

Chapter 1 : National Wheelchair Softball Association | Classification

Wheelchair sport classification is a system designed to allow fair competition between people of different disabilities, and minimize the impact of a person's specific disability on the outcome of a competition.

Track Athletes with physical and visual impairments are eligible to compete in the sport. There are four classes. There are five classes: Ia and Ib – athletes with the severest impairments, such as spinal cord injuries and cerebral palsy II – athletes with severe impairments but who retain reasonable balance and abdominal control III – athletes, including those who are visually impaired, with good balance, leg movement and co-ordination IV – ambulant athletes with either impaired vision, leg or arm function

Five-a-side Athletes with a visual impairment are eligible to compete in the sport at the Paralympics. Athletes who compete in the sport are classified from B1 to B3, according to their level of sight. B1 players are considered blind, while B2 and B3 are classified as visually impaired or partially sighted. Players must wear eyeshades to equalise the sight of all on-field players.

Seven-a-side The majority of competitors in seven-a-side football at the Paralympics have cerebral palsy. There are four classes, defined by the degree to which the competitors are limited in their ability to perform activities within the sport. C5 – athletes whose impairment causes the greatest disadvantage on the field of play and has a major impact on walking and running C6 – athletes with an impairment that impacts on the control and co-ordination of their arms, especially when running C7 – athletes with an impairment that affects one arm and one leg on the same side of the body C8 – athletes whose impairments cause the least disadvantage on the field, i. Teams must include at least one athlete with either C5 or C6 classification on the pitch. If this is not possible teams must play with six players. No more than two C8 players are allowed to play at the same time. All athletes must wear eyeshades to ensure fairness. This allows athletes with differing degrees of visual impairment to compete together. Athletes compete against others from the same weight category and all different degrees of visual impairment compete together. B1 athletes, classed as blind, have a red circle sewn on to the sleeves of their uniform, which enables officials to apply the rules according to their circumstances. For example, officials would not expect B1 athletes to recognise the edge of the contest area. When an athlete is deaf as well as visually impaired, a small blue circle will be attached to the back of the uniform. Athletes are classed by body weight alone and competitors with different impairments play for the same medals. There are three classes, which define which type of boat athletes row in: AS arms and shoulders – athletes whose impairment means they can only use their arms and shoulders and have limited trunk control. The boat has a fixed seat and the rower is strapped at upper chest level to only allow shoulder and arm movements. They compete in a mixed double scull boat with a fixed seat and the team is made up of one woman and one man. LTA legs, trunk and arms – athletes have an impairment that affects their ability to row but are able to use their legs, trunk and arms to accelerate the boat. They row as a mixed coxed four. No more than two of the mixed coxed four may have a visual impairment. Rowed with standard boats and sliding seats. The classification system for sailing assigns a point score to each athlete based on their ability to perform activities within the sport. There are three categories of boat at the Paralympics. Each boat uses its own classification points system to make up a team. The lower the score, the greater the impact the impairment has on their sailing ability. Total classification of all three sailors must not exceed 14

Two-person keelboat – athletes are assigned a class of TPA if they have an impairment with a greater impact on their ability to sail. TPB athletes have an impairment with a lesser impact on their sailing ability. The boat is made up of one TPA and one TPB athlete

Single-person keelboat – the athlete must meet the minimum eligibility requirement for the sport, which is the equivalent of a point 7 in the three-person keelboat

SHOOTING Athletes with a physical impairment are eligible to compete. There are two classes: SH1 – athletes who can support the weight of their firearm with no support and shoot using a rifle or pistol SH2 – athletes who use a shooting stand for support as they have an impairment that affects one or both of their arms. They shoot using a rifle only

SWIMMING Athletes with physical, visual and intellectual impairments are eligible to compete. The classification also groups athletes in classes that are defined by the degree to which they are limited in their ability to perform each strokes. The number of

different impairment types combined with the number of strokes means that swimming has a high number of classes. Class 11 swimmers have little to no sight, while class 13 swimmers have limited sight 14 athletes with an intellectual impairment Breaststroke uses greater leg propulsion than other strokes, so athletes with a physical impairment have a different class for this event compared to freestyle, backstroke and butterfly. S freestyle, backstroke and butterfly events SB breaststroke events SM individual medley events For example, an SB5 swimmer has an impairment that has a great impact on swimming breaststroke than a SB7 swimmer. There are 11 classes: The lower the number, the more impact the impairment has on their ability to compete athletes with a physical impairment who compete from a standing position 11 athletes with intellectual impairment Athletes with a physical impairment are eligible to compete. There are two categories of classification: D disabled athletes with an impairment that has a great impact MD minimally disabled athletes with an impairment that has a lesser impact MD athletes may have played standing volleyball previously but picked up a significant injury to their ankle or knee, making them eligible for the sport. A maximum of one MD player may be on the court for each team at any one time. Athletes are grouped into eight classes. The higher the points total, the more function that athlete has on the court. The range goes from 1. Teams cannot have a total on-court point value of more than 14 for all five players during play. Category A athletes have good trunk control and their fencing arm is not affected by their impairment Category B athletes have an impairment that affects either their trunk or fencing arm WHEELCHAIR RUGBY Athletes with a physical impairment that affects the arms and legs are eligible to compete. Athletes are grouped into seven classes, defined by the degree to which they are limited in their ability to perform activities within the sport The higher the points total, the more function that athlete has on the court. The range goes from 0. Teams cannot have a total on-court point value of more than 8 for all four players during play. For every female player a team fields on court, the maximum points level goes up by 0. Athletes are grouped into two classes: Open athletes with an impairment of one or both legs that does not affect their arms or hands Quad athletes have an impairment that affects their arms and legs, which limits their ability to handle the racket and to move the wheelchair compared with the open class. Men and women compete together in these events.

Chapter 2 : Psychological aspects of wheelchair sport

Wheelchair sport classification is a system designed to allow fair competition between people of different disabilities, and minimize the impact of a person's specific disability on the outcome of a competition. Wheelchair sports is associated with spinal cord injuries, and includes a number of.

Psychological aspects of wheelchair sport by David Shearer and Elizabeth Bressan I was travelling with a wheelchair basketball team from the UK to the USA for an international tournament. Upon arriving at the airport, I went to check in with one of the athletes who was in his wheelchair. The check-in assistant proceeded to direct a torrent of questions at me. Will he need assistance to get onto the aircraft? Has anyone interfered with his bags since he packed them? Did she think he could not answer these questions himself? In my head I began to compose a response, but I was too slow. The athlete provided her with an energetic response aimed at her re-education about his functional capacity. Her red face showed that the desired effect was achieved. Her assumption that people who use wheelchairs are generally incapable was shattered. I doubt that she ever made the same mistake again. David Shearer Many people find it difficult to relate to someone who has a physical disability, often because they have not had any personal interaction with anyone with a disability. For example, they might be unsure what to expect from a person who has a mobility impairment and uses a wheelchair because they have never spent any time with wheelchair users. This lack of understanding can create additional challenges for people with disabilities. Consider office workers who happen to use wheelchairs. Provided that there is only one level or there are ramps or elevators between levels, they may need no assistance whatsoever in the workplace. In other words, in an adapted work environment, they do not have a disability. In wheelchair sport, the rules have been designed to ensure that people who have a variety of mobility impairments can play physically demanding and competitive sports in their wheelchairs. They provide adapted sport environments that encourage wheelchair users to become wheelchair athletes. The aim of this chapter is not to convince practitioners that wheelchair athletes deserve equal opportunities to participate in sport. Instead, our goal is to provide practitioners e. Getting Involved in Wheelchair Sport Previous reviews that have compared working with athletes with physical disabilities to working with nondisabled athletes have highlighted more similarities than differences Hanrahan, , ; Martin, Whether working with a team sport or an individual sport, all practitioners must be prepared to adapt training methods, practice schedules, and communication styles in order to arrive at an optimal approach. This is true when working with any athlete, not just wheelchair athletes. By adopting this professional approach, practitioners will look at all wheelchair athletes as individuals. Although one athlete may have an amputation, another SCI, and another a mobility impairment, these physical disabilities will not be the point of departure when working with them. Who Participates in Wheelchair Sport? From a clinical perspective, people who are eligible to participate in wheelchair sport at the Paralympic level have a variety of physical disabilities, all of which present serious disadvantages in the mobility aspects of sport participation. For example, a person with a below-knee amputation will be at a substantial disadvantage when playing basketball while wearing a prosthetic leg but will be able to participate without any disadvantage in wheelchair basketball. It can be important to know whether a disability is congenital present since birth or acquired caused by an accident or medical incident. Someone with a congenital disability has never experienced the sudden loss of physical mobility that has changed the life of a person who now uses a wheelchair as a result of paraplegia caused by an accident. On the other hand, the person with a congenital disability may have experienced a lifetime of discrimination. The realization that each athlete may feel differently about his impairment and the notion of disability will help the practitioner establish effective channels of communication. Wheelchair athletes strive for victory and take pride in their achievements just as any other athletes do. Photo courtesy of ES Bressan. When working with wheelchair athletes, remember that in addition to the normal competitive pressures experienced by all athletes, those who use wheelchairs face a number of unique challenges. A wheelchair athlete will encounter disadvantages in nonadapted environments. For example, a gymnasium without an adapted entrance e. There are other kinds of barriers that present wheelchair athletes with challenges not

usually experienced by nondisabled athletes. In addition to these general concerns, there may also be sport-specific stressors. For example, research has shown that wheelchair racers experience greater stress about the condition of road surfaces compared with nondisabled racers Martin. In our experience, knowledge of the challenges that athletes face is best gained through open and honest communication with them. This knowledge can be enhanced by observing athletes in and out of sporting contexts and noting the challenges faced and the manner in which the person copes with those challenges. Not all wheelchair athletes use wheelchairs for their day-to-day mobility. Athletes with leg amputations and some athletes with SCI or with cerebral palsy are able to walk. They are wheelchair athletes because they play competitive sport in wheelchairs. There are also people who play wheelchair sport who do not have any mobility impairment at all. They choose to play wheelchair sport based on an inclusive model for recreation or competition. They also may be motivated by a shortage of athletes with mobility impairments needed to form a team. However, athletes without mobility impairments do not meet minimum eligibility requirements for participation in Paralympic wheelchair sport and are not included in our presentation. Familiarization With Wheelchair Sport

Beginner and elite wheelchair athletes want support from people who understand their sport. This requires familiarity with their sport. Sport familiarization is a continuous process, and the longer practitioners remain involved in wheelchair sport, the more sophisticated their understanding of how they can contribute. The simplest way to become familiar with any wheelchair sport is to become immersed in the sport and actively observe the athletes in training and competition. Actively observing is more than just watching; it entails observing with specific objectives. For example, before attending a competition, practitioners could identify specific aspects of the sport on which they intend to focus, such as team tactics in wheelchair basketball or the biomechanics of serving technique and ground strokes in wheelchair tennis. Often, observation alone is not enough. Using the previous examples, a coach may notice that one basketball team frequently uses the fast break after winning a defensive rebound whereas the other team tends to slow the game down when they get possession in a similar situation. Similarly, one wheelchair tennis player may hit the forehand from a more full-on position than another. Asking questions of people who have specialist knowledge is invaluable in understanding any wheelchair sport. This might include having conversations with existing coaching staff but more importantly speaking with the athletes themselves. Athletes generally enjoy talking about their sport. These conversations will also provide an opportunity to become familiar with the athletes as well as their sport. You may also consider attempting the sport yourself. For example, a physiotherapist and a sport psychologist for a wheelchair basketball team tried playing one-on-one after the team had finished practice. In contrast, the coach of this same team, who was an accomplished basketball coach but was new to wheelchair basketball, decided not to try playing the game. For him, sport familiarization did not include actual participation. Hanrahan suggested trying to complete simple tasks such as getting off and on a chair without the use of leg muscles, a daily ritual for an athlete with paraplegia. It might be helpful to take a trip using a wheelchair to increase awareness of the barriers that wheelchair athletes face on a daily basis. However, the knowledge gained by such exercises should be used for personal insight only. Some athletes may consider such efforts patronizing, so practitioners should not try to use their experiences as a basis for understanding what their lives are like. If you would like to know what any athlete is thinking or feeling, the best advice is to ask her. Sport-specific knowledge is critical. Learning the rules of the sport as well as the system of athlete classification is central to understanding how the sport is played and how competitions are managed. However, given the various support roles when working with wheelchair athletes, there is some variation in the knowledge required. In some roles, such as coach, sport-specific knowledge must become more and more sophisticated. For the physiotherapist or sport psychologist, developing a good understanding of the sport may be sufficient. Both the coach and the sport psychologist will use an understanding of the areas presented in the next two sections in order to help wheelchair athletes develop their sport commitment and the psychological aspects of their sport. This is an excerpt from *Wheelchair Sport*. The above excerpt is from:

Chapter 3 : IWRF Wheelchair Rugby Ready : Classification

Wheelchair basketball was the first disability sport to use a functional classification system instead of a medical classification system. Early experiments with this type of classification system in basketball began during the 1950s, with the first demonstration of the system used at the Gold Cup Championships.

Clay Garner, a successful entrepreneur and When an orchestra performed at her school, Connie Cardenas grew up running, and even into early When a dear friend was diagnosed with Amyotrophic After falling from a tree while hunting, Geoff As an infant, Zully JF Alvarado contracted polio, After a difficult childbirth in which both baby Over three decades ago, Michigander Shelly Loose Life Their Stories When Wheel: Life learned that two Coloplast SpeediCath users would be What Should You Expect? After my injury twelve years ago, there were many things I had always After complications at birth, Jacoby Zebinski was As the son of a military man and the daughter When conventional medicine was failing quadriplegic Growing up in southern California, Jesse While studying biomedical engineering in his home When athlete and fitness fanatic Joel Ellen Take a minute to If you like to have As a single mom of a 7-year-old, Amy Sherwood was A little over a decade ago, a group of guys Having grown up on a farm in rural Montana, Clint When a bone infection complicated by lupus took Dating is really hard. If you have a disability, In , Michigan residents Caroline Booth and Matt Have you always dreamt of seeing the Aurora Borealis in Alaska? Born with osteogenesis imperfecta, Todd Lemay Born with arthrogryposis multiplex congenita, Texas native Sara Schaffer has been

Chapter 4 : Wheelchair fencing classification - Wikipedia

A comparison of the acceptance of disability of wheelchair athletes and wheelchair nonathletes / by Carly Jane Robinson. GV R62 A The history of deaf sports in Alberta / Jo-Anne Robinson.

Faculty of Physical Activity and Sport Sciences. Find articles by Cristina Granados 1Department of Physiology. Faculty of Medicine and Dentistry. Authors submitted their contribution to the article to the editorial board. This article has been cited by other articles in PMC. Thus, the aim of the study was to ascertain if the IWBF classification, the type of injury and the wheelchair experience were related to different performance field-based tests. Thirteen basketball players undertook anthropometric measurements and performance tests hand dynamometry, 5 m and 20 m sprints, 5 m and 20 m sprints with a ball, a T-test, a Pick-up test, a modified 10 m Yo-Yo intermittent recovery test, a maximal pass and a medicine ball throw. Therefore, in this team the correlations of the performance variables differed when they were related to the disability class, the years of dependence on the wheelchair and the experience in playing wheelchair basketball. These results should be taken into account by the technical staff and coaches of the teams when assessing performance of wheelchair basketball players. However, these athletes may have been affected by a wide range of injuries and diseases; thereby, they encompass different levels of disability leading to considerable differences in the capacity to perform. Thus, this classification reflects the degree of the disability of athletes, and as such, it is a central aspect in wheelchair sports Goosey-Tolfrey and Leicht, Consequently it is interesting to know if the aforementioned classification also reflects the functional performance of the wheelchair athletes while they are practicing their sport. In this respect, to our knowledge, only a few studies have attempted to identify the relationship between the functional IWBF classification and performance. Moreover, most of these studies were laboratory-based tests and they analysed incremental cardiopulmonary exercise testing to measure the ventilatory threshold, peak oxygen uptake, and the Wingate test to measure anaerobic power and capacity De Lira et al. Laboratory tests allow the development of physical tests on strictly monitored participants and under particularly well controlled external conditions. On the contrary, field-based tests are easier to execute and interpret; and they also mimic more closely the actions and the movements i. Since the classification of the IWBF reflects the functional capacity of disabled athletes, we hypothesized that there would be a correlation between the different levels of the classification and the performance in a wide range of field-based tests. Thus, the aim of the present study was to ascertain if the IWBF classification, the type of injury spinal cord injury vs. Material and Methods Participants Thirteen male wheelchair basketball players, belonging to the Spanish national WB third division league participated in this study. All of them conducted two training sessions and played one game per week. Written informed consent was received from all players after verbal and written explanation of the experimental design and potential risks of the study were presented. The measurements were performed according to the ethical standards of the Helsinki Declaration. In this sense, the classification of the players is made to describe different variables such as the volume of action the limit to which a player can move voluntarily in the vertical plane, the forward plane and the sideways plane, the sitting position and the pelvic stability IWBF, Thus, players are grouped into categories classes from 1. In order to be allowed to play each player must pass a medical examination to determine his or her class. This examination is undertaken by the classifiers. There are three levels of classifiers in wheelchair basketball: Briefly, these classifiers must be involved in wheelchair basketball and they must attend a classification course for the purpose of training classifiers. Classification is based on the function of the trunk, the upper extremities, the lower extremities and the hands. Thus, it relies on the movement and the stability of the trunk of the player. Measures Anthropometric measurements Height and sitting height cm were measured to the nearest 0. Body mass was obtained to the nearest 0. Sitting height and body mass were measured as described by Vanlandewijck et al. Skinfold thicknesses measured in mm were measured at four sites triceps, subscapular, abdominal and suprailiac using a skinfold caliper Harpenden, England and the sum of these four measurements was calculated sum of skinfolds. All measurements were taken following the guidelines outlined by the ISAK International Society for the Advancement of

Kinanthropometry by the same researcher. Speed The 20 m sprint with and without a ball Figure 1: In the sports hall the basketball players performed a 20 m flat sprint test. The coefficients of variation for the 20 m sprint with and without a ball were 1.

Chapter 5 : Paralympics classifications explained - Telegraph

Note: Citations are based on reference standards. However, formatting rules can vary widely between applications and fields of interest or study. The specific requirements or preferences of your reviewing publisher, classroom teacher, institution or organization should be applied.

Purpose[edit] The purpose of classification in wheelchair sport is to allow fair competition between people with different types of disabilities. This insures fairness in the sport. Wheelchair sport classification includes a number of disabilities that cause problems with the spinal cord. These include paraplegia , quadriplegia , muscular dystrophy , post-polio syndrome and spina bifida. In practice, ISMWSF has defined this as 70 points or less on the muscle group function test for people with lower limb and trunk impairments. They have no minimum disability for upper limb impairments. C5 is associated with elbow flexors. C6 is associated with wrist flexors. C7 is associated with elbow flexors. C8 is associated with finger flexors. T1 is associated with finger abductors. T6 is associated with abdominal innervation beginning. T12 and L1 are associated with abdominal innervation complete. L2 is associated with hip flexors. L3 is associated with knee extensors. L4 is associated with ankle doris flexors. L5 is associated with long toe extensors. S1 is associated with ankle plantar flexors. In the case of athletics, classification is handled by IPC Athletics. Ludwig Guttmann at the Stoke Mandeville Hospital began experimenting with spinal cord injury sport classification systems during the s using a medical based system. This system was published in the Handbook of Rules, which was distributed to people involved with paraplegic sport at the time including coaches, doctors and physiotherapists in various countries. At the time, this classification system was a medical classification. The group most likely to try to cheat at classification were wheelchair basketball players with complete spinal cord injuries located at the high thoracic transection of the spine. The system had no built in privacy safeguards and players being classified were not insured privacy during medical classification nor with their medical records. The original wheelchair basketball classification system designed in had 5 classes: Each class was worth so many points. A was worth 1, B and C were worth 2. D and S were worth 3 points. A team could have a maximum of 12 points on the floor. This system was the one in place for the Summer Paralympics. Class A was for T1-T9 complete. Class B was for T1-T9 incomplete. Class C was for TL2 complete. Class D was for TL2 incomplete. Class S was for Cauda equina paralysis. Bedwell was used in wheelchair basketball. This system used some muscle testing to determine which class incomplete paraplegics should be classified in. Class II for people with lesions between T1-T5 and no balance were also worth 1 point. Class IV was for people with lesions at TL3 and good trunk muscles. They were worth 2 points. Class V was for people with lesions at L4 to L5 with good leg muscles. Class IV was for people with lesions at S1-S4 with good leg muscles. Class V and IV were worth 3 points. Paraplegics with 61 to 80 points on this scale were not eligible. A team could have a maximum of 11 points on the floor. The system was designed to keep out people with less severe spinal cord injuries, and had no medical basis in many cases. Some of the medical classifications for many sportspeople appeared arbitrary, with people of different functional levels being put into the same class. This made the results for many games and swimming races appear to be completely arbitrary. Impacted sportspeople were starting to demand that changes be made to address this. This process started in with a final report being written in During this period, people had strong feelings both ways but few practical changes were made to existing classification systems. A maximum of 14 points was allowed on the floor at any time. Big changes to classification that differed from the system created in the s really began to take place in the s with a move away from medical classification to functional classification. While the traditional medical system of where a spinal cord injury was located could be part of classification, it was only one advisory component. Medical exams were removed except with player consent. Classification took place on the court, with classifiers observing players in action. All players were advised of this new system when it was implemented to minimize confusion. A special wheelchair basketball classification subcommittee was also set up inside ISMGF to manage wheelchair basketball classification. It had first been used at the European Championships in Glasgow , and was small changes were made to this system before its use at the Games. There were 16 total competitors, with three having spinal

cord injuries, two having multiple sclerosis, two with other neurological impairments, and nine others. Changes were made to the classification system that were formally implemented for the Summer Paralympics in Barcelona. This system was a more refined form of the original system developed by Guttman during the 1960s. Spinal cord injury medical assessment was used in that transition period as part of the process of making a functional classification assessment. The sport made the switch to a functional classification system in as part of an effort to be inclusive of people with a broader range of disabilities beyond spinal cord injuries. The change to a functional system allowed people with polio, cerebral palsy, muscular dystrophy, multiple sclerosis and amputations to fully participate in the sport. Sportspeople with cerebral palsy were viewed the least favorably. This culminated in the third edition of wheelchair rugby classification. This classification guide would be put into effect following the closing ceremony of the Summer Paralympics. There are four classes for track and eight for track and field. Variants of these classes based on spinal cord dysfunction are used in other sports. There has been some modification since then in terms of functional definitions though medical definitions of location of the location of a lesion on the spinal cord have remained relatively similar.

Chapter 6 : International Wheelchair Rugby Federation : Classification

In Canada, classifications are closely based on the international classification system and range from to Lower class athletes are more limited in their functional skills. Athletes assigned to higher classes have few if any limitations.

Soon however, one question comes to mind: How can athletes of widely differing functional capacities compete fairly against each other? Each player is then assigned a point value based on their functional ability. In Canada, classifications are closely based on the international classification system and range from 1. Lower class athletes are more limited in their functional skills. Athletes assigned to higher classes have few if any limitations. The total number of points on the court assigned for each of the five players may not exceed 14 points at any one time in most divisions. For example, for most, upper extremity support is required to recover upright sitting after leaning forward to dribble, catch a pass, or make a shot. For example, most are unable to rotate their upper body to receive an over the shoulders pass in a fast break. This greatly improves their ability to scan the court, as well as receive or shoot the ball from different directions. They can dribble the ball far off the front of the wheelchair for example. They, however, cannot lean to the sides and return to upright without using their arms as an assist; most class 3. They can rotate, lean forward and to at least one side without difficulty. Athletes in this category can lean to the side to contest a shot or protect the ball from an opponent or catch a rebound. One can get a feel of what it feels like to be a class 1. In this position, leaning forward or sideways is nearly impossible. The only possible movement is shoulder rotation. One can get a feel of what it feels like to be a class 3. Leaning forward and turning the trunk to look over the shoulder will be easily accomplished; leaning to the side to pick up an item off the floor will be difficult if not impossible to carry out. Occasionally, an athlete displays characteristics of two classes. In these instances a. Classifiers Classifiers are certified technical officials whose role is to evaluate and assign players to a classification. Classifiers are a group of individuals familiar to the sport. Medical training is not necessary.

Chapter 7 : US Paralympics - Classification | USOC

Wheelchair basketball classification is the system that allows for even levels of competition on the court for wheelchair basketball based on functional mobility. The classifications for the sport are 1 point player, 2 point player, 3 point player, 4 point player and point player, the greater the player's functional ability.

The purpose of classification is to ensure fair and equitable competition at all levels of sport and to allow athletes to compete at the highest level, regardless of individual differences in physical function. Classification systems have been in use in sport for persons with disabilities since the mids. The early classification systems were based on medical diagnoses, such as spinal cord injury, and were not specific for the unique functional demands of each sport. Functional classification systems ensure that athletes with a combination of impaired or absent upper and lower limb movement have an opportunity to play the sport and that the strategies and skills of competing teams and athletes, rather than the amount of movement of the athletes, are the factors determining success in competition. The IWRF Functional Classification System Wheelchair Rugby, with roots in wheelchair basketball and ice hockey, began in Canada in the s as a counterpart to wheelchair basketball for persons with tetraplegia or tetra-equivalent function. The first classification system was medically based and there were three classes, largely determined by medical diagnosis and level of spinal cord injury. In , the system was changed to a functional classification system unique to the sport of wheelchair rugby. This was done for many reasons, including the need to have a system that would accommodate the growing number of athletes both with and without spinal cord injury such as polio, cerebral palsy, muscular dystrophy, multiple sclerosis and amputations. The Classification Process Wheelchair rugby athletes, because of the unique and varied nature of their muscle function, demonstrate combinations of varying stomach, back, chest, arm and leg movement in performing the wheelchair rugby skills of ball handling, such as passing, catching, carrying, and dribbling; and wheelchair skills that include pushing, starting, stopping, directional changes, tackling and blocking. The athlete is then observed performing both ball handling and wheelchair skills prior to game play and during game play, if necessary. Typically, an athlete is assigned a class following the completion of the bench test and the functional skills test prior to game play observation of ball handling and wheelchair skills. Occasionally, an athlete presents with characteristics of two classes for instance, following bench and functional skills tests, the athlete appears to fall between two classes. The classification panel attempts to make these decisions as quickly as possible, however, it is dependent on having the opportunity to adequately observe the athlete during competition. If an athlete does not have an opportunity to play a sufficient amount of time during the game, the athlete may not get a final class determination. In some cases when an athlete does not get adequate playing time throughout the tournament, the athlete may conclude the tournament under review in this case, following the tournament the athlete will still have a class number followed by an R, such as 1. For example, an athlete appears to be between two classes following the bench and functional skills tests-based on the bench test and functional skills test the athlete functions in some areas like a 0. In this example, the athlete would begin play as a 1. Player Responsibilities It is responsibility of both players and coaches to be educated about the classification process and the proper procedure. Athletes are responsible for arriving at the classification area at their assigned times and in their playing chairs with gloves, straps and any other equipment that they use during play. Equally as important, the athlete must give full effort and cooperation. Any athlete perceived as not fully cooperating with the classification process may sustain penalties such as: May not be given a classification, thus be ineligible to play May be disqualified from a tournament, thus be ineligible to play May have their class changed at any time May not be awarded an international class In the event that an athlete enters the classification area under the influence of any performance altering substance, the athlete will be asked to leave without receiving a classification and therefore will not be eligible to play. Team Point Totals There are seven classes ranging from 0. In general, the 0. In international wheelchair rugby the total number of points allowed on court at any time is 8. That is, the total points of all four athletes actually playing cannot exceed 8. A team may play with a lineup that totals less than 8. Wheelchair Rugby is a sport originally developed for athletes with tetraplegia due to spinal cord injury

and neuromuscular conditions such as poliomyelitis. Now, there are athletes participating in Wheelchair Rugby with conditions other than spinal cord injury and poliomyelitis, such as muscular dystrophy and various types of central and peripheral nervous system conditions. Also, athletes with conditions, such as multiple amputations, congenital limb defects and other similar musculoskeletal conditions are playing Wheelchair Rugby. Athletes with conditions other than neurological impairments may be eligible if the impairment type and severity results in activity limitation that impacts sport performance in a similar way to that of an athlete with tetraplegia. The following are incomplete descriptions providing a very general profile of each class. These descriptions are by no means complete, and an athlete may display certain characteristics of higher or lower sport classes.

Chapter 8 : Wheelchair sport classification | Revolv

World Para Athletics Classification System In World Para Athletics initiated a research programme to consider how the sports classification system could be enhanced by the application of a more scientific and objectively based approach.

What is Adaptive Sports or Para Sports? Adaptive sports are competitive or recreational sports for people with disabilities. Adaptive sports often run parallel to typical sport activities. However, they allow modifications necessary for people with disabilities to participate and many sports use a classification system that puts athletes with physical challenges on an even playing field with each other. For instance athletes with hemiplegia competing in track events are usually classified T Besides classification, what other modifications might one expect to see at an adaptive sport event? Chalk is used to determine the start point of a long jump for visually impaired athletes, not the toe board. Field implements such as a shot-put, javelin, and discus are generally lighter compared to typical sports. Runners with visual impairments are able to run with a sighted guide. Athletes who use wheelchairs race in specially designed racing chairs and throw from field chairs. Carbon fiber prosthetics and braces may benefit athletes who have limb differences. Archers can shoot at shorter distances compared with typical tournaments, they also shoot at a larger target, and are permitted to use adaptive equipment. Athletes with disabilities may play different versions of the same sports, for instance sled hockey is played by athletes seated in sleds using two sticks with sharp picks on the ends to skate the sled around the ice, and they move with incredible agility and speed! Sitting volleyball is played with all players on the floor, the net is lower, and players must have at least one buttock in contact with the floor whenever they make contact with the ball. In this version of soccer, throw ins may be done with one hand, there are no off-sides, and the playing field is smaller. There are many other adaptive sports and many opportunities to participate in them. Skiing, waterskiing, bowling, biking, martial arts etc. There is bound to be something for almost anyone! Para sports or adaptive sports are often confused with Special Olympics. Both provide wonderful opportunities for athletes with disabilities but there are some important differences. Special Olympics is an organization dedicated to working with people who have intellectual disabilities. These programs are typically not open to individuals who are not identified as having an intellectual disability. Adaptive or para sports include athletes with a variety of disabilities. While adaptive sports was originally created to encompass athletes with physical disabilities, initially only including athletes who used wheelchairs and gradually becoming more inclusive to ambulatory athletes with a disability, athletes with a visual impairment and so on. In recent years, they further broadened their classification system and now many events have classifications for intellectual impairment as well. The first step is to discover what might already be happening in your area. There are typically fewer adaptive sports opportunities in a region compared to typical sport activities. With adaptive sports, you might have to travel long distances for your child to be able to participate in a sport. See if there is one nearby. Adaptive sport meets are typically exciting, encouraging and positive events. Everyone is cheering everyone else on, there is so much positivity and excitement, teams take a backseat and crowds go wild for all of the athletes. Training and practicing with a typical track and field team, archery organization or swim team and competing at adaptive sports meets may allow the best of both worlds.

Chapter 9 : Para-Athletics – WSA

Wheelchair basketball players are allocated one of eight sport classes from to Sport class describes the most significant activity limitation. All athletes compete in a wheelchair and have an impairment affecting their legs or feet.

Purpose[edit] In wheelchair fencing, the purpose of classification is to insure that fencers are classified based on equitable functional mobility so that their training, skill level, talent and experience determine the outcome of a match, not their disability type. This insures fairness in the sport. These classes are often combined with the combined classes of Category A and Category B. They tend to score at least 5 points on Type 3 and Type 4 of the function test. For international IWF sanctioned competitions, classes are combined. It had first been used at the European Championships in Glasgow , and was small changes were made to this system before its use at the Games. This classification system went into effect in , and defined ten different disability types that were eligible to participate on the Paralympic level. It required that classification be sport specific, and served two roles. The first was that it determined eligibility to participate in the sport and that it created specific groups of sportspeople who were eligible to participate and in which class. The IPC left it up to International Federations to develop their own classification systems within this framework, with the specification that their classification systems use an evidence based approach developed through research. At the Summer Paralympics , 6 assessments were conducted at the Games. This resulted in 0 class changes. This policy was put into place in , with the goal of avoiding last minute changes in classes that would negatively impact athlete training preparations. All competitors needed to be internationally classified with their classification status confirmed prior to the Games, with exceptions to this policy being dealt with on a case by case basis. In most countries, classification for national competitions is done through the local national Paralympic committee. A 1 is for no functional movement of the muscle or where there is no motor coordination. A 5 is for normal muscle movement. Each test gives 0 to 3 points. A 0 is for no function. A 1 is for minimum movement. A 2 is for fair movement but weak execution. A 3 is for normal execution. The first test is an extension of the dorsal musculature. The second test is for lateral balance of the upper limbs. The third test measures trunk extension of the lumbar muscles. The fourth test measures lateral balance while holding a weapon. The fifth test measures the trunk movement in a position between that recorded in tests one and three, and tests two and four. The sixth test measures the trunk extension involving the lumbar and dorsal muscles while leaning forward at a 45 degree angle. In addition, a bench test is required to be performed.