

Player Classification Wheelchair Rugby

Questionnaire to re-establish a system that allows fair classification of all physically impaired players and their fair participation on court

Basics for an Agreement between Players and Classifiers



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Introduction

Wheelchair Rugby was invented by Canadian players with spinal cord injuries of tetraplegic nature during the 70ies of the last century. Solidarity among all players became an important objective, as they were, because of significant arm impairments, excluded from playing wheelchair basketball at elite level.

The main purpose of any classification system was therefore to allow fair participation of all players who cover the full range of functional profiles, represented by tetraplegics with complete and incomplete spinal cord lesions.

The goal of classification is to minimise the impact of impairment on sport specific performance. Classification prevents that the winner of the competition is simply the least impaired athlete or team. Through classification, just like in other sports, the winner of the competition is the athlete or team with the most talent, skill and the best training and preparation.

Wheelchair rugby evolved as a sport and attracts not only athletes with cervical spinal cord injury all over the world but individuals with impairments resulting from other conditions. For example amputations, deviations, cerebral palsy an neuromuscular diseases.

This film provides a wheelchair rugby specific ordinal scale by identifying various movement patterns and skills of athletes with tetraplegia with several levels of complete and symmetric spinal cord injuries.

The wheelchair rugby specific ordinal scale of typical movement profiles of players serves as point of reference to classify all players with physical impairments regardless of their nature and degree of disability.

This sports oriented system can establish an assessment regulation, like in gymnastics or figure skating, which is an agreement between classifiers and athletes who possess a distinct perception on wheelchair rudy specific skills and performances in training and on court.

Rationale: Classification of all wheelchair rugby athletes to allow fair and equitable competition can be achieved by designing a system that develops “player observation on court” as the principle method, which is supported by related medical and functional information. The relatively clear differentiation of complete, symmetric tetraplegics with spinal cord injuries, both functionally and with rugby specific activities, provide a scale of 4 profiles, which allows a relatively fair allocation of all other players. Relatively fair means a functional difference, related to the given impairment, in each category/class is accepted.

Attached is a guideline for further explanation of the questions.

1. Name: Age:
 Physically impaired since: Playing wheelchair rugby since:
 Classification: .5 ___ 1.0 ___ 1.5 ___ 2.0 ___ 2.5 ___ 3.0 ___ 3.5 ___

- 2. Kind of impairment:
 - 2.1 Tetraplegia, Spinal cord lesion ___ complete___ incomplete___
 - 2.2 Neuromuscular disease _____
 - 2.3 Cerebral Palsy _____
 - 2.4 Amputations, congenital limb defects _____
 - 2.5 Others _____

Questions after watching the Film: Player classification wheelchair rugby

3. Purpose of the player based classification system
 3.1 Allow fair participation on court of all physically impaired players regardless of kind and degree of disability of the lower and upper extremities

disagree 1. 2. 3. 4. 5. agree

3.2 Wheelchair rugby has 2 different types of players: those with more impaired arms using a defensive wheelchair and those with less impaired arms using an offensive wheelchair.

disagree 1. 2. 3. 4. 5. agree

3.3 Purpose of the classification system is to allow fair participation of the more physically impaired players with defensive wheelchairs?

disagree 1. 2. 3. 4. 5. agree

3.4 It is fair participation, if 2 players with defensive wheelchairs and 2 with offensive wheelchairs are combined in a team on court.

disagree 1. 2. 3. 4. 5. agree

4. How many profiles below profile 4 have to be added to classify players with significant trunk functions?

one class ___ two classes ___

5. A point system is needed to classify players with defensive wheelchairs and players with offensive wheelchairs independent from each other?

disagree 1. 2. 3. 4. 5. agree

6. The ordinal scale, used in this classification system, gives the opportunity to realize a transparent and user friendly classification system.

disagree 1. 2. 3. 4. 5. agree

7. The 4 profiles get the following classification:

Profile I = .5; Profile II = 1.0; Profile III = 2.0; Profile IV = 3,0 + maybe new classes (maximum points on court 8.0)

I agree ___

I disagree ___

8. The 4 profiles get the following classification:

Profile I = 1.0; Profile II = 2.0; Profile III = 3.0; Profile IV = 4.0 + maybe new classes

(maximum points on court 10 or 11).

Maximum points 10.

I agree__

I disagree__

Maximum points 11.

I agree__

I disagree

9. You have any questions or advices tot he player classification system? Please write it below.

Guidelines and Explanations to complete the Questionnaire after watching the film: Player Classification Wheelchair Rugby

Points 1 & 2: The personal information given in the questionnaire is solely used for statistic purposes and kept unpublished.

Point 3.1: Wheelchair rugby originally created by Tetraplegics, who felt excluded from wheelchair basketball competitions, evolves as a sport and includes more and more physically impaired athletes other than spinal cord injuries. Do you believe that a fair classification can be obtained by an agreement between classifiers and players that provides fair classification and participation of all eligible players?

Point 3.2: If observation on court becomes a major resource of information to classify properly we have to face the fact that genuine players using a defensive wheelchair are essentially different to players with offensive wheelchairs.

Point 3 & 3.3: The purpose of classification systems is generally defined as to allow equitable competition. This definition is not precise enough! To foster solidarity and fair participation of all eligible players on court the system has to allow fair participation of the physically more impaired players as well. ¹

Point 3.4: The smallest element of team play is the combination of an offensive player and a defensive player. It upholds a true inclusion of the physically more impaired players. True and effective participation on court of all players, representing the full range of all players, is of utmost importance for recruiting efforts on national and community level.

Point 4: Tetraplegics with complete lesions have no active trunk movement and unsupported balance. Trunk positioning forward and backward allows quick starts and change of direction. Reach of arms is extended not only by stretching the trunk

¹ The majority of tetraplegics, sample 5635, are Low-points (60%) and only 20% are High-points (Young J.S., Burns P.E., Bowen A.M., McCutchen R. (1982): Spinal Cord Injury statistics, Good Samaritan Medical Centre, Phoenix, Arizona, p. 17

upwards and leaning to the sides, but also by taking a high sitting position. The level of remaining trunk movements can be different according to available leg functions²
one class = .5 + 1.0; two classes = .5 + 1.0 + 1.5 + 2.0

Point 5 & 6: The functional profiles of true defensive players and their role for the team on court are specific and different from offensive players. Functional differences of defensive players have to be compared among each other by using profile I and II as points of reference.

Point 7: The film shows players with significant trunk functions. The advantages compared with players with no trunk functions are obvious in wheeling and ball control skills. The arm functions have to be significantly impaired, like examples III.I; III.II & III.III, to meet the minimal eligibility criteria. Pushing and ball skills show significant limitation to none disabled persons but also different levels of functional potentials.

² Deliberate trunk movements forward and backward need some hip extensor muscles. Deliberate trunk movements to the side need some hip abductor muscles (Strohkendl H. (1978): Funktionelle Klassifizierung für den Rollstuhlsport, p. 20 & 48-51.