



International
Handball
Federation

XXIX.

Wheelchair

Handball

Classification Rules

& Regulations

Six-a-Side and Four-

a-Side

Edition: 15 July 2021



Table of contents

Article 1 – Scope and Application	3
Article 2 – Roles and Responsibilities	4
Article 3 – Classification Personnel	5
Article 4 – Athlete Evaluation	7
Article 5 – The Classification Panel	11
Article 6 – Evaluation Session	12
Article 7 – Observation in Competition	13
Article 8 – Sport Class Status	14
Article 9 – Failure to Attend Evaluation Session	17
Article 10 – Suspension of Evaluation Session	17
Article 11 – Medical Review	18
Article 12 – Intentional Misrepresentation	19
Article 13 – Data Handling	19
Article 14 – Protests and Appeals	20

Appendices

Appendix 1 – Eligibility	23
Appendix 2 – Non-Eligible Impairments	25
Appendix 3 – Minimum Impairment Criteria	27
Appendix 4 – Assessment Methodology / Classification Form	29
Appendix 5 – Assessment Criteria for the Allocation of a Sport Class and Designation of Sport Class Status	32
Appendix 6 – Registration Form	49
Appendix 7 – IHF Wheelchair Handball Classifier Training and Recertification	54
Glossary	60

Note: The present document is currently under review.



Article 1

1. Scope and Application

1.1. Adoption

The IHF Classification Rules and Regulations have been prepared by the International Handball Federation (IHF) to implement the requirements of the 2015 IPC Athlete Classification Code and International Standards. The IHF Classification Rules and Regulations have been adopted by the IHF Council on 15 July 2021. These IHF Classification Rules and Regulations form part of the IHF Rules (Wheelchair Handball) and the Competition Manual for IHF Wheelchair Handball World Championships. The IHF Classification Rules and Regulations are supplemented by a number of classification forms that have been prepared to assist athlete evaluation. These forms are available from the IHF and may be amended by the IHF from time to time.

1.2. Classification

Classification is undertaken to:

- a. define who is eligible to compete in wheelchair handball;
- b. group athletes into sport classes which aim to ensure that the impact of impairment is minimised, and sporting excellence determines which athlete or team is ultimately victorious.

1.3. Application

These IHF Classification Rules and Regulations apply to all athletes and athlete support personnel who are registered with the IHF, and/or participate in any wheelchair handball events or competitions organised, authorised or recognised by the IHF.

These IHF Classification Rules and Regulations must be read and applied in conjunction with all other applicable rules of the IHF, including but not limited to the sport technical rules of the IHF.

The IHF will only permit an athlete to compete in an IHF competition if that athlete has been allocated a sport class (other than sport class not eligible) and designated with a sport class status in accordance with these IHF Classification Rules and Regulations.

The IHF will provide opportunities for athletes to be allocated a sport class and designated with a sport class status in accordance with these IHF Classification Rules and Regulations at recognised competitions (or other such locations as defined by the IHF). The IHF will advise athletes and national federations in advance as to such recognised competitions (or other such locations).

Purpose of classification in wheelchair handball:

The purpose of classification in wheelchair handball is to minimise the impact of eligible impairments on the outcome of wheelchair handball games. Conceptually, the wheelchair handball classification system aims to achieve this purpose by placing athletes into classes according to how much their impairment

affects fundamental activities required for optimal wheelchair handball performance.

If this aim is achieved, each wheelchair handball class will comprise athletes who have impairments that cause approximately the same amount of disadvantage in wheelchair handball, independent of skill level, training history, or assistive equipment.



Article 2

2. Roles and Responsibilities

It is the personal responsibility of athletes, athlete support personnel, and classification personnel to familiarise themselves with all the requirements of these IHF Classification Rules and Regulations.

2.1. Athlete Responsibilities

The roles and responsibilities of athletes include to:

- a. be knowledgeable of and comply with all applicable policies, rules, and processes established by these IHF Classification Rules and Regulations;
- b. participate in athlete evaluation in good faith;
- c. ensure, when appropriate, that adequate information related to health conditions and eligible impairments is provided and/or made available to the IHF;
- d. cooperate with any investigations concerning violations of these IHF Classification Rules and Regulations; and
- e. actively participate in the process of education and awareness and classification research through exchanging personal experiences and expertise.

2.2. Athlete Support Personnel Responsibilities

The roles and responsibilities of athlete support personnel include to:

- a. be knowledgeable of and comply with all applicable policies, rules, and processes established by these IHF Classification Rules and Regulations;
- b. use their influence on athlete values and behaviour to foster a positive and collaborative classification attitude and communication;
- c. assist in the development, management, and implementation of classification systems; and
- d. cooperate with any investigations concerning violations of these IHF Classification Rules and Regulations.

2.3. Classification Personnel Responsibilities

The roles and responsibilities of classification personnel include to:

- a. have a complete working knowledge of all applicable policies, rules, and processes established

- by these IHF Classification Rules and Regulations;
- b. use their influence to foster a positive and collaborative classification attitude and communication;
 - c. assist in the development, management, and implementation of classification systems, including participation in education and research; and
 - d. cooperate with any investigations concerning violations of these IHF Classification Rules and Regulations.



Article 3

3. Classification Personnel

Classification personnel are fundamental to the effective implementation of these IHF Classification Rules and Regulations. The IHF will appoint a number of classification personnel, each of whom will have a key role in the organisation, implementation, and administration of classification for the IHF.

3.1. Head of Classification

- The IHF must appoint a head of classification. The head of classification is a person responsible for the direction, administration, coordination, and implementation of classification matters for wheelchair handball. If a head of classification cannot be appointed, the IHF may appoint another person, or group of persons collectively (provided such person or group of persons agrees to comply with the classifier code of conduct), to act as the head of classification.
- The head of classification is not required to be a certified classifier.
- The head of classification may delegate specific responsibilities and/or transfer specific tasks to designated classifiers, or other persons authorised by the IHF.
- Nothing in these classification rules prevents the head of classification (if certified as a classifier) from also being appointed as a classifier and/or chief classifier.

3.2. Classifiers

- A classifier is a person authorised as an official and certified by the IHF to conduct some or all components of athlete evaluation as a member of a classification panel.

3.3. Chief Classifiers

- A chief classifier is a classifier appointed to direct, administer, coordinate, and implement classification matters for a specific competition or at such other location as defined by the IHF. In particular, a chief classifier may be required by the IHF to do the following:

- identify those athletes who will be required to attend an evaluation session;
 - supervise classifiers to ensure that the IHF Classification Rules and Regulations are properly applied during classification;
 - manage protests in consultation with the IHF; and
 - liaise with the relevant competition organisers to ensure that all travel, accommodation and other logistics are arranged in order that classifiers may carry out their duties at the competition.
- A chief classifier may delegate specific responsibilities and/or transfer specific tasks to other appropriately qualified classifiers, or other appropriately qualified IHF officers or representatives, and/or appropriately qualified persons in the local organising committee of a competition.

3.4. Trainee Classifiers

- A trainee classifier is a person who is in the process of formal training by the IHF.
- The IHF may appoint trainee classifiers to participate in some or all components of athlete evaluation under the supervision of a classification panel to develop classifier competencies.

3.5. Classifier Competencies, Training, and Certification

- A classifier will be authorised to act as such if the person in question has been certified by the IHF as having the relevant classifier competencies.
- The IHF must provide training and education to classifiers to ensure they obtain and/or maintain classifier competencies.
- The IHF must specify and publish classifier competencies in a manner that is transparent and accessible. The classifier competencies must include that a classifier has:
 - a thorough understanding of these classification rules;
 - an understanding of the sport(s) for which they seek certification to act as a classifier, including an understanding of the technical rules of the sport(s);
 - an understanding of the Code and the International Standards; and
 - professional qualification(s), level of experience, skills and/or competencies in order to act as a classifier for wheelchair handball. These include that classifiers must either:
 - (1) be a certified health professional in a field relevant to the eligible impairment category which the IHF at its sole discretion deems acceptable, such as a physician or physiotherapist for athletes with a physical impairment; or
 - (2) have an extensive coaching or other relevant background in the particular sport(s); or a recognised and reputable academic qualification which encompasses a requisite level of anatomical, biomechanical and sport-specific expertise, which the IHF at its sole discretion deems to be acceptable.
- The IHF must establish a process of classifier certification by which classifier competencies are assessed (see Appendix [7](#)). This process must include:

- a process for the certification of trainee classifiers;
- quality assessment for the period of certification;
- a process for handling substandard performance, including options for remediation and/or withdrawal of certification; and
- a process for re-certification of classifiers.
- The IHF must specify entry-level criteria applicable to persons who wish to become trainee classifiers. The IHF will provide entry-level education to trainee classifiers.
- The IHF must provide continuing education to classifiers for the purposes of certification and re-certification.
- The IHF may provide that a classifier is subject to certain limitations, including (but not limited to):
 - a limitation on the impairment type for which a classifier is certified to act as a classifier;
 - a limitation on the components of athlete evaluation that a classifier is certified to conduct;
 - a limitation on the level of competition or event that a classifier is authorised to act as a classifier;
 - the maximum time that a classifier certification is valid;
 - that classifier certification is subject to review within a specific time frame by reference to the classifier competencies;
 - that a classifier may lose classifier certification if the IHF is not satisfied that the classifier possesses the required classifier competencies; and/or
 - that a classifier may regain classifier certification if the IHF is satisfied that the classifier possesses the required classifier competencies.

3.6. Classifier Code of Conduct

The integrity of classification in the IHF depends on the conduct of classification personnel. The IHF has therefore adopted a set of professional conduct standards referred to as the 'classifier code of conduct'. All classification personnel must comply with the classifier code of conduct. Any person who believes that any classification personnel may have acted in a manner that contravenes the classifier code of conduct must report this to the IHF. If the IHF receives such a report, the IHF will investigate the report and, if appropriate, take disciplinary measures. The IHF has discretion to determine whether or not a classifier has an actual, perceived, and/or potential conflict of interest.



Article 4

4. Athlete Evaluation

4.1. General Provisions

The IHF has specified in these IHF Classification Rules and Regulations the process, assessment criteria, and methodology whereby athletes will be allocated a sport class and designated a sport class status. This process is referred to as athlete evaluation.

Athlete evaluation encompasses a number of steps and these IHF Classification Rules and Regulations therefore include provisions regarding:

- (1) an assessment of whether or not an athlete has an eligible impairment for the sport;
- (2) an assessment of whether an athlete complies with minimum impairment criteria for the sport; and
- (3) allocation of a sport class (and designation of a sport class status) depending on the extent to which an athlete is able to execute the specific tasks and activities fundamental to the sport.

4.2. Eligible Impairment

Any athlete wishing to compete in a sport governed by the IHF must have an eligible impairment and that eligible impairment must be permanent.

[Appendix 1](#) of these IHF Classification Rules and Regulations specifies the eligible impairment(s) an athlete must have in order to compete in a wheelchair handball competition governed by the IHF.

Any impairment that is not listed as an eligible impairment in [Appendix 1](#) is referred to as a non-eligible impairment. [Appendix 2](#) includes examples of non-eligible impairments.

Assessment of Eligible Impairments

The IHF must determine if an athlete has an eligible impairment.

- In order to be satisfied that an athlete has an eligible impairment, the IHF may require any athlete to demonstrate that he or she has an underlying health condition. [Appendix 2](#) lists examples of health conditions that are “not underlying health conditions”.
- The means by which the IHF determines that an individual athlete has an eligible impairment is at the sole discretion of the IHF. The IHF may consider that an athlete’s eligible impairment is sufficiently obvious and therefore not require evidence that demonstrates the athlete’s eligible impairment.
- If in the course of determining if an athlete has an eligible impairment, the IHF becomes aware that the athlete has a health condition and believes that the impact of that health condition may be that it is unsafe for that athlete to compete or there is a risk to the health of the athlete (or other athletes) if that athlete competes, it may designate the athlete as Classification Not Completed (CNC). In such instances the IHF will explain the basis of its designation to the relevant national federation.

An athlete must (if requested to do so) supply the IHF with diagnostic information that must be provided

as follows:

- The relevant national federation must submit a medical diagnostics form to the IHF, upon completing the registration of an athlete (see Appendix 6).
- The medical diagnostics form must be completed in English and dated and signed by a certified health care professional.
- The medical diagnostics form must be submitted with supportive diagnostic information if required by IHF.

The IHF may require an athlete to re-submit the medical diagnostics form (with necessary supportive diagnostic information) if the IHF at its sole discretion considers the medical diagnostics form and/or the diagnostic information to be incomplete or inconsistent.

If the IHF requires an athlete to provide diagnostic information it may consider the diagnostic information itself, and/or appoint an eligibility assessment committee to do so.

The process by which an eligibility assessment committee is formed and considers diagnostic information is as follows:

- The IHF will notify the relevant national federation that diagnostic information must be provided on behalf of the athlete. The IHF will explain what diagnostic information is required, and the purposes for which it is required.
- The IHF will set timelines for the production of diagnostic information.
- Wherever possible, all references to the individual athlete and the source(s) of the diagnostic information should be withheld from the IHF. The IHF will review the diagnostic information and decide whether such information establishes the existence of an eligible impairment.
- If the IHF concludes that the athlete has an eligible impairment, the athlete will be permitted to complete athlete evaluation with a classification panel.
- If the IHF is not satisfied that the athlete has an eligible impairment, a decision will be provided to this effect in writing to the relevant national federation. The national federation will be given an opportunity to comment on the decision and may provide further diagnostic information to the IHF for review. If the decision is subsequently revised, the IHF will inform the national federation.
- If the decision is not changed, the IHF will issue a final decision letter to the national federation.
- The IHF may delegate one or more of the functions described above to a classification panel.

4.3. Minimum Impairment Criteria

An athlete who wishes to compete in a wheelchair handball competition must have an eligible impairment that complies with the relevant minimum impairment criteria for wheelchair handball.

The IHF has set minimum impairment criteria to ensure that an athlete's eligible impairment affects the

extent to which an athlete is able to execute the specific tasks and activities fundamental to the sport.

[Appendix 3](#) of these IHF Classification Rules and Regulations specifies the minimum impairment criteria applicable to wheelchair handball.

Any athlete who does not comply with the minimum impairment criteria for wheelchair handball must be allocated sport class Not Eligible (NE).

A classification panel must assess whether or not an athlete complies with the minimum impairment criteria. This will take place as part of an evaluation session. Prior to participating in an evaluation session, an athlete must first prove to the IHF classification panel that he or she has an eligible impairment.

Players with vision impairment (part + full blindness) are not eligible to play in IHF wheelchair handball.

4.4. Sport Class

A sport class is a category defined by the IHF in these IHF Classification Rules and Regulations, in which athletes are grouped by reference to the impact of an eligible impairment on their ability to execute the specific tasks and activities fundamental to wheelchair handball. See [Appendix 5](#) for the detailed description of the sport classes.

- An athlete who does not have an eligible impairment or does not comply with the minimum impairment criteria for wheelchair handball must be allocated sport class Not Eligible (NE).
- An athlete who complies with the minimum impairment criteria for wheelchair handball must be allocated a sport class (subject to the provisions in these IHF Classification Rules and Regulations concerning failure to attend athlete evaluation and suspension of athlete evaluation).
- Except for the allocation of sport class Not Eligible (NE) by the IHF, the allocation of a sport class must be based solely on an evaluation by a classification panel of the extent to which the athlete's eligible impairment affects the specific tasks and activities fundamental to wheelchair handball. This evaluation must take place in a controlled environment, which allows for the repeated observation of key tasks and activities.
- [Appendix 4](#) of these IHF Classification Rules and Regulations specifies the classification process as for the allocation of a sport class and the designation of sport class status.

4.5. Classification Not Complete

If at any stage of athlete evaluation, the classification panel is unable to allocate a sport class to an athlete, the classification panel may designate that athlete as Classification Not Completed (CNC).

The designation Classification Not Completed (CNC) is not a sport class and is not subject to the provisions in these IHF Classification Rules and Regulations concerning protests. The designation Classification Not Completed (CNC) will however be recorded for the purpose of the IHF classification master list.

An athlete who is designated as Classification Not Completed (CNC) may not compete in wheelchair handball.



Article 5

5. The Classification Panel

A classification panel is a group of classifiers appointed by the IHF to conduct some or all of the components of athlete evaluation as part of an evaluation session.

5.1. General Provisions

A classification panel must be comprised of at least 2 classifiers. In exceptional circumstances the IHF may provide that a classification panel comprises only one classifier, subject to that classifier holding a valid medical qualification.

A trainee classifier may be part of a classification panel in addition to the required number of certified classifiers and may participate in athlete evaluation.

5.2. Classification Panel Responsibilities

- A classification panel is responsible for conducting an evaluation session. As part of the evaluation session, the classification panel must:
 - (1) assess whether an athlete complies with the minimum impairment criteria for wheelchair handball;
 - (2) assess the extent to which an athlete is able to execute the specific tasks and activities fundamental to wheelchair handball; and
 - (3) conduct (if required) observation in competition.
- Following the evaluation session, the classification panel must allocate a sport class and designate a sport class status, or designate Classification Not Completed (CNC).
- Prior to the evaluation session, the assessment as to whether an athlete has an eligible impairment must be undertaken by the IHF, unless the IHF requests this to be undertaken by a classification panel.
- The evaluation session must take place in a controlled environment that allows for the repeated

observation of key tasks and activities.

- Although other factors such as low fitness level, poor technical proficiency and aging may also affect the fundamental tasks and activities of the sport, the allocation of sport class must not be affected by these factors.
- An athlete who has a non-eligible impairment and an eligible impairment may be evaluated by a classification panel on the basis of the eligible impairment, provided the non-eligible impairment does not affect the classification panel's ability to allocate a sport class.



Article 6

6. Evaluation Session

The athlete's national federation is responsible for ensuring that athletes comply with their duties in relation to the provisions in this article.

In respect of athletes:

- Athletes have the right to be accompanied by a member of the athlete's national federation/team delegation when attending an evaluation session. The athlete must be accompanied if the athlete is a minor.
- The person chosen by the athlete to accompany the athlete at an evaluation session should be familiar with the athlete's impairment and sport history.
- The athlete and accompanying person must acknowledge the terms of the athlete evaluation agreement form (= Consent Form) as specified by the IHF.
- The athlete must attend the evaluation session with any sports attire or equipment relevant to the sport of wheelchair handball for which the athlete wishes to be allocated a sport class.
- The athlete must disclose the use of any medication and/or medical device/implant to the classification panel.
- The athlete must comply with all reasonable instructions given by a classification panel.

In respect of the classification panel:

- The classification panel may request that an athlete provides medical documentation relevant to the athlete's eligible impairment if the classification panel believes that this will be necessary in order for it to allocate a sport class.
- The classification panel will conduct evaluation sessions in English unless otherwise stipulated by the IHF. If the athlete requires an interpreter, a member of the athlete's national federation/team delegation will be responsible for arranging an interpreter. The interpreter is permitted to attend the evaluation session.
- The classification panel may at any stage seek medical, technical, or scientific opinion(s) if the

classification panel feels that such opinion(s) is/are necessary in order to allocate a sport class.

- The classification panel may make, create or use video footage and/or other records to assist it when allocating a sport class.



Article 7

7. Observation in Competition

A classification panel may require that an athlete undertakes observation in competition assessment before it allocates a final sport class and designates a sport class status to that athlete.

If a classification panel requires an athlete to complete observation in competition assessment, the athlete will be entered in the competition with the sport class allocated by the classification panel after the conclusion of the initial components of the evaluation session.

An athlete who is required to complete observation in competition assessment will be designated with tracking code: Observation Assessment (OA). This replaces the athlete's sport class status for the duration of observation in competition assessment.

Observation in competition assessment must take place during first appearance. In this regard:

- First appearance is the first time an athlete competes in the preliminary rounds of an event during a competition.
- An athlete who competes in a team sport must make first appearance during the preliminary rounds of a competition. First appearance must not take place in the elimination rounds of a competition.

If an athlete is:

- subject to a protest following observation in competition; and
- the second evaluation session is conducted at that same competition; and
- pursuant to the second evaluation session the athlete is required to undergo observation in competition,

observation in competition must take place at the next opportunity within the sport class allocated to the athlete by the protest panel with tracking code Observation Assessment (OA).

The classification panel must allocate a sport class and replace the athlete's tracking code Observation Assessment (OA) by designating a sport class status upon completion of first appearance (or completion of any observation in competition conducted as part of a protest). If changes to an athlete's sport class or sport class status are made following observation in competition, the changes are effective immediately.



Article 8

8. Sport Class Status

If a classification panel allocates a sport class to an athlete, it must also designate a sport class status. Sport class status indicates whether or not an athlete will be required to undertake athlete evaluation in the future and if the athlete's sport class may be subject to protest.

The sport class status designated to an athlete by a classification panel at the conclusion of an evaluation session will be one of the following:

- New (N)
- Confirmed (C)
- Review (R)
- Review with Fixed Review Date (FRD)

8.1. Sport Class Status New

An athlete is allocated sport class status New (N) by the IHF prior to attending the athlete's first evaluation session. An athlete with sport class status New (N) must attend an evaluation session prior to competing at any IHF competition, unless the IHF specifies otherwise.

8.2. Sport Class Status Confirmed

An athlete will be designated with sport class status Confirmed (C) if the classification panel is satisfied that both the athlete's eligible impairment and the athlete's ability to execute the specific tasks and activities fundamental to the sport are and will remain stable.

- An athlete with sport class status Confirmed (C) is not required to undergo any further athlete evaluation (save pursuant to the provisions in these IHF Classification Rules and Regulations concerning protests, medical review, and changes to sport class criteria).
- A classification panel that consists of only one classifier may not designate an athlete with sport class status Confirmed (C) but must designate the athlete with sport class status Review (R).

8.3. Sport Class Status Review

An athlete will be designated sport class status Review (R) if the classification panel believes that further evaluation sessions will be required.

- A classification panel may base its belief that further evaluation sessions will be required based on a number of factors, including but not limited to situations where the athlete has only recently entered competitions sanctioned or recognised by the IHF, has a fluctuating and/or progressive

impairment/impairments that is/are permanent but not stable, and/or has not yet reached full muscular skeletal or sports maturity.

- An athlete with sport class status Review (R) must complete athlete evaluation prior to competing at any subsequent IHF competition, unless the IHF specifies otherwise by designating sport class status Review with Fixed Review Date (FRD).

8.4. Sport Class Status Review with Fixed Review Date

An athlete may be designated sport class status Review with Fixed Review Date (FRD) if the classification panel believes that further athlete evaluation will be required but will not be necessary before a set date, being the fixed review date.

- An athlete with sport class status Review with Fixed Review Date (FRD) will be required to attend an evaluation session at the first opportunity after the relevant fixed review date.
- An athlete who has been allocated sport class status Review with Fixed Review Date (FRD) may not attend an evaluation session prior to the relevant fixed review date save pursuant to a medical review request and/or protest.
- A classification panel that consists of only one classifier may not designate an athlete with sport class status Review with Fixed Review Date (FRD) but must designate the athlete with sport class status Review (R).

8.5. Sport Class Not Eligible

General Provisions

If the classification panel determines that an athlete

- has an impairment that is not an eligible impairment; or
- does not have an underlying health condition,

the classification panel must allocate that athlete sport class Not Eligible (NE).

If a classification panel determines that an athlete who has an eligible impairment does not comply with minimum impairment criteria for wheelchair handball that athlete must be allocated sport class Not Eligible (NE).

Absence of Eligible Impairment

If the classification panel determines that an athlete does not have an eligible impairment, that athlete

- will not be permitted to attend an evaluation session; and
- will be allocated sport class Not Eligible (NE) and designated with sport class status Confirmed (C) by the IHF.

An athlete who is allocated sport class Not Eligible (NE) by the IHF or a classification panel (if delegated by the IHF) because that athlete has

- an impairment that is not an eligible impairment; or
- a health condition that is not an underlying health condition,

has no right to request such determination be reviewed by a second classification panel and will not be permitted to participate in wheelchair handball.

Absence of Compliance with Minimum Impairment Criteria

A second classification panel must review by way of a second evaluation session any athlete who is allocated sport class Not Eligible (NE) on the basis that a classification panel determines that the athlete does not comply with minimum impairment criteria. This must take place as soon as is practicable.

- Pending the second evaluation session the athlete will be allocated sport class Not Eligible (NE) and designated sport class status Review (R). The athlete will not be permitted to compete before such re-assessment.
- If the second classification panel determines the athlete does not comply with minimum impairment criteria (or if the athlete declines to participate in a second evaluation session at the time set by the classification panel), sport class Not Eligible (NE) will be allocated and the athlete designated with sport class status Confirmed (C).

If an athlete makes (or is subject to) a protest on a previously allocated sport class other than Not Eligible (NE) and is allocated sport class Not Eligible (NE), the athlete must be provided with a further and final evaluation session which will review the decision to allocate sport class Not Eligible (NE).

If an athlete is allocated sport class Not Eligible (NE), this does not question the presence of a genuine impairment. It is only a ruling on the eligibility of the athlete to compete in wheelchair handball.

8.6. Changes to Sport Class Criteria

If the IHF changes any sport class criteria and/or assessment methods defined in the appendices to these rules and regulations, then:

- The IHF may re-assign any athlete who holds sport class status Confirmed (C) with sport class status Review (R) and require that the athlete attend an evaluation session at the earliest available opportunity; or
- The IHF may remove the fixed review date for any athlete and require that the athlete attend an evaluation session at the earliest available opportunity; and
- in both instances the relevant national federation or National Paralympic Committee shall be informed as soon as is practicable.

8.7. Notification

- The outcome of athlete evaluation must be notified to the athlete and/or national federation or National Paralympic Committee and published as soon as practically possible after completion of athlete evaluation.

- The IHF must publish the outcome of athlete evaluation at the competition following athlete evaluation, and the outcomes must be made available post-competition via the classification master list on the IHF website.



Article 9

9. Failure to Attend Evaluation Session

An athlete is personally responsible for attending an evaluation session.

An athlete's national federation must take reasonable steps to ensure that the athlete attends an evaluation session.

The classification panel may, if satisfied that a reasonable explanation exists for the failure to attend and subject to the practicalities at a competition, specify a revised date and time for the athlete to attend a further evaluation session before the classification panel.

If the athlete is unable to provide a reasonable explanation for non-attendance, or if the athlete fails to attend an evaluation session on a second occasion, no sport class will be allocated, and the athlete will not be permitted to compete at the relevant competition.



Article 10

10. Suspension of Evaluation Session

A classification panel may suspend an evaluation session if it cannot allocate a sport class to the athlete, including but not limited to, in one or more of the following circumstances:

- a failure on the part of the athlete to comply with any part of these IHF Classification Rules and Regulations;
- a failure on the part of the athlete to provide any medical information that is reasonably required by the classification panel;
- the classification panel believes that the use (or non-use) of any medication and/or medical procedures/device/implant disclosed by the athlete will affect the ability to conduct its determination in a fair manner;
- the athlete has a health condition that may limit or prohibit complying with requests by the classification panel during an evaluation session, which the classification panel considers will affect its ability to conduct the evaluation session in a fair manner;

- the athlete is unable to communicate effectively with the classification panel;
- the athlete refuses or is unable to comply with any reasonable instructions given by any classification personnel to such an extent that the evaluation session cannot be conducted in a fair manner; and/or
- the athlete's representation of his or her abilities is inconsistent with any information available to the classification panel to such an extent that the evaluation session cannot be conducted in a fair manner.
- If an evaluation session is suspended by a classification panel, the following steps must be taken:
 - An explanation for the suspension and details of the remedial action that is required on the part of the athlete will be provided to the athlete and/or the relevant national federation;
 - If the athlete takes the remedial action to the satisfaction of the classification panel, the evaluation session will be resumed; and
 - If the athlete fails to comply and does not take the remedial action within the timeframe specified, the evaluation session will be terminated, and the athlete must be precluded from competing at any competition until the determination is completed.
- If an evaluation session is suspended by a classification panel, the classification panel may designate the athlete as Classification Not Completed (CNC).
- A suspension of an evaluation session may be subject to further investigation into any possible intentional misrepresentation.



Article 11

11. Medical Review

This article applies to any athlete who has been allocated a sport class with sport class status Confirmed (C) or Review with Fixed Review Date (FRD).

A medical review request must be made if a change in the nature or degree of an athlete's impairment changes the athlete's ability to execute the specific tasks and activities required by a sport in a manner that is clearly distinguishable from changes attributable to levels of training, fitness, and proficiency.

A medical review request must be made by the athlete's national federation. The medical review request must explain how and to what extent the athlete's impairment has changed and why it is believed that the athlete's ability to execute the specific tasks and activities required by a sport has changed.

A medical review request must be received by the IHF as soon as reasonably practicable.

The classification panel must decide whether or not the medical review request is upheld as soon as is

practicable following receipt of the medical review request.

If a medical review request is accepted, the athlete's sport class status will be changed to Review (R) with immediate effect.



Article 12

12. Intentional Misrepresentation

It is a disciplinary offence for an athlete to intentionally misrepresent (either by act or omission) his or her skills and/or abilities and/or the degree or nature of eligible impairment during athlete evaluation and/or at any other point after the allocation of a sport class. This disciplinary offence is referred to as 'intentional misrepresentation'.

It will be a disciplinary offence for any athlete or athlete support personnel to assist an athlete in committing intentional misrepresentation or to be in any other way involved in any other type of complicity involving intentional misrepresentation, including but not limited to covering up intentional misrepresentation or disrupting any part of the athlete evaluation process.

In respect of any allegation relating to intentional misrepresentation a report to the IHF legal bodies will be made by the IHF classification panel to determine whether the athlete or athlete support personnel has committed intentional misrepresentation.

The consequences to be applied to an athlete or athlete support personnel who are found to have been guilty of intentional misrepresentation and/or complicity involving intentional misrepresentation will be one or more of the following:

- Disqualification from the IHF competition at which the intentional misrepresentation occurred, and any subsequent competitions at which the athlete competed;
- Being allocated with sport class Not Eligible (NE).



Article 13

13. Data Handling

13.1. Classification Data Security

The IHF must:

- Protect classification data by applying appropriate security safeguards, including physical,

organisational, technical and other measures to prevent the loss, theft or unauthorised access, destruction, use, modification or disclosure of classification data; and

- Take reasonable steps to ensure that any other party provided with classification data uses that classification data in a manner consistent with these IHF Classification Rules and Regulations.

13.2. Disclosure of Classification Data

The IHF must not disclose classification data to other classification organisations.

13.3. Classification Master List

The IHF must maintain a classification master list of athletes, which must include the athlete's name, gender, year of birth, country, sport class and sport class status. The classification master list must identify athletes that enter IHF competitions.

The IHF must make available the classification master list to all relevant national federations upon request.



Article 14

14. Protests and Appeals

14.1. Protests

14.1.1. Scope of a Protest

A protest may only be made in respect of an athlete's sport class. A protest may not be made in respect of an athlete's sport class status.

A protest may not be made in respect of an athlete who has been allocated sport class Not Eligible (NE).

14.1.2. Parties Permitted to make a Protest

A protest may only be made by the national federation.

A national federation may only make a protest in respect of an athlete under its jurisdiction at a competition or venue set aside for athlete evaluation.

If the outcome of athlete evaluation is published during a competition a national protest must be submitted within one (1) hour of that outcome being published.

14.1.3. Protest Procedure

To submit a national protest, a federation must show that the protest is bona fide with supporting evidence and must submit a written protest that must include the following:

- the name of the protested athlete;
- the details of the protested decision and /or a copy of the protested decision;
- an explanation as to why the protest has been made and the basis on which the national federation believes that the protested decision is flawed;
- reference to the specific rule(s) alleged to have been breached; and
- the protest fee set by the IHF.

The IHF delegate has the right and the obligation to act as juridical body of first instance (single judge) with regard to any protest related to matches in wheelchair handball competitions.

Any protest regarding any wheelchair handball competition matches shall be submitted in writing to the responsible IHF delegate within one (1) hour after the end of the relevant match.

Moreover, a protest fee of CHF 1,000 shall be paid by the appellant to the IHF. Such amount shall be paid directly to the IHF delegate or shall be transferred to the IHF bank account at the same time the protest is submitted. A written proof of payment of the protest fee provided within the aforementioned deadline shall be deemed sufficient.

If the protest is fully granted, the protest fee is refunded to the appellant; otherwise it is forfeited to the credit of the IHF.

The reasons for the protest as well as any relevant statement and document shall be submitted in writing to the responsible IHF delegate by the appellant in one of the three official IHF languages no later than 9.00 am local time the day after the relevant match.

Upon receipt of the protest documents the single judge must conduct a review of the protest, in consultation with the IHF of which there are two possible outcomes:

- The single judge dismisses the protest if, in the discretion of the panel, the protest does not comply with the protest requirements.
- The single judge may accept the protest if, in the discretion of the panel, the protest complies with the protest requirements.

The IHF delegate takes a decision on the protest which may include inter alia disqualification of players or teams no later than 12.00 pm (noon) local time the day after the relevant match. Such a decision is announced to the relevant parties.

14.2. Appeals

- Any decision taken by an IHF delegate according to the aforementioned provisions may be appealed to the IHF legal bodies according to the IHF Legal Provisions.
- An appeal against a decision of an IHF delegate shall be filed with the IHF Office and shall be requested to the IHF delegate in writing no later than 8.00 pm local time the same day the IHF delegate decision is announced to the relevant parties.
- Moreover, an appeal fee of CHF 1,000 shall be paid by the appellant to the IHF. Such amount shall be paid directly to the IHF delegate or shall be transferred to the IHF bank account at the same time the appeal is filed/requested. A written proof of payment of the appeal fee provided within the aforementioned deadline shall be deemed sufficient.
- If the appeal is fully granted, the appeal fee is refunded to the appellant; otherwise it is forfeited to the credit of the IHF.
- The appeal request is transferred to the IHF legal bodies which take a decision following an express written procedure no later than 12.00 p.m. (noon) local time the day following the filing of the appeal. Such decision is communicated in writing to the relevant parties.
- The IHF delegate having decided on the protest at first instance shall not be part of the IHF legal bodies examining the protest in appeal.
- The IHF legal bodies' members are not present at the relevant venues.



Appendix 1

1. Eligibility

The following impairments types will be considered as eligible for wheelchair handball:

1. Impaired Muscle Power

Athletes with impaired muscle power have a health condition that either reduces or eliminates their ability to voluntarily contract their muscles in order to move or to generate force.

Examples of an underlying health condition that may lead to impaired muscle power include spinal cord injury (complete or incomplete, tetra- or paraplegia), muscular dystrophy, post-polio syndrome and spina bifida.

2. Impaired Passive Range of Movement

Athletes with impaired passive range of movement have a restriction or a lack of passive movement in one or more joints and the restriction must be permanent.

Examples of an underlying health condition that may lead to impaired passive range of movement include arthrogyrosis and contracture resulting from chronic joint immobilisation or trauma affecting a joint.

3. (Lower) Limb Deficiency

Athletes with limb deficiency have total or partial absence of bones or joints as a consequence of trauma (for example traumatic amputation or traumatic joint damage which is permanent), illness (for example amputation due to bone cancer), congenital limb deficiency (for example dysmelia or permanent joint damage like Perthes) or surgery (like total knee- or hip replacement). Upper limb impairment is only considered as a non-eligible impairment for playing international wheelchair handball.

4. Leg Length Difference

Athletes with leg length difference have a difference in the length of their legs as a result of a disturbance of limb growth, or as a result of trauma. The difference in length between the legs should be at least 6 cm to be considered as eligible for playing international wheelchair handball.

5.

a. Hypertonia

Athletes with hypertonia have an increase in muscle tension and a reduced ability of a muscle to stretch caused by damage to the central nervous system.

Examples of an underlying health condition that may lead to hypertonia include cerebral palsy, traumatic brain injury, and stroke.

b. Ataxia

Athletes with ataxia have uncoordinated movements caused by damage to the central nervous system.

Examples of an underlying health condition that may lead to ataxia include: cerebral palsy, traumatic brain injury, stroke, and multiple sclerosis.

c. Athetosis

Athletes with athetosis have continual slow involuntary movements.

Examples of an underlying health condition that may lead to athetosis include cerebral palsy, traumatic brain injury, and stroke.



Appendix 2

2. Non-Eligible Impairments

Non-eligible impairment types for all athletes/wheelchair handball players

Examples of non-eligible impairments include, but are not limited to the following:

- pain;
- hearing impairment;
- low muscle tone;
- hypermobility of joints;
- joint instability, such as unstable shoulder joint, recurrent dislocation of a joint;
- impaired muscle endurance;
- impaired motor reflex functions;
- impaired cardiovascular functions;
- impaired respiratory functions;
- impairment metabolic functions; and
- tics and mannerisms, stereotypies, and motor perseveration.

Health conditions that are not underlying health conditions for all athletes/wheelchair handball players

A number of health conditions do not lead to an eligible impairment and are not underlying health conditions. An athlete who does not have an underlying health condition will not be eligible to compete in wheelchair handball.

Health conditions that primarily cause (1) pain; primarily cause (2) fatigue; primarily cause (3) joint hypermobility or hypotonia; or are primarily (4) psychological or psychosomatic in nature do not lead to an eligible impairment.

Ad 1. Examples of health conditions that primarily cause pain include myofascial pain-dysfunction syndrome, fibromyalgia or complex regional pain syndrome.

Ad 2. An example of a health condition that primarily causes fatigue is chronic fatigue syndrome.

Ad 3. An example of a health condition that primarily causes hypermobility or hypotonia is Ehlers-Danlos syndrome.

Ad 4. Examples of health conditions that are primarily psychological or psychosomatic in nature include conversion disorders or post-traumatic stress disorder.

The **Registration Form** ([Appendix 6](#)) acts as a method to identify the underlying health condition and

eligible impairment of the player.



Appendix 3

3. Minimum Impairment Criteria

Minimum Impairment Criteria (MIC) Wheelchair Handball

Minimum impairment will be determined by the IHF using the following criteria:

A wheelchair handball player must have a permanent physical disability which, in the opinion of the IHF, reduces the function of the lower limbs to a degree where he/she cannot run, pivot, or jump at the speed and with the control, safety, stability, and endurance required to play indoor handball as an able-bodied player.

Limb Deficiency: persons who have had hip or knee joint replacements and have provided confirmation of the relevant surgery from their attending physician or surgeon and supporting x-rays/scans are deemed to have met the eligibility criteria. In the instance of amputation, the minimal requirement for eligibility is total removal of the first ray of one foot: see picture below.



First ray amputation

Leg Length Difference: in the instance of a leg length discrepancy, the minimal requirement for eligibility is a 6 cm difference in leg length as measured from the anterior superior iliac spine to the medial malleolus.

In order to be eligible to play wheelchair handball in competitions held under the jurisdiction of IHF, a player who does not have a lower extremity impairment which can be clearly established by observation alone, will need to apply for consideration of their eligibility to the IHF. This will be done through a so-called 'MD-procedure' (Minimal Disability procedure).

In the case of MD the disability must be such that it can be objectively verified by acknowledged medical and/or paramedical investigations such as measurement, x-ray, CZ, MRI, etc.

A player who is found eligible, through the MD procedure, to play under the above IHF criteria shall receive a letter confirming his/her eligibility. At the first official competition where a classification panel is present the player will present a proposed classification and will be classified and observed during game situations in order to receive a final sport class.

Minimal Disability (MD) Procedure IHF

In order to be eligible to play international wheelchair handball, an athlete needs to fulfil the (minimum) eligibility criteria of the IHF: see page above. The application procedure when the lower extremity impairment cannot be clearly established by observation alone, does require prove of this eligibility by extra detailed information. The following documents need to be submitted to the IHF through the national federation (NF) to determine on the eligibility of the player (only when the lower extremity impairment cannot be clearly established by observation alone. In all other cases only the registration form of the player is sufficient).

Requested documents for MD procedure:

1. Letter of motivation
2. Introduction letter NF (Minimal Disability application form IHF)
3. Medical history by medical doctor/specialist
4. Copy of recent surgery reports
5. Copy of MRI, X-ray, etc. reports
6. Physiotherapist report: muscular and articular comparative measurement test of the two lower limbs
7. Photos/videos of both legs (front, side, and rear)
8. Passport copy

All documents must be submitted in English. Translated documents have to be signed by the specialist again for approval of the translation.

All documents shall be sent to the IHF classification coordinator by email (through the NF and signed by the NF). The contact person will be announced for each event separately.

Attention: when (one of) the needed documents is/are missing, the MD application will not be taken into consideration by the IHF and thus also not by the NF. Additionally, if the fee is not paid, the application will not be processed further.



Appendix 4

4. Assessment Methodology / Classification Form

1. The Classification Process

Wheelchair handball players, because of their unique and varied motoric capacity, demonstrate different movement outcomes in performing (1) the ball handling activities such as: catching, passing, dribbling, shooting; and in performing (2) the wheelchair handling activities such as: pushing, braking, pivoting/turning, tilting, and reacting to contact.

This means also that the athletes will mostly be assessed in their playing chair.

The classification process consists of

- the technical assessment and
- the competition assessment.

The technical assessment must take place prior to the first game; observation in competition assessment must take place during the first appearance of the athlete.

1.1. Physical / Technical Assessment

The physical/technical assessment contains standardised tests (both impairment tests and sport specific activities) for systematic, searchable record of test results (see Wheelchair Handball Classification Form below)

Classifiers assess a player's trunk for the volume of action (balance, ability to bend over and rise up, ability to rotate, and lateral flex to both sides). Therefore, the players will be assessed in their playing chair.

The technical assessment can be conducted in a room separate from the playing court.

The athlete will be entered in the competition with a sport entry class allocated by the classification panel after the conclusion of the initial components of the evaluation session.

The athlete will be designated with a tracking code: Observation Assessment (OA). This replaces the athlete's sport class status for the duration of observation in competition assessment.

1.2. Observation Assessment

The classification panel requires that an athlete undertakes observation in competition assessment before it allocates a final sport class and designates a sport class status to that athlete.

Observation in competition assessment must take place during first appearance. In this regard:

- First appearance is the first time an athlete competes in the preliminary rounds of an event

- during a competition.
- An athlete must make first appearance during the preliminary rounds of a competition. First appearance must not take place in the elimination rounds of a competition.

In the observation assessment, the impairment-performance relation will be (further) analysed. The purpose of this is to check if the athlete's performance in competition is consistent with the results of the preceding physical/technical assessment.

The player's actual execution of ball- and wheelchair handling capacities are observed on court during actual game play. After this observation assessment, the final sport class will be given to the athlete, which will be either (1) status "R" (Review: new evaluation during next competition), or (2) status "FRD" (Review with Fixed Review Date: new evaluation with a fixed date (year)), or (3) status "C" (Confirmed: in principle, no further evaluation required).

The classification panel must allocate a sport class and replace the athlete's tracking code Observation Assessment (OA) by designating a sport class status upon completion of first appearance (or completion of any observation in competition conducted as part of a protest). If changes to an athlete's sport class or sport class status are made following observation in competition, the changes are effective immediately.

In some cases when a player does not get adequate playing time throughout a tournament, the player may conclude the tournament with the status "R/OA", meaning that the player will be assessed during the next international competition (R = Review), but only needs to be seen on court (OA = Observation Assessment) to finalise the class of the player.

2. Characteristics of Two Classes

If the classification panel is undecided between two classes, standard practice in classification is to assign the player the higher class after the physical/technical assessment and leave them for observation during game play. In this case, the status is indicated by the letters "OA" (Observation Assessment) following the player's class number (such as WH 3.0 OA). Observation of the player's function on court during actual game play will give the final determination of the player's class.

The classification panel attempts to make these decisions as quickly as possible, however, it is dependent on having the opportunity to adequately observe the player during competition. If a player does not have an opportunity to play a sufficient amount of time during the game, the player may not get a final class determination.

In some cases when a player does not get adequate playing time throughout the tournament, the player may conclude the tournament with the status "R/OA", which means that the player will be assessed at the next international competition (= meaning R, Review) but only needs to be seen on court (= meaning OA, Observation Assessment) to finalise the class of the player.

Wheelchair Handball Classification Form KvB 2020

Name (last)	<input style="width: 95%;" type="text"/>	Country	<input style="width: 95%;" type="text"/>			
Name (first)	<input style="width: 95%;" type="text"/>	Team	<input style="width: 95%;" type="text"/>		No.:	<input style="width: 95%;" type="text"/>
Date of birth	<input style="width: 95%;" type="text"/>	Experience since	<input style="width: 95%;" type="text"/>			
Diagnosis	<input style="width: 95%;" type="text"/>	Onset disability	<input style="width: 95%;" type="text"/>			
Prior WB/WH class	WB : <input style="width: 40%;" type="text"/>	WH: <input style="width: 40%;" type="text"/>	Dominant arm <input style="width: 95%;" type="text"/>			
Volume of Action:	<input type="checkbox"/> 1.0	<input type="checkbox"/> 2.0	<input type="checkbox"/> 2.5	<input type="checkbox"/> 3.0	<input type="checkbox"/> 3.5	<input type="checkbox"/> 4.0 / 4.5
Forward Flexion:	<input type="checkbox"/> -	<input type="checkbox"/> <45°	<input type="checkbox"/> 90°	<input type="checkbox"/> 90°	<input type="checkbox"/> 90°	
Rotation Left:	<input type="checkbox"/> -	<input type="checkbox"/> 30°	<input type="checkbox"/> 40°			
Rotation Right:	<input type="checkbox"/> -	<input type="checkbox"/> 30°	<input type="checkbox"/> 40°			
Lateral Flexion Left:	<input type="checkbox"/> -	<input type="checkbox"/> -	<input type="checkbox"/> 10°	<input type="checkbox"/> 30°	<input type="checkbox"/> 45°	
Lateral Flexion Right:				<input type="checkbox"/> 10°	<input type="checkbox"/> 30°	<input type="checkbox"/> 45°
Specifics:			Sport Entry Class		Status: OA <input style="width: 30px; height: 20px; background-color: yellow;" type="text"/> <input style="width: 30px; height: 20px; background-color: yellow;" type="text"/>	
Observation Assessment						
Performance profile* does fit Sport Entry Class. <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: <input style="width: 95%;" type="text"/>			* <i>Wheelchair performance:</i> impact impairment on: pushing, braking, pivoting/turning, tilting, contact. * <i>Ball handling performance:</i> impact impairment on: catching, dribbling, passing, throwing.			
Upper Limb Impairment - quadrant			Total reduction ULI: <input style="width: 30px; height: 20px; background-color: yellow;" type="text"/>			
<input type="checkbox"/> 0.5 reduction: reduced catch/throw* <input type="checkbox"/> 1.0 reduction: no catch/throw* * reduced or no <i>power</i> and/or <i>coordination</i> Upper R			<input type="checkbox"/> 0.5 reduction: reduced catch/throw* <input type="checkbox"/> 1.0 reduction: no catch/throw* *reduced or no <i>power</i> and/or <i>coordination</i> Upper L			
Lower R <input type="checkbox"/> 0.5 reduction: braking and/or pushing limitation			Lower L <input type="checkbox"/> 0.5 reduction: braking and/or pushing limitation			
Tournament: <input style="width: 95%;" type="text"/> Location/Date: <input style="width: 95%;" type="text"/> Classifiers: <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/>			Final class + status (R, FRD, C) (after eventual reduction ULI) <input style="width: 30px; height: 20px; background-color: yellow;" type="text"/> <input style="width: 30px; height: 20px; background-color: yellow;" type="text"/>		Athlete notified of decision: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <input style="width: 40px;" type="text"/> Hour: <input style="width: 20px;" type="text"/>	



Appendix 5

5. Assessment Criteria for the Allocation of a Sport Class and Designation of Sport Class

Status

Sport Class Determination

The classification system itself includes the same eight (8) classes from the IWBF: 1.0, 1.5, 2.0, 2.5, 3.0, 3.5, 4.0 and 4.5, where class 1.0 corresponds to players who exhibit the least motoric capacity and 4.5 to those who have the highest motoric capacity and also meet the minimum eligibility criteria.

However: currently (2021) the classes 1.0 and 1.5 are combined to form WH class 1.0. The classes 2.0 and 2.5 are combined to form WH class 2.0. The classes 3.0 and 3.5 are combined to form WH class 3.0 and classes 4.0 and 4.5 are combined to form WH class 4.0. Which means that **currently (2021) wheelchair handball players on court have one of the 4 classes 1.0, 2.0, 3.0, or 4.0**. On each player's classification form however, one of the 8 classes of the IWBF classification system is noted (so including the in between classes 1.5, 2.5, 3.5 and 4.5) which do make eventual implementation of the 8 class system in the future possible without physically classify the already classified players again.

The final ranking is the result of the combination of functional/technical assessment and observational assessment. The classification panel evaluates what the player can (is able to) do and not how well he/she can do it.

Team Point Totals

In wheelchair handball 6-a-side, the total number of points allowed on court per team at any time is 17. If a team has less than 6 players on court, the total number of points is 13.

In wheelchair handball 4-a-side, the four (4) players of one team on the court must not exceed a maximum of 12 points; in case of three (3) players on the court, they must not exceed a maximum of nine (9) points; in case of two (2) players on the court, they must not exceed a maximum of six (6) points on the court. For details, see the respective rules of the game.

Wheelchair Handball Classification

The main functions which determine a player's class are:

1. Trunk function
2. Lower limb function
3. Upper limb function

To arrive at a classification, the range, strength, and coordination of all these functions are taken into consideration, first as individual components (in the physical/technical assessment), and then as they

impact actual handball situations.

Each class has distinct characteristics unique to that class, which the classifier looks for when making decisions. These characteristics are evident in the handball skills observed as part of the classification process and are detailed in these Rules and Regulations.

In particular the trunk movement and stability form the basis for player classification for wheelchair handball. Therefore, the most commonly used terminology when discussing classification is the player's "volume of action" which is clearly defined for each class.

The Concept of Volume of Action

The key element of classification is the assessment and observation of each player's volume of action.

The volume of action of a player is described as:

The limit to which a player can move voluntarily in any direction, and with control return to the upright seated position, without holding the wheelchair for support or using the upper extremities to aid the movement. The volume of action includes all directions and describes the position of the ball as if the player were holding it with both hands.

In the seated position, there are several planes of movement available. While these planes have biomechanical names, in order to simplify the definition, they will be referred to as follows:

- The vertical plane: rotating the trunk to face left or right while maintaining an upright position.
- The forward plane: bending the trunk forward, reaching the hands towards the feet and returning to the upright position.
- The sideways plane: leaning the trunk to the left or right without movement in the forward plane and returning to the upright position.

Players in each class have different volumes of action. In brief, the typical volume of action for each primary class is as follows (see also pages 39–48):

The class 1.0 player:

- Has no active trunk movement in the vertical plane (rotation).
- Has little or no controlled trunk movement in the forward plane.
- Has no controlled trunk movement in the sideways plane.
- When unbalanced, has to rely on his/her arms to return to the upright position.

The class 2.0 player:

- Has active upper trunk rotation but no lower trunk rotation.
- Has partially controlled trunk movement in the forward plane.
- Has no controlled trunk movement in the sideways plane.

The class 3.0 player:

- Has complete trunk movement in the vertical plane.
- Has complete trunk movement in the forward plane.
- Has no controlled trunk movement in the sideways plane.

The Class 4.0 Player:

- Has complete trunk movement in the vertical plane.
- Has complete trunk movement in the forward plane.
- Has complete trunk movement to one side, but usually due to limited function in one lower limb has difficulty with controlled trunk movement to the other side.

The Class 4.5 Player (WH 2021: will be on court as 4.0 player):

- Has complete trunk movement in the vertical plane.
- Has complete trunk movement in the forward plane.
- Has complete trunk movements to both sides.

There are situations where a player does not seem to fit exactly into one class, exhibiting characteristics of two or more classes. In this instance the classifier may assign the player a half point classification: 1.5, 2.5, or 3.5.

Although these “in-between classes” are real classes exhibiting specific movement patterns, they will be combined, anno 2021, with the full point classes to form classes 1.0, 2.0, 3.0 and 4.0.

The Concept of Pelvic Stability

Players adjust their sitting position in the wheelchair to maximise their base of support. A stable base allows for maximum controlled movement of the trunk above, thus optimising the use of the players' volume of action.

Players can be divided into two groups when considering pelvic stability: those who can actively stabilise their pelvis and those who rely on their wheelchair installation to provide passive stability. It is the ability to stabilise the pelvis which allows a player to have an increased volume of action. It is for this reason that one of the first observations a classifier will make when observing a player is the player's wheelchair installation.

Active pelvic stability

Active pelvic stability is when a player has sufficient muscle control in the lower trunk and hips to maintain his/her pelvis in a normal seated position when he/she moves the trunk actively through one or more planes of movement. Usually a player with active pelvic stability will be sitting on a relatively flat wheelchair seat and will require minimal support from the wheelchair installation to maintain an upright sitting position. Players with active pelvic stability typically will be assigned a classification of 3.0 or higher.

Passive pelvic stability

Passive pelvic stability is when a player does not have sufficient muscle control in the lower trunk and hips to maintain his/her pelvis in a normal seated position when he/she moves the trunk through one or more planes of movement. Usually, a player with passive pelvic stability will be sitting on a seat significantly angled from front to rear, and relies on the external support of his/her wheelchair's installation to maintain an upright sitting position. Players with passive pelvic stability typically will be assigned a classification of 1.0 or 2.0

Classification of Players with Lower Limb Deficiencies/Amputations

Players with lower limb deficiencies/amputations are generally classified by definition (see scheme on page 34). The definitions are based on how decreased length of a residual limb may result in decreased volume of action. It is important to note that these definitions should be used as a guide only. Other factors may need to be considered in the classification of a player with lower limb deficiencies such as:

- decreased residual limb function;
- joint restrictions;
- and in the case of players with single leg deficiencies, any limitations in the other leg.

Players should be classified based upon definition and then observed for function on court. A classification is ultimately based on function and may be higher or lower than the defined guidelines.

Only above knee amputations need to be measured. Residual limb length is established in the following manner:

- a. The athlete's above knee residual limbs measured from the greater trochanter to the bony end of the residual limb (Diagram A).
- b. This length is next compared to "X":
 - If the athlete is a single above knee amputee, "X" is obtained by measuring the length of the athlete's unaffected thigh from the greater trochanter to the furthest point of the knee when bent at 90 degrees (Diagram B).
 - If the athlete is a bilateral above knee amputee, "X" is obtained by measuring the length of the athlete's forearm from the back of the elbow to the tip of the longest finger when bent at 90 degrees at athletes' side (Diagram C).

Diagram A

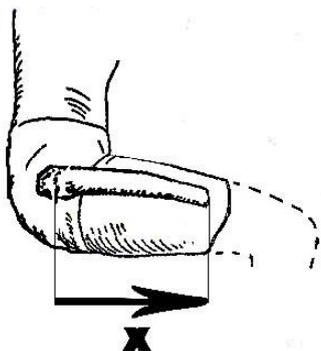


Diagram B

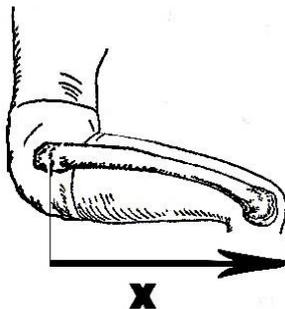
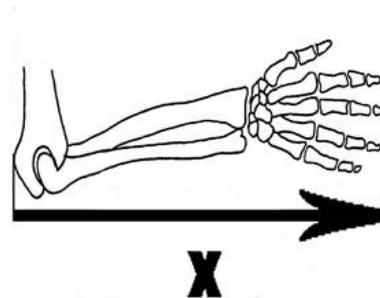


Diagram C



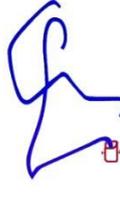
If the above knee residual limb is longer than $\frac{2}{3}$ of "X", it offers sufficient leverage to lean to the side and return to an upright position without the use of the arms. In isolation, such an amputation does not lead to a reduction in volume of action.

- If the above knee residual limb is $\frac{2}{3}$ or less than "X", it does not provide the athlete with sufficient leverage to lean to the side and return to an upright position without using the arms and, in this situation, a loss of volume of action is identified.
- Varying other types of amputations lead to decreased volume of action.

Stabilisation of residual limbs

For classification of players with lower limb deficiencies it is important to ascertain the purpose of any strapping or stabilising device. If the strap or device enables weight bearing and use of the lower limbs so that the athlete can actively stabilise, it will impact classification. If the strap or device is for positioning or safety, it will not impact classification. The impact of strapping is further discussed in wheelchair installation.

4.5				
Single BK	Single AK > 2/3	Double BK with sockets	Double BK with stabilisation	One BK stabilised One AK > 2/3
Class 4.0				

Single AK < 2/3 Including hip disarticulation	Double BK not stabilised	Double AK both > 2/3	One AK > 2/3 One BK not stabilised	One AK < 2/3 One BK stabilised
Class 3.5				
				
Hemipelvectomy	One AK < 2/3 One AK > 2/3	One AK < 2/3 One BK not stabilised	One hemipelvectomy One BK stabilised	
Class 3.0				
				
Double AK both < 2/3	One BK not stabilised One hemipelvectomy	One AK > 2/3 One hemipelvectomy		
May be less than class 3.0				
				
Double AK < 1/3	One AK < 2/3 One hemipelvectomy	Double hip disarticulation		

Classification of Players with Upper Limb Impairment

The classification of players with upper limb impairment represents a challenge to the classifiers, and unfortunately there is no easy formula, as each player is different and must be assessed on their individual functional capacity.

Regardless of the upper limb disability, the player must fulfil the IHF eligibility criteria for all players, in that they must be able to be classified according to their lower limb disability. Any player who only has impairment of the upper limbs is not eligible to be classified under IHF regulations.

To classify a player with upper limb impairment, it is necessary that the classifiers first place the player into a class according to lower limb and trunk function. That is, the player is initially classified disregarding their upper limb impairment. This provides a consistent starting point for all players.

The classifiers must then take into account the severity and significance of the upper limb impairment when the player is in a game situation. Important factors to consider are how the upper limb impairment

affects volume of action and the main handball movements: pushing, braking, pivoting, dribbling, passing and catching, shooting, tilting and reacting to contact.

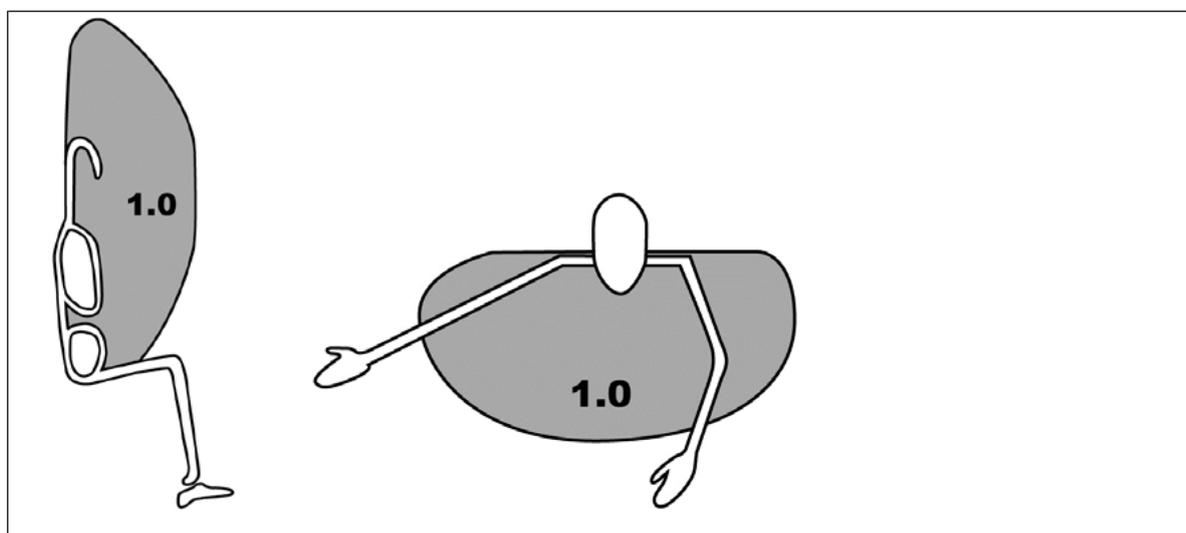
The classifiers must then decide the degree of functional disadvantage the upper limb impairment creates for the player when compared to other players in the same trunk class. The classifiers must consider how the player with upper limb impairment would be able to compete in a 'one-on-one' situation, taking into account all offensive and defensive aspects of the game. This enables the classifiers to assess the true impact of the upper limb impairment and to place the player in a class which best equates to their functional capacity on court.

It may be that a player's upper limb impairment will not change their classification, or it may be reduced by one class or several classes. The final decision must ensure that no player is advantaged or disadvantaged by the classification of the player with upper limb impairment and that all continue to compete on an even level.

Class Profiles:

The class 1.0 player

Volume of action:



The class 1.0 player has the least volume of action of all classes.

The class 1.0 player has no volume of action in the forward, vertical or sideways plane.

The class 1.0 player:

- Cannot hold the ball with both hands outstretched in front of the face without inclining the head and/or trunk backwards as a counterbalance.
- Relies on the wheelchair and/or the arms for support in all planes of movement.

Wheelchair installation:

The class 1.0 player has no active pelvic stability. Therefore, the seat of the wheelchair is usually significantly angled to the rear to maximise passive pelvic stability.

Typical installation may include:

- Knees higher than hips.
- Backrest to height of ribs, upholstery loosened to allow the player's trunk to be positioned between the side supports of the backrest for stability.
- Abdominal belt to secure trunk to the wheelchair.
- Pelvis, legs and feet secured to the wheelchair.

Characteristics of handball movements:

The class 1.0 player is primarily identified by passive mobility of the trunk in all activities, requiring frequent use of the upper extremities to maintain and adjust trunk position.

Pushing:

- When pushing, the class 1.0 player relies on the backrest for stability.
- The player generally pushes in an upright position.
- The head and shoulders often move in a forward and back motion to compensate for the lack of trunk movement and to assist with maintaining stability.
- The player may rest his/her chest on the knees and remain in this position to push. He/she will need both arms to return to the upright position.

Braking / pivoting:

- When braking quickly or turning hard, the class 1.0 player shows difficulty maintaining his/her trunk upright.
- When braking, the player may try to counterbalance by leaning his/her head and shoulders far back.
- When pivoting, the player may try to counterbalance the pull of his/her trunk towards the opposite direction of the pivot by pressing hard back into the backrest.
- In both actions, the player may hold the wheelchair for support.

Dribbling:

- The class 1.0 player usually dribbles the ball closely to the side of the wheelchair and near his/her trunk, requiring effort to maintain stability while dribbling and pushing simultaneously.

Passing / catching:

- The class 1.0 player usually relies on the wheelchair for support when passing the ball.
- A forceful two-handed pass forward is accompanied by a backward movement of the head and shoulders to maintain an upright position.
- A forceful one-handed pass will frequently require the use of the opposite hand on the

wheelchair or leg to gain leverage and maintain upright position. Lack of rotation of the trunk limits the ability to generate power in the pass.

- A class 1.0 player can only passively rotate to catch a pass from behind when stabilised with one hand.

Shooting:

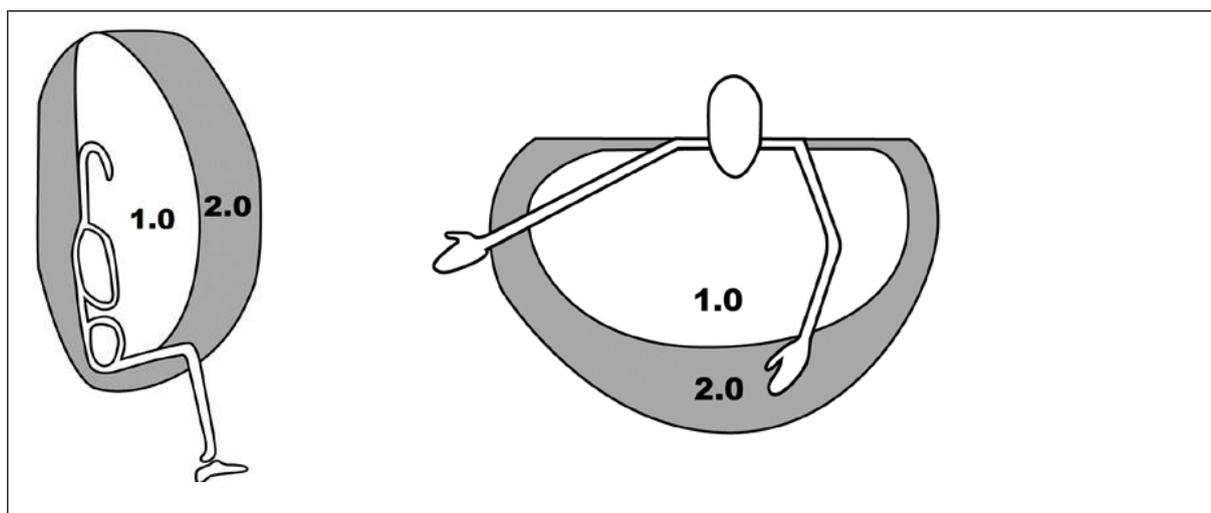
- The class 1.0 player typically leans back into the backrest to counterbalance when shooting.
- The player often overbalances forward during follow through requiring arm support to remain in an upright position after the shot.
- No active rotation of the trunk will be seen in the act of shooting.
- No sideways movements will be seen in the act of shooting.

Contact:

- The class 1.0 player cannot preserve the upright position when contact is made.
- Requires the use of upper extremities to return to upright position.

The class 2.0 player

Volume of action:



The class 2.0 player has partial volume of action in the vertical and forward planes but no volume of action in the sideways plane.

The class 2.0 player:

- Can rotate the upper trunk in both directions when the lower trunk is supported by the backrest.
- Is able to hold the ball with both hands outstretched in front of the face without using the head and/or trunk as a counterbalance.
- Is able to lean the trunk forward through approximately 45 degrees and return to the upright

position without upper extremity assistance.

- Cannot raise the trunk from resting fully forward on the thighs without using at least one arm unless sitting with the knees significantly higher than the hips.
- Needs to use the arms to return to the upright position when off balance to the side.

Note: it is important to know that with good wheelchair installation, the class 2.0 player may give the appearance of having significantly lower trunk function.

Wheelchair installation:

Similar to the class 1.0 player, the class 2.0 player has no active pelvic stability. Therefore, the seat of the wheelchair is usually significantly angled to the rear to maximise passive stability.

Typical installation may include:

- Knees higher than hips.
- Backrest to height of waist, upholstery loosened to allow the player's trunk to be positioned between the side supports of the backrest for stability.
- Pelvis, legs and feet secured to the wheelchair.

Characteristics of handball movements:

Pushing:

- The class 2.0 player is able to lean partially forward to gain momentum and increase pushing power.
- There is loss of stability at the waist level and the lower trunk is not actively used in the pushing action.
- The head and shoulders are often held in a static position to compensate for the lack of lower trunk movement.
- After overbalancing during a pushing action, the class 2.0 player will often use one arm pushing off the front of the wheelchair or knees to return to the upright position.

Braking / turning:

- When stopping quickly or turning hard, the class 2.0 player is able to brace the trunk to maintain stability.
- The class 2.0 player can lean the upper trunk actively in the direction of the pivot.
- The class 2.0 player may remain in a forward leaning position in hard braking situations, but does not release the hands until the trunk is upright.

Dribbling:

- The class 2.0 player usually dribbles the ball at the level of the front castors, near the wheelchair.
- The player has the ability to dribble in front of the wheelchair if supported by a high position

of the knees.

- When attempting maximum speed take-off, the class 2.0 player will often have loss of stability at the waist at the start of the dribble.

Passing / catching:

- The class 2.0 player usually relies on the wheelchair for support when making strong passes.
- A forceful two-handed pass forward is performed with minimal loss of stability. The lower trunk is not used to gain power.
- A forceful one-handed pass is usually performed with the opposite hand on the wheelchair to gain leverage and maintain an upright position.
- The class 2.0 player is able to rotate the upper trunk to catch a pass from the side when stabilised by the backrest.
- If reaching overhead with both hands, the player will have moderate loss of stability.

Shooting:

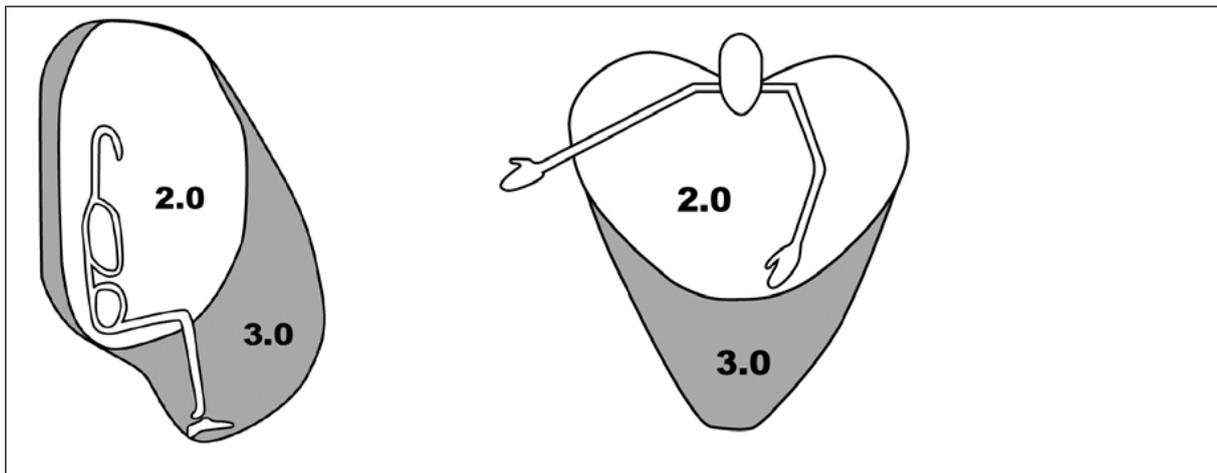
- The class 2.0 player is able to lean the upper trunk forward for shooting, but more often remains on the backrest, particularly for longer-range shots.
- He/she can rotate the upper trunk towards the goal if the lower trunk is supported by the backrest.
- No sideways movements will be seen in the act of shooting.

Contact:

- The class 2.0 player cannot preserve balance when forceful wheelchair contact is made, especially when in the act of shooting.
- The class 2.0 player is able to return to an upright position quickly with the use of only one arm.

The class 3.0 player

Volume of action:



The class 3.0 player has full volume of action in the vertical and forward planes and (almost) no volume of action in the sideways plane usually due to lack of hip and thigh stabilisation.

The class 3.0 player:

- Has complete volume of action in the vertical plane with active rotation of the trunk as a unit.
- Is able to hold the ball with both hands overhead without loss of trunk stability.
- Is able to actively move the trunk through the complete forward plane (90 degrees) and return to an upright position without using the arms to assist the movement.
- Requires at least one arm to return to an upright position after leaning to either side.

Wheelchair installation:

As the class 3.0 player has active pelvic stability, the seat of the wheelchair is usually only slightly angled downwards to the rear to maximise stability and wheelchair performance.

Typical installation may include:

- Knees slightly higher than hips.
- Backrest to height of top of pelvis.
- Pelvis, legs and feet secured to the wheelchair.

Characteristics of handball movements:

Pushing:

- A class 3.0 player is able to actively use the trunk in the forward plane to gain maximum momentum and increase pushing power. There is no loss of stability in the motion.
- The head, shoulders, and trunk move forwards and backwards as a unit throughout the pushing action.

Braking / turning:

- When stopping quickly or turning hard, the class 3.0 player is able to actively use the trunk to avoid losing balance. He/she is able to lean the upper and lower trunk into the pivot.
- He/she can maintain stability easily in hard braking situations and quickly return to an upright position.

Dribbling:

- The class 3.0 player dribbles the ball in front or at the side of the wheelchair.
- He/she is able to dribble from one side to the other without losing balance or control of the chair.
- He/she can dribble and reach maximum speed without loss of stability.
- He/she is only able to dribble far to the side of the wheelchair when stabilised with the opposite hand.

Passing / catching:

- The class 3.0 player is able to pass the ball without support from the wheelchair.
- A forceful two-handed pass forward is performed with no loss of stability using forward motion of the trunk to gain maximum power and momentum.
- A forceful one-handed pass is performed using active trunk movement to gain leverage.
- The class 3.0 player is able to rotate the trunk to receive a pass from behind without requiring support from the backrest.
- The class 3.0 player can only receive a pass wide to the side of the body with one hand by using his/her free hand on the hand rim of the wheelchair to maintain trunk stability.
- He/she loses stability when attempting to catch the ball to the side with both hands.
- He/she is able to receive the ball overhead with both hands without loss of stability.

Shooting:

- The class 3.0 player is able to lean forward strongly for shooting.
- He/she can rotate the full trunk towards the direction of the shot unsupported by the backrest.
- He/she will not be able to 'hang' to one side to make the shot without losing balance.

Contact:

- The class 3.0 player can maintain stability when moderate wheelchair contact is made in the forward plane. He/she may lose stability if this contact is forceful.
- He/she is unable to maintain stability if contact is made from the side.
- He/she is able to return to an upright position quickly without the use of the arms, unless there is loss of stability in the sideways plane.

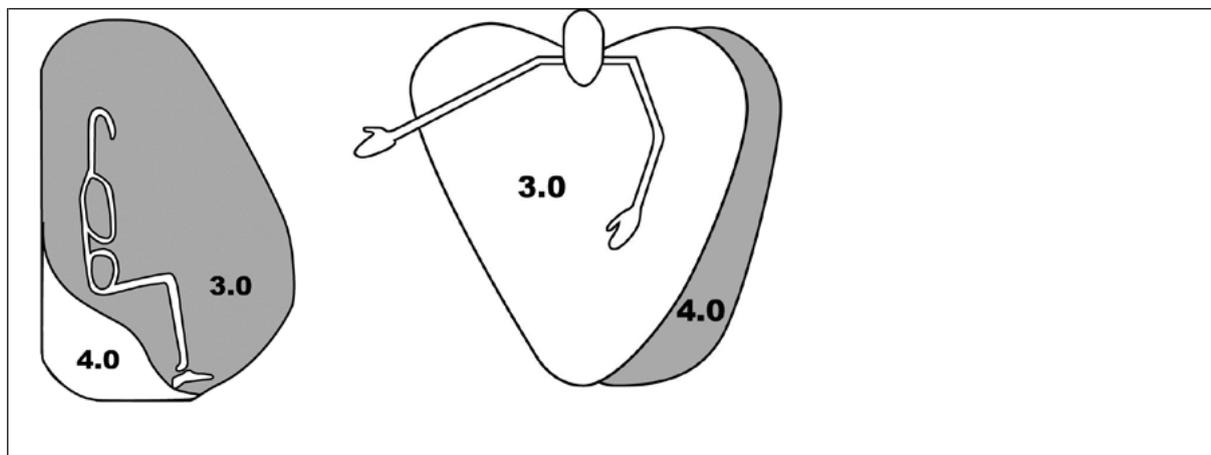
Tilting:

- The class 3.0 player may actively use the trunk and lower limbs to tilt the chair to either side.

- In order to maintain stability he/she will need to either lean the trunk towards the wheel that has left the floor or hold the wheel that has left the floor.

The class 4.0 player

Volume of action:



A class 4.0 player has complete volume of action in the vertical and forward planes. In the sideways plane, he/she has full volume of action to one side. The player may have partial volume of action to the other side, but it is not complete.

The class 4.0 player:

- Is able to hold the ball overhead with both hands without loss of stability with contact in the front and one side; he/she may have loss of stability with contact on the weak side.
- Is able to fully move the trunk actively to one side and return to an upright position without the use of the arms; he/she may lean partially to the weak side but will require the arms to return to an upright position.

Wheelchair installation:

As the class 4.0 player has active pelvic stability, the seat of the wheelchair is usually flat or may be angled slightly forward to allow maximum manoeuvrability and speed.

Typical installation may include:

- Knees same level or lower than hips.
- Backrest is low and not required for stability.
- Pelvis and legs secured to the wheelchair.

Characteristics of handball movements:

Pushing / turning / braking:

- Like the class 3.0 player, the class 4.0 player is able to actively use the trunk to optimise the pushing, turning, and braking actions.
- He/she does not lose stability during any of these actions, even in contact situations.

- He/she shows stable trunk movements with all wheelchair handling activity.

Dribbling:

- Like a class 3.0 player, the class 4.0 player is able to dribble the ball to the side or front of the wheelchair with ease.
- He/she is able to dribble wide to at least one side without the use of the opposite arm to maintain stability.

Passing / catching:

- Like the class 3.0 player, the class 4.0 player is able to pass the ball with one or two hands in the forward plane without requiring support from the wheelchair.
- He/she is able to actively move the trunk to only one side to pass the ball with one or two hands and return to an upright position without loss of stability.
- Like the class 3.0 player, the class 4.0 player is able to rotate to catch a pass from behind without support from the backrest.
- He/she can receive a pass wide to his/her strong side with two hands but requires the use of the opposite hand to maintain trunk stability when catching a ball on his/her weak side.

Shooting

- Like the class 3.0 player, the class 4.0 player is able to actively use the trunk for shooting in the vertical and forward plane.
- He/she is able to actively move the trunk into the sideways plane on his/her strong side with both hands without loss of stability. He/she may be able to move partially to his/her weak side with loss of stability.

Contact:

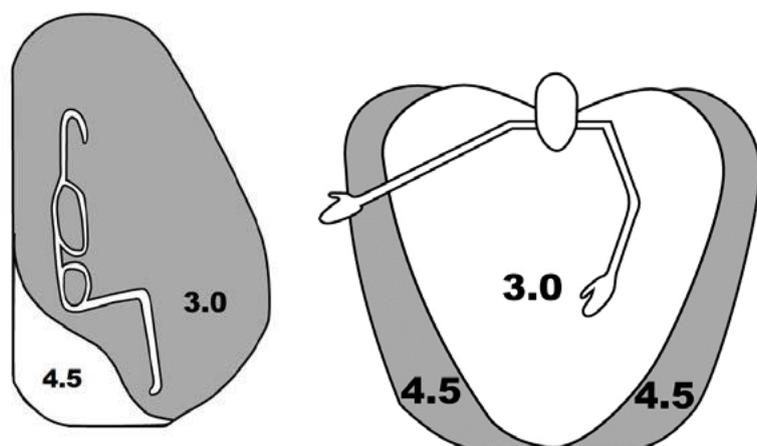
- The class 4.0 player maintains stability when forceful wheelchair contact is made from the front when in the act of shooting.
- He/she is able to maintain stability with forceful contact on his/her strong side but may lose stability with contact on his/her weak side.
- He/she is able to return to an upright position quickly without the use of the arms on his/her strong side but may require assistance when loss of stability occurs on his/her weak side.

Tilting:

- The class 4.0 player will actively use the trunk and lower limbs to tilt the chair to his/her strong side without the use of the arms.
- When tilting to his/her weaker side, he/she will need to counterbalance by leaning towards the wheel that has left the floor or by using one hand on the wheel that has left the floor.

The class 4.5 player (WH 2021: will be on court as 4.0 player)

Volume of action:



The class 4.5 player has complete volume of action in all planes, with no weakness in any direction.

Characteristics of handball movements:

The class 4.5 player has all the attributes of the class 4.0 player, but is able to control movement to both sides of the body. He/she has no obvious weak or strong side.

Wheelchair Handball Classification Scheme

	Class 1	Class 2	Class 3	Class 4
Trunk function: Trunk movements:	Trunk function: Non or partial: active forward flexion or active rotation one/both sides.	Trunk function: Partial: active forward flexion and active rotation both sides, no sideward flexion both sides.	Trunk function: Full: full forward flexion and full rotation both sides, limited (10 degrees)/ partial (30 degrees) sideward flexion both sides.	Trunk function: Full: full forward flexion and full rotation both sides, not complete sideward flexion 1 side / 2 sides, or full sideward flexion both sides.
TIC, trunk impairment classification * Altman, 2015: Test 1: sit against gravity Test 3: forward flexion/extension Test 4: rotation both sides Test 5: lateral flexion both sides Test 6: legs abduction/extension	No trunk function (1.0): fail test 1* Partial trunk function (1.5): - succeed test 1 - succeed test 3 or succeed test 4	- succeed test 3 and succeed test 4 - fail test 5	- succeed test 3 and - succeed test 4, - fail (3.0) /partial - succeed test 5 (3.5), - fail test 6 both sides	- succeed test 3 and - succeed test 4 and - succeed test 5 and - succeed test 6 Length stump/impairment legs can cause VOA - limitation VOA: Volume of Action
Wheelchair rugby class	Up to WR class 3.5			
Wheelchair basketball class (* Van der Slikke, 2018)	WB class 1.0 / 1.5**	WB class 2.0 / 2.5	WB class 3.0 / 3.5	WB class 4.0 / 4.5



Appendix 6

6. Registration Form

The Wheelchair Handball Registration Form is composed of three parts.

- Part 1 must be completed (typed) and signed by a medical or paramedical person and/or IHF classifier and sent by the national federation prior to the competition.
- Part 2 must be completed (typed) and signed by an international IHF classifier (during the classification session at the venue).
- Part 3 must be signed by the player him/herself and sent by the national federation prior to the competition.

The complete file has to be sent to the IHF in order to be registered as a wheelchair handball player.

PLAYER INFORMATION: to be signed by (para)medical, doctor, etc.					
Last name:					
First name:					
Date of birth (DD/MM/YYYY):					
Nationality:					
Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	
PERMANENT HEALTH CONDITION & RESULTING IMPAIRMENT:					
Health Condition / Diagnosis					
Resulting Impairment					
1a. Ataxia:	<input type="checkbox"/>	1b. Athetosis:	<input type="checkbox"/>	1c. Hypertonia:	<input type="checkbox"/>
2. Lower limb loss / deficiency: below knee: <input type="checkbox"/> above knee: <input type="checkbox"/>	<input type="checkbox"/>	3. Leg length difference: ----- cm (Minimum Impairment Criterion: 6 cm)			<input type="checkbox"/>
4. Impaired muscle power: Spinal cord: lesion height: Th----- / L-----	<input type="checkbox"/>	5. Impaired passive range of movement: (Arthrogyposis, -----)			<input type="checkbox"/>
Medical Condition Is					
Permanent:	<input type="checkbox"/>	Stable:	<input type="checkbox"/>	Progressive:	<input type="checkbox"/>
Year of onset:				Congenital (birth):	<input type="checkbox"/>
Chronology of Health Condition:					
<i>I can confirm that the above information is accurate.</i>					<input type="checkbox"/>
Name:			Profession:		
Date:			Signature:		

ATHLETE EVALUATION CONSENT FORM

1. I agree to undergo the athlete evaluation process detailed in the wheelchair handball classification manual and administered by the designated IHF classification panel. I understand that this classification process will require me to participate in sport-like exercises and activities which include me being observed whilst competing. I understand that there is a risk of injury in participating in exercises and activities and that I am healthy enough to do so. I also agree that if I am injured during the process of this classification process that I will hold IHF and the classifiers blameless.
2. I understand that I must comply with the requests made by the classification panel. This includes providing sufficient documentation to allow a classification panel to determine whether I comply with the eligibility requirements for wheelchair handball (WH). I understand that if I fail to comply with any such request, the athlete evaluation may be suspended without a sport class being allocated to me.
3. I understand that athlete evaluation requires me to give my best effort, and that any intentional misrepresentation of my skills, abilities, and/or the degree of my impairment during athlete evaluation may result in me facing disciplinary action. I also understand that discrepancies between the performances I demonstrate during the classification process and the performances I demonstrate during competition could also lead to my disqualification from IHF WH competitions.
4. I understand that athlete evaluation is a judgment process and I agree to abide by the judgment of the classification panel.
5. I agree to be videotaped and photographed during the athlete evaluation process and that this may include my activity on and off the field of play during the competition.
6. I agree and consent to IHF processing my personal data in any format, including my full name, country, date of birth, sport class, and sport class status being published by IHF and shared with third parties such as competition organisers.
7. I wish to assist IHF in developing the classification system and therefore allow my data to be collected during athlete evaluation and video/photo material to be recorded during training and competition to be used for research and educational purposes by IHF. I understand that I may withdraw this consent at any time.

Printed name of the athlete

Signature

Date

Parent / Guardian*

Signature

Date

* This is mandatory if the athlete is under eighteen (18) years of age.



Appendix 7

7. IHF Wheelchair Handball Classifier Training and Recertification Programme

IHF Wheelchair Handball Classifier Training and Recertification Programme

Contents

This document will lay out the pathway, participant profiles, and learning outcomes of IHF classifier training and certification as well as how to maintain certification and recertification after period of inactivity.

1. Classifier candidate profile

IHF certifies classifiers who have abilities and qualifications relevant to conduct athlete evaluation in respect of athletes with physical impairment.

Participants profile:

Candidates must fulfil all of the following points:

- Medical certification as a physician, physiotherapist (or equivalent), or relevant technical qualification as (former) coach or player.
- A requisite level of anatomical, biomechanical, and sport-specific expertise in the sport of wheelchair handball.
- Business level English.

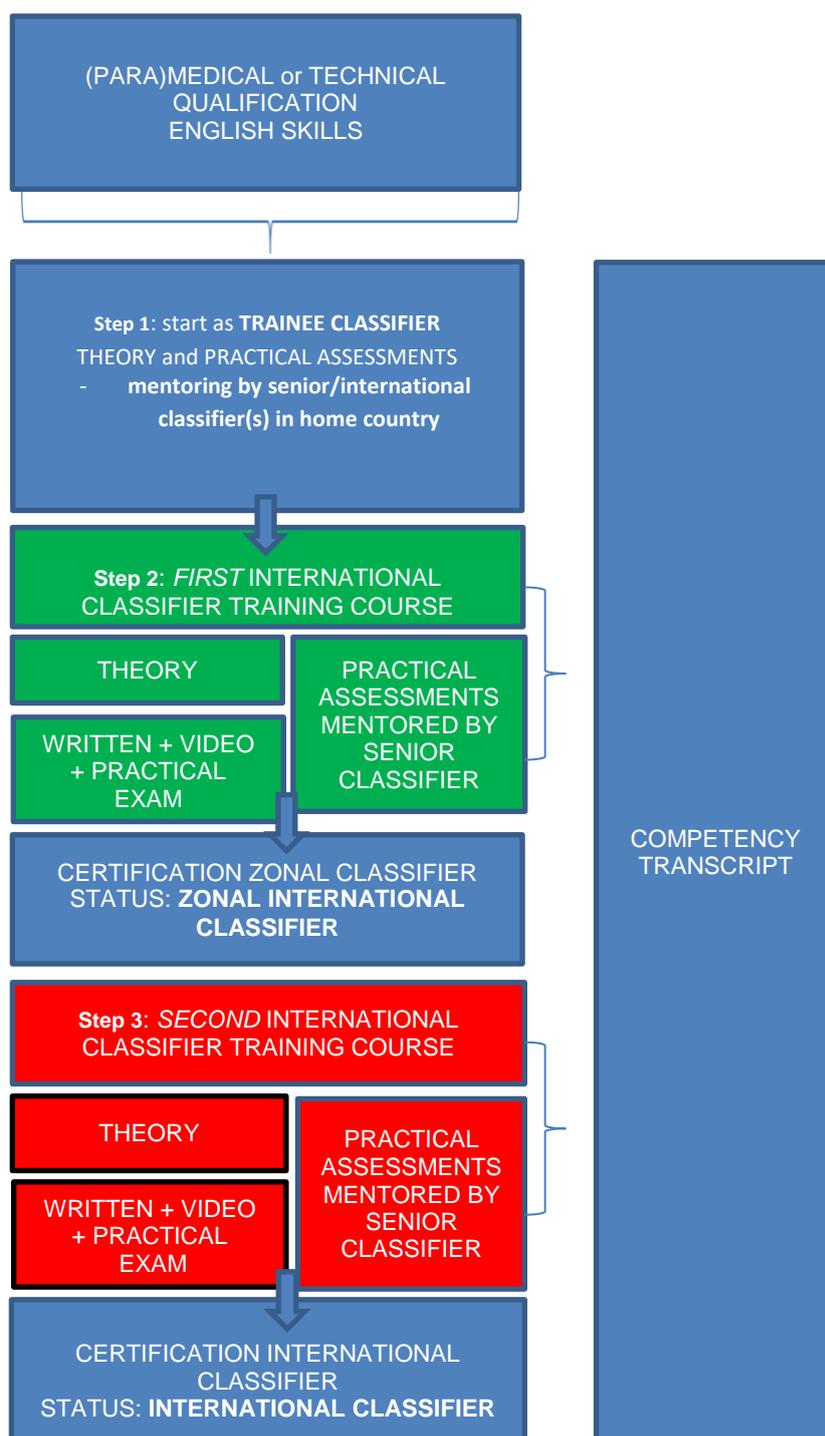
and:

- Interest in disabled sports, specifically wheelchair handball.
- Recommendation by the national federation or the National Paralympic Committee.

To serve as an international classifier one may not have a conflict of interest (such as national team physician or physiotherapist).

The costs of the training will have to be borne by the candidate and/or his/her NF/NPC.

IHF Classifier Training Pathway



2. The three steps of the IHF Classifier Pathway:

Step 1: Trainee classifier training

The interested person (with the right paramedical/medical or technical qualifications) starts as trainee classifier under guidance of (a) senior/international classifier(s) in their home country for the duration of one or two years. The trainee will learn (theory and practice) from the senior international classifier(s) during practical classification sessions in their home country. When the senior international classifier has the opinion that the trainee is ready for the first international classifier training course, this will be discussed with the national federation. When the national federation also agrees, the trainee will be allowed to participate in the next coming international classifier training course. All costs for the course (course fee, transportation (flight costs), board and lodging) will have to be borne by the course participant and/or their national federation. The IHF does not cover any costs related to the training.

Step 2: Participation in first IHF International Classifier Training Course

Teaching models:

- Theoretical sessions (about the classification steps, rules, assessments, procedures)
- Practical assessment training
- Simulated classification situations
- Video observation
- Classifier assessment through written, video, and practical exams

The classifier trainee will be taught/educated by IHF instructor(s), mentored by senior classifiers, and assessed by the competency transcript.

Learning outcomes:

The following learning outcomes should be achieved:

- Know the role of classifier.
- Understand and apply the conceptual basis of classification.
- Know all minimum impairment criteria (MIC) and where to locate them within the IHF Classification Rules and Regulations.
- Understand and conduct relevant physical tests/functional assessments of wheelchair handball players.
- Understand and conduct observation assessment on court.
- Learn how to properly communicate classification outcomes.
- Understand risks in classification.
- Understand and be able to follow the proper procedures of classification of wheelchair handball athletes to the IHF standards, including all paperwork.

Programme outcomes:

Status: Zonal International Classifier (level 1). The Zonal International Classifier is a classifier who has

successfully completed all steps of the IHF Wheelchair Handball Classifier Training Programme and has been certified as a member of a classification panel at an international competition.

The duties of a Zonal International Classifier (level 1) may include, but are not limited to:

- being part of a classification panel at IHF sanctioned or recognised events;
- being part of a protest panel at IHF sanctioned or recognised events;
- attending classification meetings at competitions; and
- assisting in classifier training and certification as requested by the head of classification.

Participants will receive a certificate of completion and a classification badge ('Zonal International IHF Classifier') and can serve as a National Wheelchair Handball Classifier for his/her NPC/NF, independent from a senior IHF classifier as supervisor.

Step 3: Participation in second IHF International Classifier Training Course

Participants profile:

- Successful completion of Steps 1 and 2.
- No conflict of interest (e.g., not working as a national team physician or therapist).
- Experience as (a national classifier and) Zonal International Classifier for a period of 2 years

Teaching models:

- Participation in the classification assessments with (senior) classifiers, including paperwork, communication, athlete assessment, decision making.
- Observation on court of the classified athletes will complete the physical/technical classification assessments.
- Participation in/observation of all other classifier activities, like attending team-captain/technical meeting, handling protests, educational sessions for coaches and athletes.
- Classifier assessment through written, video, and practical exams.

The Zonal International Classifier will be taught/educated by IHF instructor(s), mentored by senior classifiers, and assessed by the competency transcript.

Learning outcomes:

The following learning outcomes should be achieved:

- Know the role of a classifier.
- Understand and apply the conceptual basis of classification to a high standard.
- Know the requirements for athlete evaluation.
- Know all minimum impairment criteria (MIC) and where to locate them within the IHF Classification Rules and Regulations rapidly, accurately, and efficiently.
- Be able to independently classify wheelchair handball athletes to the IHF standards, including all paperwork.

- Know and be able to complete all relevant medical tests/functional assessments of wheelchair handball players to a high standard of validity and reliability.
- Know and conduct an in-competition observation assessment on court to a high standard.
- Know how to properly communicate classification outcomes accurately and efficiently.
- Understand and demonstrate leadership in the management of risks in classification.

Programme outcomes

Status: International Classifier (level 2). An International Classifier acts in a leadership capacity at international competitions and reports to the Chief Classifier. These International Classifiers/senior Classifiers have completed IHF classifier training, show leadership, participate in research and development of the classification system, and have sufficient experience to implement the IHF Classification Regulations at a competition.

The duties of a senior International Classifier (level 2) may include, but are not limited to:

- assisting in the research;
- development and clarification of the Classification Regulations and profiles for the IHF;
- participation in classifier workshops;
- assisting in regular reviews of Classification Regulations and sport profiles; and
- supervising and evaluating continental classifiers / recertifying classifiers.

Participants will receive an IHF International Classifier Certificate of Competency and a classification badge ('International IHF Classifier') and be eligible for appointment as an International Classifier at sanctioned competitions.

3. Maintaining certification

To maintain IHF International Classifier certification, a classifier must:

- regularly classify on national level and at least once every 2 years at an international classification opportunity; and
- follow yearly update workshops or update calls.

4. Recertification after period of inactivity (more than two years)

The recertification process is dependent on the classifier's experience before the period of inactivity and performed classification activities during inactivity.

An inactive classifier who wants to recertify must send a letter to the head of classification/classification coordinator of the IHF with reason of absence and performed activities. Decision on the recertification pathway will be made by the IHF management.

An experienced classifier (senior, level 2) can have a gap of 3 years, but must have an update session

(on new rules, etc.) with a senior classifier before recertification.

A less experienced classifier (zonal, level 1) can have a gap of 2 years, but will need an update session (on new rules, etc.) with a senior classifier and also supervised classification at an international classification opportunity. A competency transcript will be used as assessment tool.

After longer periods of inactivity, the inactive classifier will have to follow both steps of the classifier pathway (see scheme), starting with the IHF International Classifier Training Course.



Glossary

Activity limitations:	Limitations of the motor activity.
Adaptive equipment:	Implements and apparatuses adapted to the special needs of athletes and used by athletes during competition to facilitate participation and/or to achieve results.
Appeals:	The means by which a complaint that the IHF has made an unfair decision during the classification process is resolved.
Arthrodesis:	When a joint is fixed without mobility.
Athlete:	For purposes of classification, any person who participates in the sport at the international level (as defined by the IHF) or national level (as defined by each national federation) and any additional person who participates in the sport at a lower level if designated by the person's national federation.
Athlete evaluation:	The process by which an athlete is assessed in accordance with these IHF Classification Rules and Regulations in order that an athlete may be allocated a sport class and sport class status.
Athlete support personnel:	Any coach, trainer, manager, interpreter, agent, team staff, official, medical or para-medical personnel working with or treating athletes participating in or preparing for training and/or competition.
Classification:	The structure to hold the competition, to ensure that the player's abilities are relevant to sports performance and to ensure they are on an equal footing with the other players.
Classification data:	Personal information and/or sensitive personal information provided by an athlete and/or a national body and/or any other person to a classification organisation in connection with classification.
Classification master list:	A list made available by the IHF that identifies athletes who have been allocated a sport class and designated a sport class status.
Classification not completed:	The designation applied to an athlete who has commenced but not completed athlete evaluation to the satisfaction of IHF.
Classification organisation:	Any organisation that conducts the process of athlete evaluation and allocates sport classes and/or holds classification data.
Classification panel:	The binding classification group appointed by the IHF or national federation to determine the sports class and status according to the rules.
IHF Classification Rules and Regulations:	The policies, procedures, protocols and descriptions adopted by the IHF in connection with athlete evaluation.
Classification system:	The framework used by the IHF to develop and designate sport

	classes within wheelchair handball.
Classifier:	The person authorised by the IHF or national federation and appointed to perform the evaluation of the player as a member of a classification panel.
Classifier competencies:	The qualifications and abilities that the IHF deems necessary for a classifier to be competent to conduct athlete evaluation for the sport(s) governed by the IHF.
Classifier code of conduct:	The behavioural and ethical standards for classifiers specified by the IHF.
Competition:	The events under the jurisdiction of the IHF or national federation.
Continuing education:	The delivery of higher knowledge and practical skills specified by the IHF to preserve and/or advance knowledge and skills as a classifier in the sport(s) under its governance.
Diagnostic information:	Medical records and/or any other documentation that enables the IHF to assess the existence or otherwise of an eligible impairment or underlying health condition.
Diplegia:	When a player has pelvic girdle and lower limbs more affected than the upper limbs on brain source.
Dysmelia or agenesis:	Congenital malformation of a limb or part of the body.
Eligible:	The player meets the minimum eligible criteria.
Eligible impairment:	An impairment designated as being a prerequisite for competing in wheelchair handball, as detailed in these IHF Classification Rules and Regulations.
Evaluation:	The evaluation process for wheelchair handball players according to the IHF Wheelchair Handball Classification Rules and Regulations.
Evaluation period:	Period between the player's assessment from medical evaluation to the technical and functional competition assessment.
Evaluation session:	The session an athlete is required to attend for a classification panel to assess that athlete's compliance with the minimum impairment criteria for wheelchair handball; and allocation of a sport class and sport class status depending on the extent to which that athlete is able to execute the specific tasks and activities fundamental to that sport. An evaluation session may include observation in competition.
First appearance:	The first time an athlete competes in an event during a competition in a particular sport class.
Health condition:	A pathology, acute or chronic disease, disorder, injury or

	trauma.
Hemiplegia:	One side of the body is affected.
Impairment:	A physical, vision or intellectual impairment.
Intellectual impairment:	A limitation in intellectual functioning and adaptive behaviour as expressed in conceptual, social, and practical adaptive skills that originates before the age of eighteen (18).
Intentional misrepresentation:	A deliberate attempt (either by fact or omission) to mislead the IHF and/or classification panel as to the existence or extent of skills and/or abilities relevant to wheelchair handball and/or the degree or nature of eligible impairments during athlete evaluation and/or at any other point after the allocation of a sport class.
Master list:	The list of the classification outcome results.
Medical diagnostics form:	A form that a national federation must submit in order for an athlete to undergo athlete evaluation, identifying the athlete's health condition if so required.
Medical intervention:	Any intervention such as surgery, medication, or any other treatment that affects the eligibility of a player.
Medical review:	The process by which the IHF identifies if a change in the nature or degree of an athlete's impairment means that some or all of the components of athlete evaluation are required to be undertaken in order to ensure that any sport class allocated to that athlete is correct.
Medical review request:	A request made by a national federation for medical review, made on behalf of an athlete.
National protest:	A protest made by national federation in respect of an athlete under its jurisdiction.
Observation in competition:	The observation of an athlete in a competition by a classification panel so that the classification panel can complete its determination as to the extent to which an eligible impairment affects that athlete's ability to execute the specific tasks and activities fundamental to the sport.
Paraplegia:	The pelvic girdle and the lower limbs are affected as a result of spinal cord damage.
Permanent:	The term permanent as used in the code and standards describes an impairment that is unlikely to be resolved meaning the principal effects are lifelong.
Physical impairment or deficiency:	Motor/physical problems of the body that cause mobility issues or loss of function.
Process/processing:	The collection, recording, storage, use, or disclosure of personal

	information and/or sensitive personal information.
Protested athlete:	An athlete whose sport class is being challenged.
Protested decision:	A sport class decision that is being challenged.
Protest documents:	The information provided in the protest form together with the protest fee.
Protest fee:	The fee prescribed by the IHF payable by the national federation when submitting a protest.
Protest:	The procedure by which a reasoned objection to an athlete's sport class is submitted and subsequently resolved.
Protest panel:	A Classification Panel appointed by the chief classifier to conduct an evaluation session as a result of a protest
Recognised competition:	A competition that is sanctioned or approved by the IHF.
Rules:	The set of rules and policies that govern the classification and competition.
Sport class:	A category for competition defined by the IHF by reference to the extent to which an athlete can perform the specific tasks and activities required by a sport.
Sport class status:	A designation applied to a sport class to indicate the extent to which an athlete may be required to undertake athlete evaluation and/or be subject to a protest.
Status class:	The status of the outcome class.
Team sport:	A sport in which substitution of players is permitted during a competition.
Underlying health condition:	A health condition that may lead to an eligible impairment.