



# BISFed

Boccia International Sports Federation

**BOCCIA CLASSIFICATION RULES**

**4th Edition October 2018**

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## **PART ONE: General Provisions**

### **1. General provisions and application**

#### **1.1. Adoption**

These Classification Rules and Regulations are referred to throughout this document as the 'Classification Rules'. They have been prepared by BISFed to implement the requirements of the 2017 International Paralympic Committee (IPC) Athlete Classification Code and International Standards.

1.1.1. The Classification Rules have been adopted by BISFed on the 1<sup>st</sup> September 2018.

1.1.2. These Classification Rules refer to a number of Appendices. These Appendices form an integral part of the Classification Rules.

1.1.3. These Classification Rules form part of the BISFed Rules and Regulations.

1.1.4. The Classification Rules are supplemented by a number of Classification forms that have been prepared to assist Athlete Evaluation. These forms are available from BISFed and can be amended by BISFed from time to time and as required.

#### **1.2. Classification**

1.2.1. Classification refers to the on-going process by which athletes are assessed to determine the impact of their physical impairment on sport performance and to ensure that there is fairness for all Athletes within the sport. Classification provides a structure for competition and takes place on a Club; State; National; Regional and International level.

1.2.2. Classification is undertaken to:

1.2.2.1. Define who is eligible to compete in Para Sport

1.2.2.2. To group Athletes into sport classes for competition

1.2.3. Every Athlete wishing to compete in a Boccia event or competition must be allocated a Sport Class and a Sport Class

Status in accordance with the BISFed Classification Rules.

- 1.2.4. All Athletes will be assessed individually, and a Sport Class will be allocated based on the existence of an Eligible Impairment, compliance with Minimal Impairment Criteria (MIC) and the degree to which the impairment impacts upon sport performance (activity limitation).

### **1.3. Application**

- 1.3.1. These Classification Rules apply to all Athletes and Athlete Support Personnel who are registered and/or licensed with BISFed and/or participate in any Events or Competitions organised, authorised or recognised by BISFed.

- 1.3.2. These Classification Rules must be read and applied in conjunction with all other applicable rules of BISFed including but not limited to the Sport Technical Rules of Boccia. In the event of any conflict between these Classification Rules and any other rules, the Classification Rules shall take precedence.

## **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 Classification Rules.

### **2.1. Athletes Responsibilities**

The Roles and Responsibilities of Athletes include:

- 2.1.1. To be knowledgeable of and comply with all applicable policies, rules and processes established by these Classification Rules;
- 2.1.2. To participate in Athlete Evaluation in good faith;
- 2.1.3. To ensure when appropriate that adequate information related to Health Conditions and Eligible Impairments is provided and/or made available to BISFed
- 2.1.4. To cooperate with any investigations concerning violations of these Classification Rules; and

2.1.5. To 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:

2.2.1. To be knowledgeable of and comply with all applicable policies, rules and processes established by these Classification Rules;

2.2.2. To use their influence on Athlete values and behaviour to foster a positive and collaborative Classification attitude and communication;

2.2.3. To assist in the development, management and implementation of Classification Systems; and

2.2.4. To cooperate with any investigations concerning violations of these Classification Rules.

## **2.3. Classification Personnel Responsibilities**

The Roles and Responsibilities of Classification Personnel include:

2.3.1. To have a complete working knowledge of all applicable policies, rules and processes established by these Classification Rules;

2.3.2. To use their influence to foster a positive and collaborative Classification attitude and communication;

2.3.3. To assist in the development, management and implementation of Classification Systems, including participation in education and research; and

2.3.4. To cooperate with any investigations concerning violations of these Classification Rules.

### **3. Classification Personnel**

Classification Personnel are fundamental to the effective implementation of these Classification Rules. BISFed will appoint a number of Classification Personnel, each of whom will have a key role in the organisation, implementation and administration of Classification for Boccia.

#### **3.1. Head of Classification**

The BISFed Head of Classification (HOC) is a Senior Classifier that is appointed by the BISFed Board to fill the position

- 3.1.1. The Head of Classification is the person responsible for the direction, administration, coordination and implementation of Classification matters for BISFed.
- 3.1.2. The Head of Classification may delegate specific responsibilities and/or transfer specific tasks to designated Classifiers, or other persons authorised by BISFed.
- 3.1.3. 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 at a BISFed Competition.

#### **3.2. Classification Committee**

- 3.2.1. The BISFed Classification Committee is a group responsible for the administrative and development duties related to International Classification in Boccia
- 3.2.2. The Duties of the Classification Committee include, but are not limited to: evaluation and revision of classification rules, policy and procedures related to Athlete Evaluation and Protests, Classifier Certification and Training and other related administration of Classification
- 3.2.3. The BISFed Classification Committee is chaired by the BISFed Head of Classification (HOC). This person is responsible for overseeing the day-to-day administration of Classification and reports to the BISFed Governing Board on behalf of the

## Classification Committee

- 3.2.4. The rest of the Classification Committee is composed of the Education Coordinator, Research Coordinator and 'ad hoc' Classifiers at the discretion of the HOC for their skills and background as well as the importance for regional development.
- 3.2.5. All Classification Committee members are ratified by the BISFed Governing Board. It is the aim of the Committee to have representatives from each region and a combination of all types of Classifiers on the Committee.
- 3.2.6. The role of the Committee is to assist in the development of Classification within the regions and to act as a resource for other Classifiers within their region as well as for the individual sports. The Classification Committee members also act as a resource to the HOC and Research and Education Coordinators.
- 3.2.7. In addition to the above, members of the BISFed Classification Committee may select an Athlete to serve as an Athlete Classification representative in an advisory capacity. This individual may be utilised for his/her perspective as an Athlete or former Athlete in the sport, with experience in situations such as Athlete Evaluation, Protests, evaluation of Classification Rules and development of new Classification Rules and/or Policies and Procedures related to Classification.

### 3.3. **Classifiers**

A Classifier is a person authorised as an official and certified by BISFed to conduct some or all components of Athlete Evaluation as a member of a Classification Panel.

#### 3.3.1. **Chief Classifier**

A BISFed Chief Classifier is a Level 2 or 3 International Classifier who has attended training and/or has been mentored by another Chief Classifier in the position. Chief Classifiers are appointed by the Head of Classification for a specific BISFed Competition or at such other location as defined by BISFed.

The duties of a Chief Classifier may include, but are not limited to:

- 3.3.1.1. Liaise with the organising committees and teams before the competition to identify those Athletes who will be required to attend an Evaluation Session;
  - 3.3.1.2. Administer and coordinate classification matters related to BISFed for a specific competition according to the BISFed rules. To supervise Classifiers to ensure that these Classification Rules are properly applied during Classification;
  - 3.3.1.3. To liaise with the relevant Competition organisers to ensure that travel, accommodation and other logistics are provided for classifiers in order for the Classifiers to carry out their duties at the competition.
  - 3.3.1.4. Supervise Classifiers and Trainee Classifier in their duties as members of the Classification Panels to ensure that classification rules are applied appropriately and monitor their level of classification competencies and proficiencies at the competition.
  - 3.3.1.5. To accept and manage Protests in consultation with BISFed and act as the Third (3<sup>rd</sup>) Classifier in a Protest Panel at BISFed Sanctioned events where 2 panels of 2 Classifiers forms the panels.
  - 3.3.1.6. A Chief Classifier may delegate specific responsibilities and/or transfer specific tasks to other appropriately qualified Classifiers, or other appropriately qualified BISFed officers or representatives, and/or appropriately qualified persons in the local organising committee of a Boccia Competition.
  - 3.3.1.7. The Chief Classifier will update the BISFed database after classifications have been completed and submit a report within thirty (30) days of the competition to the BISFed Head of Classification and Operation manager.
- 3.3.2. **Medical Classifier**
- 3.3.2.1. A Certified Health Professional/ Medical Doctor who has experience in dealing with people with a Neurological

Impairment such as Cerebral Palsy, Traumatic Brain Injury, Stroke or Physical Impairments as defined in the Boccia Athlete profiles.

- 3.3.2.2. A Physiotherapist or related disciplines trained to work with individuals with the clinical presentations of Neurological Impairment (Cerebral Palsy, Traumatic Brain Injury and Stroke) and other Physical Impairments.

### **3.3.2. Technical Classifier**

A Technical Expert who has an extensive coaching background or other relevant experience in Boccia or those who may have a degree in physical education, biomechanics or kinesiology. They must have a working knowledge of Boccia and of individuals presenting with Neurological or Physical Impairments.

### **3.3.3. Trainee Classifier**

- 3.3.2.3. A Trainee Classifier is a person who is in the process of formal training by BISFed.
- 3.3.2.4. They must have completed the BISFed Accredited Basic Classifier's Course and has been classifying for at least 2 years regionally and nationally and attended National Boccia competitions.
- 3.3.2.5. BISFed 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 at a BISFed International tournament.
- 3.3.2.6. At the first International Event the Trainee Classifier will complete a refresher classifier course.
- 3.3.2.7. Following completion of a second practicum and fulfilling all the requirements as a Trainee Classifier, the Trainee will be certified by BISFed as an International Classifier. They will be required to perform any such other duties as

BISFed requires.

#### **4. BISFed Classifier Competences, Training and Certification.**

##### **4.1. Classifier Competencies**

A Classifier will be authorised to act as a Classifier if that Classifier has been certified by BISFed as having the relevant Classifier Competencies. BISFed must provide training and education to Classifiers to ensure Classifiers obtain and/or maintain Classifier Competencies.

Classifier Competencies include that a Classifier has:

- 4.1.1. A thorough understanding of these Classification Rules
- 4.1.2. An understanding of Boccia for which they seek certification to act as a Classifier, including an understanding of the technical rules of the sport;
- 4.1.3. An understanding of the Code and the International Standards.
- 4.1.4. A professional qualification(s), level of experience, skills and/or competencies to act as a Classifier for BISFed.
- 4.1.5. Has a responsibility to follow all BISFed classification rules as set down in the latest and current version of the rules
- 4.1.6. To fully adhere to the Classifier's Code of Conduct.
- 4.1.7. To attend classification meetings at Competitions and other organised events as required

##### **4.2. Classifier Levels and Roles**

A Level 1 Classifier is responsible for following prescribed rules as set down in the latest rule book and adhering to the Classifier's Code of Conduct.

###### **4.2.1. BISFed Level 1 International Classifier**

- 4.2.1.1. This is a Classifier who has completed the requirements as a Trainee BISFed classifier.
- 4.2.1.2. A BISFed Level 1 International Classifier may be invited to participate as part of a classification panel of 2/3 Classifiers

at World Open and Regional BISFed sanctioned events.

4.2.1.3. A level 1 Classifier may form part of a Protest Panel as required at BISFed Sanctioned Regional events.

#### 4.2.2. **BISFed Level 2 International Classifier**

A Level 2 Classifier is responsible for following prescribed rules as set down in the latest rule book and adhering to the Classifier's Code of Conduct.

4.2.2.1. A BISFed Level 2 International Classifier is a qualified level 1 Classifier that has been classifying at an International level for at least four years and at no less than three BISFed competitions.

4.2.2.2. A BISFed Level 2 International Classifier may be invited to participate as part of a classification panel of 2 or 3 Classifiers at World Open, Regional and BISFed World Competitions.

4.2.2.3. A level 2 classifier may form part of a Protest Panel as required at BISFed Sanctioned Regional events.

#### 4.2.3. **BISFed Level 3 International Classifier**

A Level 3 Classifier is responsible for following prescribed rules as set down in the latest rule book and adhering to the Classifier's Code of Conduct.

4.2.3.1. A BISFed Level 3 International Classifier is a Senior Classifier that shows leadership, participates in research and development of the Classification system, has sufficient experience to interpret the BISFed rules while at a Competition or is able to act as the final arbiter in Protests.

4.2.3.2. A BISFed Level 3 International Classifier may be invited to participate as part of a classification panel of 2 or 3 Classifiers at World Open, Regional and BISFed World Competitions.

4.2.3.3. Will assist in the review of the Classification Rules/Profiles on

a regular basis; and

- 4.2.3.4. Provide workshops to update Classifiers on a National, Regional and International Level.

### 4.3. **Classifiers Training and Certification**

The BISFed Classification training and accreditation program consists of two levels:

#### 4.3.1. **BISFed Basic Classifier Course**

The BISFed Basic Classifier Course is an introduction to Classification according to the BISFed Classification Rules. Any BISFed members can request a BISFed Accredited Basic Classifier's Course for specific learning outcomes for example to improve practical skills of National classifiers.

##### 4.3.1.1. **Participants**

Participants can be any person such as Doctors, Physiotherapists, coaches or athletes who work with people with a disability and/ or wish to gain knowledge of the BISFed Classification System.

##### 4.3.1.2. **Course**

The BISFed Basic Classifier's Course presented by BISFed Accredited Classification Trainers. The Basic course consists of a theory and practical component. The practical component of the Classification is performed on Athletes during the course.

The completion of the Basic Classifiers course is a prerequisite for applying for BISFed Classifier training along with the other requirements such as logbook and a minimum of 2 years Classifying on a National level.

##### 4.3.1.3. **Certification**

The participants who successfully complete the course and pass the written examination with 75% or higher will receive a certificate of completion from the Head of Classification.

A person who has successfully completed the BISFed Accredited Basic

Classifier's Course Classification course can classify at local and National levels unless the Nation has extra guidelines.

The participants that Classify at the National level are to be nominated by their National Federation and application has to be submitted to the Head of Classification to start BISFed International Classifier Training.

#### 4.3.2. **BISFed Accredited Refresher course**

##### 4.3.2.1 **Participants**

Participants must have completed the BISFed Basic Classifier's Course (as detailed above in 4.3.1) and gained experience by classifying on a National level for at least 2 years. The application has to come through the National Body to start training as a BISFed International Classifier.

##### 4.3.2.2 **Course**

The course consists of a theory Component highlighting the processes and procedures followed to complete a classification and is complemented by a hands-on practical session followed by the final written examination during a BISFed accredited competition.

The Practical Component is completed with the Trainee Classifier attending 1 to 2 International Competitions to Classify under the supervision and as part of the Classification Panel. This will be followed by one - two days of Observations Assesment during the BISFed Competition.

The final exam (pass mark of 75%) is written after the Practical Classification Evaluation session is complete. This is followed by a Review/Evaluation of Practical components with the Trainee.

##### 4.3.2.3 **Acreditation**

Upon completion of the practical component at 1-2 competitions and successfully attaining 75% or higher in the written exam, a Certificate will be issued, and the Individual Trainee will qualify as a BISFed Level 1 International Classifier.

The National Federation that paid for the training of the new Level 1 International Classifier will receive a copy of the certification.

### 4.3.3. **Classifier Development Pathway**

Complete BISFed Accredited Basic Classifier's Course



Conduct Classification at Local, State and National level for a minimum of two years



National Body to submit an application to BISFed Head of Classification for the classifier to become International BISFed Classifier  
(NB. Logbook of local, state and national classifications to be submitted with application)



Approved applicants (BISFed Trainee Classifier) to complete BISFed Accredited Refresher Course for Classification at the first International Event



BISFed Trainee Classifier to complete second International Event and receive sign off by Head of Classification.



BISFed Level 1 International Classifier



BISFed Level 2 International Classifier



BISFed Level 3 International Classifier



BISFed Head of Classification (appointed by the Board)

#### **4.4. Maintaining Classifier Accreditation**

Accreditation is subject to review annually or bi-annually and all Classifiers must maintain their Classifier Competencies as detailed in these rules. A Classifier may lose Classifier Accreditation if BISFed is not satisfied that the Classifier possesses the required competencies. A Classifier may regain Classifier Accreditation if BISFed is satisfied that the Classifier possesses the required competencies through the BISFed Accredited Refresher Course.

In order to maintain BISFed Classifier Certification, all Classifiers must maintain the following Competencies:

- 4.4.1. Must respond to communications on a regular basis including responding to calls for Classifiers for Competitions indicating availability or not.
- 4.4.2. Must be active within their Nation or Region Annually Classifying at least one National competition or a minimum of 10 athletes.
- 4.4.3. Submit an Annual Classification Logbook to indicate activity each year certified by the National Federation.
- 4.4.4. Attend Classification seminars or meetings (sometimes held prior to the competition) to maintain or obtain knowledge of current BISFed Classification Rules.
- 4.4.5. Attend and Classify at a minimum of one BISFed Sanctioned Competition annually or bi-annually.
- 4.4.6. Actively participates in Classifier discussions and tasks keeping abreast of Committee communications and directions.

#### **5. Classifier Code of Conduct**

The integrity of Classification in Boccia depends on the conduct of Classification Personnel. BISFed has therefore adopted a set of professional conduct standards referred to as the 'Classifier Code of Conduct'.

## 5.1. **General Principles**

- 5.1.1. All Classification Personnel must comply with the Classifier Code of Conduct.
- 5.1.2. 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 BISFed.
- 5.1.3. If BISFed receives such a report it will investigate the report and, if appropriate, take disciplinary measures.
- 5.1.4. BISFed has the discretion to determine whether or not a Classifier has an actual, perceived and/or potential conflict of interest.
- 5.1.5. The role of Classifiers is to act as impartial evaluators in determining an Athletes Sport Class and Sport Class Status. The Integrity of Classification in the Paralympic movement and BISFed rest on the professional conduct and behaviour of each individual Classifier.
- 5.1.6. All Classification Personnel must sign and adhere to the IPC code of ethics indicating an agreement to act in a professional manner according to a set of guidelines for professional conduct and behaviour.
- 5.1.7. Classifiers should value and respect the Athlete and Athlete support Personnel and;
- 5.1.8. Treat Athletes and Athlete Support Personnel with understanding, patience and dignity,
- 5.1.9. Be Courteous, objective, honest and impartial in performing their Classification duties for all Athletes, regardless of team affiliation or national origin.
- 5.1.10. Accept responsibility for all actions and decisions taken and be open to discussion and interaction with Athletes and Athlete Support Personnel in accordance with the International Standard for Athlete Evaluation and the International Standard for Protest and Appeals, and BISFed and/or competition rules.

- 5.1.11. Perform Classification duties and related responsibilities while not being under the influence of alcohol or illegal substances.
- 5.1.12. Maintain confidentiality of Athlete information whenever possible, according to the International Standard for Athlete Evaluation and the IPC International Standard for Protest and Appeals.
- 5.1.13. Classifiers should respect the Classification Rules and;
- 5.1.14. Accurately and honestly represent their qualifications and abilities when applying for training and certification and when accepting classification appointments to competitions.
- 5.1.15. Understand the theory and practical aspects of the Classification Rules and make them widely known and understood by Athletes and Athlete Support Personnel.
- 5.1.16. Continuously seek self-improvement through the study of the Sport, Classification Rules, mentoring lesser experienced classifiers and developing trainee classifiers.
- 5.1.17. Perform duties without yielding to any economic, political, sporting or human pressure.
- 5.1.18. Recognise that anything that may lead to a Conflict of Interest, either real or apparent, must be avoided.
- 5.1.19. Disclose any relationship with a team, Athlete or Athlete Support Personnel that would otherwise constitute a Conflict of Interest.
- 5.1.20. Classifiers should respect their colleagues and;
- 5.1.21. Treat all discussions with colleagues as confidential information.
- 5.1.22. Explain and justify decisions without showing anger or resentment.
- 5.1.23. Treat other Classifiers with professional dignity and courtesy, recognising that it is inappropriate and unacceptable to criticise other Classifiers, Games Officials or Technical Advisers

in public.

- 5.1.24. Publicly and privately respect the decisions and decision-making process of fellow Classifiers, games Officials and Technical Advisors whether you agree or not.
- 5.1.25. Share theoretical, technical and practical knowledge and skills with less experienced Classifiers and assist with the training and development of Classifiers in their respective sports in accordance with the International Standards for Classifier Training and Certification.
- 5.1.26. Classifiers perform a professional role and voluntarily observe a high-level of professional and ethical conduct and behaviour, not because of fear of penalty but out of personal character and responsibility.
- 5.1.27. Classifiers must acknowledge and accept that disciplinary action against them may include a variety of sanctions from verbal or written reprimand to revoking their certification as a Classifier of BISFed.
- 5.1.28. NON-compliance with the Classifiers Code of Conduct may result in losing accreditation as a BISFed International Classifier.

## **6. Classification Administration and Development**

The Chair of the Classification Committee together with BISFed Office are responsible for the implementation of all the relevant classification issues including:

- 6.1. Assisting in the organisation and maintenance of the BISFed Master List, including a current list of Internationally Accredited Classifiers and certification level.
- 6.2. Making amendments and improvements to the BISFed database as required.
- 6.3. Distributing the database in a secure format to the HOC and Chief

Classifiers as requested, complying with the IPC's International Standard for Classification Data Protection; and

- 6.4. Collating and providing reports on Classifiers' activities on request.
- 6.5. Managing the Call for Classifiers, nominations and Appointment of Classification panels and sending out Appointment letters.
- 6.6. Assisting chief classifiers by producing the classification list and schedule for a BISFed Sanctioned even.

## **PART THREE: Athlete Evaluation**

### **7. General Provisions**

Boccia has specified in these Classification Rules 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 Classification Rules, therefore, include provisions regarding:

- 7.1. An assessment of whether or not an Athlete has an Eligible Impairment for the sport.
- 7.2. An Assessment of whether an Athlete complies with the Minimum Impairment Criteria (MIC) for the sport (as detailed in each classification physical profile); and
- 7.3. The allocation of a Sport Class (and designation of a Sport Class Status) depend on the extent to which an Athlete is able to execute the specific tasks and activities fundamental to the sport and assesses the functional impact of their impairment on activity limitation during sport performance.

## **8. Eligible Impairment**

Any Athlete wishing to compete in Boccia as governed by BISFed must have an Eligible Impairment and that Eligible Impairment must be Permanent. Appendices 1 and 2 of these Classification Rules specify the Eligible Impairment(s) an Athlete must have in order to compete in Boccia governed by BISFed. Any Impairment that is not listed as an Eligible Impairment in Appendix 1 (Page 103) is referred to as a Non-Eligible Impairment.

Appendix 2 (Page 104) includes examples of Non-Eligible Impairments in line with IPC Standards.

BISFed must determine if an Athlete has an Eligible Impairment.

- 8.1. In order to be satisfied that an Athlete has an Eligible Impairment, BISFed will require any Athlete to demonstrate that he or she has a permanent Underlying Health Condition. As detailed in the IPC's International Standard for Eligible Impairments detailed in Appendix 1.
- 8.2. BISFed provides examples of Health Conditions that are not eligible for BISFed in Appendix 2.
- 8.3. BISFed provides an opportunity for individuals presenting with a permanent Health condition resulting in severe Neurological Impairment of the Central Nervous System (CNS) including a presentation of either /or Hypertonia, Ataxia and Dyskinesia including Athetosis and Dystonia.
- 8.4. BISFed provides an opportunity for individuals presenting with a permanent Health condition resulting in severe Musculoskeletal Dysfunction of Non-Neurological Impairments (Non-CNS) affecting all four limbs, including Impaired Muscle Power, Impaired Passive Range of Movement or Limb Deficiency.
- 8.5. All Athletes must supply BISFed with Diagnostic Information that must be provided as follows:
  - 8.5.1. The relevant National Body and/or National Paralympic Committee must submit a Medical Diagnostics Form (MDF) to BISFed upon completing the registration of an Athlete onto the BISFed database and in advance of competing in a BISFed

event.

- 8.5.2. The Medical Diagnosis Form must be uploaded to the BISFed database at least 4 weeks prior to the BISFed event so the Athlete's Medical Eligibility can be approved by the Chief Classifier in advance and the Athlete will then be allocated an Evaluation Session for Classification as appropriate.
  - 8.5.3. The Medical Diagnostic Form must be completed in English and dated and signed by a Certified Healthcare Professional and uploaded to the BISFed Database.
  - 8.5.4. The Medical Diagnostic Form must be submitted with supportive Diagnostic Information if required by BISFed.
  - 8.5.5. BISFed may require an Athlete to re-submit the Medical Diagnostic Form (with necessary supportive Diagnostic Information) if BISFed at its sole discretion considers the Medical Diagnostic Form and/or the Diagnostic Information to be incomplete or inconsistent.
  - 8.5.6. If BISFed requires an Athlete to provide Medical Diagnostic Information it may consider the Diagnostic Information itself, and/or may appoint an Eligibility Assessment Committee to do so.
- 8.6. The process by which an Eligibility Assessment Committee is formed and considers Medical Diagnostic Information is as follows:
- 8.6.1. The BISFed Head of Classification will notify the relevant National Body or National Paralympic Committee that Medical Diagnostic Information must be provided on behalf of the Athlete. The BISFed Head of Classification will explain what Diagnostic Information is required, and the purposes for which it is required.
  - 8.6.2. The BISFed Head of Classification will set timelines for the production of further Diagnostic Information.
  - 8.6.3. The BISFed Head of Classification will appoint an Eligibility Assessment Committee. The Eligibility Assessment Committee must, if practicable, be comprised of the BISFed Head of

Classification and at least two other experts with appropriate medical qualifications. All members of the Eligibility Assessment Committee must sign confidentiality undertakings.

- 8.6.4. If the BISFed Head of Classification believes that he or she does not hold the necessary competencies to assess the Diagnostic Information, he or she will not participate in the review of the Diagnostic Information but will assist the Eligibility Assessment Committee.
- 8.6.5. Wherever possible all references to the individual Athlete and the source(s) of the Diagnostic Information should be withheld from the Eligibility Assessment Committee. Each member of the Eligibility Assessment Committee will review the Diagnostic Information and decide whether such information establishes the existence of an Eligible Impairment.
- 8.6.6. If the Eligibility Assessment Committee concludes that the Athlete has an Eligible Impairment the Athlete will be permitted to complete Athlete Evaluation with a Classification Panel.
- 8.6.7. If the Eligibility Assessment Committee is not satisfied that the Athlete has an Eligible Impairment the BISFed Head of Classification will provide a decision to this effect in writing to the relevant National Body or National Paralympic Committee. The National Body or National Paralympic Committee will be given an opportunity to comment on the decision and may provide further Diagnostic Information to the Eligibility Assessment Committee for review. If the decision is subsequently revised, the BISFed Head of Classification will inform the National Body or National Paralympic Committee.
- 8.6.8. If the decision is not changed, the BISFed Head of Classification will issue a final decision letter to the National Body or National Paralympic Committee.
- 8.6.9. The Eligibility Assessment Committee may make its decisions by a majority. If the BISFed Head of Classification is part of the Eligibility Assessment Committee, he or she may veto any decision if he or she does not agree that the Diagnostic Information supports the conclusion that the Athlete has an

## Eligible Impairment.

- 8.7. BISFed may delegate one or more of the functions described above to a Classification Panel.
- 8.8. Eligible participants for international competition must be 15 years or older on the first day of January in the year of the competition. Exceptions are made for YOUTH EVENTS.

## **9. Minimum Impairment Criteria (MIC)**

- 9.1. An Athlete who wishes to compete in a sport must have an Eligible Impairment that complies with the relevant Minimum Impairment Criteria (MIC) for that sport.
- 9.2. BISFed has set Minimum Impairment Criteria (MIC) 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 and within each Sport Class.
- 9.3. Part 13 (Boccia Sport Profiles) of these Classification Rules specifies the Minimum Impairment Criteria applicable to Boccia and the process by which an Athlete's compliance with Minimum Impairment Criteria is to be assessed by a Classification Panel as part of an Evaluation Session.
- 9.4. Any Athlete who does not comply with the MIC for Boccia must be allocated Sport Class Not Eligible (NE).
- 9.5. A BISFed 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 satisfy BISFed that he or she has an Eligible Impairment.
- 9.6. In relation to the use of Adaptive Equipment, BISFed has set Minimum Impairment Criteria as follows:
- 9.6.1. For Eligible Impairments, Minimum Impairment Criteria must *not* consider the extent to which the use of Adaptive Equipment

might affect how the Athlete is able to execute the specific tasks and activities fundamental to the sport;

## **10. Sport Class**

- 10.1. An Athlete who does not have an Eligible Impairment or does not comply with the Minimum Impairment Criteria for Boccia must be allocated Sport Class Not Eligible (NE) in accordance with the provisions of these Classification Rules.
- 10.2. An Athlete who complies with the Minimum Impairment Criteria (MIC) for Boccia must be allocated a Sport Class (subject to the provisions in these Classification Rules concerning Failure to Attend Athlete Evaluation and Suspension of Athlete Evaluation).
- 10.3. Except for the allocation of Sport Class Not Eligible (NE) by BISFed, 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 the sport of Boccia. This evaluation must take place in a controlled non-competitive environment, which allows for the repeated observation of key tasks and activities.
- 10.4. Specified within the BISFed Classification Rules is the assessment methodology and assessment criteria for the allocation of a Sport Class and the designation of Sport Class Status.

## **11. Classification Not Completed (CNC)**

- 11.1. If at any stage of Athlete Evaluation BISFed or a Classification Panel is unable to allocate a Sport Class to an Athlete, the BISFed Head of Classification or the relevant Chief Classifier may designate that Athlete as Classification Not Completed (CNC).
- 11.2. The designation Classification Not Completed (CNC) is not a Sport Class and is not subject to the provisions in these Classification Rules concerning Protests. The designation Classification Not Completed (CNC) will, however, be recorded for the purpose of the BISFed

## Classification Master List.

- 11.3. An Athlete who is designated as Classification Not Completed (CNC) may not compete in the sport of Boccia.

## **PART FOUR: Athlete Evaluation and the Classification Panel**

### **12. The Classification Panel**

A Classification Panel is a group of Classifiers appointed by BISFed to conduct some or all the components of Athlete Evaluation at a particular BISFed Sanctioned event.

- 12.1. A Classification Panel must be comprised of at least of two Certified BISFed Classifiers including a Physiotherapist or Doctor (ideally specialising in Rehabilitation or Neurology) and/or a Sports Technical Expert.
- 12.2. 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.
- 12.3. Members of Classification Panels should have no significant relationship with an Athlete (or a member of Athlete Support Personnel) that might create any actual or perceived bias or Conflict of Interest and not be involved with any decision being protested or appealed. Should conflict arise the parties concerned should raise these with the Chief Classifier. Members of a Classification Panel should not have any other official responsibilities within a Competition other than in connection with Classification.
- 12.4. A Major BISFed Competition should have two Classification Panels and one Chief Classifier.
- 12.5. At the discretion of the BISFed Head of Classification, one Classification Panel of at least 2 classifiers may be deemed sufficient for smaller Competitions. If one Classification Panel only is present, no Protests will be dealt with and nations will be notified of this in

initial entry information.

12.6. At smaller Competitions, the Chief Classifier may also act as a Classifier on the Classification Panel.

12.7. Adequate time must be allocated at the beginning of a Competition for Athlete Evaluation. At major events, a minimum of two full days is recommended, depending on the number of Athletes to be Classified.

12.8. At World Open or Regional Open events where only one Classification Panel is present one full day is required for Classification with a maximum of 15 Athletes to be Classified. If further Athletes require Classification a second day or second Classification Panel is required.

12.9. One Classification panel will be formed of 2 or 3 Classifiers from a minimum of two Countries and with at least one Level 2 or Level 3 Classifier in the Panel.

12.10. A Classification panel consisting of only one Classifier because of exceptional circumstances such as late arrival of the second classifier, classification can only continue if the Classifier is a Medical classifier. Following the classification only a Sport Class status Review may be assigned to the Athlete

## **13. Classification Panel Responsibilities**

### 13.1. General Provisions

13.1.1. A Classification Panel is responsible for conducting an Evaluation Session. As part of the Evaluation Session the Classification Panel must:

13.1.1.1. Assess whether an Athlete complies with the Minimum Impairment Criteria (MIC) for the sport.

13.1.1.2. Assess the extent to which an Athlete is able to execute the specific tasks and activities fundamental to the sport; and

#### 13.1.1.3. Conduct Observation assessment in Competition (OA)

- 13.1.2. Following the Evaluation Session the Classification Panel must allocate a Sport Class and designate a Sport Class Status, or designate Classification Not Completed (CNC)
- 13.1.3. Prior to the Evaluation Session, the Assessment as to whether an Athlete has an Eligible Impairment must be undertaken by the Hoc or Chief Classifier for the event upon approval of the of the MDF uploaded to the BISFed database.
- 13.1.4. The Evaluation Session must take place in a controlled non-competitive environment that allows for the repeated observation of key tasks and activities.
- 13.1.5. Although other factors such as low fitness level, poor technical proficiency and ageing may also affect the fundamental tasks and activities of the sport, the allocation of Sport Class must not be affected by these factors.
- 13.1.6. 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.
- 13.1.7. The Sport Class allocated to the Athlete will be in accordance with the processes specified in the BISFed Classification Rules.

#### 13.2. **Classification: Scheduling, Substitutions and Preparation**

- 13.2.1. The BISFed Head of Classification (HOC) should appoint a Chief Classifier for the event, ideally at least three (3) months prior to a Competition.
- 13.2.2. Classification Panels should be appointed at least two (2) months before the event.
- 13.2.3. The HOC and the Chief Classifier should work with the Local Organising Committee (LOC) for the Competition to prepare

Athlete lists. A minimum of four (4) weeks prior to the first day of the Competition must be allowed for Athletes' names to be submitted to the HO C.

- 13.2.4. The Chief Classifier should provide the LOC and National Federation teams with a Classification Evaluation Schedule on or before their arrival at the Competition. After that time, any substitutions must be approved by the Chief Classifier and Technical Delegate.
- 13.2.5. All Athletes eligible to participate in Boccia must receive an initial Classification from their own National Federation. Classification should be conducted in accordance with the guidelines set out in the BISFed Classification and Sport Profiles, and, in particular, National Classifiers should be trained according to BISFed approved standards.
- 13.2.6. The BISFed Classification Master List details the Athlete's name, Nationality, Sport Class and Sport Class Status. That information should be updated just prior to and/or during the Competition.
- 13.2.7. The relevant National Body and/or National Paralympic Committee must upload a Medical Diagnostic Form (MDF) to the BISFed Database upon completing the registration of an Athlete for an event and a minimum of 4 weeks prior to the start of the Competition where the Athlete will participate for the first time (i.e. For an Athlete entering with New Status).

## **14. Athlete Evaluation**

### **14.1. In respect of Athletes:**

- 14.1.1. The Athlete must verify his or her identity to the satisfaction of the Classification Panel, by providing a document such as a passport, ID card, Boccia license card or event accreditation.
- 14.1.2. All Athletes must sign an Informed Consent Form which states that the Athlete must comply with all reasonable

instructions given by a Classification Panel.

- 14.1.3. The Athlete must attend the Evaluation Session with any sports attire or equipment relevant to the sport for which the Athlete wishes to be allocated a Sport Class such as ramps, pointers and gloves or splints
- 14.1.4. Athletes have the right to be accompanied by a member of the Athlete's National Body or National Paralympic Committee when attending an Evaluation Session. The Athlete must be accompanied if the Athlete is a minor or has an Intellectual Impairment.
- 14.1.5. The Athlete must provide information to the panel regarding impairment, medication, medical device/implant and any surgery that affects sport performance. If an Athlete has an unusual or complicated impairment, it is required that the Athlete brings supporting information about the Impairment written in English.
- 14.1.6. Athletes must present a full list of medications to the Classification Panel.
- 14.1.7. The Athlete must comply with all reasonable instructions given by a Classification Panel.
- 14.1.8. 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.
- 14.1.9. The Athlete and the accompanying person must acknowledge the terms of the Athlete Evaluation Agreement Form as specified by BISFed.
- 14.1.10. An Athlete must supply BISFed with Medical Diagnostic Information that must be provided as follows:
  - 14.1.10.1. The Medical Diagnostic Form must be completed in English and dated and signed by a certified Health Care Professional.
  - 14.1.10.2. The Medical Diagnostic Form must be submitted with supportive Diagnostic Information if required and uploaded

to the BISFed database a minimum of 4 weeks prior to presenting for Classification.

- 14.1.11. If an Athlete does not appear in appropriate attire they will not be Classified;
- 14.1.12. If an Athlete has a health condition that causes pain which limits or prohibits full effort during evaluation, they will not be evaluated at that time. The Chief Classifier may, time to permit, re-schedule the Evaluation Session;
- 14.1.13. If an Athlete has a seizure disorder which is a secondary characteristic of Cerebral Palsy or Traumatic Brain Injury, they will be permitted to compete provided that the condition is controlled.

#### 14.2. **In respect of the classification panel:**

- 14.2.1. The Classification Panel may request that an Athlete provide additional supporting 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.
- 14.2.2. The Classification Panel will conduct Evaluation Sessions in English unless otherwise stipulated by BISFed. If the Athlete requires an interpreter, a member of the Athlete's National Body or National Paralympic Committee will be responsible for arranging for an interpreter. The interpreter is permitted to attend the Evaluation Session in addition to the person referred to in Article 14.1.4 above.
- 14.2.3. The Classification Panel undertaking Athlete Evaluation may at any stage seek medical, technical or scientific opinion(s), with the agreement of the Head of Classification and/or a Chief Classifier if the Classification Panel feels that such opinion(s) is necessary in order to allocate a Sport Class.
- 14.2.4. In addition to any opinion(s) sought in accordance with Article 14.2.3, a Classification Panel may only have regard to

evidence supplied to it by the relevant Athlete, National Body, National Paralympic Committee and BISFed (from any source) when allocating a Sport Class.

14.2.5. The Classification Panel may make, create or use video footage and/or other records to assist it when allocating a Sport Class.

### 14.3. **Athlete Evaluation Process**

The Athlete Evaluation must take place in a manner that respects the International standard for Classification Data Protection and consistent with the provisions of the International Standard for Classification Personnel and Training. The whole Physical, Technical and Observation Assessment should be video-recorded.

#### 14.3.1. **Physical Assessment:**

14.3.1.1. Establish the Athlete has an Eligible Impairment in accordance with the BISFed Eligible Impairment Criteria (see Appendix 1, Page 103)

14.3.1.2. Physical Assessment by the Medical Classifiers as detailed below to establish compliance with the MIC.

14.3.1.3. The Classification Panel will commence by gathering information on the athlete's medical background and history in the sport.

14.3.1.4. The Panel will then conduct a Physical Assessment of the Athlete in accordance with methods of assessment stipulated in the Classification Rules of BISFed.

14.3.1.5. The initial components of the Physical Assessment to determine the activity limitation may include; but is not limited to the examination by the Medical members of the Classification Panel (Doctor, Physiotherapist).

### 14.3.2. **Evaluation of the activity limitation**

The evaluation of activity limitation includes, but is not limited to:

- 14.3.2.1. Upper limb (thrower)/Lower limb (kicker) Coordination, defined as the ability to voluntarily execute fluid, and accurate movements rapidly.
- 14.3.2.2. Sitting Balance, defined as the ability to maintain the line of gravity (vertical line from the centre of mass) of a body within the base of support with minimal postural sway or compensatory activity.
- 14.3.2.3. Trunk and Upper/Lower limb symmetry, defined as the correspondence and/or movement similarity on opposite sides of a dividing line or plane.
- 14.3.2.4. Range of movement, defined as the full movement or optimal potential of a joint, usually its range of flexion and extension, including follow through after throw or kick.
- 14.3.2.5. Upper limb impairment, defined as the impact of spasticity or tonal influence/lack of muscle strength to perform the whole movement.
- 14.3.2.6. This evaluation takes place in a controlled non-competitive environment (preferably on a Boccia court) that allows for the repeated observation of key tasks and activities for Boccia (i.e. reliable/validated test and pre-designed technical situations that allows the athlete to demonstrate all shot types to all areas of the court) and relevant chair skills, including: application of brakes, driving, propulsion (relevant to the sport) and operating joystick or driving devices for power chairs.

### 14.3.3. **Technical Assessment:**

A Technical Assessment will be conducted by a Technical Classifier. This assessment will focus on determining the activity limitation under simulated sport conditions. Evaluation of the activity limitation includes, but are not limited to:

- 14.3.3.1. Manual dexterity including manipulation, grasping and releasing of the ball for the throw.
- 14.3.3.2. Movement coordination between the trunk and Upper limbs (Thrower)/ Trunk and/or Lower limbs (Kicker).
- 14.3.3.3. Trunk control and compensatory strategies (observing and recording the Athlete's set up and use of strapping, backrest, footrest and assisted devices)
- 14.3.3.4. An Assessment of the different throws/kick to determine the impact of the impairment on speed/power, accuracy, strength, control.
- 14.3.3.5. The relationship between the athlete and sport equipment use, for example delivery of the ball down the ramp (BC3).
- 14.3.3.6. Classifiers must be confident that the Athlete has performed to the best of his/her capacity during the Technical Assessment, using all the equipment and technical aids e.g. straps that the athlete is going to use in competition.

**If Athlete Evaluation is not deemed by the Classification Panel to have been completed, the Athlete will not be given a Sport Class, and will not be eligible to participate in any part of the relevant BISFed Competition.**

## **15. Observation Assessment in Competition (OA)**

### **15.1. General Provisions**

- 15.1.1. All Internationally Classified Boccia Athletes should undertake Observation in Competition before a Classification Panel allocates a final Sport Class and designates a Sport Class Status to that Athlete.
- 15.1.2. 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 which comprises the Physical Assessment components of: Assessment of an Eligible Impairment, Assessment of Minimal Impairment Criteria (MIC) and the Technical Assessment of the Athlete's ability to perform specific tasks and fundamental activities for Boccia
- 15.1.3. Observation Assessment in Competition should take place during the Athletes First Appearance or following appearances during the Pool rounds of the individual event. First Appearance is the first time an Athlete competes in an event during a Competition in a particular Sport Class.
- 15.1.4. If First Appearance during a Competition is in the pool rounds of the Team/Pair event a Sport Class can be allocated or changes can be made only if enough Observation Assessment can take place to determine the athlete's function.
- 15.1.5. Observation Assessment in competition can take place in the elimination rounds of a BISFed event. **NO CHANGES can be made to the Sport Class of an athlete during the elimination rounds.**
- 15.1.6. A Classification Panel can maintain Observation Assessment for the next match/matches in the pool rounds if they do not achieve a final consensus for Sport Class Allocation. Some of the reasons are, but not limited to:
  - a) The Athlete did not participate enough during the game at the discretion of the Classification Panel (This

may occur in Team or Pair events if the Athlete is not on court for enough time or does not throw/deliver enough balls).

- b) The level of the match does not challenge the Athlete's potential.
- c) The Athlete is injured.
- d) The Classification Panel could not conduct OA (e.g. many Athletes to observe in the first round of matches)

15.1.7. The Classification Panel must allocate a Sport Class and designate a Sport Class Status upon completion of Observation Assessment during pool rounds.

## 15.2. **Changes in Sport Class after Observation Assessment**

If any changes to an Athlete's Sports Class are determined by the BISFed Classification Panel as a result of Observation Assessment in Competition:

15.2.1. The BISFed Chief Classifier shall inform the National team representative and the Technical Delegate (TD) of the Classification Panel's decision as soon as is logistically possible during the pool stages of the Competition.

15.2.2. There are set points at which a classification change can be made to an Athlete's Sport Class at a BISFed Competition:

15.2.2.1 During a pool stage

15.2.2.2 End of pool stage

15.2.2.3 Between the Individual event and the Team/Pair event at a competition

15.2.2.4 The change of Sport Class is effective immediately (within the Pool stages and prior to Elimination rounds only);

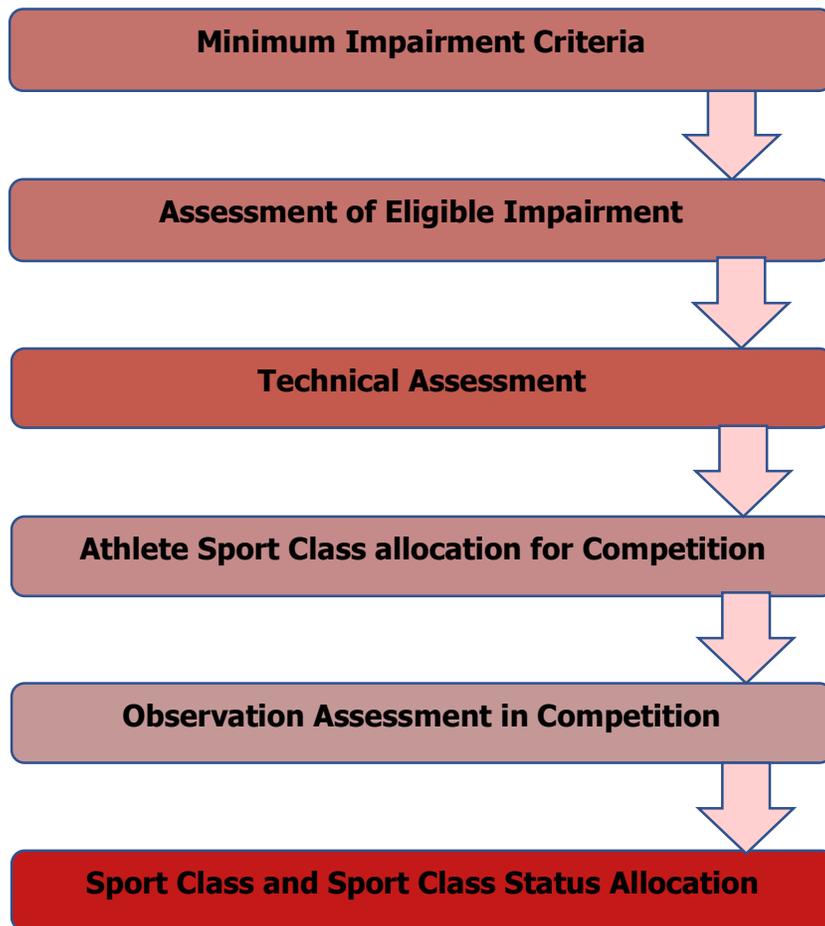
- 15.2.3. An Athlete's Sport Class is correct until changed and any results achieved prior to a change should remain valid either for that event or for the purposes of a world ranking.
- 15.2.4. During a pool stage, if an Athlete's Sport Class is changed and the athlete, or his/her the Team or Pair cannot continue, any remaining pool matches will be forfeited (i.e. as if a side has missed the call room).
- 15.2.5. If an Athlete's Sport Class is changed and the Athlete or his/her Team or Pair cannot continue to an Elimination Round, the 2<sup>nd</sup> place in the pool is advanced
- 15.2.6. No Sport Class change will be permitted during the Elimination Round of a competition
- 15.2.7. The TD may make adjustments to start lists and schedule if changes are made prior to an event in accordance with the sports and/or Classification Rules of BISFed; and
- 15.2.8. The TD/LOC must advise other teams/nations and any other relevant parties of any associated changes as soon as logistically possible.
- 15.2.9. Written notification of any changes resulting from Classification in Competition period must be provided to the Athlete. This will include:
  - 15.2.9.1. The Athlete's assigned Sport Class;
  - 15.2.9.2. The Athlete's updated Sport Class Status; and
  - 15.2.9.3. Details of any associated Protest procedures.
- 15.2.10. The LOC has the responsibility to inform all relevant parties of the outcomes of the Athletes evaluation after being so advised by the Chief Classifier.

### 15.3. **Competing in a Higher Sport Class**

An Athlete may compete in a higher (less impaired) Sport Class at a specific Competition at the discretion of the BISFed Chief Classifier and Technical

Delegate. If the Athlete competes in a higher/less impaired Sport Class e.g. BC1 competing as BC2, they will remain in that Sport Class for the remainder of the BISFed Competition.

**Figure 1: The Athlete Evaluation Process**



## **16. 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 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 end of an Evaluation and Observation Assessment will be one of the following:

- a) Confirmed (C)
- b) Review (R)
- c) Review with a Review Fixed Date (RFD)

### **16.1. Sport Class Status New (N)**

- 16.1.1. An Athlete is allocated Sport Class Status New (N) by BISFed prior to attending the Athlete's first Evaluation Session.
- 16.1.2. An Athlete with Sport Class Status New (N) must attend an Evaluation Session prior to competing at any International Competition unless BISFed specifies otherwise.

### **16.2. Sport Class Status Review (R)**

- 16.2.1. An Athlete will be designated Sport Class Status Review (R) if the Classification Panel believes that further Evaluation Sessions will be required.
- 16.2.2. 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 BISFed has a fluctuating and/or progressive Impairment/Impairments that is/are permanent but not stable; and/or has not yet reached full Musculoskeletal or sports maturity.
- 16.2.3. An Athlete with Sport Class Status Review (R) will only undergo a second Athlete Evaluation prior to competing at International Competition after at least 12 months from the

first Evaluation unless BISFed specifies otherwise where Two (2) classification panels are present or where (1) panel is present provided there is time for such Classification in the schedule

**16.3. Sport Class Status Review Fixed Date (RFD)**

- 16.3.1. An Athlete may be designated Sport Class Status Review with a Review Fixed Date (RFD) if the Classification Panel believes that further Athlete Evaluation will be required but will not be necessary before a set date, being the Review Fixed Date.
- 16.3.2. An Athlete with Sport Class Status RFD will be required to attend an Evaluation Session at the first opportunity after the relevant Review Fixed Date.
- 16.3.3. An Athlete who has been allocated Sport Class Status RFD may not attend an Evaluation Session prior to the relevant Review Fixed Date unless a Medical Review Request and/or Protest has been submitted and accepted.
- 16.3.4. A Classification Panel that consists of only one Classifier may not designate an Athlete with Sport Class Status Review with a Review Fixed Date but must designate the Athlete with a Sport Class Status Review (R).

**16.4. Sport Class Status Confirmed (C)**

- 16.4.1. An Athlete will be designated with Sport Class Status Confirmed (C) if the BISFed 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 within the Sport Class.
- 16.4.2. An Athlete with Sport Class Status Confirmed is not required to undergo any further Athlete Evaluation (save pursuant to the provisions in these Classification Rules concerning Protests (Part 6), Medical Review (Part 8) and changes to Sport Class Criteria (16.5).
- 16.4.3. A BISFed Classification Panel that consists of only one Classifier may not designate an Athlete with Sport Class Status

Confirmed but must designate the athlete with Sport Class Status Review.

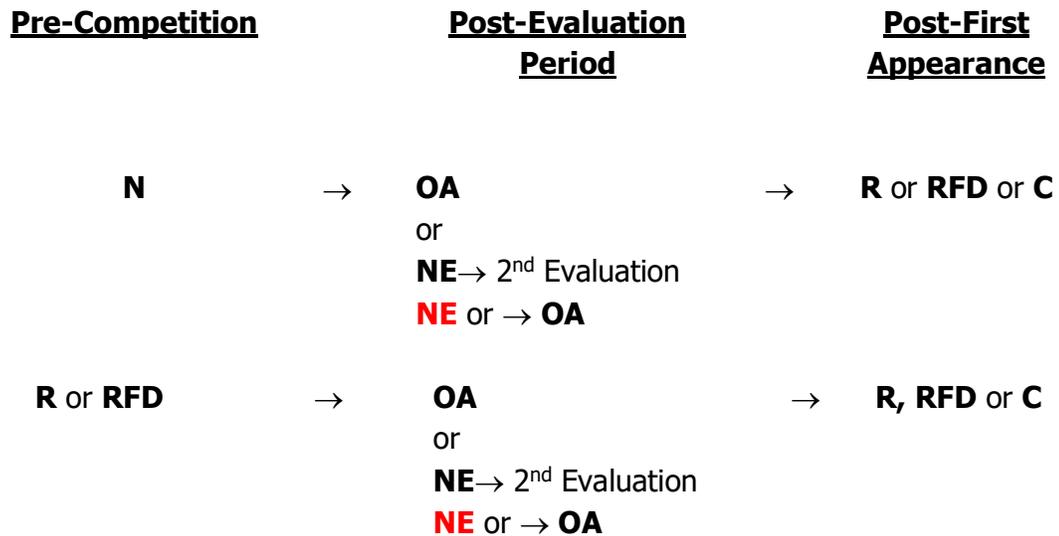
- 16.4.4. An Athlete will not be allocated a Confirmed Sports Class Status until the Athlete has been observed in Competition.
- 16.4.5. The Classification Panel determines the Athlete does not need to present for further Classification Evaluation based on the Physical Assessment; Technical assessment and on completion of the Observation Assessment (OA). This will apply to Athletes who fulfil all Criteria for the class and are definitely well within the Sport Class Criteria.
- 16.4.6. Due to the variable nature of recovery after Acquired/Traumatic Brain or Cervical Injury, such an Athlete will not be given Confirmed Status (C) till at least 4 years post-injury. The Athlete will remain Review Status (R) until at least four (4) years post injury and has been Classified a minimum of two (2) times at a BISFed Sanctioned Competition in the same Sports Class over a period of at least two (2) years.

## 16.5. **Changes to Sport Class Criteria**

If BISFed changes any Sport Class criteria and/or assessment methods defined in these rules or the Appendices to these Rules, then:

- 16.5.1 BISFed may re-assign any Athlete who holds Sport Class Status Confirmed (C) with Sport Class Status Review (R) and requires that the Athlete attend an Evaluation Session at the earliest available opportunity; or
- 16.5.2 BISFed may remove the Review Fixed Date (RFD) for any Athlete and require that the Athlete attend an Evaluation Session at the earliest available opportunity; and
- 16.5.3 In both instances the relevant National Body or National Paralympic Committee shall be informed as soon as is practicable.

## 16.6 Athlete Evaluation Pathway (red = no further evaluation possible)



## 17. Notification of Sport Class and Sport Class Status

The outcome of Athlete Evaluation must be notified to the Athlete and/or National Body or National Paralympic Committee and published as soon as practically possible after completion of Athlete Evaluation during the Pool rounds of the Competition. Special provisions about results posting can be established by LOC.

Written notification will be provided to the Athlete and given to the Athlete's National Federation representative and will include:

- a) The Athlete's assigned Sport Class
- b) The Athlete's updated Sport Class Status
- c) Details of associated Protest procedures

### 17.1. Notification for New Athletes

- 17.1.1. Athletes with Sport Class status N will either undergo Observation Assessment (OA) or be Not Eligible (NE) following completion of the Physical Assessment and Technical Assessment detailed as above.

17.1.2. Following Observation Assessment in competition New Athletes (N) will be notified of their Sport Class and Sport Class Status of Review (R), Review with a Review Fixed Date (RFD) or Confirmed (C) or may undergo further Evaluation by the Classification Panel.

## **17.2. Notification of Sport Class Status for Review or Review Fixed Date Athletes**

17.2.1. Following Observation Assessment in Competition Review or RFD Athletes will be notified of their Sport Class and Sport Class Status.

17.2.2. If Confirmed then no further Evaluation is required.

17.2.3. For Review or RFD, a maximum of three Athlete Evaluations can be conducted over a period of at least three years. Unless for medical reasons, no 2 reviews should be within 12 months.

## **17.3 Notification to Third Parties**

17.3.1 The LOC shall provide all relevant information that teams may require for viewing Classification in Competition of any Athletes who enter a Competition with an N, R or RFD Sport Class Status.

17.3.2 The Chief Classifier will inform the Local Organising Committee and the Technical Delegate for BISFed of the updated Athlete Sport Class results following completion of the Evaluation Sessions.

## **17.4 Final Confirmation post Competition**

17.4.1 The Chief Classifier for the Competition must confirm each Sport Class and Sport Class Status assigned by the Classification Panels before the end of each Competition.

17.4.2 BISFed 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 Database on the BISFed website within 4 weeks.

## **PART FIVE: Sport Class Not Eligible**

### **18. Sport Class Not Eligible**

If BISFed determines that an Athlete:

- a) Has an Impairment that is not an Eligible Impairment; or
- b) Does not have an Underlying Health Condition, BISFed must allocate that Athlete Sport Class Not Eligible (NE).
- c) If a Classification Panel determines that an Athlete who has an Eligible Impairment does not comply with Minimum Impairment Criteria (MIC) for a sport that Athlete must be allocated Sport Class Not Eligible (NE) for that sport.

#### **18.1. Absence of Eligible Impairment**

18.1.1. If BISFed determines that an Athlete does not have an Eligible Impairment, based on the information provided within the BISFed Database and the uploaded Medical Diagnosis Form along with any other supporting Medical evidence that Athlete:

18.1.1.1. Will not be permitted to attend an Evaluation Session;  
and

18.1.1.2. Will be allocated with Sport Class Not Eligible (NE) and designated with Sport Class Status Confirmed (C) by BISFed.

18.1.2. If another International Sport Federation has allocated an Athlete with Sport Class Not Eligible (NE) because the Athlete does not have an Eligible Impairment, BISFed may likewise do so without the need for the process detailed in these Classification Rules.

18.1.3. An Athlete who is allocated Sport Class Not Eligible (NE) by BISFed or a Classification Panel (delegated by BISFed) because that Athlete has:

18.1.3.1. An Impairment that is not an Eligible Impairment; or

18.1.3.2. A Health Condition that is not an Underlying Health Condition;

The athlete has no right to request such determination be reviewed by a second Classification Panel and will not be permitted to participate in the sport.

## 18.2. **Failure to Meet Minimum Impairment Criteria (MIC)**

18.2.1. An athlete must have an eligible impairment and it must comply with the Minimum Impairment Criteria set out in the BISFed Classification rules for each class in order to be eligible to compete.

18.2.1.1 If a BISFed Classification Panel determines that an athlete does not have such an eligible impairment and/or that eligible impairment does not comply with Minimum Impairment Criteria, a Sport Class Not Eligible (NE) will be allocated and the athlete will not be eligible to compete.

18.2.1.2 Where a second BISFed Classification panel is available at the competition, the athlete will be required to undergo a second Athlete Evaluation at that competition. This must take place as soon as is practicable at the competition where a second panel is available.

18.2.2. 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.

18.2.3. If the second BISFed 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 Chief Classifier);

Sport Class Not Eligible (NE) will be allocated and the Athlete designated with Sport Class Status Confirmed. The athlete will not be permitted to compete at that competition or any further BISFed competitions.

- 18.2.4. If an Athlete makes (or is subject to) a Protest on a previously allocated Sport Class other than Not Eligible and is allocated Sport Class Not Eligible by a Protest Panel, the Athlete must be provided with a further and final Evaluation Session which will review the decision to allocate Sport Class Not Eligible made by the Protest Panel.
- 18.2.5. If a BISFed Classification Panel allocates Sport Class Not Eligible on the basis that it has determined that an Athlete does not comply with Minimum Impairment Criteria (MIC) for BISFed the Athlete may be eligible to compete in another sport, subject to Athlete Evaluation for that sport.
- 18.2.6. If an Athlete is allocated Sport Class Not Eligible this does not question the presence of a genuine Impairment. It is only a ruling on the eligibility of the Athlete to compete in the sport of Boccia.
- 18.2.7. If an Athlete does not meet the Minimum Impairment Criteria of a Sport Class for example BC2 or BC4 and the Classification panel allocates a Sport class BC5, the athlete will only be allowed to compete in a BC5 competition. If there is no BC5 event at a competition, the athlete will not be allowed to participate in a lower class.

### **19. Scope of a Protest**

19.1. The term Protest is used in these Rules as it is in the IPC's International Standard for Protest and Appeals. It refers to the procedure by which a formal objection to an Athlete's Sport Class is made and subsequently resolved.

19.2. 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.

19.3. A Protest may not be made in respect of an Athlete who has been allocated a Sport Class Not Eligible given that Athlete must automatically be reviewed by a second Classification Panel in accordance with the International Standard for Athlete Evaluation and BISFed rules.

19.4. BISFed is the responsible body to resolve any Protest made in respect to an Athlete's Sport Class in Boccia.

### **20. Parties Permitted to make a Protest**

There is no opportunity for an Athlete to make a protest by himself or herself. A Protest may only be made on behalf of an Athlete by the Athlete's BISFed Member (i.e a National Body and/or National Paralympic Committee) who might be **one** of the following bodies:

20.1. A National Body;

20.2. A National Paralympic Committee; or

20.3. BISFed

### **21. National Protests**

21.1. A National Body or a National Paralympic Committee may only make a Protest in respect of an Athlete under its jurisdiction at a Competition or venue set aside for Athlete Evaluation by BISFed.

- 21.2. A National Protest made at a Competition must be made no later than the end of the Pool rounds in the Competition according to the timeframes set by BISFed:
  - 21.2.1. Within one (1) hour of the Athlete being advised as to the classification panel's decision after the physical and technical assessment.
  - 21.2.2. Within one (1) hour of the outcome of Athlete Evaluation is published following Observation Assessment in Competition.
- 21.3. If a Protest is made before First Appearance takes place the Athlete must not be permitted to compete until the Protest has been resolved.

## **22. National Protest Procedure**

- 22.1. To submit a National Protest, a National Body or a National Paralympic Committee must show that the Protest is bona fide with supporting evidence and complete a Protest Form, the format of which is determined by the BISFed and must include the following:
  - 22.1.1. The name and the country of the protest Athlete;
  - 22.1.2. The details of the Protested Decision and/or a copy of the Protested Decision;
  - 22.1.3. An explanation as to why the Protest has been made and the basis on which the National Body or National Paralympic Committee believes that the Protested Decision is flawed;
  - 22.1.4. Reference to the specific rule(s) alleged to have been breached except that if the rule referenced is a discretionary rule the Protest will not comply with this Article 22.1.4.
- 22.2. The Protest Documents must be submitted to the BISFed Chief Classifier of the relevant Competition within one hour (60 minutes). Upon receipt of the Protest Documents the Chief Classifier must conduct a review of the Protest, of which there are two possible outcomes:
  - 22.2.1. The BISFed Chief Classifier may dismiss the Protest if, in the

discretion of the Chief Classifier, the Protest does *not* comply with the Protest requirements in point 22.1; or

22.2.2 The BISFed Chief Classifier may accept the Protest if, in the discretion of the Chief Classifier, the Protest complies with the Protest requirements in point 22.1.

22.3. The Chief Classifier may contact the BISFed Head of Classification to accept or decline a submitted Protest at her or her discretion.

22.4. If the Protest is dismissed the BISFed Chief Classifier must notify all relevant parties and provide a written explanation to the National Body or National Paralympic Committee as soon as practicable. The Protest Fee will be forfeited.

22.5. If the Protest is accepted:

22.5.1. The Protested Athlete's Sport Class must remain unchanged pending the outcome of the Protest, but the Protested Athlete's Sport Class Status must be changed to Sport Class Status Review effective immediately unless it is already Review;

22.5.2. The BISFed Chief Classifier must appoint a Protest Panel, in accordance with Article 25, to conduct a new Evaluation Session as soon as reasonably possible, which must be, if practicable, at the Competition the Protest was made; and

22.5.3. The Chief Classifier must notify all relevant parties of the time and date the new Evaluation Session must be conducted by the Protest Panel.

22.6. The National Body or the National Paralympic Committee must pay a Protest Fee to the BISFed to make a Protest. A fee of One Hundred and Fifty (150) Euros/Stirling (unless there is a different amount specified by the LOC for that Competition).

### **23. BISFed Protests**

BISFed may, in its discretion, make an International Sport Federation Protest at any time in respect of an Athlete under its jurisdiction if:

- 23.1. It is considered that an Athlete may have been allocated an Incorrect Sport Class; (i.e. if there is a good reason to believe that the Protested Athlete's ability to execute the specific task for Boccia is not consistent with the Sport Class that has been allocated to the Protested Athlete); or
- 23.2 A BISFed Member makes a documented request to BISFed, submitted to a BISFed Administrator. The assessment of the validity of the request is at the sole discretion of BISFed, and any such request does not require a BISFed Protest or resolution at a particular Competition. International Standard for Protests and Appeals – February 2018

## **24. BISFed Protest Procedure**

- 24.1. If BISFed decides to make an International Sport Federation Protest, the Head of Classification of BISFed must advise the relevant National Body or National Paralympic Committee of the International Sport Federation Protest at the earliest possible opportunity.
- 24.2. The BISFed Head of Classification must provide the relevant National Body or National Paralympic Committee with a written explanation as to why the BISFed Protest has been made and the basis on which the Head of Classification considers it is justified.
- 24.3. If BISFed as the International Sport Federation makes a Protest:
  - 24.3.1. The Protested Athlete's Sport Class must remain unchanged pending the outcome of the Protest;
  - 24.3.2. The Protested Athlete's Sport Class Status must immediately be changed to Review unless the Protested Athlete's Sport Class Status is already Review; and
  - 24.3.3. A Protest Panel must be appointed to resolve the Protest as soon as is reasonably possible.

## **25. Protest Panel**

- 25.1. A BISFed Chief Classifier may fulfil one or more of the Head of

Classification's obligations in this Article 25 if authorised to do so by the Head of Classification.

- 25.2. A Protest Panel must be appointed by the BISFed Head of Classification in a manner consistent with the provisions for appointing a Classification Panel in the International Standard for Athlete Evaluation.
- 25.3. A Protest Panel must *not* include any person who was a member of the Classification Panel that:
  - 25.3.1. Made the Protested Decision; or
  - 25.3.2. Conducted any component of Athlete Evaluation in respect of the Protested Athlete within a period of 12 months prior to the date of the Protested Decision, unless otherwise agreed by the National Body, National Paralympic Committee or International Sport Federation making the Protest.
- 25.4 The BISFed Head of Classification must notify all relevant parties of the time and date for the Athlete Evaluation that must be conducted by the Protest Panel.
- 25.5 The Protest Panel must conduct the new Athlete Evaluation in accordance with the International Standard for Athlete Evaluation. The Protest Panel may refer to the Protest Documents when conducting the new Athlete Evaluation.
- 25.6 The Protest Panel must allocate a Sport Class and designate a Sport Class Status. All relevant parties must be notified of the Protest Panel's decision as soon as possible following the Athlete Evaluation.
- 25.7 The decision of a Protest Panel in relation to both a National Protest and an International Sport Federation Protest is **final**. There is no opportunity for a National Body, National Paralympic Committee or an International Sport Federation to make another Protest. However, the decision of a Protest Panel may be appealed if the requirements set out in Part 11 of this International Standard are met.
- 25.8 The Protest Panel may seek medical, sport or scientific expertise in reviewing an Athlete's Sport Class.

## **26. Provisions Where No Protest Panel is Available**

- 26.1. If a Protest is made at a BISFed Competition but there is no opportunity for the Protest to be resolved at that Competition:
- 26.1.1. The Protested Athlete must be permitted to compete within the Sport Class that is the subject of the Protest with Sport Class Status Review, pending the resolution of the Protest; and
  - 26.1.2. If the protest is made and accepted at a competition with only one (1) Classification panel (BISFed World Open and Regional Open events), the Protest will be sent to the Head of Classification who will appoint the protest panel at the next BISFed Sanctioned event that the Athlete attends.
  - 26.1.3. All reasonable steps must be taken to ensure that the Protest is resolved at the earliest opportunity.

## **27. Special Provisions**

- 27.1. BISFed may make arrangements for some or all of the components of Athlete Evaluation to be carried out at a place and at a time away from a Competition ('Non-Competition Venue') in accordance with this International Standard and the International Standard for Athlete Evaluation.
- 27.2. BISFed must establish Protest provisions to enable Protests to take place when Athlete Evaluation is carried out in a Non-Competition Venue in accordance with this International Standard.
- 27.3. Ad Hoc Provisions Relating to Protests during major competitions may be issued by the IPC and/or BISFed to operate during Multi-Para Sport competitions sanctioned by Regional Paralympic Committees and other Competitions.

## **PART SEVEN: Misconduct during Evaluation Session**

### **28. Failure to Attend Evaluation Session**

- 28.1. An Athlete is personally responsible for attending an Evaluation Session.
- 28.2. An Athlete's National Body or National Paralympic Committee must take reasonable steps to ensure that the Athlete attends an Evaluation Session.
- 28.3. Failure to attend is defined solely as any failure to participate in an appointment set for the Athlete to meet with a Classification Panel for the purposes of an Evaluation Session. Failure to attend evaluation includes, but is not limited to:
  - 28.3.1. not attending the Evaluation at the specified time or place;
  - 28.3.2. not attending the Evaluation with the appropriate equipment/clothing and/or documentation; or
  - 28.3.3. not attending the Evaluation accompanied by the required Athlete Support Personnel (i.e. when the Athlete is a non-English speaker or is a minor).
- 28.4. If an Athlete fails to attend an Evaluation Session, the Classification Panel will report the failure to the BISFed Chief Classifier.
  - 28.4.1. The Chief Classifier 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.
  - 28.4.2. The Athlete may be given a second and final chance to attend for Evaluation.
- 28.5. 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.

## **29. Suspension of Evaluation Session**

29.1. A Classification Panel, in consultation with the Chief Classifier, 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:

29.1.1. A failure on the part of the Athlete to comply with any part of these Classification Rules;

29.1.2. A failure on the part of the Athlete to provide any medical information that is reasonably required by the Classification Panel;

29.1.3. 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;

29.1.4. 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;

29.1.5. The Athlete is unable to communicate effectively with the Classification Panel;

29.1.6. 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

29.1.7. 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.

29.2. If an Evaluation Session is suspended by a Classification Panel, the

following steps must be taken:

- 29.2.1. 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 Body or National Paralympic Committee;
  - 29.2.2. If the Athlete takes the remedial action to the satisfaction of the BISFed Chief Classifier or Head of Classification, the Evaluation Session will be resumed; and
  - 29.2.3. 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.
- 29.3. If an Evaluation Session is suspended by a BISFed Classification Panel, the Classification Panel may designate the Athlete as Classification Not Completed (CNC) in accordance with these Classification Rules.
- 29.4. A Suspension of an Evaluation Session may be subject to a further investigation into any possible Intentional Misrepresentation (Part 9).
- 29.5. Disciplinary measures can be implemented with respect to Athlete Support Personnel who are complicit in any Athlete behaviour resulting in the suspension of an Evaluation Session, or who fail to take reasonable steps to avoid a suspension taking place.

## **PART EIGHT: Medical Review**

### **30. Medical Review**

- 30.1. This Article applies to any Boccia Athlete who has been allocated a Sport Class with Sport Class Status Confirmed (C) or Review with a Review Fixed Date (FRD).
- 30.2. A change in the nature or degree of an Athlete's Impairment may

mean that a review is needed to ensure that any Sport Class allocated to that Athlete is correct. This review is referred to as 'Medical Review', and is commenced by way of a 'Medical Review Request'

- 30.3. 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.
- 30.4. A Medical Review Request must be made by the Athlete's National Body or National Paralympic Committee together with a €100 non-refundable fee and any supporting documentation.
- 30.5. 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 Boccia has changed.
- 30.6. The Medical Review Request form (see Appendix 7) must be completed by an appropriately qualified health professional and include all relevant supporting documentation in English or with a certified English translation (i.e. reasonably detailed medical records).
- 30.7. A Medical Review Request must be received by BISFed as soon as reasonably practicable.
- 30.8. The BISFed Head of Classification must decide whether the Medical Review Request is upheld or not as soon as is practicable following receipt of the Medical Review Request.
- 30.9. Any Athlete or Athlete Support Personnel who becomes aware of such changes outlined in Article 30.3 but fails to draw those to the attention of their National Body, National Paralympic Committee or BISFed may be investigated in respect of possible Intentional Misrepresentation.
- 30.10. If a Medical Review Request is accepted, the Athlete's Sport Class Status will be changed to Review (R) with immediate effect.

## **PART NINE: Intentional Misrepresentation**

### **31. Intentional Misrepresentation (IM)**

- 31.1. 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'.
- 31.2. 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.
- 31.3. If BISFed commences disciplinary proceedings against an Athlete or Athlete Support Personnel in respect to Intentional Misrepresentation (and/or complicity involving Intentional Misrepresentation), BISFed will impose a provisional suspension from all Competitions until an investigation is conducted and resolved. In consequence:
- 31.3.1. An Athlete or Athlete Support Personnel who is subject to a provisional suspension may not, during the period of provisional suspension, participate in any capacity in any Competition, event or other activity organised, convened, authorised or recognised by BISFed.
- 31.3.2. An Athlete or Athlete Support Personnel who receives notice of a provisional suspension may apply to BISFed for any provisional suspension to be lifted on the basis that facts exist that make it clearly unfair, in all of the circumstances, for a provisional suspension to be imposed. This application must be sent to the BISFed Head of Classification and the BISFed Operation Manager.

- 31.3.3. If BISFed imposes a provisional suspension, it should ensure there can be an expedited hearing no later than 30 days after the date of imposition of the provisional suspension if the Athlete or Athlete Support Personnel requests such a hearing.
- 31.4. In respect of any allegation relating to Intentional Misrepresentation a hearing will be convened by BISFed to determine whether the Athlete or Athlete Support Personnel has committed Intentional Misrepresentation.
- 31.5. Investigation of potential Intentional Misrepresentation can include, but is not limited to:
- 31.5.1. interviews with the Athletes and the Athlete Support personnel involved;
  - 31.5.2. re-assessment of particular Boccia skills or test used during the Physical and/or Technical Assessment;
  - 31.5.3. application of a specific evidence-based test used for this purpose (e.g. Roldan, A., Sabido, R., Barbado, D., Caballero, C., & Reina, R. (2017) Manual Dexterity and Intralimb Coordination Assessment to Distinguish Different Levels of Impairment in Boccia Players with Cerebral Palsy. *Frontiers in Neurology*, 8, 582. <http://doi.org/10.3389/fneur.2017.00582>); and
  - 31.5.4. video-analysis of records done during the Technical Assessment and/or other matches (in this or other competitions).

## **32. Consequences of Intentional Misrepresentation**

- 32.1. The consequences to be applied to an Athlete or Athlete Support Personnel who is found to have been guilty of Intentional Misrepresentation and/or complicity involving Intentional Misrepresentation will be one or more of the following:

- 32.1.1. Disqualification from all events at the Competition at which the Intentional Misrepresentation occurred<sup>1</sup>, and any subsequent Competitions at which the Athlete competed;
  - 32.1.2. Being allocated with Sport Class Not Eligible (NE) and designated a Review with a Review Fixed Date (RFD) Sport Class Status for a specified period of time ranging from 1 to 4 years<sup>2</sup>;
  - 32.1.3. Suspension from participation in Competitions in all sport for a specified period ranging from 1 to 4 years<sup>3</sup>; and
  - 32.1.4. Publication of their names and suspension period.
- 32.2. Any Athlete who is found to have been guilty of Intentional Misrepresentation and/or complicity involving Intentional Misrepresentation on more than one occasion will be allocated Sport Class Not Eligible with RFD Status for a period of time from four years to life.
- 32.3. Any Athlete Support Personnel who is found to have been guilty of Intentional Misrepresentation and/or complicity involving Intentional Misrepresentation on more than one occasion will be suspended from participation in any Competition for a period of time from four years to life.
- 32.4. If another International Sports Federation brings disciplinary proceedings against an Athlete or Athlete Support Personnel in respect of Intentional Misrepresentation which results in consequences being imposed on that Athlete or Athlete Support Personnel, those consequences will be recognised, respected and enforced by BISFed.
- 32.5. Any consequences to be applied to teams, which include an Athlete or Athlete Support Personnel who is found to have been guilty of

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<sup>1</sup> After consultation of the Classification Panel involved, this penalty can be applied by the Chief Classifier of an International Competition after reporting and discussing this decision with the Head of Classification.

<sup>2</sup> After a report by the Chief Classifier of an International Competition, this decision will be taken by the Head of Classification in consultation with the BISFed Classification Committee, who will communicate to the BISFed Governing Board for its ratification

<sup>3</sup> Appearing in the BISFed Classification Master List with the code 'Intentional Misrepresentation' (IM)

Intentional Misrepresentation and/or complicity involving Intentional Misrepresentation, will be at the discretion of BISFed.

- 32.6. Any disciplinary action taken by BISFed pursuant these Classification Rules must be resolved in accordance with the IPC Board of Appeal of Classification Bylaws.

## **PART TEN: Use of Athlete Information**

### **33. Classification Data**

- 33.1. BISFed may only Process Classification Data if such Classification Data is considered necessary to conduct Classification.
- 33.2. All Classification Data Processed by BISFed must be accurate, complete and kept up-to-date on the BISFed Database.

### **34. Consent and Processing**

- 34.1. Subject to Article 34.3, BISFed may only Process Classification Data with the consent of the Athlete to whom that Classification Data relates.
- 34.2. If an Athlete cannot provide consent (for example because the Athlete is underage) the legal representative, guardian or other designated representative of that Athlete must give consent on their behalf.
- 34.3. BISFed may only Process Classification Data without the consent of the relevant Athlete if permitted to do so in accordance with National Laws.

### **35. Classification Research**

- 35.1. BISFed may request that an Athlete provide it with Personal Information for Research Purposes.
- 35.2. The use by BISFed of Personal Information for Research Purposes

must be consistent with these Classification Rules and all applicable ethical use requirements.

35.3. Personal Information that has been provided by an Athlete to BISFed solely and exclusively for Research Purposes must not be used for any other purpose.

35.4. BISFed may only use Classification Data for Research Purposes with the express consent of the relevant Athlete. If BISFed wishes to publish any personal information provided by an Athlete for research purposes; it must obtain consent to do so from that Athlete prior to any publication. This restriction does not apply if the publication is anonymised so that it does not identify any Athlete(s) who consented to the use of their Personal Information.

## **36. Notification to Athletes**

BISFed must notify an Athlete who provides Classification Data as to:

36.1. The fact that BISFed is collecting the Classification Data; and The purpose for the collection of the Classification Data; and

36.2. The duration that the Classification Data will be retained.

## **37. Classification Data Security**

37.1. BISFed has to 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

37.2. BISFed has to take reasonable steps to ensure that any other party provided with Classification Data uses that Classification Data in a manner consistent with these Classification Rules.

## **38. Disclosures of Classification Data**

38.1. BISFed must not disclose Classification Data to other Classification Organisations except where such disclosure is related to Classification conducted by another Classification Organisation

and/or the disclosure is consistent with applicable National Laws.

- 38.2. BISFed may disclose Classification Data to other parties only if such disclosure is in accordance with these Classification Rules and permitted by National Laws.

### **39. Retaining Classification Data**

- 39.1. BISFed must ensure that Classification Data is only retained for as long as it is needed for the purpose it was collected. If Classification Data is no longer necessary for Classification purposes, it must be deleted, destroyed or permanently anonymised.
- 39.2. BISFed must implement policies and procedures that ensure that Classifiers and Classification Personnel retain Classification Data for only as long as is necessary in order for them to carry out their Classification duties in relation to an Athlete.
- 39.3. BISFed Classifiers and Classification Personnel can only retain Classification Data as long as is necessary in order for them to carry out their Classification duties in relation to an Athlete.
- 39.4. The data processed will be accurate, complete and kept up-to-date in a secured BISFed database.
- 39.5. BISFed Classifiers are not allowed to publish any video or photographs, obtained during or after the classification process, on any form of social media no matter what the purpose or intention is.

### **40. Access Rights to Classification Data**

- 40.1. Athletes may request from BISFed:
  - 40.1.1. Confirmation of whether or not that BISFed Processes Classification Data relating to them personally and a description of the Classification Data that is held;
  - 40.1.2. A copy of the Classification Data held by BISFed and/or
  - 40.1.3. Correction or deletion of the Classification Data held by

BISFed.

- 40.2. A request may be made by an Athlete or a National Body or a National Paralympic Committee on an Athlete's behalf and must be complied with within a reasonable period of time.

#### **41. Classification Master Lists**

- 41.1. BISFed will 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 all BISFed International Competitions.
- 41.2. BISFed must make available the Classification Master List to all relevant National Bodies on the BISFed website
- 41.3. Following an International BISFed Competition, the Chief Classifier must liaise with the BISFed Head of Classification, so that the Classification Master List can be updated.

## **42. Appeal**

42.1. An Appeal is a process by which a formal objection to how Athlete Evaluation and/or Classification *procedures* have been conducted is submitted and subsequently resolved.

## **43. Parties Permitted to Make an Appeal**

43.1. An Appeal may *only* be made by one of the following bodies:

43.1.1. A National Body; or

43.1.2. A National Paralympic Committee.

## **44. Appeals and the Applicable Rules**

44.1. If a BISFed Member believes that there have been procedural errors made in respect of the allocation of a Sport Class and/or Sport Class Status and that, as a consequence, an Athlete has been allocated an incorrect Sport Class or Sport Class Status, it may submit an Appeal.

44.2. A Notice of Appeal must:

44.2.1. Be made within fifteen (15) days of the decision being complained of;

44.2.2. Identify the decision being Appealed; by attaching a copy of the decision (if written) or briefly summarising it;

44.2.3. Specify the grounds of the Appeal

44.2.4. Identify all documents evidence and witnesses to be put forward to support of the Appeal;

44.2.5. Be submitted with a fee that reflects/equal to the charges of the Board of Appeal on Classification (BAC)

44.3. BISFed has designated the IPC BAC to act as the appeal body for BISFed. The detailed rules of procedure in respect of Appeals to the

BAC are provided by the IPC. The IPC will be responsible for establishing the BAC in accordance with the IPC BAC Bylaws.

- 44.4. In all instances where the BAC is the Appeal Body, an Appeal must be made and resolved in accordance with the IPC Handbook, Section1, Chapter 2.8 – Bylaws Board of Appeal of Classification.
- 44.5. The BAC shall have jurisdiction to review classification decisions in order to:
  - 44.5.1. Ensure that all appropriate Sport Class allocation procedures have been followed; and/or
  - 44.5.2. Ensure that all appropriate Protest procedures have been followed.
- 44.6. An Appeal Body does not have any power to modify, alter or otherwise change any Sport Class and/or Sport Class Status decision, for example by allocating an Athlete a new Sport Class and/or Sport Class Status.
- 44.7. An Appeal Body may decline to rule on an Appeal if it appears that other available remedies, including but not limited to Protest procedures, have not been exhausted.
- 44.8. Upon receipt of a Notice of Appeal, if the party bringing the Appeal has complied with all relevant Appeal procedures and exhausted all other available remedies, BISFed must refer the Appeal to the Appeal Body for resolution.

#### **45. Appeal Decision and Confidentiality**

- 45.1. The Appeal Body must issue a written reasoned decision resolving any Appeal within the timeframe set by the relevant International Sport Federation after the hearing. The decision must be provided to the Appellant, the Respondent and the IPC. In the case of an Appeal in connection with a Competition, the outcome of the decision must be communicated to the competition organising committee.
- 45.2. The Appeal Body must either affirm the decision appealed or set aside the decision.

- 45.3. In its written decision the Appeal Body must issue a ruling stating the reasons for its decision, including the evidence relied on, and the actions that are required as a result. If the decision is set aside, the Appeal Body must specify the procedural error(s) committed.
- 45.4. The decision of the Appeal Body is final and is not subject to any further appeal.
- 45.5. All Appeal proceedings are confidential and not open to the public.

#### **46. Ad Hoc Provisions Relating to Appeals**

- 46.1. The IPC may issue special ad hoc provisions to supplement this International Standard to operate during the Paralympic Games or other Competitions.
- 46.2. BISFed may also issue special ad hoc provisions to supplement this International Standard to operate during specified Competitions under its jurisdiction.

## **47. Methods of Classification**

This Article refers to the methods used during the Physical Assessment component of Athlete Evaluation. The following tests will be completed by the Medical Classifiers within the Classification Panel (e.g. the Doctor, Physiotherapist or associated Professions).

### **47.1. Assessment of Spasticity**

47.1.1. The Australian Spasticity Assessment Scale (ASAS) is used to assess spasticity in the muscle groups of the upper limbs and lower limbs in Athletes who present with a Neurological impairment affecting the Central Nervous System (CNS) for example those Athletes who present with Spastic Hypertonic Cerebral Palsy.

47.1.2. The ASAS process has been modified to assess Athletes seated in their sport-specific wheelchair. The ASAS scale is outlined below:

### **Australian Spasticity Assessment Scale (ASAS):**

- 0** No catch on Rapid Passive Movement (RPM) [i.e. no Spasticity]
- 1** Catch occurs on RPM followed by release. There is no resistance to RPM throughout the rest of the remaining range.
- 2** Catch occurs in the second half of the available range (after halfway point) during RPM and is followed by resistance throughout the remaining range.
- 3** Catch occurs in the first half of the available range (up to and including the halfway point) during RPM and is followed by resistance throughout the remaining range
- 4** When attempting RPM, the body part appears fixed but moves on a slow passive movement.

## 47.2. **Assessment of Dyskinesia: Athetosis/Dystonia**

47.2.1. Component elements of the Dyskinesia Impairment Scale (DIS) forms part of the Physical Assessment during Athlete evaluation in Athletes who present with a Neurological Impairment affecting the CNS (e.g those Athletes who present with Athetosis/Dystonia). The scale is used as a means of quantifying these impairments.

47.2.2. The Assessment is to observe and score both the Amplitude and Duration of the athetoid/dystonic movements during a set of activities/tests the athlete is asked to do (refer to Appendix 3).

### **Assess if the Amplitude of movements during the specific test are:**

- 0** Athetosis/Dystonia is absent
- 1** Athetosis/Dystonia is occasionally present in < 10% of the range of motion
- 2** Athetosis/Dystonia is frequently present in  $\geq 10\% < 50\%$  of the range of motion
- 3** Athetosis/Dystonia is mostly present between  $\geq 50\% < 90\%$  of the range of motion
- 4** Athetosis/Dystonia is always present in  $\geq 90\%$  of the range of motion

### **Assess if the Duration of movements during the specific test are:**

- 0** Athetosis/Dystonia is absent
- 1** Athetosis/Dystonia is present in small range of motion < 10%
- 2** Athetosis/Dystonia is present in moderate range of motion  $\geq 10\% < 50\%$
- 3** Athetosis/Dystonia is present in submaximal range of motion  $\geq 50\% < 90\%$
- 4** Athetosis/Dystonia is present in maximal range of motion  $> 90\%$

### 47.3. **Assessment of Ataxia**

47.3.1. BISFed has adopted the SARA (Scale for the Assessment and rating of Ataxia) to determine the severity and to assess Ataxia in Athletes who present with a Neurological Impairment affecting the CNS. For example Athletes who may present with CP/Stroke or Acquired Brain Injury and incoordination.

47.3.2. Movements assessed include:

- a) Finger chase
- b) Nose-finger test
- c) Fast alternating hand movements
- d) Heel-shin slide (for foot playing athlete who presents with Ataxia)

47.3.3. For the assessment and scoring of Ataxia, testing refer to Appendix 4

### 47.4. **Assessment of Muscle Strength**

47.4.1. Muscle Strength of the upper limbs, trunk and lower limbs will be assessed against manual resistance using the Daniels and Worthingham Scale which is detailed below.

47.4.2. Athletes are to be assessed seated in their sport-specific wheelchair.

47.4.3. All relevant muscle groups are to be assessed against manual resistance

#### **Muscle Testing -Daniels and Worthingham Scale (Strength)**

- 0** Total lack of voluntary contraction
- 1** Faint contraction without any movement of the limb (trace, flicker)
- 2** Contraction with very weak movement through a full range of motion when gravity is eliminated

- 3 Contraction with movement through the complete joint range against gravity without resistance
- 4 Contraction with a full range of movement against gravity and some resistance
- 5 Contraction of normal strength through full range of movement against full resistance

Daniels L, Worthingham K: Muscle Testing – Techniques of Manual Examination, 7th Edition. Philadelphia, PA: W.B Saunders Co.; 2002

#### 47.5. **Assessment of Active Range of Motion**

- 47.5.1. Active and passive Range of motion at joints within the upper limbs or lower limbs will be assessed using goniometry to accurately record joint angles.

#### 47.6. **Assessment of Limb Loss/Limb Deficiency**

- 47.6.1. Measurement of Limb Loss/Limb Deficiency must be taken in centimetres and a segmometer must be used to conduct the assessment. Measurements are taken from the measuring point on the nearest proximal joint to the distal point of the limb.
- 47.6.2. All measurements must be recorded to the nearest millimetre
- 47.6.3. For all measurements of Limb Loss/Limb Deficiency, the average of two (2) measurements is taken. If the difference between these two (2) measurements is greater than 1%, one (1) additional measurement is taken, and the median (middle) measurement is recorded on the Classification sheet as the final measurement

This Article details the different Sport Classes within Boccia (BC1-5); the Physical Profiles and the Minimum Impairment Criteria (MIC) for each Sport Class with details of the Physical Assessment/Technical Assessment Components.

#### **48. BC 1 Sport Class**

Athletes who are diagnosed with a Neurological Impairment affecting the CNS; Spastic Hypertonic Quadriplegia or Athetosis or who may have a mixed picture including those with severe Ataxia.

##### **48.1. BC1 Minimal Impairment Criteria**

###### **48.1.1. Topography:**

Neurological Impairment(s) affecting all four limbs and trunk (Quadriplegia)

###### **48.1.2. Impairment: Spasticity**

The Athlete has at least Grade 3 spasticity (ASAS Scale) in muscle group (s) that affects the propulsion of the ball into the field of play- shoulder flexors/extensors/ Biceps/Triceps/ Long wrist flexors/supinators/pronators.

###### **48.1.3. Impairment: Athetosis/Dystonia:**

Athetosis/Dystonia is mostly present throughout range greater than 50% and less than 90% duration and throughout submaximal range of motion greater than 50% and less than 90% amplitude in the limb propelling the ball into the field of play (Adapted from Dyskinesia Impairment Scale) scoring 3-4 and mostly 4's on the DIS on functional tests.

###### **48.1.4. Impairment: Ataxia**

The Athlete has involvement in proximal and distal joints, as observed in finger nose and finger chase assessments, which create incoordination that affects all aspects of the throw (Ataxia impacts on the preparation, during and follow through) scoring 3-4 on the SARA scale in functional tests.

48.2. **BC1 in summary:**

- 48.2.1. Severe Neurological Impairment affecting all four limbs (Cerebral Palsy/Stroke/Acquired Brain Injury)
- 48.2.2. Spasticity ASAS Grade 3-4 (ABOVE Grade 3) with or without Athetosis.
- 48.2.3. Limited functional range of movement and/or limited functional strength in all extremities and trunk.
- 48.2.4. An athlete with severe Athetosis or Dystonia with limited functional strength and control (scores 3-4)
- 48.2.5. Severe Ataxia limiting coordination, grasp and release (scores 3-4)
- 48.2.6. Dependent on a powered wheelchair or assistance for everyday mobility and is unlikely to use a manual wheelchair for any length of time.
- 48.2.7. Athletes with severe Athetosis may play from a manual wheelchair; often propelled using their lower limbs.
- 48.2.8. Athletes with Athetosis (Dyskinesia) may walk.

48.3. **BC 1 Thrower (Spastic Quadraplegia) Upper Extremities**

- 48.3.1. On Physical Assessment of the biceps and triceps, shoulder flexors and extensors, wrist and hand, athletes will demonstrate spasticity ASAS Grade 3 or above in the relevant muscle groups that impacts on the throw.
- 48.3.2. On Technical Assessment, this level of spasticity will have a direct activity limitation on the throw and will severely limit the follow through, which is poor.
- 48.3.3. Spasticity in biceps/triceps specifically limits follow through in the over arm/chest throw.
- 48.3.4. Spasticity in the shoulder flexors and extensors/biceps will directly impact on follow through for the pendulum or underarm throw (refer to definitions describing the throwing

actions in the glossary).

48.3.5. Athletes will demonstrate a lack of functional, active range of movement in the upper limb, in particular, the shoulder (flexion) and in the elbow (usually extension) which may be as a result of spasticity, high tone and/or joint deformity.

48.3.6. Dissociation of the upper limb from the trunk will be reduced.

48.3.7. Reflex patterns are commonly observed such as Asymmetric Tonic Neck Reflex (ATNR)/Symmetric Tonic Neck Reflex (STNR)/Flexor pattern but not always present and occur on the throwing side; opposite side; bilaterally or in the lower limbs. Clonus or spasm may be observed.

#### 48.4. **BC1 Hand function and grip (Spastic hypertonia)**

48.4.1. Physically there will be a weakness of the hand and fingers, which may be due to tone, spasticity and deformities at the wrist and fingers and therefore, athletes will grasp the ball in a variety of ways.

48.4.2. There will be some loss of fine motor control and coordination within the hand. Athletes may demonstrate delayed release of the ball as a result of flexor tone/spasticity or weakness in the extensors.

#### 48.5. **BC1 Trunk/Postural Control and Balance (Spastic hypertonia)**

48.5.1. Athletes will demonstrate spasticity and weakness within the trunk.

48.5.2. Functionally this will affect their ability to maintain sitting balance and to control movement without the use of some compensatory strategies (see definitions of compensatory movement and strategies in appendices).

48.5.3. On Technical Assessment Spasticity and/or weakness in the trunk will result in a loss of postural control when throwing; for example, on the release of the ball athletes may lose their position, lean more or be pulled to one side or use more compensatory activity to maintain their posture. This will also

be evident as the athlete returns to midline and to an upright position after throwing.

48.5.4. Due to the spasticity and/or weakness in the trunk, athletes will have limited dissociation of pelvis/trunk/upper limb movements.

48.5.5. Athletes may have lateral supports fitted in the wheelchair seating or may need to use chest/pelvic or foot straps. These may be used in combination to improve the athletes' posture and stability when throwing and to compensate for the active weakness/ tonal issues.

48.5.6. Athletes may present with trunk asymmetry due to weakness/tonal change and may have a deformity of the spine resulting in scoliosis/kyphoscoliosis and may present wearing a spinal brace or orthotic.

48.6. **BC1 Lower limbs: Pelvis, Hip, Knee and Ankle (Spastic hypertonia)**

48.6.1. On Physical Assessment of the hip/knee and ankle, Athletes will demonstrate ASAS spasticity Grade 3 or above in the muscle groups of the lower limbs.

48.6.2. Athletes will demonstrate a significant lack of functional active range of movement in the lower limbs as a result of spasticity, weakness and lack of selective control or may have joint deformity limiting range of motion.

48.6.3. During the Technical Assessment the Athlete will demonstrate a poor dissociation of the lower limbs from the pelvis & trunk during active and functional range of motion.

48.6.4. Deformities may be present in the lower limbs, in particular around the hip & knee, more commonly into fixed flexion.

48.6.5. Athletes will demonstrate an inability to bear weight effectively through the lower limbs when transferring and will not be able to walk.

48.6.6. Athletes will have a very limited pelvic range of movement and control on which the trunk can be moved and will demonstrate

a poor dissociation of the pelvis from the lumbar spine actively (reduced dynamic postural control).

**48.7. BC 1 Thrower: Dyskinesia- Athetosis/Ataxia/Mixed picture.**

**Upper Extremities: Shoulder, Elbow and Hand (Dyskinesia: Athetosis/Dystonia)**

- 48.7.1. On Physical Assessment, Athletes will demonstrate a combination of involuntary movement and fluctuating spasticity in the upper limb, which results in significantly reduced coordination and control of movement. They may have a full range of active movement with less control and incoordination.
- 48.7.2. On the DIS Assessment scale for Athetosis and SARA scale for Ataxia the BC1 Thrower will be on the severe end of the scaled scoring 3-4 with mostly a score of 4.
- 48.7.3. On Technical Assessment, this uncoordinated and involuntary movement will result in a significant limitation to an athlete's follow through when throwing. In particular, they will have poor directional follow through and poor timing of the throw that may result in multiple attempts before releasing the ball.
- 48.7.4. Athletes may demonstrate the use of compensatory strategies, for example, the head/shoulder girdle and opposite arm to improve their postural stability in the preparation and during the throw.
- 48.7.5. Athletes will have poor dissociation of the upper limb from the trunk, which is demonstrated functionally by a loss of postural control and stability on the release of the ball. Involuntary movements are likely to increase in the throwing arm/body following the throw.
- 48.7.6. Reflex reactions/patterns are common in these athletes. On release of the ball, these may become more evident further affecting the postural control & stability of the athlete.

**48.8. BC1 Hand function and grip (Dyskinesia; Athetosis/Dystonia)**

- 48.8.1. Physically there will be a weakness or reduced control of the hand and fingers, which may be due to dystonia or mixed tone; and therefore athletes will grasp the ball in a variety of ways.
- 48.8.2. There will be a loss of fine motor control and coordination within the hand and manual dexterity will be affected as a result.
- 48.8.3. On Technical Assessment Athletes may demonstrate delayed release or difficulties releasing the ball as a result of flexor tone or weakness in the finger extensors.

**48.9. BC1 Trunk/Postural Control and Balance (Dyskinesia; Athetosis/Dystonia)**

- 48.9.1. Athletes will demonstrate involuntary movements within the trunk which will affect their postural control in sitting and results in a loss of postural control and coordination during the throw.
- 48.9.2. The involuntary movement of the trunk will be more evident during Technical assessment of the throw and will commonly be seen in conjunction with lower limb involuntary movement and increased reflex reactions as detailed below.
- 48.9.3. The head will commonly be affected by the involuntary movement and also used as a compensatory strategy to fix and stabilise the trunk in preparation to throw. In addition, commonly the non-throwing arm will be used to stabilise in preparation for and during throwing.
- 48.9.4. Technically Athletes will demonstrate a greater loss of postural control and stability on the release of the ball.

**48.10. BC1 Lower limbs: Pelvis, Hip, Knee and ankle (Dyskinesia; Athetosis/Dystonia)**

- 48.10.1. On Physical assessment, Athletes will demonstrate involuntary movement in the muscles of the lower limb,

which results in significantly reduced coordination and control of active movement.

48.10.2. Technically this uncoordinated and involuntary movement coupled with the reflex patterns commonly seen will affect the ability of the athlete to stabilise through the trunk and pelvis when throwing and a loss of postural control will be seen, particularly following the release of the ball.

48.10.3. As these athletes have some active control, the range of movement is not usually affected. These athletes may be able to walk. Commonly they will fix the trunk to create rigidity to allow them to walk and also use the shoulder girdle and arm to improve their stability.

#### 48.11. **BC 1 Foot player**

48.11.1. Athletes, who fit the above physical profile but demonstrate that they are unable to consistently throw the ball into the field of play using their hands and have no sustained grasp and/or functional release, can be considered as a BC1 foot player.

48.11.2. On Physical and Technical Assessment, Athletes will demonstrate the trunk and pelvis involvement described in Article 47.5 and 47.9 along with some involvement of their lower limbs.

48.11.3. As this is most likely to be an Athlete with Dyskinesia (Athetosis/Dystonia/Ataxia) rather than Spasticity, Athletes will have a degree of involuntary movement in the lower limbs.

48.11.4. Athletes with Ataxia will score 3-4 on the SARA scale on specific Lower limb tests.

48.11.5. Athletes with Dyskinesia will score 3-4 on the DIS on specific Lower limb tests.

48.11.6. On Technical Assessment, the Athlete will have sufficient active control and ROM within their lower limbs to propel the ball with their foot into the field of play with purposeful

direction and sufficient velocity in order to be eligible to play Boccia as a BC1 foot player. (See definitions in the Glossary)

## **49. BC 2 Sport Class**

Athletes who are diagnosed with a Neurological Impairment affecting the CNS; Spastic Hypertonic Quadriplegia or Dyskineisa (Athetosis/Dystonia) or who may have a mixed picture including those with Ataxia.

### **49.1. BC2 Minimal Impairment Criteria**

#### **49.1.1. Topography:**

Neurological Impairment(s) affect all four limbs and trunk (Quadriplegia)

#### **49.1.2. Impairment: Spasticity**

The Athlete has at least Grade 2 spasticity (ASAS Scale) in muscle group (s) that affect the propulsion of the ball into the field of play (thrower).

#### **49.1.3. Impairment: Athetosis/Dystonia**

Athetosis/Dystonia is frequently present throughout range greater than 10% and less than 50% duration and throughout moderate range of motion greater than 10% and less than 50% amplitude in the limb propelling the ball into the field of play (Adapted from Dyskinesia Impairment Scale) scoring 2-3 on the DIS.

#### **49.1.4. Impairment: Ataxia**

The Athlete has involvement in proximal and distal joints, as observed in finger nose and finger chase assessments, which create incoordination that affects all aspects of throw (Ataxia impacts on the preparation, during and follow through) scoring 2-3 on the SARA scale in functional tests.

49.2. **BC2 In summary:**

- 49.2.1. Neurological Impairment affecting all four limbs (Cerebral Palsy/Stroke/Acquired Brain Injury)
- 49.2.2. Spasticity ASAS Grade 2-3 with or without Dyskinesia (Athetosis/Dystonia)
- 49.2.3. OR an athlete with Dyskinesia (Athetosis) DIS score 2-3 mostly 3's or Ataxia SARA scores 2-3 mostly 3's.
- 49.2.4. Moderate impairment of function and may have some limitation in active functional range of movement due to weakness or spasticity or lack of control affecting the upper limbs/trunk.
- 49.2.5. Athletes may use a manual or powered chair for everyday mobility.
- 49.2.6. Athletes may walk short to moderate distances with or without a walking aid.

49.3. **BC 2 Thrower: Spastic Hypertonic Quadriplegia**

**Upper Extremities: Shoulder, Elbow and Hand**

- 49.3.1. On Physical Assessment of the biceps/triceps, shoulder flexors and extensors, athletes will demonstrate spasticity ASAS Grade 2 or above) in the muscle groups impacting on the throw.
- 49.3.2. On Physical Assessment, if an Athlete presents with ASAS Grade 2 in the biceps/triceps the initial catch must be close to the halfway point of the available range. On Technical Assessment, the impact of this level of spasticity must be evident on the over arm throw during the release and impact on the follow through.
- 49.3.3. Athletes will demonstrate some limitation in functional active range of movement of the upper limb during the throw.
- 49.3.4. During the Technical Assessment when assessing the underarm or pendulum throw, there must be a minimum of ASAS Grade 2 spasticity observed in the shoulder extensors with a functional impact. For example, a catch limiting the

functional range or which may result in retraction of the shoulder or loss of directional follow through.

49.3.5. This level of spasticity (Grade 2 ASAS) will be velocity-dependent and so greater reactions and limitation will be seen with greater speed of the throw during power shots or during longer throws.

49.3.6. On Technical Assessment, Athletes will demonstrate a degree of directional follow through and dissociation of the upper limb from the trunk when throwing.

49.4. **BC2 Hand function and grip (Spastic hypertonia)**

49.4.1. On Physical Assessment there will be some involvement of the hand and fingers, which may be due to tone, spasticity and occasionally deformities of the wrist and fingers but they may be able to use all of the hand to have a more controlled grasp of the ball.

49.4.2. There will be some impact on fine motor control and coordination within the hand and fingers but manual dexterity will be better than in the BC1 Sport Class.

49.4.3. Athletes will have sufficient manual dexterity to manipulate the ball in their hand and to actively release during the throw.

49.5. **BC2 Trunk/Postural Control and Balance (Spastic hypertonia)**

49.5.1. On Physical Assessment, Athletes will demonstrate some spasticity and/or weakness within the trunk. They may have one side affected more than the other within the trunk or trunk asymmetry.

49.5.2. Athletes will demonstrate some degree of dissociation of the pelvis/trunk and upper limb movement. Athletes are able to activate the postural trunk muscles and to elongate the trunk on reaching/functional activities (Demonstrate some dynamic postural control).

49.5.3. On Technical Assessment, Athletes will demonstrate postural control and sitting balance in preparation to throw and their ability to maintain some degree of postural control and

balance on the release of the ball and after follow through.

49.5.4. Athletes will demonstrate the use of some compensatory movements or strategies to improve their postural control and stability but to a lesser degree than the BC1 Athlete (see definitions of compensatory movement & strategies in the Glossary).

49.5.5. Athletes able to use their trunk muscles to actively rotate the trunk or to assist in the throwing action without using any compensatory movements or strategies and without some degree of loss of control of their trunk/postural control after follow through, will not be Eligible as a BC2 athlete.

49.6. **BC2 Lower limbs: Pelvis, Hip, Knee and ankle (Spastic hypertonia)**

49.6.1. On Physical Assessment of the hip/knee and ankle, Athletes will demonstrate ASAS spasticity grade 2 or above in the muscle group(s) of the lower limbs.

49.6.2. Athletes will demonstrate some loss of functional, active range of movement in the lower limbs as a result of spasticity, weakness or deformity and reduced selective control. They will demonstrate some dissociation of the lower limbs from the pelvis and trunk.

49.6.3. Deformities may be but are not always present in the lower limbs and are most common in the hip and knee resulting in fixed flexion.

49.6.4. Athletes may demonstrate the ability to bear weight effectively through the lower limbs when transferring and may be able to walk, usually with assistance or a walking aid.

49.6.5. Athletes will have limited pelvic range of movement and control on which the trunk can be moved but they will demonstrate a reduced active dissociation of the pelvis from the lumbar spine.

**49.7. BC2 Thrower: Dyskinesia-Athetosis/Dystonia/Ataxia/Mixed picture.**

**Upper Extremities: Shoulder, Elbow and Hand**

- 49.7.1. On Physical Assessment, Athletes will demonstrate a combination of involuntary movement and fluctuating tone in the upper limb. This is less severe than within the BC 1 classification but results in reduced coordination and control of movement due to incoordination (SARA scores 2-3/DIS scores 2-3).
- 49.7.2. They may have a full range of active movement but will have less selective control with incoordination.
- 49.7.3. On the Dyskinesia Impairment Scale for Athetosis/Dystonia the BC2 Thrower will score 2-3 with mostly 3's.
- 49.7.4. On the SARA scale for Ataxia the BC2 Thrower will score 2-3 with mostly 3's.
- 49.7.5. On Technical Assessment, the involuntary movement and incoordination will result in some limitation of the follow through when throwing.
- 49.7.6. Athletes may demonstrate some directional follow through but the clear impact of the Athetosis and incoordination must be evident during the throw and on release of the ball.
- 49.7.7. Athletes might be able to dissociate the upper limb from the trunk and maintain some postural control and stability on the release of the ball; they may demonstrate an increase of involuntary movements after they release the ball and at the end of the follow through.
- 49.7.8. Athletes will demonstrate the use of compensatory strategies to increase postural control and stability when preparing and throughout the throwing action (see definitions of compensatory strategies).

**49.8. BC2 Hand function and grip (Dyskinesia/Ataxia)**

- 49.8.1. On Physical Assessment, there will be some involvement of the hand and fingers, which may be due to dystonia and mixed tone, and therefore athletes will grasp the ball in a variety of ways.
- 49.8.2. Athletes may use a cylindrical or spherical grasp and may be able to use the whole hand to maintain a grasp of the ball.
- 49.8.3. There will be some loss of fine motor control and coordination within the hand, therefore, affecting manual dexterity.
- 49.8.4. Athletes may demonstrate delayed release of the ball as a result of fluctuating tone or weakness in the wrist and finger extensors.

**49.9. BC2 Trunk/Postural Control and Balance (Dyskinesia/Ataxia)**

- 49.9.1. On Physical/Technical assessment, Athletes will demonstrate some involvement of the trunk with involuntary movement, which will mildly displace their centre of gravity and result in a loss of postural control and coordination during functional tasks/throwing.
- 49.9.2. The involuntary movement of the trunk will be more evident during the Technical Assessment when throwing and commonly seen in conjunction with lower limb involuntary movement and increased reflex reactions as detailed below.
- 49.9.3. Athletes will demonstrate some loss of postural control after the follow through but can maintain some degree of postural control.
- 49.9.4. Athletes will demonstrate the use of some compensatory movements or strategies such as fixation with the head/shoulder girdle or non-throwing arm to improve their postural control and stability but to a lesser degree than the BC1 athlete as they have greater trunk function (see definitions of compensatory movement and strategies).

49.9.5. Athletes able to use their trunk muscles to actively rotate the trunk or assist in the throwing action without using any compensatory movements or strategies and without some degree of loss of control of their trunk/postural control after follow through, will not be Eligible as a BC2 athlete.

**49.10. BC2 Lower limbs: Pelvis, Hip, Knee and ankle (Dyskinesia/Ataxia)**

49.10.1. On Physical Assessment, Athletes will demonstrate involuntary movement and incoordination in the lower limb, which results in reduced coordination and control of active movement. They may have a full range of active movement with less control.

49.10.2. This may also be associated with increased reflex activity in the lower limbs.

49.10.3. On Technical Assessment, this reduced coordination and involuntary movement may affect the ability of the Athlete to stabilise through their trunk and pelvis when throwing and a small loss of postural control is likely to be seen after the follow through.

49.10.4. As these athletes have some active control, and range of movement is not usually affected, these athletes may be able to walk with or without a walking aid.

49.10.5. Commonly they will fix the trunk to create rigidity to allow them to walk, and also use the shoulder girdle and arm to improve their stability. They may also have a scissor gait.

49.10.6. Athletes will not be able to run.

## **50. BC 3 Sport Class**

Athletes who are diagnosed with a Neurological Impairment affecting the CNS; Spastic Hypertonic Quadriplegia or Dyskineisa (Athetosis/Dystonia) or who may have a mixed picture including those with Ataxia.

OR Athletes who are diagnosed with an Impairment of Non-Cerebral origin (NOT affecting the CNS) as detailed in the BC4 Sport Class (Article 51)

### **50.1. BC3 Minimal Impairment Criteria**

#### **50.1.1. Topography:**

Impairment(s) affecting all four limbs and trunk (Quadriplegia)

#### **50.1.2. Eligible Impairments:**

Cerebral Palsy/Stroke/Acquired Brain Injury resulting in Spastic Hypertonia, Dyskinesia: Athetosis/Dystonia and Ataxia.

#### **50.1.3. Eligible Impairments:**

Impaired muscle power, Impaired range of motion (with impaired muscle power), Limb deficiency.

50.1.4. Athletes are unable to consistently grasp or release the ball and are unable to propel the ball consistently into the field of play (up to or beyond the cross +) with purposeful direction and sufficient velocity.

### **50.2. BC3 In Summary**

50.2.1. Athletes who fit the physical profile of a BC1 or BC4 athlete (as detailed in each Sport Class profile) but who are unable to hold/throw the ball may be eligible as a BC3 Athlete provided they fulfil the Minimum impairment criteria below.

50.2.2. Athletes must demonstrate that they are unable to hold the ball and have no sustained grasp and/or functional release to throw the ball or are unable to propel the ball consistently with purposeful direction with their feet into the field play (up to the cross +).

- 50.2.3. On Physical and Technical Assessment Athletes are unable to consistently propel a boccia ball with purposeful direction & velocity into the field of play (up to the cross +).
- 50.2.4. BC 3 athletes will use an assistive device (ramp) to propel the ball onto the field of play with the help of a Sports Assistant.
- 50.2.5. Athletes may use a variety of methods to release the ball on the ramp, which may include but is not limited to a head pointer, mouth device or their hand/finger to hold the ball in position on the ramp and release the ball without any other external assistance.

## **51. BC 4 Sport Class**

Athletes who are diagnosed with an Impairment of Non-Neurological origin NOT affecting the CNS and who do not present with Tonal change or Spasticity as their primary impairment.

BISFed acknowledge that Athletes with Spinal Cord Injury (SCI) may have Spinal Spasticity as part of their physical presentation but this must not be the primary impairment and Athletes must meet the Minimum Impairment Criteria as detailed below.

### **51.1. BC4 Minimal Impairment Criteria (MIC)**

Athletes in the BC4 Sport Class **MUST** meet the MIC for Impaired Muscle Power. On Physical Assessment, the Athlete has muscle strength of Grade 3 or less in Shoulder Muscles (in 0-90 degrees ROM Flexion/Abduction) and in Elbow Extensors. Muscle strength as assessed in the sitting position (Adapted from Daniels and Worthingham muscle testing scale- See point 47.4 for further details). The Athlete may also present with Impaired ROM or Loss of Limb/Limb deficiency but **MUST** still meet the Impaired Muscle Power MIC.

#### **51.1.1. Topography:**

Impairment(s) affect all four limbs and trunk (Quadriplegia)

### 51.1.2. **Eligible Impairments:**

Primarily Impaired Muscle Power, Impaired Range of Movement (with impaired muscle power), Limb deficiency (with impaired muscle power).

51.1.3. Athletes with the following Medical diagnoses resulting in functional limitations as per the IPC Eligible impairments detailed above and meet the criteria for the Sport Class profile will be eligible to play Boccia:

- 51.1.3.1. Myopathies with the overall strength of 3/5 or less in the shoulders and the upper limb muscle groups. This includes conditions such as Muscular Dystrophy.
- 51.1.3.2. Spinal cord lesion of upper cervical spine (C4-5), complete or incomplete tetraplegic, with the overall strength of 3/5 or less in the upper limb muscle groups.
- 51.1.3.3. Motor neuron disease, Spinal Muscular Atrophy, Spinal cord disease such as Transverse myelitis with the overall strength of 3/5 or less in the upper limb muscle groups.
- 51.1.3.4. Spina bifida combined with upper extremity involvement with the overall strength of grade 3/5 or less in the upper limb muscle groups and trunk.
- 51.1.3.5. Peripheral Neuropathies such as Charcot-Marie-Tooth disease with the overall strength of grade 3/5 or less in the upper limb muscle groups and trunk.
- 51.1.3.6. Limb loss/Limb Deficiency of all 4 limbs with a very high level of amputation above the elbow and above the knee that influence the trunk stability. Amelia shortened limbs such as TARS Syndrome with overall strength of Grade 3/5 or less in the Upper limb muscle groups.
- 51.1.3.7. Impaired Range of movement- Arthrogyrosis with muscle strength of grade 3/5 or less in the upper limb muscle groups throughout the available active range of the upper limb as well as weakness of the trunk extensor and core muscles of 3/5 and less.

51.1.3.8. Other conditions and syndromes such as Multiple Sclerosis, TARS Syndrome (Thrombocytopenia with Absent Radius), Juvenile Arthritis, and Osteogenesis Imperfecta, which results in overall poor strength of grade 3/5 in the Upper limb muscle groups and/or limited range of movement.

## 51.2. **BC4 in summary**

51.2.1. Athletes will have severe locomotor dysfunction affecting all four limbs and the trunk.

51.2.2. Athletes must have lack of full active trunk control due to some weakness in the trunk muscles which impacts on their dynamic postural control and sitting balance will be affected.

51.2.3. Moderate impairment of function and may have some limitation in active functional range of movement due to impaired muscle power and lack of control affecting the upper limbs/trunk/lower limbs.

51.2.4. Impaired muscle power in the Upper Limb/Lower Limb. For the throwing athlete, overall muscle strength of grade 3/5 or less in the Upper limb muscle groups which impact on the throw- in particular grade 3/5 or less in Shoulder muscle groups and Elbow extensors (Triceps). For the kicker overall muscle strength of grade 3/5 or less in the Lower limb especially Quads and Hamstrings muscles.

51.2.5. Athletes may use a manual or power wheelchair for everyday mobility and/or sport specific performance on court using the upper limbs or lower limbs to propel the wheelchair.

51.2.6. Athletes may walk with assistance or use a walking aid short distances.

51.2.7. Athletes may be able to transfer independently using a variety of different methods and transfer aids.

### 51.3. **BC 4 Thrower: Upper Extremities**

- 51.3.1. Active range of movement in the Upper limb is limited due to impaired muscle power and/or impaired range of movement/flexibility and or limb deficiency/limb loss.
- 51.3.2. In the Physical Assessment of the Shoulder, Athletes may be able to move the shoulder through a full range of motion against gravity however they are unable to do this against moderate manual resistance. They have Grade 3/5 muscle strength or less according to Daniels and Worthingham Scale.
- 51.3.3. Physical Assessment Elbow (Triceps and Biceps) - Athletes may be able to move the elbow through a full range of motion against gravity, however, they are unable to do this against moderate manual resistance. They have Grade 3/5 muscle strength or less according to Daniels and Worthingham Scale.
- 51.3.4. Physical Assessment Combined Shoulder and Elbow- Athletes are unable to independently maintain 90° to full shoulder range of flexion/elevation/abduction and actively extend the elbow against moderate manual resistance maintaining the Shoulder range of motion. They have Grade 3/5 muscle strength or less on Physical Assessment of combined movement at the shoulder & elbow according to Daniels and Worthingham Scale.
- 51.3.5. On Technical Assessment when throwing using the over arm/dart throw, the elbow must be below shoulder level (90 degrees) on the active extension of the elbow, when releasing the ball. It is, therefore, a gravity assisted release of the ball (this will fit with Grade 3/5 or less in the muscle groups impacting on the throw).

### 51.4. **BC4 Wrist, Hand function and grip**

- 51.4.1. Athletes may be able to demonstrate full ROM of the wrist, thumb and fingers, however, there will be weakness Grade 3-4/5 muscle strength or less on Physical Assessment of the grip.

51.4.2. Intrinsic hand and grip strength weakness will be evident on power grip and pinch grip testing. This will be demonstrated functionally by the weakness of functional grasp (flexors) and on the release (extensors).

51.4.3. There may be some loss of fine motor control and coordination within the hand as a result of muscle weakness and so manual dexterity will be affected in some way. Athletes may have finger flexion deformities due to extensor weakness.

#### 51.5. **BC4 Trunk/Postural Control and Balance**

51.5.1. Athletes will demonstrate some trunk muscle weakness with overall trunk muscle strength of less than grade 3/5 into side flexion/rotation/flexion and extension on Physical assessment. Athletes will have some limitation of their active trunk mobility as a result of this postural muscle weakness (namely abdominals and back extensors such as erector spinae) which affects dynamic postural control.

51.5.2. Athletes are able to demonstrate some degree of dissociation of the pelvis/ lumbar spine/trunk and upper limb movement through co-activation of the postural muscles and some core stability.

51.5.3. On Physical Assessment and Technical Assessment trunk muscle weakness will affect the Athlete's ability to maintain good sitting balance/ posture and to control movement without the use of some compensatory strategies (see definitions of compensatory movement and strategies in the appendices).

51.5.4. Athletes will demonstrate the use of some compensatory movements or strategies to improve their postural control and stability when preparing to throw, throughout the throwing action and when returning to an upright sitting position after a balance disturbance. This may include for example stabilising with the non-throwing arm, head or shoulder girdle fixation or use of straps and other aids.

- 51.5.5. Trunk muscle fatigue is often evident after prolonged functional activity and will result in the use of greater compensatory strategies to maintain posture, balance and throwing position.
- 51.5.6. Athletes may need to use pelvic, waist or other straps in combination to improve their posture and stability when throwing and to compensate for the active muscle weakness.
- 51.5.7. Athletes with SCI specifically Cervical spinal lesions will have no activation of their trunk muscles and therefore very limited postural control and balance. As a result, the use of compensation strategies will be more evident and Athletes may use a corset/waist strap and/or belt to improve their stability.
- 51.5.8. It is common for Athletes to present with spinal deformities such as Kyphosis of Scoliosis resulting in trunk asymmetry and reduced control.

**\*\*NB With regards to the above criteria it is very important to consider the whole picture:**

- 51.5.9. The whole upper limb and its relationship with the trunk needs to be looked at when assessing individual Athletes.
- 51.5.10. The overall muscle strength of the upper limb should be considered and if muscle strength testing reveals isolated muscle(s) that have muscle strength of Grade 4/5; the impact of this increased strength on the functional throw must be considered, assessed and explained.
- 51.5.11. If this additional muscle strength in the upper limb or strength in the trunk is found to assist the throwing technique then the Athlete will not be eligible as a BC4 Athlete.

51.6. **Technical Analysis of the BC4 throwing actions**

- 51.6.1. Gravity assisted throwing actions are commonly seen in BC4 Athletes such as the pendulum throw/chest or dart throw.
- 51.6.2. This is as a result of muscular weakness in the whole upper limb (Grade 3/5 or less) or as a result of limited distal activity of the upper limb (below the elbow) resulting in minimal hand function and poor grip where Athletes have reduced control of grasp and release of the ball when throwing (e.g. in Charcot-Marie Tooth (CMT) or Peripheral Nerve injury)
- 51.6.3. On Technical Assessment of the Chest or dart throw the Athlete's elbow must be below shoulder level (90 degrees) when actively extending the elbow to release the ball.
- 51.6.4. The ball is often propelled:
  - a) From a bilateral grasp and push action from the chest
  - b) By use of pendulum swing action or
  - c) Another gravity assisted release action such as a dart/over arm or chest throw.

51.7. **BC4 - Use of an approved glove, Splint and strapping**

- 51.7.1. Athletes with the above physical profile and overall upper limb muscle strength of Grade 3/5 or less but who are unable to hold the boccia ball in their hands with a sustained grasp due to significant distal muscle weakness, minimal or no hand activity, will be allowed to use a glove, splint, strapping or any other device that is approved by the Classifiers to play Boccia (e.g SCI tenodesis or CMT)
- 51.7.2. No device or strapping is permitted that assists the propulsion of the ball. Any glove, strapping or device will be to aid the grasp of the ball which otherwise would be significantly affected by weakness or loss of grasp only.
- 51.7.3. The gloves, splints, strapping or any other device must be assessed and approved by the BISFed Classification Panel to

check its suitability and necessity at each competition (during equipment check or during Athlete Evaluation). This will be recorded on the BISFed database.

51.7.4. A list of Athletes allowed and approved by the Classifiers to use a glove, splint, strapping or another device will be published on the BISFed website.

51.8. **BC 4 Foot Player**

51.8.1. Athletes who fit the physical profile of a BC4 athlete as detailed above however; they are unable to hold the ball and have no sustained grasp and/or functional release and are unable to consistently throw a boccia ball but have enough lower limb function to consistently propel the ball with their foot into the field of play with purposeful direction and sufficient velocity will be able to play as a BC 4 Foot player.

51.9. **BC4 Lower limbs: Hip, Knee and Ankle**

51.9.1. On Physical Assessment of the hip/knee and ankle, Athletes will demonstrate overall muscle strength of Grade 3/5 or less in all the main muscle groups of the lower limb (gluteals, hip flexors, quads, hamstrings, calf) combined with a deformity that results in Impaired Range of Movement (ROM) actively and passively of the knee joint.

51.9.2. Athletes may demonstrate some loss of functional active range of movement in all joints of the lower limb as a result of muscle weakness and/or deformity.

51.9.3. Athletes must have a maximal functional active and passive ROM of less than 50% of full ROM in the Knee Joint on their kicking leg and ROM must be accurately measured using goniometer.

## **52. BC 5 Sport Class**

Athletes who are diagnosed with a Neurological Impairment affecting the CNS; Spastic Hypertonia or Dyskinesia (Athetosis/Dystonia) or who may have a mixed picture including those with Ataxia.

OR Athletes who are diagnosed with an Impairment of Non-Cerebral origin (NOT affecting the CNS) as detailed in the BC4 Sport Class (see point 51)

### **52.1. BC5 Minimal Impairment Criteria**

#### **52.1.1. Topography:**

Impairment(s) affect all four limbs and trunk.

#### **52.1.2. Eligible Impairments:**

Cerebral Palsy/Stroke/Acquired Brain Injury resulting in Spastic Hypertonia, Dyskinesia: Athetosis/Dystonia and Ataxia.

Impaired muscle power, Impaired range of motion (with impaired muscle power), Limb deficiency (with impaired muscle power).

#### **52.1.3. Impairment:**

52.1.3.1. Spasticity: The Athlete has at least ASAS Grade 1 Spasticity in muscle group(s) that affects the propulsion of the ball into the field of play- shoulder, elbow, wrist.

52.1.3.2. Dyskinesia- Athetosis/Dystonia: On Physical Assessment, Athletes will demonstrate a combination of mild involuntary movement and fluctuating tone in the upper limb. This is less severe than within the BC2 Sport Class but results in some reduced coordination and decreased control of movement due to incoordination.

On the Dyskinesia Impairment Scale for Athetosis/Dystonia the BC5 Thrower will score 1-2's on functional tests, mostly 2's.

They may have a full range of active movement but will have some decreased selective control with incoordination.

52.1.3.3 Ataxia: On Physical Assessment, Athletes will have some involvement in proximal and distal joints, as observed in finger nose and finger chase assessments, which create incoordination that will have some impact on the throw and follow through.

On the SARA scale for Ataxia the BC5 Thrower will score 1-2's on functional tests mostly 2's.

On Technical Assessment, the involuntary movement and incoordination will result in some limitation of the follow through when throwing.

52.1.3..4 Impaired Muscle Power: Athlete has muscle strength of grade 4/5 or less in shoulder muscle strength (in 0-90 degrees ROM Flexion/Extension/Abduction) or in elbow extensors impacting on the throw as well as decreased muscle strength in the trunk. All assessed in sitting position (Adapted from Daniels and Worthingham scale).

## **52.2 BC5 in summary**

52.2.1 These are Athletes with less impairment than a BC2 or BC4 Sport Class.

52.2.2 The impact of the Impairment is on the throwing arm and must be seen during the throwing action.

52.2.3 Athletes with Impaired Muscle Power/Impaired ROM or Limb Deficiency on Physical Assessment overall muscle strength of grade 4/5 or less in the Upper limb muscle groups which impact on the throw- in particular Grade 4/5 or less in Shoulder muscle groups and Elbow extensors (Triceps).

- 52.2.4 Athletes with a Neurological Impairment Spasticity ASAS Grade 1 in the upperlimb muscle groups that impact on the throw with or without Dyskinesia (Athetosis/Dystonia)
- 52.2.5 Athletes with Dyskinesia (Athetosis) DIS score 1-2 mostly 2's or Ataxia SARA scores 1-2 mostly 2's.
- 52.2.6 Athletes will use a manual or powered wheelchair for everyday mobility.
- 52.2.7 Athletes may walk with assistance or use a walking aid moderate distances.
- 52.2.8 The impact of the disability on Sport functional profile and mechanics of throwing must be evident to be eligible for BC5.

### **52.3 BC 5 Thrower: Neurological impairments- Spastic hypertonia/Dyskinesia**

#### **BC5 Upper Extremities: Shoulder, Elbow and Hand**

- 52.3.1 Tonal change in dominant Upper limb (throwing arm) that affects function this may include spasticity Gr1 to Gr2 (ASAS) or Hypertonia.
- 52.3.2 Minimal Ataxia, Dystonia or Athetosis on purposeful movement which will affect coordination
- 52.3.3 On Technical Assessment, this level of tonal change will have a minimal impact on the throw
- 52.3.4 Any impact is likely to be seen limiting the directional follow through.
- 52.3.5 Hand function and grip- Dominant hand may demonstrate a variety of grasps however fine motor skills and dexterity will be affected.

#### **52.4 BC5 Trunk/Postural Control and Balance**

- 52.4.1 Athletes will demonstrate some involvement in the trunk which may include hypertonia or spasticity or muscle weakness that may lead to asymmetry or involuntary movement due to Dyskinesia (Athetosis/Dystonia).
- 52.4.2 The Athlete may demonstrate sufficient postural control and balance in their preparation to throw during the throw and with minimal postural disturbance after follow through and ball release.
- 52.4.3 Athletes are able to use their trunk muscles to actively rotate their trunk or to assist in the throwing action without using any compensatory movements or strategies.

## **52.5 BC5 Lower limbs: Pelvis, Hip, Knee and ankle**

- 52.5.1 On Physical Assessment of the hip/knee and ankle, Athletes will demonstrate ASAS spasticity grade 1 or above in one or both lower limbs.
- 52.5.2 Or they will demonstrate a degree of involuntary movement in the lower limb, which will result in mild reduced coordination and control of active movement( DIS score 1-2/SARA score 1-2)
- 52.5.3 Athletes will demonstrate some slight loss of functional, active range of movement in the lower limbs as a result of either spasticity, weakness or mildly reduced selective control. They will demonstrate dissociation of the lower limbs from the pelvis and trunk.
- 52.5.4 Deformities may be but are not always present in the lower limbs and are most common in the hip and knee resulting in fixed flexion.
- 52.5.6 Athletes will demonstrate the ability to bear weight effectively through the lower limbs when transferring and may be able to walk, usually with assistance or a walking aid moderate distances.

## **52.6 BC 5 Classification Impaired Muscle power/Impaired ROM or Limb deficiency**

### **BC5 Mobility**

- 52.6.1 Athletes may use a manual or powered wheelchair for everyday mobility.
- 52.6.2 Athletes will be able to propel a manual wheelchair and may be able to do this with rapid movements and good directional control.
- 52.6.3 Athletes may be able to transfer independently using a variety of methods.
- 52.6.4 Athletes may have the ability to walk moderate distances

### **52.7 BC5 Upper Extremities: Shoulder, Elbow and Hand**

- 52.7.1 Active range of movement may be full
- 52.7.2 Shoulder- Athletes may be able to move the shoulder through a full range of movement against gravity and with some manual resistance (Not full manual resistance). They have Grade 4/5 muscle strength or less on Physical Assessment.
- 52.7.3 Elbow (Triceps and Biceps) - Athletes may be able to move the elbow through a full range of movement against gravity and with some manual resistance (Not full resistance). They have Grade 4/5 muscle strength or less on Physical Assessment.
- 52.7.4 Wrist, Hand function and grip- Athletes may be able to demonstrate full ROM of the wrist, thumb and fingers, however, there will be weakness Grade 4/5 muscle strength or less on Physical Assessment.
- 52.7.5 Mild Intrinsic hand and grip strength weakness will be evident on power grip and pinch grip testing. This will be demonstrated functionally by the mild weakness of functional grasp (flexors).
- 52.7.6 There may be some loss of fine motor control and coordination

within the hand as a result of muscle weakness and so manual dexterity will be mildly affected in some way- this may be seen on rapid or very fine dexterity or intricate tasks.

## **52.8 BC5 Technical Assessment of the throwing actions**

52.8.1 In relation to the BC4 athlete the BC5 athlete will be able to demonstrate a more active throw as a result of increased trunk control and/or Upper limb muscle strength.

52.8.2 The ball is often propelled

- a) from a bilateral grasp and push action from the chest.
- b) By use of pendulum swing action or
- c) Another action such as a dart/over arm or chest throw

## **52.9 BC5 Use of an approved glove, Splint and strapping BC5**

52.9.1 Athletes with the above physical profile and overall upper limb muscle strength of Grade 4/5 or less but who are unable to hold the boccia ball in their hands with a sustained grasp due to significant distal muscle weakness, minimal or no hand activity, will be allowed to use a glove, splint, strapping or any other device that is approved by the Classifiers to play Boccia (e.g in CMT/ SCI)

52.9.2 No device or strapping is permitted that assists the propulsion of the ball. Any glove, strapping or device will be to aid the grasp of the ball which otherwise would be significantly affected by weakness or loss of grasp only.

52.9.3 The gloves, splints, strapping or any other device must be assessed and approved by the BISFed classification panel to check its suitability and necessity at each competition (during equipment check or during Athlete Evaluation) and information will be uploaded to the BISFed database.

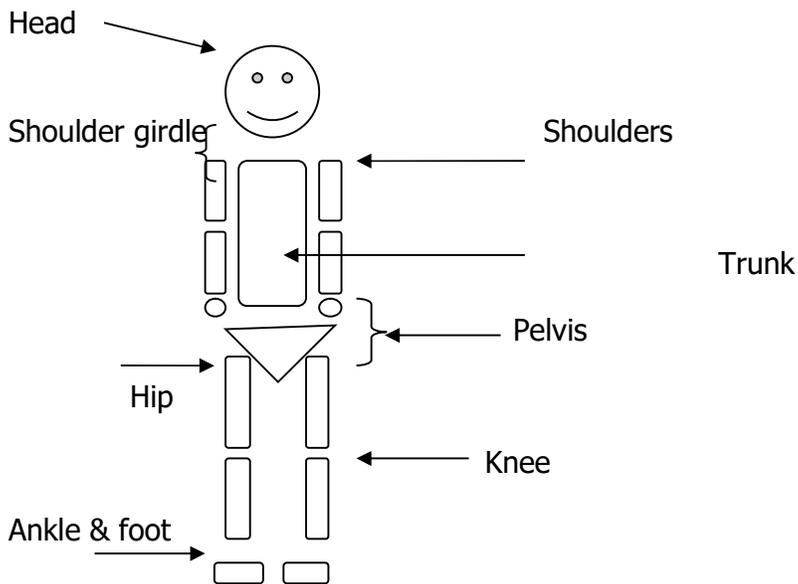
52.9.4 A list of Athletes allowed to use a glove, splint, strapping or other device will be published on the BISFed website.

## Glossary of Terms

### Activity Limitation

- Difficulties an individual may have in executing activities which may include attainment of high-performance skills and techniques.

### Anatomical reference points



### Athlete

For purposes of Classification, any person who participates in Boccia at an International Level (as defined by BISFed) or National Level (as defined by each National Federation) and any additional person who participates in 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 the BISFed classification rules.

## **Athlete Support Personnel**

Any coach, trainer, manager, interpreter, agent, team staff, official, medical or paramedical personnel working with or treating Athletes participating in or preparing for training and/or Competition.

## **Balance**

The ability to maintain equilibrium when stationary or moving (i.e. not to fall over) through the coordinated actions of sensory functions (eyes, ears and the proprioceptive organs in joints).

Static Balance - ability to maintain the body in an upright position within the base of support in a stationary position e.g. preparing to throw or after follow through.

Dynamic Balance - the ability to maintain balance with body movement e.g. during the throw and follow through.

## **Competition**

A series of individual Events conducted together under one ruling body.

## **Conflict of Interest**

A Conflict of Interest will arise where a pre-existing personal or professional relationship gives rise to the possibility of that relationship affecting the Classifier's ability to make an objective decision or assessment.

## **Compensatory Movement/ strategies**

Due to lack of active ability to generate movement or to stabilise the trunk and maintain postural control and balance, athletes may demonstrate a number of different strategies to promote better control, especially when preparing to throw and throughout the throwing action and follow through.

This may be through the use of movement, fixation or passive stability options such as straps/seating systems and are not required if activity and control are normal.

- The most commonly identified strategies may include but are not

limited to the following and can be quite subtle so it is important to look out for these in the functional assessment of athletes:

- Use of the upper limbs to assist such as holding on with the non-throwing arm, fixing the opposite arm in a posture to limit involuntary movement out to the side or into the body.
- Fixing using the shoulder girdle/complex and neck musculature creating upper trunk rigidity and may also involve fixing with the head/jaw.
- Use of the lower limbs such as pushing down through the feet and legs to stabilise the pelvis, use of foot straps, knee blocks and thigh straps.
- Use of trunk movement such as leaning to one side more or rotating.
- Use of pelvis, waist or chest straps and seating systems to assist in stability of the trunk including thoracic supports.
- Use of the head to return to the midline or an upright position may be used in conjunction with the arm, fixing the head in a stable position to optimise trunk activation.

### **Dissociation (of movement)**

The ability to move one area of the body or limb without affecting another area.

Movement dissociation is the separation of movement of the extremities from the trunk itself, and cannot happen properly without a sufficient level of core stability.

### **Follow Through**

The movement of the limb after the release of the ball.

### **Impairment**

A deficiency in or loss of body function or structure.



## **International Classification**

Athlete Evaluation that has been designated in advance by BISFed as being conducted with the aim of allocating a Sport Class that entitles the relevant Athlete to compete at Recognised Competitions.

## **International Federation (IF)**

A Sport Federation recognized by the IPC as the sole worldwide representative of a sport for Paralympic Athletes that have been granted the status as a Paralympic Sport by the IPC.

## **IPC**

International Paralympic Committee.

## **Medical Intervention**

Any intervention such as surgery, pharmacological intervention or other treatment, which affects the Athlete's performance.

## **National Competition**

A Competition where the National Federation or National Paralympic Committee is the governing body for the Competition or appoints the technical officials for the Competition.

## **National Federation**

The organization recognized by an IF as the sole national governing body for its sport.

## **National Paralympic Committee (NPC)**

A national organization recognized by the IPC as the sole representative of Athletes with a disability in that country or territory to the IPC. In addition, the recognized National Federation of the sports for which the IPC is the IF.

## **Paralympic Games**

Umbrella term for both Paralympic Games and Paralympic Winter Games.

## **Protest**

The procedure by which a formal objection to an Athlete's Sport Class and/or Sport Class status is submitted and subsequently resolved.

## **Postural Control/Trunk stability**

- This is the ability to maintain a position/posture through co-contraction and background activity of the postural muscles (namely abdominals/ extensors in the trunk) in order to carry out a functional/skilled task or activity such as equilibrium reactions, righting reactions and balance.
- It involves the ability to maintain different positions and postures and to lose and regain midline whilst maintaining stability and performing the functional activity.
- It provides a reference frame and stability from which to move the head, eyes and upper/lower limbs.

## **Purposeful Direction**

The direction is defined as the path that something takes, the path that must be taken to reach a specific place e.g. throwing to an intended target on the field of play.

## **Shoulder girdle/Complex**

Clinical anatomy includes the joints of the shoulder which comprise the acromioclavicular, sternoclavicular, glenohumeral, scapulothoracic joints, and the associated muscles and connective tissue e.g. those attached to the scapula, to provide dynamic stability.

## **Sufficient Velocity**

Velocity is defined as rapidity of motion or operation; swiftness; speed e.g. when throwing an athlete must demonstrate sufficient ball speed to enter the field of play.

This is an anatomical term for the central part of the body including the thorax and abdomen.

**Throw**  
**Chest Throw**

- A two-handed throw from the chest.

**Dart Throw**

- Single arm throws from shoulder height or below. The elbow must be below shoulder level (90 degrees) on the active extension of the elbow when releasing the ball. It is, therefore, gravity assisted throwing action.

**Pendulum Throw**

- An underarm throw where the arm swings forwards and back gaining momentum & using gravity to assist.

## Appendix 1 IPC and Boccia Eligible Impairments

### Athletes with Physical Impairment Eligible Impairment Types

<p><b>Impaired Muscle Power</b> 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.</p>	<p>Examples of an Underlying Health Condition that can lead to Impaired Muscle Power include spinal cord injury (complete or incomplete, tetra- or paraplegia or Paraparesis), muscular dystrophy, post-polio syndrome and spina bifida.</p>
<p><b>Limb Deficiency</b> Athletes with Limb Deficiency have a total or partial absence of bones or joints as a consequence of trauma.</p>	<p>Examples of an Underlying Health Condition that can lead to Limb Deficiency include traumatic amputation, illness (for example amputation due to bone cancer) or congenital limb deficiency (for example dysmelia/TARS syndrome).</p>
<p><b>Hypertonia</b> 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. Hypertonia is assessed through the degree of spasticity presented in the athlete's muscles</p>	<p>Examples of an Underlying Health Condition that can lead to Hypertonia include cerebral palsy, traumatic brain injury and stroke.</p>
<p><b>Ataxia</b> Athletes with Ataxia have uncoordinated movements caused by damage to the central nervous system.</p>	<p>Examples of an Underlying Health Condition that can lead to Ataxia include cerebral palsy, traumatic brain injury, stroke and multiple sclerosis.</p>
<p><b>Dyskinesia including Athetosis and Dystonia</b> Athletes with Athetosis have continual slow involuntary movements.</p>	<p>Examples of an Underlying Health Condition that can lead to Athetosis include cerebral palsy, traumatic brain injury and stroke.</p>
<p><b>Impaired Passive Range of Movement</b> Athletes with Impaired Passive Range of Movement have a restriction or a lack of passive movement in one or more joints.</p>	<p>Examples of an Underlying Health Condition that can lead to Impaired Passive Range of Movement include Arthrogryposis and contracture resulting from chronic joint immobilisation or trauma affecting a joint.</p>

## Appendix 2 IPC and Boccia Non-Eligible Impairments

### Non-Eligible Impairment Types for all Athletes

**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 the 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, stereotypes and motor perseveration.

### Health Conditions that are not Underlying Health Conditions for all Athletes

A number of Health Conditions do not lead to an Eligible Impairment and are not Underlying Health Conditions. An Athlete who has a Health Condition (including, but not limited to, one of the Health Conditions listed in the above Appendices Appendix One and two) but who do not have an Underlying Health Condition will not be eligible to compete in Para sport.

Health Conditions that primarily cause pain; primarily cause fatigue; primarily cause joint hypermobility or hypotonia, or are primarily psychological or psychosomatic in nature do *not* lead to an Eligible Impairment.



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Examples of Health Conditions that primarily cause pain include myofascial *pain*-dysfunction syndrome, fibromyalgia or complex regional pain syndrome. An example of a Health Condition that primarily causes fatigue is chronic fatigue syndrome.

## Appendix 3: Assessment of Dyskinesia (Athetosis/Dystonia)

### Assessment of Dyskinesia in Boccia

The elements of the Scale that are used in the Boccia assessment are the following:

- a) Walking/Wheeling into the room
  - a. Observe the athlete walking/wheeling into the room
- b) Sitting at rest in a supported position
  - a. Observe the athlete in their wheelchair:
- c) Sitting at rest in an unsupported position
  - a. Observe the athlete on a plinth/typical chair/ have athlete sit forward of the backrest of the chair (ensure that there are people close by to maintain the safety of the athlete)
- d) Turning head to left and to right
  - a. Ask the athlete to turn their head all the way to the left and then to the right
- e) Trunk forward flexion and returning to midline (in a sitting)
  - a. Ask the athlete to bend all the way forward and then return back to their original position (x6)
- f) Shoulder abduction with the throwing arm (in a sitting)
  - a. Ask the athlete to lift their arm up to their side and raise it above their head (x6)
- g) Reaching and moving the ball from one side to the other
  - a. Ask the athlete to take a ball from a table (or the floor for foot player) in front of them and move it to the opposite side and then back to the original position (x2)
- h) The ball should be placed within reach, but ensure that the movements include:
  - a. Forward reach, lateral reach, crossing the midline
  - b. You can use the athlete's wheelchair as a guide (have the ball outside the width of the chair and place the ball to the other side of the chair)
- i) Foot Player – Alternate heel/toe tapping
  - a. Ask the athlete to do alternate heel/toe taps with the leg they use to propel the ball (x6)

## **Appendix 4: Assessment of Ataxia**

### **Assessment of Ataxia in Boccia:**

Taken from SARA (Scale for the Assessment and Rating of Ataxia)

#### **A) Finger chase**

Athlete sits comfortably. If necessary, support of feet and trunk is allowed. Examiner sits in front of Athlete and performs 5 consecutive sudden and fast pointing movements in unpredictable directions in a frontal plane, at about 50 % of Athlete's reach. Movements have an amplitude of 30 cm and a frequency of 1 movement every 2 s. The athlete is asked to follow the movements with his index finger, as fast and precisely as possible. The average performance of the last 3 movements is rated.

- 0** No dysmetria
- 1** Dysmetria, under/ overshooting target <5 cm
- 2** Dysmetria, under/ overshooting target 5-15 cm
- 3** Dysmetria, under/ overshooting target > 15 cm
- 4** Unable to perform 5 pointing movements

#### **B) Nose-finger test**

Athlete sits comfortably. If necessary, support of feet and trunk is allowed. The athlete is asked to point repeatedly with his index finger from his nose to examiner's finger which is in front of the Athlete at about 90 % of Athlete's reach. Movements are performed at moderate speed. The average performance of movements is rated according to the amplitude of the kinetic tremor.

- 0** No tremor
- 1** Tremor with an amplitude of < 2 cm
- 2** Tremor with an amplitude of 2-5 cm
- 3** Tremor with an amplitude > 5 cm
- 4** Unable to perform 5 pointing movements

### **C) Fast alternating hand movements**

Athlete sits comfortably. If necessary, support of feet and trunk is allowed. The athlete is asked to perform 10 cycles of repetitive alternation of pro- and supinations of the hand on his/her thigh as fast and as precise as possible. Movement is demonstrated by the examiner at a speed of approx. 10 cycles within 7 s. Exact times for movement execution have to be taken.

- 0** Normal, no irregularities (performs <10s)
- 1** Slightly irregular (performs <10s)
- 2** Clearly irregular, single movements difficult to distinguish or relevant interruptions, but performs <10s
- 3** Very irregular, single movements difficult to distinguish or relevant interruptions, performs >10s
- 4** Unable to complete 10 cycles

### **D) Heel-shin slide (for foot playing athlete who presents with Ataxia)**

Athlete lies on examination bed, without sight of his legs. Athlete is asked to lift one leg, point with the heel to the opposite knee, slide down along the shin to the ankle, and lay the leg back on the examination bed. The task is performed 3 times. Slide-down movements should be performed within 1 s. If Athlete slides down without contact to shin in all three trials, rate 4.

- 0** Normal
- 1** Slightly abnormal, contact to shin maintained
- 2** Clearly abnormal, goes off shin up to 3 times during 3 cycles
- 3** Severely abnormal, goes off shin 4 or more times during 3 cycles
- 4** Unable to perform the task

### **References:**

1. Schmitz-Hübsch T, Tezenas du Montcel S, Baliko L, Berciano J, Boesch S et al. Scale for the assessment and rating of ataxia: development of a new

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  3. Weyer A, Abele M, Schmitz-Hübsch T, Schoch B, Frings M et al. Reliability and validity of the Scale for the Assessment and Rating of Ataxia: A Study in 64 ataxia patients. *Mov Disord* 2007;22:1633-16
  4. Roldan, A., Sabido, R., Barbado, D., Caballero, C., & Reina, R. (2017). Manual Dexterity and Intralimb Coordination Assessment to Distinguish Different Levels of Impairment in Boccia Players with Cerebral Palsy. *Frontiers in Neurology*, 8, 582.  
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## Appendix 5 Medical Diagnosis Form

### MEDICAL DIAGNOSIS FORM

#### FOR BOCCIA CLASSIFICATION

The person named below is required to undergo Boccia Classification to compete at International level of their chosen sport. During the classification process the approved Classifier (physiotherapist or medical doctor) will assess their Physical Impairment as relevant to the requirements for playing Boccia. To assist the classification assessment process, a confirmation of the medical diagnosis is required.

**Athlete's Details** (To be completed by the Athlete applying for Classification – Please print)

First Name		Family Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
Address			
City	Zip/Postcode	Country	
Telephone No		E-mail	
I hereby consent that the information below being release to BISFed for the purpose of Boccia classification			
Signature		Date	

**MEDICAL DETAILS (This section to be completed by a Doctor of Medicine only – please print clearly)** Please attach a separate sheet of report if insufficient space

Name of Applicant	
Diagnosis	
Tests results to support the above diagnosis e.g MRI, CT, Muscle Biopsy, nerve conduction	

Other relevant factors e.g. Epilepsy, Diabetes, and Heart Disease	
Prescribe Medication taken by the Athlete	

I \_\_\_\_\_ hereby certify that I have followed this patient for \_\_\_\_\_ years and that the above named patient has the diagnosis specified above.

Please print

Doctor's Name:	
Address:	
Signature:	
Date:	

**N.B. Information disclosed on this form will be dealt with confidentially by BISFed and in accordance to the IPC Code of Ethics for Classification.**

**Guidelines for the medical practitioner completing this form: Requirements**

Relevant and appropriate medical documentation is essential to the process of Classification of Athletes for International Boccia Competitions sanctioned by BISFed.

This medical information should provide the results of medical tests and investigations which demonstrate that the Athlete has a diagnosis of a medical condition which leads to their presenting physical impairments.

It is not necessary to supply a report stating the symptoms such as weakness, pain, lack of sensation, inability to walk or perform certain actions. These



limitations are assessed during the Classification process by Accredited BISFed Classifiers at sanctioned events.

**For International Classification any documentation or information provided such as a report from the neurologist or test results should be presented in English.**

**The Medical Diagnosis Form is to be uploaded to the BISFed Database on registration to the database and a minimum of 4 weeks prior to attending for Classification Evaluation.**

## Appendix 6 Athlete Classification Consent form

### CONSENT FOR CLASSIFICATION

1. I agree to undergo the Athlete Evaluation process detailed in the BISFed Classification Rules and administered by the designated BISFed Classification Panel. I understand that this process may require me to participate in sport-like exercises and activities which include me being observed in competition. I understand that there is a risk of injury in participating in exercises, activities and tests and I agree that the Classifiers cannot be held liable for any pain, injury or suffering I may experience in the course of the test. I confirm that I am healthy enough to participate in Athlete Evaluation, I understand I may be required to undergo Athlete Evaluation on more than one occasion.

2. I understand that I have to comply with the requests made by the Classification Panel. This includes providing sufficient documentation so as to allow a Classification Panel to determine whether I comply with the eligibility requirements for BISFed. I understand that if I fail to comply, the Athlete Evaluation may be suspended without a Sport Class being allocated to me and therefore I will not be allowed to compete at BISFed Competitions until a Sport Class is allocated to me.

3. I also understand that Athlete Evaluation requires me to give my best effort and cooperate with the classification panel. Failure to do so, any misrepresentation of my skills, abilities and/ or the degree of my Impairment during Athlete Evaluation may result in me facing disciplinary action by BISFed and could also lead to my disqualification from BISFed competitions. (refer to BISFed Classification Rules 2.1 and 2.2)

4. If cooperation with the classification is impaired by pain, the classification will be discontinued and therefore I will be ineligible to compete at the competition.

5. I understand that Athlete Evaluation is a judgment process and will agree to abide by the judgment of the classification panel. If I do not agree with the results of the classification panel I agree to abide by the protest and appeals process as defined in the BISFed Classification Rules.

6. I agree to be videotaped and photographed during the classification process, including my activity on and off the field of play during the competition



7. I agree and consent to BISFed collating and processing my personal data in whatever format it may choose, including my full name, country, Date of Birth, Sport Class and Sport Class Status and relevant medical information. I agree and consent to my Name, date of birth, Country, Sport Class and Sport Class Status being published on the BISFed website.

Please tick as appropriate:

- I wish to assist BISFed in developing the Classification system and therefore allow my data collected during Athlete Evaluation and video material recorded to be used for research and educational purposes by BISFed. I understand that I may withdraw this consent in writing at any time.
- I agree to BISFed providing details of my Athlete Evaluation to my National Federation if requested.

Name:		D.O.B:	
Have you ever applied for Classification Previously?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, where?		Date:	Class:
Signature Athlete/Guardian/ responsible person:	of other		
Print Name :		Date:	

**The allocation of a Boccia Sport Class and Classification under BISFed rules does not mean that the athlete's health is considered good enough to take part in sport. The athlete's own medical officer should be consulted if the health and condition are in doubt.**

### **BISFed Medical Review Request Form for Classification**

#### **Who should make a Medical Review Request?**

A Medical Review Request needs to be submitted for athletes with Sport Class Status Confirmed or Review with fixed review date, if their impairment and activity limitations are no longer consistent with their current Boccia Sport Class.

A medical review request is to be submitted if:

- An athlete's relevant impairment or activity limitation has become less severe, either through medical intervention or other means. Examples of such interventions include, but are not limited to Botox injections to reduce hypertonia or to increase the active range of movement, tendon releases, joint fixations to assist posture/stability; or if
- An athlete's impairment is progressive and has deteriorated to an extent that the athlete most likely does not fit his/her current Boccia Sport Class anymore.

#### **Making a Medical Review Request**

The medical review request must be made by the Athlete's NF and include:

- This medical review request form, completed legibly and in English;
- Attached medical documentation that demonstrates that the athlete's impairment changed after the last athlete evaluation the athlete attended; and
- A non-refundable fee of 100 Euro/Stirling paid to BISFed. The medical review request will not be processed until the fee is received.

The medical review request must be received by BISFed at least 3 months before the next international competition where the athlete intends to compete.

Requests are to be submitted to BISFed Head of classification/Classification committee via the BISFed office:

E-mail: [admin@bisfed.com](mailto:admin@bisfed.com)

#### **Consequences of a Medical Review Request**

If BISFed, upon careful review, is convinced of a change in impairment or activity limitation, the athlete's sport class status will be changed to Review. Consequently the athlete will be asked to undergo Athlete Evaluation again at the next opportunity. Please note, that re-evaluation does not guarantee that the Sport Class of the athlete will change.

#### **Consequences of not making a Medical Review Request**

Any failure to make a Medical Review Request in circumstances when BISFed determines that (a) a Medical Review Request should have been made and that (b) the athlete knew or should have known that a Medical Review Request should have been made, may result in BISFed treating that failure as being Intentional Misrepresentation on the part of the athlete (see BISFed Classification Rules part 9: Intentional Misrepresentation)

**BISFed Medical Review Request Form (to be completed in English)**

NPC/NF:	
NPC/NF Contact person:	

**Athlete details**

Last name:			
First names:			
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Sport Class:		Sport Class Status:	

**Next scheduled BISFed sanctioned competition**

Competition Name:	
Date (dd/mm/yyyy):	
Location (City and Country):	

**Details on the change in impairment** (To be completed by a health professional with relevant expertise)

**Intervention details** (if applicable eg. Surgical, pharmacological, medical interventions)

Date of intervention:	
Location where intervention was carried out:	
Description of intervention:	
Reason for intervention and expected outcomes:	

**Description of the change of impairment** (in case of progressive or fluctuating impairments, injuries etc.)

Date of onset:	
Brief description of change of impairment:	

**Supporting documentation attached:**

**Health professional:**

**I confirm that the above information is accurate**

Name: \_\_\_\_\_

Medical Speciality: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**NPC/NF Verification**

NPC/NF contact person submitting the medical review request:

NPC/NF: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ NPC Stamp: \_\_\_\_\_

Date: \_\_\_\_\_