	Long jump, High Jump	Long Jump
	T45/46	Long jump, High Jump	Long Jump
	T47	Long jump	

Correct in 2015 but likely to be reviewed for Rio 2016 and are therefore subject to change – please check the IPC website [www.paralympic.org](http://www.paralympic.org) for further information. The Paralympic pathway for T47 will be announced prior to Rio 2016.

◀ Paralympic Pathway

◀ Coaching Ambulant Jumps



## 7.3 Ambulant Throws – Paralympic Pathway Events

Impairment	Class	Events	
		Male	Female
<b>Blind &amp; Vision Impaired</b>	F11	Shot Put* (F11/12), Discus	Shot Put* (F11/12), Discus
	F12	Shot Put* (F11/12) Javelin* (F12/13)	Shot Put* (F11/12) Javelin* (F12/13)
	F13	Javelin* (F12/13)	Javelin* (F12/13)
<b>Learning Disability</b>	F20	Shot Put	Shot Put
<b>Cerebral Palsy (or similar)</b>	F35	Shot Put	Shot Put
	F36	Shot Put, Discus* (F36/37)	Shot Put
	F37	Shot Put Discus* (F36/37) Javelin* (F37/38)	Shot Put Discus* (F36/37) Javelin
	F38	Javelin* (F37/38)	Discus* (F36/37)
<b>Limb loss (or similar)</b>	F40	Shot Put Javelin* (F40/41)	Shot Put Discus* (F40/41)
	F41	Shot Put Javelin* (F40/41)	Shot Put Javelin* (F40/41)
	F42	Shot Put	No throwing event Could compete as an F44
	F43/44	Discus* (F43/44) Javelin* (F43/44)	Discus* (F43/44)
	F45/46/48	Javelin	Javelin

\*Indicates a combined class competition i.e. where two classes compete in the same competition.  
No points score to be used, with longest thrown distance winning the competition

◀ Paralympic Pathway

◀ Coaching Ambulant Throws

## 7.4 Ambulant Endurance – Paralympic Pathway Events

Impairment	Class	Events	
		Male	Female
<b>Blind &amp; Vision Impaired</b>	T11	1500m, 5000m, Marathon* (T11/12)	1500m, Marathon* (T11/12)
	T12	1500m* (T12/13), 5000m* (T12/13), Marathon* (T11/12)	1500m* (T12/13), Marathon* (T11/12)
	T13	1500m* (T12/13), 5000m* (T12/13)	1500m* (T12/13)
<b>Learning Disability</b>	T20	1500m	1500m
<b>Cerebral Palsy (or similar)</b>	T36	No events	No events
	T37	1500m	No events
	T38	1500m	No events
<b>Limb loss (or similar)</b>	T45	1500m* (T45/46), Marathon	1500m* (T45/46), Marathon* (T45/46)
	T46	1500m* (T45/46), Marathon	1500m* (T45/46), Marathon* (T45/46)

\*Classes compete together as one combined class.

◀ Paralympic Pathway

◀ Coaching Ambulant Endurance



## 7.5 Coaching Ambulant Throws – Implement weights

Implement weights for blind and visually impaired athletes , and athletes with learning disability

Class	Age Group	Discus		Shot		Javelin	
		M	F	M	F	M	F
<b>F11</b>	Open	2kg	1kg	7.26kg	4kg	800 g	600 g
	U20	1.75kg	1kg	6kg	4kg	800 g	600 g
	U18	1.50kg	1kg	5kg	3kg	700 g	500 g
	U16	1kg	1kg	4kg	3kg	700 g	500 g
	U14	1kg	1kg	3kg	3kg	600 g	400 g
	U12	750 g	750 g	3kg	2kg	400 g	400 g
<b>F12</b>	Open	2kg	1kg	7.26kg	4kg	800 g	600 g
	U20	1.75kg	1kg	6kg	4kg	800 g	600 g
	U18	1.50kg	1kg	5kg	3kg	700 g	500 g
	U16	1kg	1kg	4kg	3kg	700 g	500 g
	U14	1kg	1kg	3kg	3kg	600 g	400 g
	U12	750 g	750 g	3kg	2kg	400 g	400 g
<b>F13</b>	Open	2kg	1kg	7.26kg	4kg	800 g	600 g
	U20	1.75kg	1kg	6kg	4kg	800 g	600 g
	U18	1.50kg	1kg	5kg	3kg	700 g	500 g
	U16	1kg	1kg	4kg	3kg	700 g	500 g
	U14	1kg	1kg	3kg	3kg	600 g	400 g
	U12	750 g	750 g	3kg	2kg	400 g	400 g
<b>F20</b>	Open	2kg	1kg	7.26kg	4kg	800 g	600 g
	U20	1.75kg	1kg	6kg	4kg	800 g	600 g
	U18	1.50kg	1kg	5kg	3kg	700 g	500 g
	U16	1kg	1kg	4kg	3kg	700 g	500 g
	U14	1kg	1kg	3kg	3kg	600 g	400 g
	U12	750 g	750 g	3kg	2kg	400 g	400 g

- ◀ Sport Specific Rules      ▶ Coaching Javelin
- ◀ Coaching Shot              ▶ Coaching Discus



## 7.6 Coaching Ambulant Throws – Implement weights

Implement weights for athletes with Cerebral Palsy (or similar)

Class	Age Group	Discus		Shot		Javelin	
		M	F	M	F	M	F
<b>F35</b>	Open	1kg	1kg	4kg	3kg	600 g	600g
	U20	1kg	1kg	4kg	3kg	600 g	600g
	U18	1kg	1kg	4kg	3kg	600 g	600g
	U16	750 g	750 g	3kg	2kg	500 g	500 g
	U14	750 g	750 g	2kg	2kg	400 g	400 g
	U12	500 g	500 g	2kg	2kg	400 g	400 g
<b>F36</b>	Open	1kg	1kg	4kg	3kg	600 g	600g
	U20	1kg	1kg	4kg	3kg	600 g	600g
	U18	1kg	1kg	4kg	3kg	600 g	600g
	U16	750 g	750g	3kg	2kg	400 g	400 g
	U14	750 g	750 g	2kg	2kg	400 g	400 g
	U12	500 g	500 g	2kg	2kg	400 g	400 g
<b>F37</b>	Open	1kg	1kg	5kg	3kg	600 g	600 g
	U20	1kg	1kg	5kg	3kg	600 g	600 g
	U18	1kg	1kg	5kg	3kg	600 g	600 g
	U16	750 g	750 g	3kg	2kg	500 g	500 g
	U14	750 g	750 g	2kg	2kg	400 g	400 g
	U12	500 g	500 g	2kg	2kg	400 g	400 g
<b>F38</b>	Open	1.5kg	1kg	5kg	3kg	800 g	600 g
	U20	1.5kg	1kg	5kg	3kg	800 g	600 g
	U18	1.5kg	1kg	5kg	3kg	700 g	600 g
	U16	750 g	750 g	3kg	2kg	500 g	500 g
	U14	750 g	750 g	2kg	2kg	400 g	400 g
	U12	500 g	500 g	2kg	2kg	400 g	400 g

- ◀ Sport Specific Rules      ▶ Coaching Javelin
- ◀ Coaching Shot              ▶ Coaching Discus

## 7.7 Coaching Ambulant Throws – Implement weights

Implement weights for dwarf and short stature athletes

Class	Age Group	Discus		Shot		Javelin	
		M	F	M	F	M	F
<b>F40, 41</b>	Open	1kg	750 g	4kg	3kg	600 g	400 g
	U20	1kg	750 g	4kg	3kg	600 g	400 g
	U18	1kg	750 g	3kg	2kg	500 g	400 g
	U16	1kg	750g	3kg	2kg	400g	400g
	U14	750 g	500g	2kg	2kg	400g	400g
	U12	500 g	500 g	1.5kg	1.5kg	400g	400g

- ◀ Sport Specific Rules
- ◀ Coaching Shot
- ◀ Coaching Javelin
- ◀ Coaching Discus



## 7.8 Coaching Ambulant Throws – Implement weights

Implement weights for athletes with Lower limb loss (or similar)

Class	Age Group	Discus		Shot		Javelin	
		M	F	M	F	M	F
<b>F42</b>	Open	1.5kg	1kg	6kg	4kg	800 g	600 g
	U20	1.5kg	1kg	6kg	4kg	800 g	600 g
	U18	1kg	1kg	5kg	3kg	700 g	500 g
	U16	1kg	1kg	4kg	3kg	600g	400g
	U14	1kg	1kg	3kg	3kg	600g	400g
	U12	750 g	750g	3kg	2kg	400g	400g
<b>F44 (F43)</b>	Open	1.5kg	1kg	6kg	4kg	800 g	600 g
	U20	1.5kg	1kg	6kg	4kg	800 g	600 g
	U18	1kg	1kg	5kg	3kg	700 g	500 g
	U16	1kg	1kg	4kg	3kg	600 g	400 g
	U14	1kg	1kg	3kg	3kg	600 g	400g
	U12	750 g	750 g	3kg	2kg	400 g	400g
<b>F46 (F45)</b>	Open	1.5(1.0)kg	1kg	6(4)kg	4(3)kg	800(600) g	600 g
	U20	1.5(1.0)kg	1kg	6(4)kg	4(3)kg	800(600) g	600 g
	U18	1.5(1.0)kg	1kg	5(4)kg	3kg	700(600) g	500 g
	U16	1kg(750g)	1kg(750g)	4(3)kg	3(2)kg	600(500) g	400 g
	U14	1kg(750g)	1kg(750g)	3(2)kg	3(2)kg	500(400) g	400g
	U12	750 g	750 g	3kg	2kg	400 g	400g

- ◀ Sport Specific Rules      ▶ Coaching Javelin
- ◀ Coaching Shot              ▶ Coaching Discus





## 7.9 Useful Links

[England Athletics – Disability Athletics](#)

[UKA – Parallel Success](#)

[International Paralympic Committee \(IPC\)](#)

[IPC Athletics](#)

[Paralympic Sport TV](#)

[British Paralympic Association \(BPA\)](#)

[UCoach disability pages](#)