



**International
Handball
Federation**

Wheelchair Handball Classification Rules and Regulations Six-a-Side and Four-a-Side

Edition: 1 January 2025

Table of Contents

1. Scope and application	5
1.1 Adoption	5
1.2 Application	5
2. Classification overview and stakeholders	6
2.1 Introduction to Classification	6
2.1.1 Purpose of Classification	6
2.1.2 Stages of Classification	7
2.2 Bodies responsible for classifying players	8
2.2.1 Classification panel	8
2.2.2 Head of classification	9
2.2.3 Chief classifier	10
2.2.4 Classifiers	10
2.2.5 National classifiers	11
2.2.6 IHF Trainee classifiers	11
2.2.7 Underlying health condition assessor	11
2.3 Classification personnel competencies	11
2.3.1 Classifiers competencies	11
2.3.2 Chief classifiers competencies	12
2.3.3 Head of classification competencies	12
2.4 Recruitment, training, development and certification of classification personnel	12
2.4.1 Classifier candidate profile	12
2.4.2 Classification personnel training and development	13
2.4.3 Maintaining Certification	16
2.4.4 Revocation of Certification	16
2.4.5 Recertification after a period of inactivity	16
2.5 Conflict of interest and code of conduct	19
2.5.1 Identifying and managing conflicts of interest	19
2.5.2 Classification personnel code of conduct	20
3. Eligible Impairments	20
3.1 Rationale for Eligible Impairments	20
3.2 Eligible impairment for Wheelchair Handball	21
3.2.1 Physical Impairments	21
3.2.2 Coordination Impairments	22
3.3 Non-Eligible Impairments	22
4. Classification process	23

4.1 Stage 1: UHC Assessment	23
4.1.1 Diagnostic Information	23
4.1.2 Conducting the UHC Assessment	23
4.1.3 Designation 'Not Eligible – Underlying Health Condition'	25
4.2 Stage 2: Eligible Impairment Assessment	25
4.2.1 Conducting the Eligible Impairment Assessment	25
4.2.2 Designation of 'Not Eligible – Eligible Impairment'	27
4.3 Stage 3: Minimum Impairment Criteria Assessment	28
4.3.1 Conducting the MIC Assessment	28
4.3.2 Minimum Impairment Criteria Measurement	28
4.3.3 Upon Completion of the MIC Assessment	32
4.3.4 Designation of 'Not Eligible – Minimum Impairment Criteria'	32
4.4 Stage 4: Sport Class And Sport Class Status Allocation	33
4.4.1 Use of Adaptive Equipment	34
4.4.2 Sport Class Allocation Process	34
4.4.3 Stage 4a: Technical Assessment	35
4.4.4 Stage 4b: Observation Assessment	35
4.4.5 Sport Class Allocation	36
4.4.6 Assessment Criteria for the Allocation of a Sport Class	37
4.4.7 The Concept of Volume of Action	37
4.4.8 The Concept of Pelvic Stability	38
4.4.9 Classification of Players with Lower Limb Deficiencies/Amputations	39
4.4.10 Classification of Players with Upper Limb Impairment	42
4.4.11 Shooting/Passing Capabilities as Factors for Classification	44
4.4.12 Sport Class Statuses	45
4.5 General Provisions Applicable to All Evaluation Sessions	47
4.5.1 Photographs and Audiovisual Technology	47
4.5.2 General Requirements	48
4.5.3 Attendance at Evaluation Sessions	48
4.5.4 National Federations and Players Rights and Responsibilities	49
4.5.5 Classification Panel Rights and Responsibilities	49
4.5.6 Consideration of Prior Evaluation Sessions	50
4.5.7 Suspension or Termination of an Evaluation Session	50
4.5.7.1 Reasons	50
4.5.8 Failure to Attend an Evaluation Session	52
4.5.9 Designation of 'Classification Not Completed' ('CNC')	52
4.6 Notification And Publication	52
4.6.1 Notification of Classification Outcome	52
4.6.2 Classification Master List	53
4.7 Change In Circumstances	53
4.7.1 Medical Review	53
5. Protests and appeals	54
5.1 Overview	54

5.2 Protest	55
5.2.1 Scope of Protests	55
5.2.2 Parties Permitted to Make a Protest	55
5.2.3 National Federation Protest	55
5.2.4 Protest Fee	56
5.2.5 Protest Submission Process	56
5.2.6 IHF Protest	57
5.2.7 Protest Panel Procedures	57
5.2.8 Circumstances Where a Protest Panel Is Not Available	58
5.3 Appeals	58
5.3.1 Scope of Appeals	58
5.3.2 Making an Appeal	59
5.3.3 Appeal Fee	59
5.3.4 Appeal Body	59
5.3.5 Appeal Decision	60
6. Intentional Misrepresentation	60
7. Roles and Responsibilities	62
7.1 IHF	62
7.2 Classification Personnel	63
7.3 Players	63
7.4 Player Support Personnel	63
7.5 Other Participants	64
8. Processing Personal Data	64
8.1 Security Of Classification Data	64
8.2 Disclosure of Classification Data	64
9. Appendices	65
IHF Wheelchair Handball Detailed specifications of each Sport Class	66
The Sport Class 1 player	66
The Sport Class 2 player	68
The Sport Class 3 player	70
The Sport Class 4 player	72
IHF Wheelchair Handball Classification System Summary	74
IHF Wheelchair Handball Characteristics of Wheelchair Handball movements per Sport Class	75
IHF Wheelchair Handball Registration Form	79
IHF Wheelchair Handball Classification Form – Stage 3	79
IHF Wheelchair Handball Classification Form – Stage 4	79



1. Scope and application

1.1 Adoption

The present Classification Rules and Regulations have been prepared by the International Handball Federation (IHF) to implement the requirements of the 2024 IPC Classification Code and International Standards.

The present Classification Rules and Regulations refer to a number of appendices, which form an integral part of the Classification Rules and Regulations.

1.2 Application

These Classification Rules and Regulations are binding for:

- the IHF and its representatives;
- each Continental Confederation and its representatives;
- each National Federation and its representatives;
- all players and player support personnel who are registered with the IHF, and/or participate in any wheelchair handball four-a-side or six-a-side events or competitions organised, authorised or recognised by the IHF;
- all classification personnel;
- all persons participating in evaluation sessions (whether in person or virtually);
- any other person who agrees in writing to be bound by the rules.

These Classification Rules and Regulations apply to the following competitions (i.e. covered competitions):

- World Championships;
- any competition that is part of the direct qualification pathway to the World Championships;
- any competition where classification opportunities may take place; and
- any other event or competition specified by the IHF.

The IHF will only permit a player to compete in an IHF wheelchair handball competition if that player has been allocated a sport class and a sport class status in accordance with these Classification Rules and Regulations.

The IHF will provide opportunities for players to be allocated a Sport Class and a Sport Class Status in accordance with these Classification Rules and Regulations and advise players and National Federations in advance regarding such classification opportunities).



2. Classification overview and stakeholders

2.1 Introduction to Classification

2.1.1 Purpose of Classification

The purpose of classification is to enable players with eligible impairments to participate in competitive Para sport with a pathway to sporting excellence.

Classification establishes a unique framework that promotes fair and meaningful competition by minimising the impact of a player's impairments on the outcome of wheelchair handball competitions so that the outcome is determined by factors other than impairment¹.

To achieve its purpose, classification performs two critical functions:

1. determining which players are eligible to compete in wheelchair handball; and
2. grouping eligible players into Sport Classes based on the extent to which their impairments affect their ability to execute the specific tasks and activities fundamental to wheelchair handball to ensure that the impact of impairment is minimised and sporting excellence determines which player or team is ultimately victorious.

The classification system is not designed to group players into classes based on their sport performance. Classification only serves to evaluate a player's impairment, and impairments are classified based on the extent to which they affect a player's ability to perform the fundamental activities in their specific sport.

Players who improve their sport performance will become more competitive within their allocated Sport Class but improved performance does not of itself provide a basis for changing their Sport Class.

¹ *Impairment* refers to a loss or abnormality in body structure or physiological function. Abnormality here strictly refers to a significant variation from established statistical norms (i.e. as a deviation from a population mean within measured standard norms) and should be used only in this sense. Examples of impairments include loss of an arm or leg. In the case of an injury to the spine, an impairment would be the resulting paralysis.

2.1.2 Stages of Classification

The classification process comprises four (4) main assessment stages:

Steps in the classification process	Stages	Description
UHC Assessment	Stage 1	Underlying Health Condition Assessment An assessment to verify that the player has (or has had) at least one medically and/or clinically diagnosed underlying health condition (UHC), based on a review of diagnostic information provided by the player's National Federation (see Article 4.1).
Evaluation Session	Stage 2	Eligible Impairment Assessment An assessment to verify that: - the player has an eligible impairment recognised for wheelchair handball that is consistent with one or more underlying health conditions reported in the UHC assessment; and - that there are no inconsistencies with such reported underlying health condition(s) (see Article 4.2).
	Stage 3	Minimum Impairment Criteria An assessment as to whether the player's eligible impairment meets the applicable minimum impairment criteria (MIC) for that eligible impairment applicable for wheelchair handball (see Article 4.3).
	Stage 4	Sport Class Assessment Allocating the player with: - a Sport Class based on an assessment of the extent to which the player's eligible impairment(s) affect(s) their ability to execute the specific tasks and activities fundamental to the sport; and - a Sport Class Status to indicate whether and when the player may be required to undergo classification in the future (see Article 4.4).

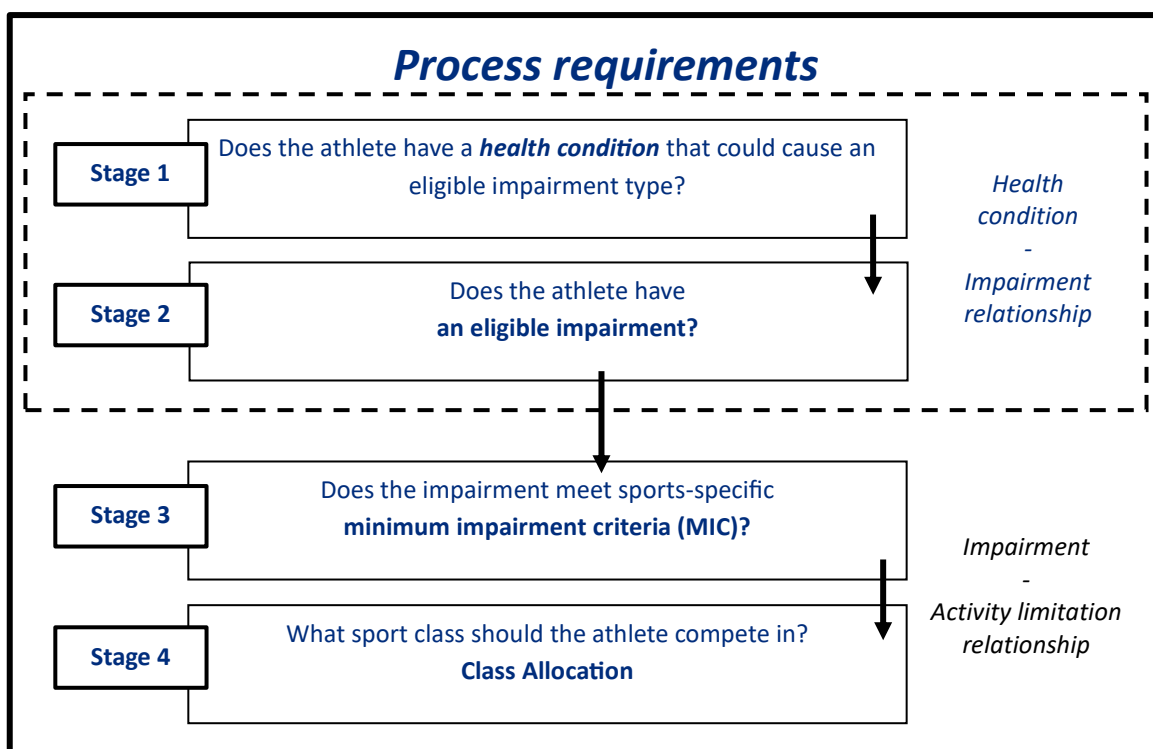


Figure 1: Key elements required for a code-compliant, evidence-based, Para sport classification system. (Tweedy Sean M. et al, *Applying Scientific Principles to Enhance Paralympic Classification Now and in the Future*, 2018).

2.2 Bodies responsible for classifying players

2.2.1 Classification panel

A classification panel is a group of classifiers appointed by the IHF to conduct some or all of the components of player classification.

Each classification panel must consist of a minimum of two classifiers. At least one member of the classification panel must be of a different nationality than the player being assessed.

It is recommended that members of the classification panel have different nationalities².

² These provisions are intended to help manage potential conflicts of interest, whether perceived or actual. A classification panel may consist of classifiers who conducted previous evaluation sessions of the player being assessed. However, while not mandatory, and where reasonably practicable, the IHF will not appoint any classifier who was involved in any assessment or evaluation of the relevant player for classification purposes (whether at the national or international level) within a period of 12 months prior to the date of the anticipated evaluation session.

In exceptional circumstances³, the IHF may authorise a classification panel to consist of a sole classifier and/or classifiers who have the same nationality as the player being assessed, provided that:

- any Sport Class issued to the player must be accompanied by the Sport Class Status 'Review at the Next Available Opportunity (R-NAO)', with all resulting consequences; and
- any sole classifier must be certified to conduct all of the assessments within the evaluation session.

An IHF Trainee Classifier may be part of a classification panel in addition to the required number of certified classifiers.

Classification personnel are fundamental to the effective implementation of these Classification Rules and Regulations.

The IHF appoints a number of classification personnel, each of whom will have a key role in the organisation, implementation and administration of classification.

The IHF requires all classification personnel to sign confidentiality undertakings.

2.2.2 Head of classification

The IHF appoints a Head of Classification.

The Head of Classification is responsible for the direction, administration, coordination and implementation of classification matters for wheelchair handball.

The Head of Classification is required to be a certified classifier.

The Head of Classification is responsible for performing and/or overseeing at least the following tasks:

- recruiting and appointing classifiers;
- organising and conducting classifier education, training, certification, recertification, and development according to the IHF classifier pathway;
- managing, maintaining, and updating a database to track classifier activity, certification, and recertification;
- overseeing the classification research on which the IHF classification system is based;
- planning, designing, and executing programmes and policies to ensure that the IHF Classification Rules and Regulations comply with the IPC Athlete Classification Code and International Standards;
- collecting feedback on issues that affect the IHF Classification Rules and Regulations;
- monitoring and evaluating the status of classification within wheelchair handball on a regular basis;
- informing classifiers of any changes in the IHF Classification Rules and Regulations;
- managing, maintaining, and updating the IHF Classification Master List to ensure that the IHF's classification records are accurate;
- engaging with the IHF's relevant bodies and committees on classification matters; and

³ Exceptional circumstances may arise if there are genuine and unavoidable operational difficulties at a competition (such as travel delays, classifier illness, or conflicts of interest) that result in an insufficient number of classifiers being available to constitute classification panels with two or more persons, or of different nationalities than the player being assessed.

- communicating with all relevant external parties in relation to classification matters.

If the IHF is unable to appoint the Head of Classification for a period of time, the IHF may temporarily appoint another person, or group of persons, to perform the tasks of the Head of Classification, provided that such person or each person in the group: (i) meets the competency requirements to act as the Head of Classification; and (ii) agrees to comply with the Classification Personnel Code of Conduct.

The Head of Classification may delegate specific responsibilities to other classification personnel within the IHF.

The Head of Classification may also be appointed as a classifier and/or Chief Classifier in a classification panel.

2.2.3 Chief classifier

A Chief Classifier is a classifier appointed by the IHF to direct, administer, coordinate and implement classification matters for a specific classification opportunity.

In particular, a Chief Classifier may be required by the IHF to do the following:

- identify players who require classification at a specific classification opportunity, whether in-competition or out-of-competition;
- supervise IHF Classifiers and Trainee Classifiers to ensure that the IHF Classification Rules and Regulations are properly applied and to monitor their level of competencies and proficiencies;
- manage protests in consultation with the IHF and, if necessary, in consultation with the Head of Classification;
- liaise with the relevant competition organisers to ensure that all travel, accommodation and other logistics are arranged so that classifiers may carry out their duties at the competition;
- manage the IHF Classification Master List during a particular classification opportunity;
- analyse and review the classification processes during a classification opportunity and recommend improvements to the Head of Classification; and
- report all relevant issues at a particular classification opportunity to the Head of Classification.

The Chief Classifier may delegate specific responsibilities to other classification personnel within the IHF and/or appropriately qualified persons in the local organising committee of a competition.

As far as possible given organisational and staffing constraints, the Chief Classifier must be appointed in addition to the classification panels at a classification opportunity (i.e. a Chief Classifier should not sit on a classification panel, especially in cases where the IHF appoints two or more classification panels at a classification opportunity).

2.2.4 Classifiers

A classifier is a person authorised as an official and certified by the IHF to evaluate players as a member of a classification panel.

All classifiers must apply the assessment methods established by the IHF Classification Rules and Regulations properly and consistently.

IHF Classifiers must also conduct classification at the national level.

2.2.5 National classifiers

A national classifier is authorised by a National Federation (NF) to conduct some or all aspects of classification at a national level.

Unless also certified as an IHF Classifier, a national classifier can under no circumstances conduct classification at the international level.

2.2.6 IHF Trainee classifiers

An IHF Trainee Classifier is a person who is in the process of formal training by the IHF.

The designation 'IHF Trainee Classifier' is also used to identify a classifier who is participating in a component of classification (i) for which the classifier is currently lacking certification; and (ii) for which the classifier is undertaking additional training with a view to obtaining that certification.

The IHF may appoint Trainee Classifiers to participate in some or all components of classification to develop classifier competencies if it is under the supervision of a classification panel and/or an authorised educator/mentor.

A Trainee Classifier cannot be appointed as a member of a classification panel.

2.2.7 Underlying health condition assessor

An underlying health condition (UHC) assessor is a person authorised as an official and certified by the IHF to conduct some or all components of underlying health condition assessment.

UHC assessors are required to be certified classifiers and must have the skills and experience required to conduct UHC assessments.

2.3 Classification personnel competencies

2.3.1 Classifiers competencies

A classifier will be authorised to act as a classifier if that classifier has been certified by the IHF as having the relevant classifier competencies.

Classifiers must have a thorough understanding of:

- wheelchair handball and its rules, including these Classification Rules and Regulations;
- the IPC Classification Code and the International Standards; and
- the professional qualifications, level of experience and any other skills, competencies, and/or abilities to act as a classifier for wheelchair handball.

In addition, classifiers must either have:

- a medical qualification with experience in dealing with underlying health conditions that may lead to eligible impairments relevant for wheelchair handball;

- a qualification in physiotherapy or other related disciplines with experience in dealing with individuals with the clinical manifestations of the eligible impairments relevant for wheelchair handball; or
- other relevant qualifications in coaching, training, physical education, sport sciences, biomechanics, kinesiology, or reputable academic qualifications with a working knowledge of wheelchair handball, which the IHF may deem acceptable at its sole discretion.

A classifier must have the ability to communicate clearly and accurately in English.

2.3.2 Chief classifiers competencies

In addition to the classifier competencies, a Chief Classifier must have the following additional competencies:

- a minimum of 3 years' experience as a classifier in wheelchair handball;
- knowledge and experience of each stage of the classification process;
- effective communication skills, including the ability to provide a complete explanation of the following matters to the classification panel, players and player support personnel in English;
- mentorship skills to provide training or mentoring to classifiers;
- effective interpersonal, management and teamwork skills;
- effective decision-making skills; and
- effective organisation skills.

2.3.3 Head of classification competencies

In addition to the classifier competencies, the Head of Classification must have the following additional competencies:

- demonstrable leadership skills in matters related to classification such as administration and management of classification; rules, policy, and procedure development or revision; classification research; classification education and training; and classifier mentorship; and
- experience and continuing participation in training and certification of classifiers, such as teaching and supervising/mentoring instructors at basic and advanced workshops.

2.4 Recruitment, training, development and certification of classification personnel

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

2.4.1 Classifier candidate profile

The IHF certifies classifiers who have the abilities and qualifications required for conducting player evaluation in respect of players with physical impairments.

Candidates must fulfil all of the following requirements:

- medical certification as a physician, physiotherapist (or equivalent) or relevant technical qualification as (former) coach or player;
- a requisite level of anatomical, biomechanical and sport-specific expertise in wheelchair handball;
- business level English;

and:

- interest in Para sports, specifically in wheelchair handball;
- recommendation and approval by the National Paralympic Committee or National Federation: an international classifier from the same country as the candidate must give their approval that a candidate is ready for the IHF classification exam.

To serve as an IHF Classifier one may not have a conflict of interest (such as national team physician or physiotherapist). In case a person participates in an IHF event as international classifier, they must not work for a national team in any role and vice versa.

The costs of the training will have to be borne by the candidate and/or their National Federation or National Paralympic Committees (NPC).

2.4.2 Classification personnel training and development

The IHF classifier training pathway consist of three levels (see

):

1. training of IHF Trainee Classifiers
2. participation in first IHF International Classifier Training Course, leading to the status of IHF Classifier;
3. Participation in second IHF International Classifier Training Course, leading to status of IHF Senior Classifier.

Level 1: IHF Trainee Classifier education

The interested person, with the right qualifications as describe above, starts as IHF Trainee Classifier (Level 1) under the guidance of IHF Senior Classifiers in the home country of the Trainee Classifier for the duration of one or two years.

The trainee will learn (theory and practice) from the IHF Senior Classifiers during practical classification sessions in their home country, as a national classifier.

When the IHF Senior Classifier have the opinion that the trainee is ready for the first international classifier training course, this will be discussed with the National Federation.

When the National Federation also agrees, the trainee will be allowed to participate in the next international classifier training course.

All costs for the course (course fee, transportation (flight costs), board and lodging) will have to be borne by the course participant and/or their national federation. The IHF does not cover any costs related to the training.

Level 2: Participation in first IHF International Classifier Training Course

The IHF Trainee Classifier will be trained by one or multiple IHF instructor(s), mentored by IHF Senior Classifiers and assessed according to the competency transcript.

Teaching methods

The learning process consists of the following elements:

- theoretical sessions (about the classification steps, rules, assessments, procedures);
- practical assessment training;
- simulated classification situations;
- video observation;
- classifier assessment through written, video, and practical exams.

Learning outcomes

The following learning outcomes must be achieved:

- know the role of the classifier;
- understand and apply the conceptual basis of classification;
- know all minimum impairment criteria (MIC) and where to locate them within the IHF Classification Rules and Regulations;
- understand and conduct relevant physical tests/functional assessments of wheelchair handball players;
- understand and conduct Observation Assessment on court;
- know how to properly communicate classification outcomes;
- understand risks in classification;
- understand and be able to follow the proper procedures of classification of wheelchair handball players according to the IHF standards, including all administrative tasks.

Programme outcomes

Status: IHF Classifier (Level 2)

IHF Classifiers are classifiers who have successfully completed all steps of the IHF wheelchair handball classifier training programme (Level 1) and have been certified as a member of a classification panel at an international competition.

Participants who successfully complete the first IHF International Classifier Training Course will receive a certificate of completion and a classification badge with the designation '**IHF Classifier**'.

The duties of an IHF Classifier (Level 2) may include, but are not limited to:

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

The IHF Classifier must also continue to serve as a national classifier for his/her National Federation, independently from an IHF Senior Classifier as supervisor.

Level 3: Participation in second IHF International Classifier Training Course

The IHF Classifier will be trained by one or multiple IHF instructor(s), mentored by IHF Senior Classifiers and assessed according to the competency transcript.

Participants profile

Participants must:

- have successfully completed level 1 and 2 of the training pathway;
- have no conflict of interest (participants may, for example, not work as physicians or physiotherapists of national teams while performing the role of classifiers); and
- have two years' experience as national classifiers and IHF Classifiers.

Teaching methods

The learning process consists of the following elements:

- participation in the classification process with IHF Senior Classifiers, including administrative tasks, communication, player assessment, decision-making;
- on-court observation of the classified players;
- participation in/observation of all other classifier activities, like attending the technical meeting, handling protests, educational sessions for coaches and players;
- classifier assessment through written, video, and practical exams.

Learning outcomes

The following learning outcomes must be achieved:

- know the role of the classifier;
- understand and apply the conceptual basis of classification to a high standard;
- know the requirements for player evaluation;
- know all minimum impairment criteria (MIC) and where to locate them within the IHF Classification Rules and Regulations rapidly, accurately and efficiently;
- be able to independently classify wheelchair handball players;
- know and be able to complete all relevant medical tests/functional assessments of wheelchair handball players to a high standard of validity and reliability;
- know and conduct an in-competition Observation assessment on court to high standard;

- know how to properly communicate classification outcomes accurately and efficiently;
- understand and demonstrate leadership in the management of risks in classification.

Programme outcomes

Status: IHF Senior Classifier (Level 3)

IHF Senior Classifiers (level 3) are classifiers who have completed level 1 and 2 of the IHF classifier training, show leadership, participate in research and development of the classification system, and have sufficient experience to implement the IHF Classification Rules and Regulations at a competition.

Participants who successfully complete the second IHF International Classifier Training Course will receive the IHF Senior Classifier Certificate of Competency and a classification badge with the designation '**IHF Senior Classifier**' and will be eligible for appointment as an international classifier at sanctioned competitions.

An IHF Senior Classifier acts in a leadership capacity at international competitions and reports to the Chief Classifier.

The duties of an IHF Senior Classifier (level 3) may include, but are not limited to:

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

2.4.3 Maintaining Certification

To maintain IHF Classifier certification (level 2 or 3), a classifier must:

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

2.4.4 Revocation of Certification

A classifier may have their classifier certification revoked including without limitation in the following cases:

- if the IHF is no longer satisfied that the classifier possesses the required classifier competencies;
- the classifier breaches the Classification Personnel Code of Conduct; and/or
- to cover any period of ineligibility imposed on that classifier.

A classifier whose certification was revoked may regain their certification if they subsequently satisfy the IHF that they have re-attained the required classifier competencies.

2.4.5 Recertification after a period of inactivity

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

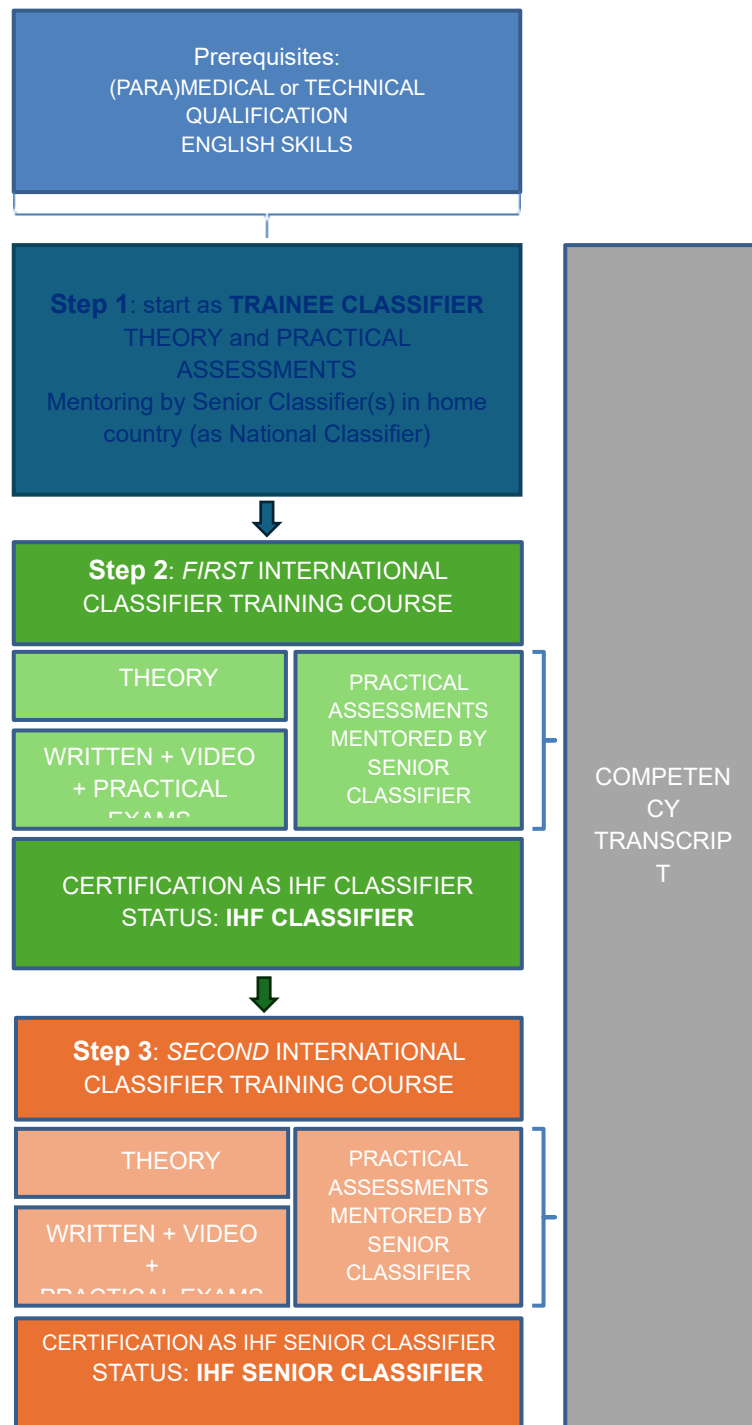
An inactive classifier who wants to recertify must send a letter to the Head of Classification of the IHF stating the reason of absence and performed activities.

Decision on the recertification pathway will be made by the IHF management.

An IHF Senior Classifier (level 3) can have a gap of 3 years but must participate in an update session (on new rules, etc.) with an IHF Senior Classifier before recertification.

An IHF Classifier (level 2) can have a gap of 2 years but must participate in an update session (on new rules, etc.) with an IHF Senior Classifier as well as a supervised classification at an international classification opportunity. A competency transcript will be used as assessment tool.

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



2.5 Conflict of interest and code of conduct

2.5.1 Identifying and managing conflicts of interest

There is an objectively high risk of an actual, perceived, or potential conflict of interest arising in circumstances where a person has (or has recently had) a close association or role with a national wheelchair handball team and is also involved in classification.

Classification personnel have a potential or actual conflict if they are a national representative.

Other roles, whether paid or voluntary, with National Paralympic Committees (NPC) or National Federations may also lead to actual or perceived conflicts of interest in relation to acting as Classification Personnel for the same sport.

The IHF determines, in its sole discretion, whether or not any classification personnel have an actual or potential conflict of interest.

Persons with an actual or potential conflict of interest include (non-exhaustive list):

- international athletes who are currently competing in any Para sport, or who have retired from wheelchair handball less than four years ago;
- national team coaches or assistant coaches involved in any Para sport, or who have retired from wheelchair handball less than four years ago; or
- player support personnel (other than coaches) with direct involvement with the national team or players, or who have had such involvement in the last two years.

Accordingly, these persons cannot:

- commence practical training to IHF Classifiers (i.e. cannot participate in any evaluation sessions, for example as IHF Trainee Classifiers); or
- receive or maintain certification as IHF Senior Classifiers; or
- be appointed or retain an appointment as a Chief Classifier or Head of Classification.

These restrictions do not apply to persons training to become or acting as national classifiers.

The IHF must identify, record, and keep updated a register of actual and potential conflicts of interests of classification personnel.

Classification personnel must not take on any other roles and responsibilities at covered competitions and classification opportunities where they are acting as classifiers that would impact their ability to carry out the classification process/their responsibilities.

The IHF may assign other roles to classifiers provided that such roles can be managed without interfering with the classifier roles and responsibilities.

All classification personnel must declare any pre-existing personal or professional relationship(s) that may affect or may create the perception that such relationship may affect their ability to make an objective decision or assessment when fulfilling their role as classification personnel.

The IHF has the right not to appoint classification personnel or to withdraw appointments of classification personnel who are in personal or professional relationships that might, in the view of the IHF, give rise to an actual, perceived, or potential conflict of interest.

2.5.2 Classification personnel code of conduct

The integrity of classification in the IHF depends on the conduct of classification personnel.

The IHF has therefore adopted a set of professional conduct standards referred to as the Classification Personnel Code of Conduct.

All classification personnel must comply with the Classification Personnel Code Of Conduct.

The IHF requires classification personnel to:

- comply with the IHF Ethics Code;
- act as neutral evaluators throughout all stages of the classification process;
- have high regard for the dignity of all players;
- have high regard for the physical and mental welfare of players;
- perform their duties courteously, respectfully, competently, consistently, and objectively for all players;
- respect all players and player support personnel and strive to uphold a courteous environment during the classification process;
- ensure that they are fit to perform the role and physical duties reasonably expected of classification personnel, and notify the IHF if this ceases to be the case;
- maintain excellent hygiene and sanitation during the classification process;
- not abuse their position to obtain advantage or benefit for themselves or third parties;
- maintain confidentiality regarding players' information in accordance with the IPC Classification Code;
- comply with the IPC Classification Code and the International Standard for Classification Data Protection; and
- comply with all of the IHF's safeguarding rules.

Any person who believes that any classification personnel may have acted in a manner that contravenes the classification personnel code of conduct must report this to the IHF. If the IHF receives such a report, it will investigate the report and, if appropriate, take disciplinary measures.



3. Eligible Impairments

3.1 Rationale for Eligible Impairments

Eligible impairments do not include all impairment types. Instead, they are limited to those that have historically been part of the Paralympic Movement and that meet the following criteria:

- the impairment must be based on those listed in the International Classification of Functioning, Disability and Health (known more commonly as ICF, published by the World Health Organization), as updated from time to time;
- the impairment must be consistent with one or more verifiable health conditions that are listed in the International Classification of Diseases (known more commonly as ICD, i.e. the World Health Organization diagnostic tool that is used to classify and monitor diseases and disorders);

- there is scientific evidence to indicate that the impairment can lead to an activity limitation in one or more Para sports;
- the impairment can be measured accurately and reliably;
- the impairment must be:
 - permanent; and
 - capable of remaining consistent following classification.

3.2 Eligible impairment for Wheelchair Handball

The IHF has identified seven (7) impairments eligible for wheelchair handball, which are grouped into two categories: physical impairments and coordination impairments.

3.2.1 Physical Impairments

All physical impairments must be consistent with an underlying health condition that:

- originates from the central or peripheral nervous system; or
- is musculoskeletal.

The physical impairments eligible for wheelchair handball are:

Impaired muscle power

Players with impaired muscle power have a reduced (or no) ability to contract their muscles to generate force that is consistent with an underlying health condition affecting the structure and function of the central or peripheral nervous system or the muscles (including the muscle origin and muscle insertion).

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

Impaired passive range of movement

Players with impaired passive range of movement have a reduced ability for a joint to be passively moved that is consistent with an underlying health condition affecting a structure of bones, joints, connective tissue, or soft tissues.

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

Limb Deficiency and/or Limb Length Difference

Players with limb deficiency or limb length difference have a total or partial absence of a limb or anatomically irregular limb dimensions that are consistent with an underlying health condition resulting from trauma, illness, or congenital causes affecting the bones and/or joints.

Eligible impairments in this category fall within the following sub-categories:

- limb deficiency
- leg length difference.

The difference in length between the legs should be at least 6 cm to be considered as eligible for playing international wheelchair handball.

Upper limb impairment only is not considered as an eligible impairment for playing international wheelchair handball.

3.2.2 Coordination Impairments

Players with a coordination⁴ impairment have one or more of the following three movement disorders that:

- adversely affect the ability to voluntarily produce a full range of skilled movement fluidly, rapidly, and accurately; and
- are consistent with an underlying health condition affecting the structure and function of the central nervous system.

Hypertonia/spasticity

An increase in muscle tension that may be velocity-dependent and/or a reduced ability of a muscle to stretch.

Motor ataxia

Limited precision in direction and velocity of voluntary movement.

Dyskinesia (athetosis, dystonia, chorea)

Involuntary movements that interfere with voluntary movements.

3.3 Non-Eligible Impairments

Any impairment that is not listed as an eligible impairment in Article 3.2 is a 'non-eligible impairment'.

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

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

⁴ Coordination is the ability to voluntarily produce skilled movement fluidly, rapidly, and accurately (Connick et al., 2015; Runciman & Derman, 2018).

- impairments in muscle metabolism resulting in fatigue, and
- impairments stemming from psychological and/or psychosomatic causes.

A player who has both an eligible impairment and a non-eligible impairment may be evaluated by a classification panel on the basis of their eligible impairment, provided that their non-eligible impairment does not affect the classification panel's ability to conduct an evaluation session (including Observation Assessment) and to allocate a Sport Class⁵.



4. Classification process

The wheelchair handball classification system is based on impairment type (as defined in Article 3.2) and the degree to which that impairment affects the player's ability to execute the specific tasks and activities fundamental to wheelchair handball.

The IHF has specified in these Classification Rules and Regulations the process, the assessment criteria and methodology whereby players will be allocated a Sport Class and a Sport Class Status.

4.1 Stage 1: UHC Assessment

4.1.1 Diagnostic Information

In order to begin the classification process, a player must provide their National Federation with all relevant diagnostic information required to enable the IHF to assess the existence of an underlying health condition and eligible impairment (see appendices, Registration Form).

The player's National Federation is responsible for providing the diagnostic information to the IHF and for ensuring that all diagnostic information provided by the player is complete, accurate, authentic, and relevant.

The IHF (including the UHC assessor) may request from the player's National Federation any additional information that it deems necessary to carry out the classification process, including medical information.

Diagnostic information must be provided in its original format (i.e. the original document or a copy thereof) along with an English translation (if the original format is in another language), unless the IHF specifies otherwise.

4.1.2 Conducting the UHC Assessment

The UHC assessor conducts the UHC assessment to verify that the player has (or has had) at least one medically and/or clinically diagnosed underlying health condition.

⁵ For example, a player with osteoarthritis might have impaired passive range of movement (an eligible impairment) and pain (a non-eligible impairment). If the presence of pain restricts a classification panel's ability to conduct an evaluation session, the player might not be allocated a Sport Class, notwithstanding that the player has an eligible impairment.

The UHC assessment is only based on the diagnostic information provided by the player's National Federation.

If the UHC assessment is done by more than one UHC assessor:

- the individual UHC assessors must review the diagnostic information independently of each other;
- the UHC assessors must make their decision by majority if the UHC assessors are unable to reach a unanimous decision.

Positive answer to UHC assessment

If the UHC assessor is satisfied that the player has (or has had) at least one medically and/or clinically diagnosed underlying health condition, the following steps will be taken:

- the UHC assessor notifies the IHF of the outcome of their assessment in writing;
- the IHF provides the diagnostic information and the UHC assessor's written statement to the classification panel and should then proceed with scheduling an evaluation session;
- unless the player already has a relevant Sport Class and Sport Class Status, the player is automatically assigned the designation 'New (N)';
- a player with the designation 'New (N)' must attend an evaluation session prior to competing at a covered competition, unless the IHF specifies otherwise (in which case the player is assigned an entry Sport Class).

Negative answer to UHC assessment

If the UHC assessor is not satisfied that the player has (or has had) at least one medically and/or clinically diagnosed underlying health condition, the following steps will be taken:

- the UHC assessor notifies the IHF of the outcome of their assessment and provides a written explanation for the decision;
- the IHF provides a copy of the UHC assessor's written explanation to the player's National Federation;
- the player is designated as 'Not Eligible – Underlying Health Condition (Re-evaluation)' with the resulting consequences specified in Article 4.1.3; and
- the IHF arranges for a second UHC assessor to repeat the UHC assessment as soon as reasonably practicable.

When a second UHC assessor is required, the procedure shall be as indicated below.

- The second UHC assessment may be done by one or more assessors. Anyone involved in the first UHC assessment as assessor cannot be involved in the second assessment.
- The second UHC assessor reviews all of the diagnostic information provided by the player's National Federation. Following such review, but before reaching a final decision, the second UHC assessor also reviews the written explanation of the first UHC assessor.

If the second UHC assessor is satisfied that the player has (or has had) at least one medically and/or clinically diagnosed underlying health condition:

- the designation 'Not Eligible – Underlying Health Condition (Re-evaluation)' is removed and the consequences described in Article 4.1.3 will cease to apply; and
- the 'Positive answer to UHC assessment' (see above) applies.

4.1.3 Designation 'Not Eligible – Underlying Health Condition'

Subject to a medical review and/or changes to classification systems, a player designated as 'Not Eligible – Underlying Health Condition (Re-evaluation)' or 'Not Eligible – Underlying Health Condition' for one or more underlying health condition(s):

- will not be permitted to compete in covered competitions in any Para sport based on such underlying health condition(s)⁶; and
- cannot be reassessed for any eligible impairment in any Para sport based on such underlying health condition(s).

However, the player may be assessed for an eligible impairment based on any other underlying health condition(s) not previously assessed by a UHC assessor. In such circumstances, the player must disclose any prior designations of 'Not Eligible – Underlying Health Condition (Re-evaluation)' or 'Not Eligible – Underlying Health Condition'.

The designation 'Not Eligible – Underlying Health Condition (Re-evaluation)' or 'Not Eligible – Underlying Health Condition' is not subject to review or protest but may be appealed against in accordance with 5.

The IHF must include all players designated as 'Not Eligible – Underlying Health Condition (Re-evaluation)' or 'Not Eligible – Underlying Health Condition' in its Classification Master List⁷.

4.2 Stage 2: Eligible Impairment Assessment

The purpose of the eligible impairment assessment stage is to verify that:

- the player has an eligible impairment relevant for wheelchair handball that is consistent with one or more underlying health conditions reported in the UHC assessment; and
- there are no inconsistencies with such reported underlying health condition(s).

4.2.1 Conducting the Eligible Impairment Assessment

The eligible impairment assessment must take place in person and is carried out by the classification panel.

As a preliminary step, the classification panel reviews the documentation relating to the UHC assessment, namely the player's diagnostic information and the written statement of the UHC assessor.

⁶ If a player who has been designated 'Not Eligible – Underlying Health Condition (Re-evaluation)' or 'Not Eligible – Underlying Health Condition' for one or more underlying health condition(s) subsequently (i) competes or attempts to compete in covered competitions based on any such underlying health condition(s), or (ii) undergoes or attempts to undergo further classification (including in respect of another Para sport) based on any such underlying health condition(s) without disclosing such designation, they may be investigated in respect of potential intentional misrepresentation.

⁷ This requirement applies regardless of whether the player is currently licensed by the IHF.

Inconsistencies with the underlying health condition(s)

When conducting the eligible impairment assessment, if the classification panel considers that there are any inconsistencies with the underlying health condition(s) reported in the UHC assessment, the classification panel will:

- designate the player as 'Classification Not Completed' ('CNC');
- prepare a written explanation identifying the inconsistencies and noting any additional information that is required, a copy of which must be provided to the IHF and the player's National Federation;
- if it considers it appropriate, specify a deadline by which such additional information must be provided by the player's National Federation⁸;

If the additional information is not provided by the specified deadline or does not otherwise satisfy the classification panel, or if additional information is not required, the classification panel refers the matter back to the UHC assessor (who, if possible, should be the same UHC assessor as before) for reconsideration, along with the written explanation and any additional information provided.

Upon completion of the eligible impairment assessment

The eligible impairment assessment will continue (either by the same or a new classification panel) only once the classification panel is satisfied by the additional information provided and/or the UHC assessor completes the reassessment.

If the classification panel is satisfied that:

- the player has an eligible impairment relevant for wheelchair handball that is consistent with one or more underlying health conditions reported in the UHC assessment; and
- there are no inconsistencies with such reported underlying health Condition(s),

then the classification panel will continue the evaluation process and proceed with the MIC assessment.

If the classification panel is not so satisfied, the player must be designated as 'Not Eligible – Eligible Impairment (Re-evaluation)'⁹, with the resulting consequences specified in Article 4.2.2.

The player is entitled to undergo a second eligible impairment assessment before a second classification panel as soon as reasonably practicable. In that case:

- the first classification panel notifies the IHF of the outcome of the first eligible impairment assessment and provides a written explanation for the decision;
- the IHF provides a copy of the classification panel's written explanation to the player's National Federation;
- no member of the first classification panel can serve as a member of the second classification panel; and

⁸ Such information must be provided in its original format (i.e. the original document or a copy thereof) along with an English translation (if the original format is in another language), unless the IHF specifies otherwise.

⁹ When designating a player as 'Not Eligible – Eligible Impairment (Re-evaluation)' or 'Not Eligible – Eligible Impairment', the classification panel must record the eligible impairment(s) for which the player was assessed, for example, 'Not Eligible – Eligible Impairment' for impaired muscle power and impaired passive range of movement.

- following its own assessment, but before reaching a final decision, the second classification panel must also review the written explanation of the first classification panel.

If the second classification panel is satisfied that:

- the player has an eligible impairment relevant for wheelchair handball that is consistent with one or more underlying health conditions reported in the UHC assessment; and
- there are no inconsistencies with such reported underlying health condition(s);

then,

- the designation 'Not Eligible – Eligible Impairment (Re-evaluation)' must be removed (and the consequences in Article 4.2.2 will cease to apply); and
- the second classification panel will continue the classification process and proceed with the next stage (MIC assessment).

If the second classification panel is not satisfied,

- the player is designated as 'Not Eligible – Eligible Impairment'; and
- the consequences in Article 4.2.2 will continue to apply.

4.2.2 Designation of 'Not Eligible – Eligible Impairment'

Subject to a medical review and/or changes to classification systems, a player designated as 'Not Eligible – Eligible Impairment (Re-evaluation)' or 'Not Eligible – Eligible Impairment' for one or more specific eligible impairments:

- will not be permitted to compete in covered competitions based on such eligible impairment(s) in any Para sport; and
- cannot be reassessed for such eligible impairment(s) in any Para sport other than in the context of a new request for classification based on an underlying health condition not previously assessed by a UHC assessor. In such circumstances, the player must disclose any prior designations of 'Not Eligible – Eligible Impairment (Re-evaluation)' or 'Not Eligible – Eligible Impairment'¹⁰.

The designation of a player as 'Not Eligible – Eligible Impairment (Re-evaluation)' or 'Not Eligible – Eligible Impairment' is not subject to review or protest but may be appealed against in accordance with 5.

The IHF must include all players designated as 'Not Eligible – Eligible Impairment (Re-evaluation)' or 'Not Eligible – Eligible Impairment' in its Classification Master List¹¹.

¹⁰ If a player who has been designated 'Not Eligible – Eligible Impairment (Re-evaluation)' or 'Not Eligible – Eligible Impairment' for one or more eligible impairment(s) subsequently (i) competes or attempts to compete in covered competitions based on any such eligible impairment(s), or (ii) undergoes or attempts to undergo further classification (including in respect of another Para sport) in respect of any such eligible impairment(s) without disclosing such designation, they may be investigated in respect of potential intentional misrepresentation.

¹¹ This requirement applies regardless of whether the player is currently licensed by the IHF.

4.3 Stage 3: Minimum Impairment Criteria Assessment

The purpose of the minimum impairment criteria (MIC) assessment stage is to assess whether a player's eligible impairment meets the applicable minimum impairment criteria for that eligible impairment within wheelchair handball.

Wheelchair handball players must have a permanent physical disability which:

- leads to at least one of the permanent eligible impairments assessed in stage 2; and
- meets the minimum impairment criteria (MIC) defined for each eligible impairment (impaired muscle power, impaired passive range of movement, limb deficiency, limb length difference and coordination impairments (hypertonia, motor ataxia, dyskinesia)).

These criteria were developed by the University of Loughborough, Great Britain, and are accepted by the IPC. The IHF has also adopted these criteria to decide which players are eligible to play wheelchair handball at international level and to determine which players are not eligible.

4.3.1 Conducting the MIC Assessment

The MIC assessment must be determined based solely on an evaluation of the player's eligible impairment (i.e. impairment-based testing and/or other clinically recognised testing) and not based on an assessment of tasks or activities performed in wheelchair handball, nor any other aspect of the player's sport performance.

The MIC assessment must take place in person.

The specific means by which the impairment-based testing will be conducted and how the results will be evaluated are described in the following sections.

4.3.2 Minimum Impairment Criteria Measurement

The scales used to assess whether players meet the minimum impairment criteria are as follows:

- Muscle power impairment: MRC scaling
- Passive range of movement impairment: measurement of range of movement
- Limb deficiency: measurement of limb length of the lower extremity
- Coordination impairments:
 - Hypertonia/spasticity: Ashworth scale
 - Motor ataxia: scale for the assessment and rating of ataxia (SARA)
 - Dyskinesia: dyskinesia impairment scale (DIS)

IHF Classifiers are trained in the application of the various rating scales.

IHF Classifiers record their observations during the evaluation Session by completing the IHF Classification Form – STAGE 3 (see appendices).

Minimum impairment criteria for muscle power and passive range of movement

Muscle power

Players meet the minimum impairment criteria if at least one of the following applies:

- a maximum of MRC grade 2 in at least one of the muscle groups listed in the table below in either leg (one leg or the other); or
- a maximum of MRC grade 3 in at least two of the muscle groups listed in the table below in a single leg or across right and left leg (i.e. one muscle group in each leg),
 - hip abductors, hip adductors and ankle dorsal flexors are excluded for this criterion.

Passive range of movement

Players meet the minimum impairment criteria if at least one of the following applies in one leg:

- the maximum passive range of movement is below the primary criteria listed in the table below in one or more joint movements; or
- the maximum passive range of movement is below the secondary criteria listed in the table below in two or more joint movements.

Muscles groups	MIC muscle power	MIC passive range of movement	
		Primary (≥ 1 joint)	Secondary (≥ 2 joints)
Hip flexor (average ROM 120)	MRC 2 or 3	$\leq 75^\circ$	$75^\circ < \text{ROM} \leq 85^\circ$
Hip extensor (average ROM 30)	MRC 2 or 3	$\geq -15^\circ$ no less than 15° flexion	$-15^\circ > \text{ROM} \geq -5^\circ$ no less than 5° flexion
Hip abductor (average ROM 45)	MRC 2	$\leq 20^\circ$	$20^\circ < \text{ROM} \leq 30^\circ$
Hip adductor (average ROM 30)	MRC 2	$\geq -10^\circ$ no less than 10° abduction	$-10^\circ > \text{ROM} \geq 0^\circ$ cannot achieve adduction
Hip internal rotation (average ROM 35)	-	$\leq 5^\circ$	$5^\circ < \text{ROM} \leq 15^\circ$
Hip external rotation (average ROM 45)	-	$\leq 0^\circ$	$0^\circ < \text{ROM} \leq 10^\circ$
Knee flexors (average ROM 135)	MRC 2 or 3	$\leq 65^\circ$	$65^\circ < \text{ROM} \leq 75^\circ$
Knee extensors (average ROM 180)	MRC 2 or 3	$\geq -25^\circ$ no less than 25° flexion	$-25^\circ > \text{ROM} \geq -15^\circ$ no less than 15° flexion
Ankle plantar flexors (average ROM 50)	MRC 2 or 3	$\leq 10^\circ$	$10^\circ < \text{ROM} \leq 20^\circ$
Ankle dorsiflexors	MRC 2	$\leq 15^\circ$	$15^\circ < \text{ROM} \leq 25^\circ$

Table 1: Minimum impairment criteria for muscle power and passive range of movement.

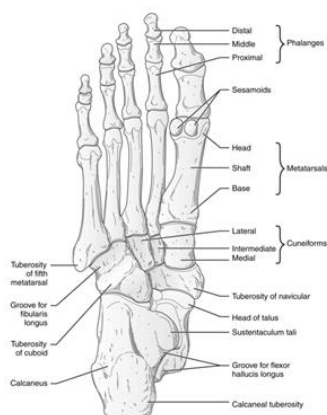
Minimum impairment criteria for limb deficiency / limb length difference

Limb deficiency

Wheelchair handball players meet the minimum impairment criteria if one of the following applies:

- Unilateral: complete amputation of the first metatarsal and phalanx;
- Bilateral: complete amputation of either:

- both first phalanges;
- the first phalanx on one foot and two phalanges (from phalanx 2-5) on the other foot;
- two phalanges (from phalanx 2-5) on both feet.
- Equivalent congenital limb deficiency or dysmelia.



Jenkins DB: Hollinshead's functional anatomy of the limbs and back, ed 9, St. Louis, 2009, Saunders/Elsevier, p 333.

Limb length difference

Wheelchair handball players meet the minimum impairment criteria if the following criterion applies:

- Difference in length between right and left legs of 6 cm or greater, as measured from the anterior superior iliac spine to the medial malleolus, with the player lying supine.

Minimum impairment criteria for coordination impairments

Hypertonia/spasticity

Hypertonia/spasticity is assessed using the Ashworth scale.

Grade	Observation
0	No increase in muscle tone
1	Slight increase in tone giving a catch when the limb was moved in flexion or extension
2	More marked increase in tone but limb easily flexed or extended
3	Considerable increase in tone with passive movement difficult
4	Limb rigid in flexion or extension

Table 2: Ashworth Scale (Ashworth B. (1964), Practitioner, 192: 540-542).

Wheelchair handball players meet the minimum impairment criteria if they have at least grade 1 on the Ashworth scale in one of the following muscles:

- Hip adductors
- Hip extensors
- Hip flexors
- Knee flexors
- Knee extensors
- Ankle plantar flexors
- Ankle dorsiflexors

Motor ataxia

Motor ataxia is assessed using the Scale for the Assessment and Rating of Ataxia (SARA).

Wheelchair handball players meet the minimum impairment criteria if they have a minimum score of 2 on the SARA in each of the tested categories (gait, stance and heel-shin slide).

Score	Gait	Stance	Heel-shin slide
0	Normal	Normal, able to stand in tandem for > 10 s	Normal
1	Slight difficulties, only visible when walking 10 consecutive steps in tandem	Able to stand with feet together without sway, but not in tandem for > 10 s	Slightly abnormal, contact to shin maintained
2	Clearly abnormal, tandem walking > 10 steps not possible	Able to stand with feet together for > 10 s, but only with sway	Clearly abnormal, goes off shin up to 3 times during 3 cycles
3	Considerable staggering, difficulties in half-turn, but without support	Able to stand for > 10 s without support in natural position, but not with feet together	Severely abnormal, goes off shin 4 or more times during 3 cycles
4	Marked staggering, intermittent support of the wall required	Able to stand for >10 s in natural position only with intermittent support	Unable to perform the task
5	Severe staggering, permanent support of one stick or light support by one arm required	Able to stand >10 s in natural position only with constant support of one arm	Unable to perform the task

Table 3: Scale for the Assessment and Rating of Ataxia (Schmitz-Hübsch et al, 2006).

Dyskinesia (athetosis, dystonia, chorea)

Dyskinesia is assessed using the dyskinesia impairment scale (DIS).

Wheelchair handball players meet the minimum impairment criteria if they have a minimum grade of 1 on the DIS for both standing and heel-toe raising.

Grade	Duration factor	Amplitude factor
0	Athetosis is absent	Athetosis is absent
1	Athetosis is occasionally present (<10%)	Athetosis present in small range of motion (<10%)
2	Athetosis is frequently present (10-49%)	Athetosis present in moderate range of motion (10-49%)
3	Athetosis is mostly present (50-89%)	Athetosis present in submaximal range of motion (50-89%)
4	Athetosis is always present (≥90%)	Athetosis present in maximal range of motion (≥90%)

Table 4: Dyskinesia Impairment Scale (Monbaliu E. et al. (2012), Development Medicine and Child Neurology, 54: 278-283).

4.3.3 Upon Completion of the MIC Assessment

If the classification panel is satisfied that the player's eligible impairment meets the applicable minimum impairment criteria, it will proceed to the Sport Class assessment.

If the classification panel is not satisfied, the player will be designated as 'Not Eligible – Minimum Impairment Criteria (Re-evaluation)', with the resulting consequences specified in Article 4.3.4.

The player is entitled to undergo a second MIC assessment before a second classification panel as soon as reasonably practicable. In that case:

- the first classification panel notifies the IHF of the outcome of the first MIC assessment and provides a written explanation for the decision;
- the IHF provides a copy of the classification panel's written explanation to the player's National Federation;
- no member of the first classification panel can serve as a member of the second classification panel; and
- following its own assessment, but before reaching a final decision, the second classification panel must also review the written explanation of the first classification panel.

If the second classification panel is satisfied that the player's eligible impairment meets the applicable minimum impairment criteria:

- the designation of 'Not Eligible – Minimum Impairment Criteria (Re-evaluation)' is removed (and the consequences in Article 4.3.4 will cease to apply); and
- the second classification panel will continue the classification process and proceed with the next stage (Sport Class assessment).

If the second classification panel is not satisfied:

- the player is designated as 'Not Eligible – Minimum Impairment Criteria'; and
- the consequences in Article 4.3.4 will continue to apply.

4.3.4 Designation of 'Not Eligible – Minimum Impairment Criteria'

Subject to medical review and/or changes to classification systems, a player designated as 'Not Eligible – Minimum Impairment Criteria (Re-evaluation)' or 'Not Eligible – Minimum Impairment Criteria' for one or more eligible impairments:

- will not be permitted to compete in covered competitions based on such eligible impairment(s) within wheelchair handball; and
- cannot be reassessed for such eligible impairment(s) in wheelchair handball, other than in the context of a new request for classification based on an underlying health condition not previously assessed by a UHC assessor. In such circumstances, the player must disclose any prior

designations of 'Not Eligible – Minimum Impairment Criteria (Re-evaluation)' or 'Not Eligible – Minimum Impairment Criteria'¹².

However, the player may be eligible to compete in covered competitions based on a different eligible impairment if the player meets the minimum impairment criteria for that eligible impairment applicable for wheelchair handball.

The designation of a player as 'Not Eligible – Minimum Impairment Criteria (Re-evaluation)' or 'Not Eligible – Minimum Impairment Criteria' is not subject to review or protest but may be appealed against in accordance with 5.

The IHF must include all players designated as 'Not Eligible – Minimum Impairment Criteria (Re-evaluation)' or 'Not Eligible – Minimum Impairment Criteria' in its Classification Master List¹³.

4.4 Stage 4: Sport Class And Sport Class Status Allocation

Subject to suspension or termination of an evaluation session and/or failure to attend an evaluation session), if a player has been assessed to have an eligible impairment that meets the minimum impairment criteria applicable for wheelchair handball, the player must be allocated a Sport Class and a Sport Class Status.

The IHF has defined **four (4) Sport Classes** for wheelchair handball, where Sport Class 1 corresponds to players who exhibit the least motoric capacity and sport class 4 to those who have the highest motoric capacity while meeting the minimum eligibility criteria.

The Sport Class is the result of the combination of a technical assessment and an observation assessment.

Classification serves to evaluate what players are able to do but not how well they can do it. In other words, an excellent performance does not result in the allocation of a higher class. An excellent performance is an advantage for the players who increase their level in their class, but it does not allow them to move up to a higher class.

The detailed characteristics of each Sport Class are described in appendices.

The allocation of the Sport Class is done based upon:

- a technical assessment; followed by
- an observation assessment

¹² If a player who has been designated 'Not Eligible – Minimum Impairment Criteria (Re-evaluation)' or 'Not Eligible – Minimum Impairment Criteria' for one or more eligible impairment(s) subsequently (i) competes or attempts to compete in covered competitions based on any such eligible impairment(s) within that sport, or (ii) undergoes or attempts to undergo further classification (including in respect of another Para sport) in respect of any such eligible impairment(s) without disclosing such designation, they may be investigated in respect of potential intentional misrepresentation.

¹³ This requirement applies regardless of whether the player is currently licensed by the IHF.

When assessing which Sport Class to allocate to a player, the classification panel must:

- base its assessment solely on the extent to which the player's eligible impairment(s) affect(s) their ability to execute the specific tasks and activities fundamental to the sport¹⁴; and
- with the exception of the Observation Assessment, conduct all parts of the Sport Class assessment in a controlled non-competitive environment, meaning an environment that allows for the repeated observation of key tasks and activities.

The Sport Class assessment must take place in person.

4.4.1 Use of Adaptive Equipment

The IHF, whether through the classification panel or otherwise, may assess whether any adaptive equipment proposed to be used by the player in competition complies with the IHF Classification Rules and Regulations and/or other rules on the use of adaptive equipment. If the player's equipment does not comply with such rules, the player will not be permitted to use that equipment during the Sport Class assessment, and the classification panel will not take use of that equipment into consideration when making its determination as to the player's Sport Class.

When conducting the Sport Class assessment, the classification panel must evaluate the player when they are using the adaptive equipment that they will use in competition (if any).

The use of adaptive equipment permitted according to IHF regulations (whether mandatory or optional) is an integral component of the player's ability to execute the specific tasks and activities required by wheelchair handball.

Therefore, the Sport Class assessment must also take into account the optimal use of such equipment (such as abdominal belt and strapping) during competition, whether a player chooses to use it or not.

If a player chooses to use (or not to use) adaptive equipment that could affect the allocated Sport Class, the IHF must record this information and ensure that:

- the player uses the same adaptive equipment in all covered competitions (if they were allocated a Sport Class on the basis that they would use such adaptive equipment); or
- the player does not use any or certain adaptive equipment in any covered competitions (if they were allocated a Sport Class on the basis that they would not use such adaptive equipment).

4.4.2 Sport Class Allocation Process

Wheelchair handball players with different disabilities or degrees of disabilities demonstrate different movement outcomes during gameplay when performing:

- ballhandling activities such as: catching, passing, dribbling, shooting; and

¹⁴ The classification panel must therefore distinguish factors such as fitness level and/or technical proficiency in order to ensure that these do not affect the Sport Class allocated. For this purpose, it may be helpful for the classification panel to consider a player's training history and age.

- wheelchair activities such as: pushing, braking, pivoting/turning, tilting and reacting to contact.

This also means that the players will be evaluated in their playing wheelchair in addition to the physical evaluation in stages 2 and 3.

To determine a player's Sport Class, classifiers assess/observe players as they perform a variety of these movements in two specific and sequential assessments:

1. Technical Assessment
2. Observation Assessment

A player is assigned an entry Sport Class following the completion of the (Technical Assessment) prior to gameplay. Then, a player's execution of ball and wheelchair handling skills are observed on court during actual gameplay to make the final determination of the player's Sport Class.

The classification panel attempts to make these decisions as quickly as possible, however, it is dependent on having the opportunity to adequately observe the player during competition.

If a player does not have an opportunity to play a sufficient amount of time during the game, the player may not be allocated a final Sport Class.

4.4.3 Stage 4a: Technical Assessment

The purpose of Technical Assessment is to assess the extent to which the player's eligible impairment(s) affect(s) their ability to execute the specific tasks and activities fundamental to wheelchair handball.

4.4.3.1 Conducting the Technical Assessment

The Technical Assessment will be conducted in a place/room apart from the playing court.

The Technical Assessment contains standardised tests for systematic, searchable records of test results. The classification panel assesses:

1. the player's trunk balance and ability to bend and rise up;
2. the player's ability to rotate and bend laterally to both sides (in combination with hip and leg function, where applicable).

Following completion of the initial stages of the Technical Assessment, the classification panel will allocate the player an entry Sport Class that is subject to confirmation at an Observation Assessment, using the tracking code 'OA' for 'Observation Assessment'.

If the classification panel is in doubt as to which Sport Class to allocate, the usual practice in classification is to allocate the player the higher class after the Technical Assessment to start the competition with, and to update it after observing the player during play (Observation Assessment), if necessary.

4.4.4 Stage 4b: Observation Assessment

The purpose of Observation Assessment is to observe and evaluate the player in a competitive environment in order to ensure that what is observed in competition is consistent with what was observed in the previous stages of classification.

In the Observation Assessment the impairment-performance relation will be further analysed.

The player's actual execution of ball and wheelchair handling capacities are observed on court during actual gameplay. Full effort in executing the wheelchair handball movements is required.

Conducting the Observation Assessment

Except in exceptional circumstances, the same classification panel that conducted the preceding stages of the player's evaluation session must also conduct the Observation Assessment.

The Observation Assessment must be conducted in person at the covered competition where the player competes in their entry Sport Class for the first time (First Appearance).

First Appearance applies to participation in all events within the same entry Sport Class. The classification panel may require the player to be observed at one or more events during their First Appearance.

First Appearance must be a meaningful appearance for the allocation of a Sport Class. The decision whether an appearance is considered meaningful or not is at the sole discretion of the classification panel and Chief Classifier.

A player who enters a competition with the designation 'New' (N) must make First Appearance during the preliminary round of the competition. They should not be permitted to make First Appearance after the preliminary round.

For competitions with preliminary rounds, any Observation Assessment must be conducted during such preliminary round. First appearance after the preliminary round is only possible in exceptional cases after review and approval by the Competition Management and the Chief Classifier.

Whenever possible, the Observation Assessment should not take place at the final of an event.

4.4.5 Sport Class Allocation

Following an Observation Assessment, the classification panel may:

- allocate the player a final Sport Class and Sport Class Status; or
- require the player to redo any prior stages of the evaluation session and/or undergo an additional Observation Assessment.

If player with an entry Sport Class is ultimately allocated a different final Sport Class:

- for competitions with preliminary rounds, such change must be implemented immediately, and the player may not participate further in the competition or in any other covered competition until the change has been implemented;
- for competitions that do not have preliminary rounds, such change must be implemented immediately after the end of the relevant competition.

Players may only compete in the Sport Class allocated to them.

In some situations at the end of the Observation Assessment, a player may not seem to fit exactly into one Sport Class, because they show characteristics of two or more Sport Classes. In such a case, the classifier allocates the player the higher of the two Sport Classes.

4.4.6 Assessment Criteria for the Allocation of a Sport Class

The main functions which determine a player's Sport Class are:

1. trunk function
2. lower limb function
3. upper limb function

Each Sport Class has its own characteristics, which the classifier looks for when making decisions in stages 4a (Technical Assessment) and 4b (Observation Assessment).

In particular, trunk movement and stability form the basis for classifying wheelchair handball players. Consequently, the terminology most commonly used to discuss classification is the player's Volume of Action, which is clearly defined for each class.

4.4.7 The Concept of Volume of Action

The key element of classification is the assessment and observation of each player's Volume of Action (VoA).

The Volume of Action of a player is described as:

The limit to which a player can move voluntarily in any direction and with control return to an upright seated position without holding the wheelchair for support or using the upper extremities to aid the movement.

The Volume of Action includes all directions and describes the position of the ball as if the player were holding it with both hands.

The three planes of movement

In the seated position, the following three planes of movement are possible.

- **Vertical plane:** rotating the trunk to face left or right while maintaining an upright position.
- **Forward plane:** bending the trunk forward, reaching the hands towards the feet and returning to an upright position.
- **Sideward plane:** leaning the trunk to the left or right (without movement in the forward plane and without rotating the trunk) and returning to an upright position.

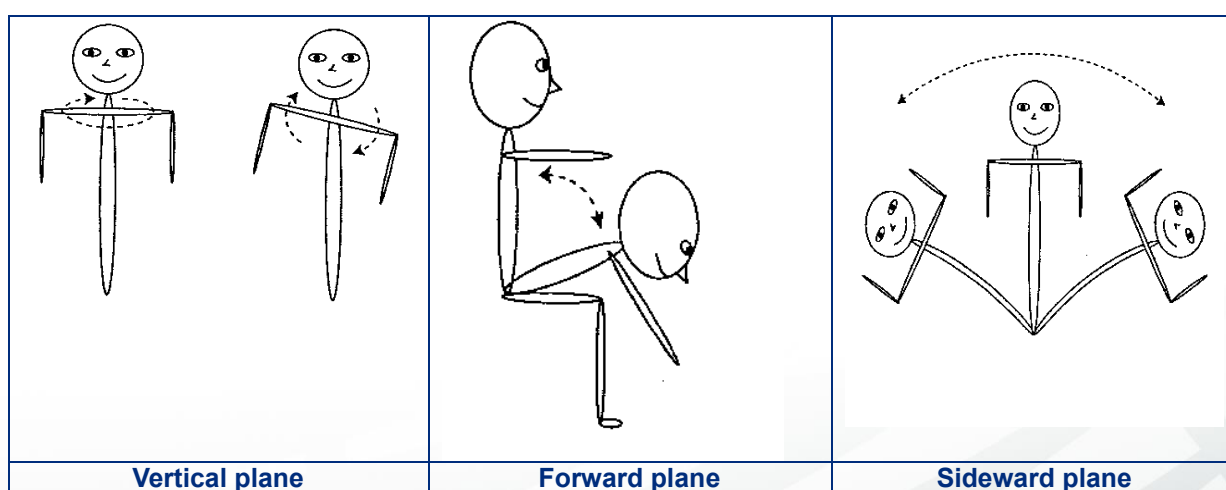


Figure 3: The three planes of movement used for wheelchair handball classification.

Typical Volume of Action for each Sport Class

Players in each class have different Volumes of Action. In brief, the typical Volume of Action for each Sport Class is as follows:

The Sport Class 1 player

- has no active trunk movement in the vertical plane (rotation);
- has no controlled trunk movement in the forward plane;
- has no controlled trunk movement in the sideward plane;
- when unbalanced, has to rely on his arms to return to an upright position.

The Sport Class 2 player

- has active upper trunk rotation but no lower trunk rotation;
- has partially controlled trunk movement in the forward plane;
- has no controlled trunk movement in the sideward plane.

The Sport Class 3 player

- has complete trunk movement in the vertical plane;
- has complete trunk movement in the forward plane;
- has no controlled trunk movement in the sideward plane.

The Sport Class 4 player

- has complete trunk movement in the vertical plane;
- has complete trunk movement in the forward plane;
- has complete trunk movement in the sideward plane on either both sides, or usually, due to limited function in one lower limb, has difficulty controlling trunk movement on one side.

Detailed specifications for each Sport Class are given in appendices.

4.4.8 The Concept of Pelvic Stability

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

Players can be divided into two groups when considering pelvic stability: those who can actively stabilise their pelvis and those who rely on their wheelchair installation to provide passive stability. It is the ability to stabilise the pelvis which allows a player to have an increased Volume of Action.

It is for this reason that one of the first observations a classifier will make when observing a player is the player's wheelchair installation.

Active pelvic stability

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

Players with active pelvic stability will usually be allocated to Sport Class 3 or 4.

Passive pelvic stability

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

Players with passive pelvic stability will usually be allocated to Sport Class 1 or 2.

Passive Pelvic Stability	Active Pelvic Stability
	
Player with <u>no or partial ability to actively stabilise their pelvis</u> : usually Sport Class 1 and 2.	Player with the <u>ability to actively stabilise their pelvis</u> : usually Sport Class 3 and 4.

Figure 4: Concept of Active and Passive Pelvis Stability used for Wheelchair Handball Classification.

The concept of pelvic stability provides information used by the classification panel. However, the final Sport Class is ultimately based on function and may be higher or lower than the figure above.

4.4.9 Classification of Players with Lower Limb Deficiencies/Amputations

Players with lower limb deficiencies/amputations are generally classified by definition. The definitions are based on how decreased length of a residual limb may result in decreased Volume of Action.

It is important to note that these definitions should be used as a guide only. Other factors must be taken into account when classifying a player with a lower-limb impairment, such as:

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

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

Measurement of the residual limb

Only above-knee amputations need to be measured.

Residual limb length is established as follows:

1. the player's above knee residual limb is measured from the greater trochanter to the bony end of the residual limb (length "R", diagram A);
2. this length is then compared to "X":

- if the player is a unilateral above-knee amputee, "X" is obtained by measuring the length of the player's unaffected thigh from the greater trochanter to the furthest point of the knee when bent at 90 degrees (diagram B);
- if the player is a bilateral above-knee amputee, "X" is obtained by measuring the length of the player's forearm from the back of the elbow to the tip of the longest finger when bent at 90 degrees at player's side (diagram C);

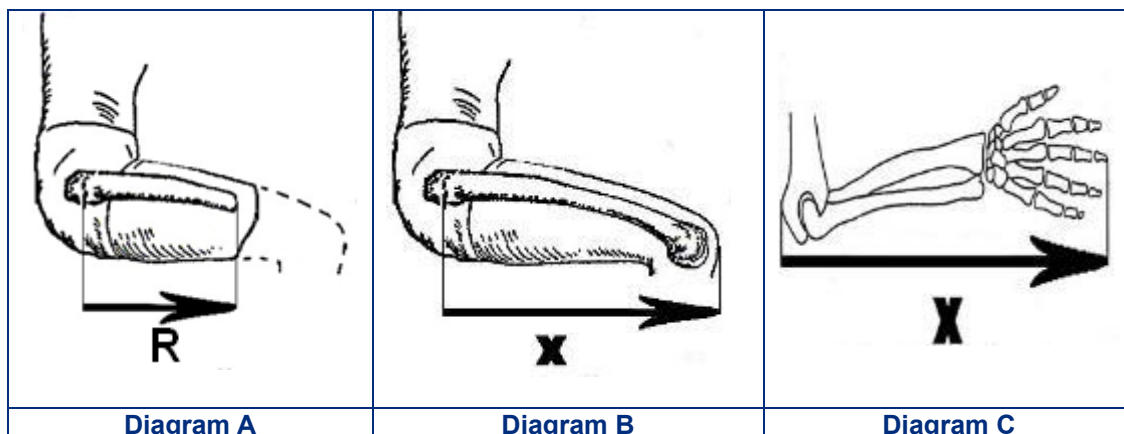


Figure 5: Measurement of the residual limb

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

If the above-knee residual limb "R" is two-thirds ($\frac{2}{3}$) of "X" or less, it does not provide the player with sufficient leverage to lean to that side and return to an upright position without using their arms and, in this situation, a loss of Volume of Action is identified.

Varying other types of amputations lead to decreased Volume of Action.

Stabilisation of residual limbs

For classification of players with lower limb deficiencies it is important to ascertain the purpose of any strapping or stabilising device:

- if the strap or device enables weight bearing and use of the lower limbs so that the player can actively stabilise, it will impact their classification.
- if the strap or device is for positioning or safety it will not impact the player's classification.

Limb deficiency table

The table below lists the Sport Classes generally attributed to players with various levels of lower limb amputations and stabilisations. In the table:

- "AK" refers to above-knee amputations
- "BK" refers to below-knee amputations

Sport Class 4				
				
One BK	Double BK with sockets	Double BK with stabilisation	Double BK not stabilised	One BK stabilised One AK > 2/3
				
One AK > 2/3	Double AK > 2/3	One AK > 2/3 One BK not stabilised	One AK < 2/3 including hip disarticulation	One AK < 2/3 One BK stabilised
				
One hemipelvectomy	One hemipelvectomy One BK stabilised	One AK < 2/3 One AK > 2/3	One AK < 2/3 One BK not stabilised	

Sport Class 3				
				
One hemipelvectomy One AK > 2/3	One hemipelvectomy One BK not stabilised	Double AK < 2/3		

Potentially Below Sport Class 3				
				
One hemipelvectomy One AK < 2/3	Double hip disarticulation	Double AK < 1/3		

Table 5: Limb Deficiency Table for Classification in Wheelchair Handball

4.4.10 Classification of Players with Upper Limb Impairment

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

Regardless of the upper limb disability, the player must fulfil the IHF eligibility criteria applicable for all players in that they must be able to be classified according to their lower limb disability.

Any player with only an upper limb impairment is not eligible for classification under IHF regulations.

Upper limb impairment classification steps

To classify a player with upper limb impairment, the following steps are taken.

1. The classifiers first allocate the player a Sport Class according to lower limb and trunk function. That is, the player is initially classified disregarding their upper limb impairment. This provides a consistent starting point for all players.
2. The Classifiers then take into account the severity and significance of the upper limb impairment when the player is in a game situation (quadrant guidelines).
3. The classifiers decide the degree of functional disadvantage the upper limb impairment creates for the player when compared to other players in the Sport Class they were allocated to based on their lower limb and trunk function (benchmarking process).

Important factors to consider are how the upper limb impairment affects Volume of Action and each of the main wheelchair handball movements: pushing, braking, pivoting, turning, dribbling, passing, catching, shooting, tilting and reacting to contact.

Upper and lower quadrants guidelines

The classifiers can use the quadrants guidelines to measure the potential impact of upper limb impairments on the Sport Class.

First, the player is classified regardless of any upper limb impairment.

Next, points are deducted based on the function of the upper limbs within four quadrants. The assessment is based on the following criteria and per limb.

- **Lower quadrant:** Can the player grasp and pull the wheel? If not, half a point is deducted per impaired side.
- **Upper quadrant:** Can the player catch and hold the ball with one hand above the head? If this movement is not possible, one point is deducted per impaired side. If this movement is limited, half a point is deducted per impaired side.
-



Figure 6: Quadrants Guidelines for ULI Classification

Definitions:

- Reduced grasping and pulling the wheel: The player has difficulty grasping and pulling the wheel with their hand(s), which affects their abilities to move the wheelchair efficiently (pushing, pivoting, turning, braking).
- Catching: The player can catch and control the ball with one hand in the upper quadrant, even in a contested situation.
 - Reduced catching: The player is not able to catch and control the ball with one hand in the upper quadrant in an uncontested situation at the first attempt. The player needs extra taps or movements to control the ball. The player can trap the ball with one hand in the upper quadrant but must bring the ball to their other hand or their lap to get full control of the ball.
 - No catching: The player is not able to catch or trap the ball with one hand in the upper quadrant to get control, even in an uncontested situation.

Using these guidelines, a player would have a maximum point deduction of 3.0 (max of 1.5 per side).

The player is observed during the game to see if the proposed classification matches with the functional abilities a player in this Sport Class should have.

Benchmarking process to allocate the Sport Class

In the end, the classifiers must decide the degree of functional disadvantage the upper limb impairment creates for the player when compared to other players in the sport class they were allocated to based on their lower limb and trunk function.

The classifiers consider how a player with upper limb impairment would be able to compete in a one-against-one situation, taking into account all offensive and defensive aspects of the game (benchmarking process). This enables the classifiers to assess the true impact of the upper limb impairment and to allocate the player to a Sport Class which best equates to their functional capacity on court.

A player's upper limb impairment may not change their classification or may lead to a change by one or several Sport Classes.

Regardless of the method (quadrant guideline and/or benchmarking process), the final decision must ensure that no player is advantaged or disadvantaged by the classification of a player with upper limb impairment and that all continue to compete on an even level.

4.4.11 Shooting/Passing Capabilities as Factors for Classification

The biomechanics of the shot or long pass are specific to wheelchair handball and differ from those of other sports such as wheelchair basketball, for example.

The shot in wheelchair handball is a complex movement that primarily uses trunk rotation and arm extension to compensate for the weaknesses or absence of leg contribution. The shot's precision and power rely on meticulous coordination between trunk rotation, arm elevation, arm exorotation and endorotation, elbow flexion/extension, and the final wrist movement.

The ability of players to perform and coordinate each step of this movement according to their impairment must be taken into account when classifying.

Biomechanics of the shot / long pass

1. Starting Position and Trunk Engagement

Starting position: The player sits in the wheelchair, if possible with the back slightly bent backwards to optimise trunk rotation. The seating position is limiting a full 'closed chain'¹⁵ movement compared to a standing player.

Trunk engagement: The movement begins with rotating and bending the trunk backwards on the side of the throwing arm, combined with a slight extension of the abdominal and back muscles. The rotation is limited by pelvis stability/seating position in the wheelchair. The player may also use the backrest for stabilisation.

⇒ Objective: The goal is to maximise potential energy by building up muscle tension in the trunk despite the restrictions imposed by the wheelchair.

2. Shoulder Movement and Arm Positioning

Shoulder movement: The shoulder rotates backwards to bring the arm into the preparation position (abduction and external rotation). This rotation is particularly important because, in the seated position, the trunk cannot build up a full closed chain movement compared with the standing position.

Stabilisation: The muscles stabilising the shoulder (such as the deltoids, serratus anterior, trapezius, and rhomboids) play a crucial role in stabilising the joint while allowing this rotation.

⇒ Objective: The arm is positioned backwards, ready to be propelled forward, with muscle tension (such as in the pectoralis major) to build up energy.

3. Elbow Extension and Forearm Control

Initial flexion: The elbow is flexed during the preparation phase, allowing the ball to be brought closer to the body and shoulder.

Rapid extension: During the shot, there is an explosive extension of the elbow in combination with shoulder endorotation and arm adduction, to propel the forearm forward. In the seated position, this arm/elbow

¹⁵ Distal parts of the body supported by or in contact with stationary object when movements are executed.

movement must be perfectly coordinated with the trunk's rotation to compensate for the lack of power the player has, because the legs cannot be used as in a standing position to build up a full closed chain.

Forearm: A rotation (pronation or supination) of the forearm is used to adjust the trajectory and spin of the ball depending on the type of shot (e.g. a lob or straight shot).

4. Wrist Movement and Ball Release

Wrist flexion: The wrist flexes rapidly just before ball release to add speed and spin. This final movement is crucial for the shot's accuracy and stability, especially in the seated position, where the player must compensate for the inability to transfer power through hips and legs.

Wrist rotation: Depending on the desired shot, the player can adjust the wrist's angle (supination or pronation) to influence the ball's trajectory and generate spin.

5. Stabilisation and Wheelchair Usage

Leg stabilisation: Although the player's feet are not used to generate power like in standing handball, they could serve to stabilise the body by pressing (when possible) against the wheelchair's footrests.

Using the wheelchair: The player can also find support with the hips against the sideguards and/or brace the pelvic against the backrest to maximise trunk stability and minimise involuntary body sway during the shot.

The typical shooting capabilities for each Sport Class are described in the appendices.

4.4.12 Sport Class Statuses

After the Observation Assessment a player is allocated a final Sport Class and Sport Class Status.

The Sport Class Status indicates whether and when player will be required to undergo classification in the future.

The following Sport Class Statuses are used in wheelchair handball:

- Confirmed (C)
- Review at the Next Available Opportunity (R – NAO)
- Review with a Fixed Review Date (R – FRD)
- Expired (E)

Allocation of Sport Class Statuses

If a classification panel allocates a Sport Class to a player, it must also allocate that player also one of the following Sport Class Statuses:

- Confirmed (C)
- Review at the Next Available Opportunity (R – NAO)
- Review with a Fixed Review Date (R – FRD)

Sport Class Statuses must be allocated in accordance with the following provisions:

Confirmed (C)

A classification panel may allocate a player the Sport Class Status 'Confirmed (C)' if it is satisfied that the player's Sport Class is unlikely to change given the nature of the player's eligible impairment and the extent

to which the player's eligible impairment affects their ability to execute the specific tasks and activities fundamental to wheelchair handball.

Review at the Next Available Opportunity (R – NAO)

A player will automatically be allocated the Sport Class Status 'Review at the Next Available Opportunity (R – NAO)' where:

- the classification panel consisted of:
 - a sole classifier; and/or
 - classifiers who were each of the same nationality as the player;
- the IHF has accepted a request for medical review;
- a protest by a National Federation has been accepted or the IHF has made a protest;
- the player is 'borderline' (i.e. they narrowly meet the minimum impairment criteria or they are on the boundary of two Sport Classes); and/or
- the classification panel believes that an additional evaluation session will be required within less than one year¹⁶.

The IHF may also change a player's Sport Class Status to 'Review at the Next Available Opportunity (R – NAO)' where it has identified that the player's Sport Class may be affected by changes that the IHF has made to its Classification Rules and Regulations.

Review with a Fixed Review Date (R – FRD)

A classification panel may allocate a player the Sport Class Status 'Review with a Fixed Review Date (R – FRD)' where it believes that an additional evaluation session will be required, but not for at least one year after the evaluation.

The classification panel must set a date (no earlier than one year after the evaluation session) after which the player must attend a new evaluation session at the next available opportunity (the fixed review date).

The IHF may change a player's Sport Class Status to 'Review with a Fixed Review Date (R-RFD)' if the player's Sport Class may be affected by changes that the IHF has made to its Classification Rules and Regulations. In such circumstances, the IHF will set an appropriate fixed review date.

The fixed review date will typically be no more than four (4) years after the player's previous evaluation session.

Expired (E)

A player will automatically be allocated the Sport Class Status 'Expired (E)' when they retire, in accordance with IHF regulations.

The IHF may allocate the Sport Class Status 'Expired (E)' if the player does not complete an evaluation session within five (5) years.

¹⁶ A further evaluation session might be required for a number of reasons, including where the player has only recently started competing in covered competitions, has one or more fluctuating and/or progressive or regressive impairment(s), and/or has not reached full muscular skeletal or sports maturity.

The maximum period of time for which the Sport Class Status 'Review at the Next Available Opportunity (R-NAO)' will remain valid is five (5) years, and the maximum period of time for which the Sport Class Status 'Review with a Fixed Review Date (R – FRD)' will remain valid after the fixed review date has passed is also five (5) years.

Impact of Sport Class Status on participation in covered competitions

Players allocated the Sport Class Status 'Confirmed' are not required to undergo any further classification, except if their Sport Class Status is subsequently changed as a result of:

- a protest by the IHF, an accepted protest by the National Federation, or a successful appeal;
- an accepted request for medical review; and/or
- changes to the IHF classification system.

Unless the IHF specifies otherwise, if a player has been allocated the Sport Class Status:

- 'Review at the Next Available Opportunity (R-NAO)', the player must complete an evaluation session prior to competing at any covered competition;
- 'Review with a Fixed Review Date (R – FRD)', the player may compete in covered competitions up until the fixed review date, but thereafter must complete an evaluation session prior to competing at any further covered competition.

If a player has been allocated the Sport Class Status 'Expired (E)', the player cannot compete at any covered competition unless and until they complete the requirements specified by IHF, which may include completing a new evaluation session and being allocated a Sport Class and Sport Class Status.

4.5 General Provisions Applicable to All Evaluation Sessions

All evaluations sessions must be conducted in a manner that complies with the IPC Classification Code and the International Standards.

4.5.1 Photographs and Audiovisual Technology

The classification panel may make, create, and/or use photographs and/or audiovisual technology, including but not limited to during any Observation Assessment. Copies of any such materials must be provided to the player or their National Federation on request.

Such materials must be dealt with in accordance with the International Standard for Classification Data Protection.

No photographs, audio or video recordings of the evaluation session by persons other than the classification panel are permitted. For the avoidance of doubt, this prohibition applies to all persons, regardless of whether they attend the evaluation session in person or virtually.

4.5.2 General Requirements

Evaluation sessions may take place at any time or place specified by the IHF, with the exception of Observation Assessments, which must take place at a covered competition.

The IHF provides National Federations with reasonable notice of classification opportunities, including the location and dates.

The IHF provides the classification panel with any information that becomes available to them that might be relevant to an evaluation session.

The IHF retains copies of any forms, reports, or other written records from UHC assessors and classification panels, which may be provided by the IHF to future UHC assessors and classification panels that evaluate players. The retention of such documentation is subject to the International Standard for Classification Data Protection.

4.5.3 Attendance at Evaluation Sessions

The player and the members of the classification panel must attend evaluation sessions in person.

In addition to the player and the members of the classification panel, the following individuals may attend evaluation sessions:

- the player's accompanying national representative and (if required) interpreter, subject to the requirements defined in Article 4.5.4;
- IHF Trainee Classifiers and any other authorised persons involved in the training of such IHF Trainee Classifiers, as determined by the IHF (or the Chief Classifier acting on behalf of the IHF)¹⁷;
- observers appointed by the IPC as part of the IPC's monitoring of compliance with the IPC Classification Code and the International Standards; and
- any person from whom the classification panel seeks medical, clinical, technical, and/or scientific advice in accordance with Article 4.5.5.

Any other person entitled to attend an evaluation session as listed above may attend the evaluation session in person. Alternatively, they may attend the evaluation session virtually, whether by telephone or video (or other virtual technology), provided that they can do so without adverse impact on the evaluation session, and provided that they comply with all of the requirements as those attending in person.

The player must be informed of the names and roles of all persons attending the evaluation session on behalf of the IHF (whether they are attending in person or virtually).

¹⁷ The IHF should be respectful of players when determining the number of IHF Trainee Classifiers/trainers participating in an evaluation session.

4.5.4 National Federations and Players Rights and Responsibilities

The National Federation of a player is responsible for ensuring that the player complies with the responsibilities applicable to them in relation to evaluation sessions.

Players may be accompanied during the evaluation session by:

- a maximum of one (1) national representative whose role is to support the player and facilitate their classification process (players who are minors or lack legal capacity in accordance with the laws applicable in their country of residence must be accompanied by such a national representative); and
- additionally, one (1) interpreter (to be arranged and paid for by the player's National Federation), if required.

A player must make every effort during an evaluation session and must comply with all reasonable instructions given to them by a classification panel.

The player must attend the evaluation session with any sports attire and adaptive equipment permitted that they intend to use in any covered competition. The player must also disclose their intended use of such attire and adaptive equipment to the classification panel.

A player must disclose to the classification panel the use of any medication and/or medical device/implant and any medical procedure that may be used by the player during competition and/or that may affect the classification of the player.

Players must attend the evaluation session with their sport wheelchair and with all disclosed medical devices/implants.

4.5.5 Classification Panel Rights and Responsibilities

Classification panels are responsible for conducting evaluation sessions.

Except in exceptional circumstances¹⁸, the same classification panel must conduct all of the stages of an evaluation session in relation to a player.

The classification panel must conduct evaluation sessions in English.

The classification panel must inform the player of the names and roles of all persons attending the evaluation session on behalf of the IHF (whether they are attending in person or virtually).

When conducting an evaluation session, the classification panel may only consider the information provided to it by the relevant player, National Federation, or the IHF, and any additional information obtained as per the provisions of Article 4.5.6.

¹⁸ For example, 'exceptional circumstances' may arise if there are genuine and unavoidable operational difficulties (such as unavailability of classifier due to illness) that mean the same classification panel is not available to conduct all aspects of the evaluation session.

The classification panel must record their assessments at each stage of classification in writing in such format as required by the IHF (see appendices forms), and provide a copy of such records to the IHF.

4.5.6 Consideration of Prior Evaluation Sessions

The classification panel may at any time require the player to redo any prior stages of the evaluation session if it considers it necessary.

If the classification panel evaluates a player who has previously undergone one or more evaluation sessions the following shall apply.

- Following the completion of the additional evaluation session (excluding any Observation Assessment), but before concluding the player's classification process, the classification panel must review the applicable forms, reports, or other records from previous classification panels.
- In relation to the evaluation session, the classification panel must not consult with any of the members of previous classification panels regarding their prior evaluation of the player. For the avoidance of doubt, the classification panel may seek expert assistance, including from any persons who provided equivalent assistance to previous classification panels.¹⁹

Classification panel requests for additional information or expertise

At any stage during the Evaluation Session, the classification panel may request that a player's National Federation provides any additional information (including diagnostic information) that the classification panel believes is necessary to complete the evaluation session.

If the player's National Federation provides such information within the timeframe specified by the classification panel, the evaluation session may continue.

If the player's National Federation is unable or fails to provide such information within the timeframe specified by the classification panel, the classification panel may suspend the evaluation session in accordance with Article 4.5.7.

At any stage during the evaluation session, the classification panel may, with the agreement of the IHF, seek the assistance of such other medical, clinical, technical, and/or scientific experts as it considers necessary to complete the evaluation session.

4.5.7 Suspension or Termination of an Evaluation Session

4.5.7.1 Reasons for Suspending the Evaluation Session

A classification panel, in consultation with the IHF (or the Chief Classifier, acting on behalf of the IHF), may suspend an evaluation session if it is unable to complete the evaluation session for any reason, including in one or more of the following circumstances:

¹⁹ For the avoidance of doubt, subject to the composition of a protest panel, a classification panel may consist of classifiers who conducted previous evaluation sessions of the player. In those circumstances, such classifiers should not discuss their previous evaluation of the player with the new classification panel.

- failure on the part of the player to comply with any part of the applicable Classification Rules and Regulations;
- failure on the part of the player or the player's National Federation to provide any information that is reasonably required by the classification panel;
- the classification panel believes that any use (or non-use) of any medication or medical device/implant or any medical procedure disclosed by the player may interfere with the classification of the player;
- the player has a health condition or impairment that limits or prevents them from complying with the requests of the classification panel during an evaluation session, which the classification panel considers will affect its ability to conduct an evaluation session in accordance with the applicable Classification Rules and Regulations;
- the player is unable to communicate effectively with the classification panel, even in the presence of an interpreter;
- in the reasonable opinion of the classification panel, the player is physically or mentally unable to comply with the instructions of the classification panel;
- the classification panel believes that the player does not make every effort, or the player refuses to comply with any reasonable instructions given by the classification panel;
- the player or their accompanying national representative or interpreter (or any other person associated with the player or the player's National Federation) is found to be photographing or recording the evaluation session;
- there are more people attending the evaluation session than permitted under these Classification Rules and Regulations, or the identity of someone attending is not clear;
- the Classification Panel believes that the player's eligible impairment is inconsistent (i.e. is subject to significant fluctuation) such that it is unable to complete the evaluation session and allocate the player to an appropriate Sport Class; and/or
- the player's representation of their abilities is inconsistent with other information available to the classification panel.
-

4.5.7.2 Consequences of Suspending the Evaluation Session

If an evaluation session is suspended by a classification panel, the classification panel must designate the player as 'Classification Not Completed' ('CNC').

The following steps must be taken:

- the classification panel must prepare a written explanation that:
 - explains why the designation 'Classification Not Completed' ('CNC') has been applied (including, where applicable, identifying any observed inconsistencies in the player's representation of their abilities); and
 - if applicable, specifies the details of any remedial action that is required for the evaluation session to be resumed, a copy of which must be provided to the IHF and the player's National Federation;
- the classification panel must separately record (in any format required by the IHF) any concerns regarding potential intentional misrepresentation, if applicable; and
- if a player completes the specified remedial action to the satisfaction of the IHF (or the Chief Classifier acting on behalf of the IHF), an evaluation session will be rescheduled as soon as reasonably practicable.

If an evaluation session is suspended by a classification panel and cannot (for any reason) be resumed and completed at the same classification opportunity before the same classification panel, the evaluation session must be terminated, and the player will remain designated as 'Classification Not Completed' ('CNC').

4.5.8 Failure to Attend an Evaluation Session

A player is personally responsible for attending all stages of the evaluation session(s). Without limiting the player's personal responsibility, a player's National Federation must take reasonable steps to ensure that the player attends the evaluation session(s).

If a player fails to attend an evaluation session as required, the classification panel will report the failure to the IHF as soon as reasonably practicable.

If the player is able to provide the IHF with a reasonable explanation for their failure to attend the evaluation session, the IHF may reschedule the evaluation session to a revised date and time at the same classification opportunity.

If the player is unable to provide the IHF with a reasonable explanation for their failure to attend the evaluation session, the player will be designated as 'Classification Not Completed' ('CNC').

4.5.9 Designation of 'Classification Not Completed' ('CNC')

A player designated as 'Classification Not Completed' ('CNC') may not compete in covered competitions until they complete an evaluation session, except for purposes of completing an Observation Assessment as part of such evaluation session.

A designation of 'Classification Not Completed' ('CNC') is not subject to review, protest or appeal.

If a player has been designated as 'Classification Not Completed' ('CNC') on three consecutive occasions, the player is not entitled to undergo any further evaluation sessions.

4.6 Notification And Publication

4.6.1 Notification of Classification Outcome

The IHF must notify the outcome of classification to the player concerned and/or their National Federation as soon as reasonably practicable after completion of classification.

In the context of a competition, the Chief Classifier must notify all relevant IHF technical delegates and representatives of the event's organising committee of the Sport Class and Sport Class Status allocated to each player.

The notification should take place as soon as reasonably practicable after the event(s) in which First Appearance took place.

The IHF must make the following information available to participants at the venue for a covered competition:

- any provisional Sport Class (that is subject to confirmation by Observation Assessment) allocated to a player entered in the covered competition, as soon as reasonably practicable after it is allocated; and
- the final Sport Class and Sport Class Status allocated to each player entered in the covered competition, as soon as reasonably practicable after completion of their classification.
-

4.6.2 Classification Master List

The IHF maintains, publishes, and keeps up-to-date a Classification Master List, which includes at least the following information regarding each player:

- name;
- gender;
- year of birth;
- nationality;
- Sport Class and Sport Class Status; and
- any designations (including 'New (N)', 'Not Eligible – Underlying Health Condition', 'Not Eligible – Eligible Impairment', 'Not Eligible – Minimum Impairment Criteria', and 'Classification Not Completed'), any re-evaluation status attached to a designation, and tracking codes (such as 'OA' for Observation Assessment); and
- any current designation for intentional misrepresentation (IM), together with the duration and commencement date of the period of ineligibility.

The Classification Master List is published on the IHF website.

The IHF must update the Classification Master List as soon as reasonably practicable following any change to the information.

The Classification Master List is managed in accordance with the International Standard for Classification Data Protection.

4.7 Change In Circumstances

This article applies to any player who has been allocated a Sport Class with Sport Class Status 'Confirmed (C)' or 'Review with a Fixed Review Date (R – FRD)'.

4.7.1 Medical Review

A change in the nature or degree of a player's eligible impairment might require a reassessment to ensure that the outcome of the player's previous classification remains correct (for example, to ensure that a player remains eligible or that the Sport Class allocated to a player remains correct, or to reassess a player previously found to be not eligible). This is known as a 'medical review'²⁰.

²⁰ For example, a medical review request would be appropriate where the effect of surgery, a new medication or device, or some other medical procedure has resulted in changes to a player's ability to execute the

A request for medical review must be made by a National Federation on behalf of a player.

A medical review must be requested by a National Federation if there is a change in the nature or degree of a player's eligible impairment.

A request for medical review must:

- explain in detail why the request is being made (including how and to what extent the player's eligible impairment has changed, and whether and why it is believed that the outcome of the player's previous classification is no longer correct); and
- be accompanied by all relevant supporting documentation, including an updated diagnostic information²¹.

The IHF may request from the player's National Federation any additional information that it deems necessary to assess the medical review request, including diagnostic information.

The IHF requires National Federations to pay a non-refundable fee (€ 150) when submitting a request for medical review.

A medical review request will be accepted where the IHF is satisfied that there is a change in the nature or degree of a player's eligible impairment that may affect the player's ability to perform the specific tasks and activities fundamental to the sport in a manner that is clearly distinguishable from changes attributable to age, levels of training, fitness, and technical proficiency. Otherwise, the medical review request will be dismissed.

If the request for medical review is accepted by IHF, where applicable, the player's Sport Class Status must be changed to 'Review at the Next Available Opportunity (R – NAO)' with immediate effect.

If the request for medical review is dismissed by the IHF, the IHF must notify the player's National Federation of the decision and provide a written explanation setting out the basis upon which the request for medical review is dismissed.

If a player or other participant becomes aware of changes in their/the player's circumstances that would require a medical review but fails to draw those changes to the attention of the IHF, the player and/or other participant may be investigated in respect of potential intentional misrepresentation.



5. Protests and appeals

5.1 Overview

Protests and appeals are the processes that permit for challenges to the outcome of classification.

A protest is a challenge filed against the Sport Class allocated to a player.

specific tasks and activities relevant to a sport. A request may also be appropriate where a player has a new underlying health condition.

²¹ Generally, any request for medical review must be accompanied by detailed medical records.

An appeal is a challenge to any aspect of a classification process on the grounds that:

- there was a breach of the IHF regulations during the classification process; and
- that breach could reasonably have caused the player to be incorrectly designated as 'Not Eligible – Underlying Health Condition', 'Not Eligible – Eligible Impairment', 'Not Eligible – Minimum Impairment Criteria', or allocated an incorrect Sport Class and/or Sport Class Status.

5.2 Protest

5.2.1 Scope of Protests

A protest may only be made in respect of the Sport Class allocated to a player.

A protest cannot be made in respect of:

- a player's Sport Class Status;
- any designation of 'Not Eligible – Underlying Health Condition', 'Not Eligible – Eligible Impairment' or 'Not Eligible – Minimum Impairment Criteria' (as in those cases the player already receives an automatic second assessment);
- any designation of 'Classification Not Completed'; or
- any other matter where protests are expressly excluded under the IPC Classification Code.

5.2.2 Parties Permitted to Make a Protest

A protest may only be made by one of the following bodies:

- a National Federation; or
- the IHF.

Players cannot make a protest themselves. A protest may only be made on behalf of the player by one of the bodies listed above.

5.2.3 National Federation Protest

A National Federation may only make a protest in respect of a player under its jurisdiction.

In particular, a National Federation cannot make a protest in respect of a Sport Class allocated to a player from another National Federation. However, it can raise any such concerns about the Sport Class allocated to such player with the IHF, so that the IHF can consider if it wishes to make an IHF protest²².

²² This provision is intended to strike a balance between the rights of the various stakeholders (IHF, National Federations, players, and others), and forms part of a number of carefully balanced mechanisms in the IPC Classification Code and International Standards that provide appropriate tools aimed at ensuring that players are allocated the correct Sport Class.

A National Federation protest may be made where there is a reasonable basis to believe that the player may have been allocated an incorrect Sport Class.

National Federation protests will be upheld where the IHF determines that the National Federation has complied with the requirements of Article 5.2.5 and the IHF is satisfied that there is a reasonable basis to believe that the player may have been allocated an incorrect Sport Class. Otherwise, the National Federation protest will be dismissed.

If a Chief Classifier is a member of a classification panel, they cannot have any involvement in the IHF's review of a protest arising out of a decision of that classification panel.

A National Federation protest must be submitted in connection with an evaluation session. Any protest shall be submitted in writing to the responsible IHF delegate within one (1) hour after the classification outcome has officially been communicated.

If a player is allocated an entry Sport Class that is subject to confirmation at an Observation Assessment, the National Federation may:

- make a protest both prior to and following the Observation Assessment, in which case the protest made following the Observation Assessment cannot relate to any aspect of the evaluation session that preceded the Observation Assessment; or
- make a protest only prior to the Observation Assessment, or only following the Observation Assessment (in which case the protest may relate to both the aspects of the evaluation session that preceded the Observation Assessment and the Observation Assessment itself).

5.2.4 Protest Fee

A protest fee of CHF 500 shall be paid by the claimant to the IHF.

Such amount shall be paid directly to the IHF delegate or shall be transferred to the IHF bank account at the same time as the protest is submitted.

A written proof of payment of the protest fee provided within the aforementioned deadline shall be deemed sufficient.

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

5.2.5 Protest Submission Process

To submit a protest, a National Federation must:

- complete a protest form as prescribed by the IHF (see appendices forms), which must at a minimum include the following:
 - the name of the player concerned;
 - the details of and/or a copy of the protested decision; and
 - a detailed explanation of the basis for the National Federation's belief that the player may have been allocated an incorrect Sport Class, including (where applicable) (i) reference to any specific rule(s) alleged to have been breached or misapplied, and (ii) any supporting evidence for that belief;
- submit the completed protest form by the deadline set by the IHF (within one (1) hour after the classification outcome has officially been communicated); and

- pay the applicable protest fee.

Upon receipt of the protest form, the IHF must review the protest as described above.

The IHF must notify the National Federation of the outcome of the protest as soon as reasonably practicable, and (if the protest is dismissed) they must also provide a written explanation for the dismissal.

5.2.6 IHF Protest

IHF protests may be made where the IHF considers that the player may have been allocated an incorrect Sport Class.

The IHF may make a protest at any time.

If the IHF submits a protest, it must:

- notify the relevant National Federation of the protest as soon as reasonably practicable; and
- provide a written explanation as to why the protest has been made.

5.2.7 Protest Panel Procedures

If a National Federation protest is accepted or if an IHF protest is made:

- the Sport Class of the player concerned must remain unchanged pending the outcome of the protest, and their Sport Class Status must immediately be changed to 'Review at the Next Available Opportunity (R – NAO)', unless that is already their Sport Class Status;
- if a player is required to undergo Observation Assessment and a National Federation protest is accepted before the player's First Appearance, the player cannot compete at that competition until the National Federation protest has been resolved;
- The IHF must appoint a protest panel to conduct a new evaluation session as soon as reasonably practicable, and notify all relevant parties of the time and date that the new evaluation session will be conducted; and
- if the protest was made in-competition, the new evaluation session should be conducted at that competition if reasonably practicable.

The IHF must appoint a protest panel in a manner consistent with the provisions for appointing a classification panel in Article 2.2.1. A protest panel must not include any classifier who:

- was a member of the classification panel that made the protested decision;
- in the case of a National Federation protest, was involved in the IHF's review of that protest;
- in the case of an IHF protest, was involved in the IHF's decision to make such a protest; or
- was involved in any assessment or evaluation of the player concerned for classification purposes (whether at the national or international level) within a period of 12 months prior to the date of the protested decision, except where both the National Federation and the IHF agree to this.

The protest panel must conduct the new evaluation session.

For these purposes, any reference to the classification panel in the evaluation session process will be deemed to include the protest panel. After conducting the new evaluation session (excluding any

Observation Assessment) but before concluding the player's classification process, the protest panel must review the protested decision and any document submitted as part of the protest.

All relevant parties must be notified of the protest panel's final decision as soon as reasonably practicable.

The decision of a protest panel in relation to the protest is final and not subject to further protest by the National Federation or the IHF. However, the decision of a protest panel may be appealed against by the National Federation if the requirements in Article 5.3 are satisfied.

If the IHF makes a protest after the expiry of the deadline for National Federation protests in accordance with IHF regulations, the decision of a protest panel in relation to the protest is not final and may be subject to further protest by the National Federation or the IHF. In these circumstances, the decision of a protest panel will be treated as if it were a decision of a first-instance classification panel.

5.2.8 Circumstances Where a Protest Panel Is Not Available

If a protest is made in-competition but there is no opportunity for the protest to be resolved at that competition²³:

- the player concerned must be permitted to compete in that competition with the Sport Class that is the subject of the protest (subject to any other eligibility criteria for that competition), pending resolution of the protest; and
- all reasonable steps must be taken to ensure that the protest is resolved as soon as reasonably practicable after that competition.

5.3 Appeals

5.3.1 Scope of Appeals

An appeal²⁴ will be upheld if a National Federation establishes that:

- there was a breach of IHF regulations during the classification process; and

²³ This Article reflects the reality that it might not be possible to resolve a protest at the same competition. For example, this might happen where there is a limited number of classifiers or evaluation session slots available, or the classifiers who are available are precluded from participating in a protest panel due to a conflict of interest.

²⁴ The limited scope of review available to the appeal body is a fundamental aspect of an appeal. The allocation of a Sport Class and Sport Class Status or designation as not eligible is a specialist sport decision and must be made by persons who are authorised and certified by the IHF to do so. Those decisions must not be changed except by other persons who are similarly authorised and certified. In particular, the right to submit an appeal must not be seen as an opportunity to simply dispute the opinion of the relevant experts. The appeal body will only review the process by which the decisions have been made to ensure that such process has been conducted in accordance with the IHF regulations.

- that breach could reasonably have caused the player to be incorrectly designated as 'Not Eligible – Underlying Health Condition', 'Not Eligible – Eligible Impairment', 'Not Eligible – Minimum Impairment Criteria', or allocated an incorrect Sport Class and/or Sport Class Status.

5.3.2 Making an Appeal

An appeal cannot be submitted whilst a protest is ongoing. However, for the avoidance of doubt, in order to submit an appeal, it is not necessary for the National Federation to have first made a protest²⁵.

An appeal may only be submitted by a National Federation in respect of a player under its jurisdiction. Players cannot submit an appeal themselves. An appeal may only be submitted on behalf of the player by their National Federation.

An appeal against a decision of an IHF delegate shall be filed with the IHF Office and shall be requested to the IHF delegate in writing before the end of the competition.

The appeal request is transferred to the appeal body. The appeal body takes a decision by simple majority following an express written procedure no later than 12:00 pm (noon) local time the day following the filing of the appeal. Such decision is communicated in writing to the relevant parties.

5.3.3 Appeal Fee

An appeal fee of CHF 500 shall be paid by the appellant to the IHF.

Such amount shall be paid directly to the IHF delegate or shall be transferred to the IHF bank account at the same time as the appeal is filed.

A written proof of payment of the appeal fee provided within the aforementioned deadline shall be deemed sufficient.

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

5.3.4 Appeal Body

The IHF designates an appeal body to hear and decide on appeals.

The parties to an appeal must be provided with, at a minimum, a fair hearing (whether conducted orally or in writing) within a reasonable time by an appeal body.

An appeal body must be:

- operationally independent from the IHF; and

²⁵ As stated, it is not necessary for a National Federation to have first made a protest in order to submit an appeal. This reflects the fact that protests and appeals are distinct concepts, with different objectives and procedures.

- comprised of a pool of at least three members, each of whom must have the appropriate skills and experience to hear such appeals.

An appeal will be heard by a panel of either one or three members of the appeal body (where three members are appointed, one member will act as chair of the hearing panel).

Members of the appeal body may not sit on a particular hearing panel if:

- they are currently a classifier for the IHF; and/or
- they have had any prior involvement with the matter or any facts arising in the proceedings; and/or
- their impartiality or independence could otherwise be reasonably questioned.

5.3.5 Appeal Decision

The appeal body must either affirm or dismiss the decision under appeal.

The appeal body does not have the power to modify, alter, or otherwise change any player evaluation, Sport Class, and/or Sport Class Status decision (for example by allocating a player a new Sport Class and/or Sport Class Status).

The appeal body must issue a written reasoned decision within the timeframe set by the IHF after the hearing. The written decision must set out the reasons for the appeal body's decision and the actions that are required as a result.

If the decision appealed against is dismissed, the written decision must also specify the breach committed and how that breach could reasonably have caused the player to be incorrectly designated as 'Not Eligible – Underlying Health Condition', 'Not Eligible – Eligible Impairment', 'Not Eligible – Minimum Impairment Criteria', or allocated an incorrect Sport Class and/or Sport Class Status.

The decision of the appeal body must be provided to the appellant and the respondent.

The decision of the appeal body is final and not subject to any further appeal or challenge.



6. Intentional Misrepresentation

The following constitutes intentional misrepresentation:

- a participant, at any time, whether by act or omission, intentionally misleads or attempts to mislead the IHF or any of its representatives (such as classification personnel) in relation to any aspect of classification; or
- a participant, at any time, whether by act or omission, engages in any type of intentional complicity in respect of any violation or attempted violation of:
 - the cases described above; or
 - a period of ineligibility imposed on another participant pursuant to Article 7.2.3 of the International Standard for Intentional Misrepresentation.

Examples of intentional misrepresentation falling under the first case include (without limitation) a participant:

- submitting forged medical documentation attesting to the existence of an underlying health condition or eligible impairment the player does not have;
- deliberately underperforming during an evaluation session;

- deliberately tiring themselves out (in the case of players) or deliberately tiring the player out (in the case of other participants) prior to an evaluation session with the intention of misleading the classification panel;
- unless expressly provided otherwise in the IHF regulations, intentionally undergoing an evaluation session without the sports attire or adaptive equipment that the player intends to use in competition and/or intentionally failing to disclose the use of such sports attire and adaptive equipment to the classification panel;
- intentionally failing to disclose the player's use of any medication and/or medical device/implant and/or any medical procedure to the classification panel;
- otherwise misrepresenting the player's skills, abilities, and/or the existence, nature, and/or degree of the player's impairment before, during, or after an evaluation session;
- disrupting an evaluation session or refusing to cooperate with a classification panel during an evaluation session with the intention of misleading the classification panel;
- not providing accurate information as to the player's identity or having another person attend an evaluation session in the player's place; and/or
- deliberately failing to notify the IHF of any relevant Classification-related information, including that the player has previously undergone classification (for example, on an earlier occasion, or in the context of another Para sport) and/or that there has been a change in the nature or degree of the player's eligible impairment that may necessitate a medical review.

Examples of intentional misrepresentation falling under the second case include (without limitation):

- where a participant induces, instructs, facilitates, assists, encourages, aids, abets, or conspires with another participant to commit, or attempt to commit, intentional misrepresentation;
- where a participant, having discovered that a participant has committed or intends to commit intentional misrepresentation, conceals or covers up the offence, or any information that would assist the IHF in the investigation or prosecution of that offence;
- where a participant induces, instructs, facilitates, assists, encourages, aids, abets, or conspires with another participant for that other participant to violate, or attempt to violate, any period of ineligibility imposed on them pursuant to Article 7.2.3 of the International Standard for Intentional Misrepresentation; and/or
- where a participant, having discovered that another participant has violated or intends to violate any period of ineligibility imposed on them pursuant to Article 7.2.3 of the International Standard for Intentional Misrepresentation, conceals or covers up the offence, or any information that would assist the IHF in the investigation or prosecution of that offence.

For the avoidance of doubt:

- a participant does not need to know that their conduct will constitute a violation of the Classification Rules and Regulations for their conduct to be intentional;
- a participant can commit intentional misrepresentation irrespective of any designation, Sport Class, and/or Sport Class Status allocated to a player.

Intentional misrepresentation presents a major threat to the integrity of classification and Para sport.

It is a very serious offence because it constitutes an attempt to:

- mislead the IHF (and/or its representatives) in relation to any aspect of classification; and/or
- achieve an unfair advantage that undermines meaningful competition.

Consequently, potential incidents of intentional misrepresentation must be properly investigated, and if evidence indicates that intentional misrepresentation has occurred, disciplinary action must be taken.

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

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

- disqualification from the IHF competition at which the intentional misrepresentation occurred and any future competitions for a period of time ranging from 1 to 4 years;
- being allocated with the designation intentional misrepresentation (IM);
- publication of their names and suspension period.

A player or player support personnel who have been found guilty of intentional misrepresentation and/or complicity involving intentional misrepresentation in more than one occasion will be suspended from participating in any competition ranging from 4 years to a permanent suspension.



7. Roles and Responsibilities

7.1 IHF

The roles and responsibilities of the IHF include to:

- increase awareness of the purpose, principles, and scientific rationale behind classification amongst relevant stakeholders in wheelchair handball;
- develop, implement, and regularly review and publish classification rules in compliance with the IPC Classification Code and the International Standards;
- require, as a condition of membership, that their National Federations and other members are in compliance with the IPC Classification Code and the International Standards (to the extent applicable), and to take appropriate action to ensure such compliance;
- develop and deliver (where appropriate with the involvement of players) classification education and awareness programmes for National Federations, player, player support personnel, and classifiers which must, at a minimum, explain the IHF Classification Rules and Regulations and explain that those rules must comply with the IPC Classification Code and the International Standards;
- promote, initiate, and/or review classification research;
- develop, implement, and maintain a clear classifier recruitment, training, and development pathway;
- cooperate fully, honestly, and in good faith with the IPC in connection with any investigations conducted by the IPC in relation to potential intentional misrepresentation or compliance matters; and
- ensure that the National Federations:
 - provide the IHF with all relevant diagnostic information required to enable the IHF to assess the existence of an underlying health condition and eligible impairment for a player, and to ensure

- that all such information is complete, accurate, authentic, and relevant and that the IHF is informed of any changes to that information; and
- ensure that players comply with the responsibilities applicable to them in relation to evaluation sessions (including taking reasonable steps to ensure their attendance at such sessions).

The IHF must have within its rules procedures for reporting and investigating complaints of non-compliance with the Classification Personnel Code of Conduct and procedures for taking appropriate action against classification personnel in respect of any violation of the Classification Personnel Code of Conduct.

7.2 Classification Personnel

The IHF appoints a number of classification personnel (see Article 2.2), each of whom will have a key role in the organisation, implementation, and administration of classification for the IHF, in accordance with the International Standard for Classification Personnel and Training.

All classification personnel must comply with the IHF standards for professional conduct. These standards are referred to as 'Classification Personnel Code of Conduct' in accordance with the International Standard for Classification Personnel and Training.

7.3 Players

The roles and responsibilities of players include following:

- be knowledgeable of and comply with all applicable regulations, policies, rules, and processes adopted pursuant to the IPC Classification Code and the International Standards;
- participate in, and cooperate fully, honestly, and in good faith with any Classification process and/or related procedure;
- ensure that the IHF is provided (through their National Federation) with all relevant diagnostic information required to enable the IHF to assess the existence of an underlying health condition and eligible impairment, and to ensure that all such information is complete, accurate, authentic, and relevant and that the IHF is informed of any changes to that information;
- cooperate fully, honestly, and in good faith with any investigations concerning potential intentional misrepresentation; and
- support and facilitate classification education and research, and the development and implementation of classification systems.

7.4 Player Support Personnel

The roles and responsibilities of player support personnel include the following:

- be knowledgeable of and comply with all applicable regulations, policies, rules, and processes adopted pursuant to the IPC Classification Code and the International Standards;

- use their influence on players' values and behaviour to foster a positive and collaborative attitude regarding the classification process and those involved in the classification of players (e.g. classifiers);
- where applicable, participate in, and cooperate fully, honestly, and in good faith with any classification process and/or related procedure;
- cooperate fully, honestly, and in good faith with any investigations concerning potential intentional misrepresentation; and
- facilitate and encourage player to participate in classification education and research, and the development and implementation of classification systems.

7.5 Other Participants

The roles and responsibilities of other participants include the following:

- be knowledgeable of and comply with all applicable regulations, policies, rules, and processes adopted pursuant to the IPC Classification Code and the International Standards; and
- cooperate fully, honestly, and in good faith with any investigations concerning potential intentional misrepresentation.
-



8. Processing Personal Data

The IHF must process personal information in connection with classification in accordance with the International Standard for Classification Data Protection.

8.1 Security Of Classification Data

It is the responsibility of the IHF to process and manage the classification data securely.

The IHF must:

- protect classification data by applying appropriate security safeguards, including physical, organisational, technical and other measures to prevent the loss, theft or unauthorised access, destruction, use, modification or disclosure of classification data; and
- take reasonable steps to ensure that any other party provided with classification data uses that classification data in a manner consistent with these IHF Classification Rules and Regulations.

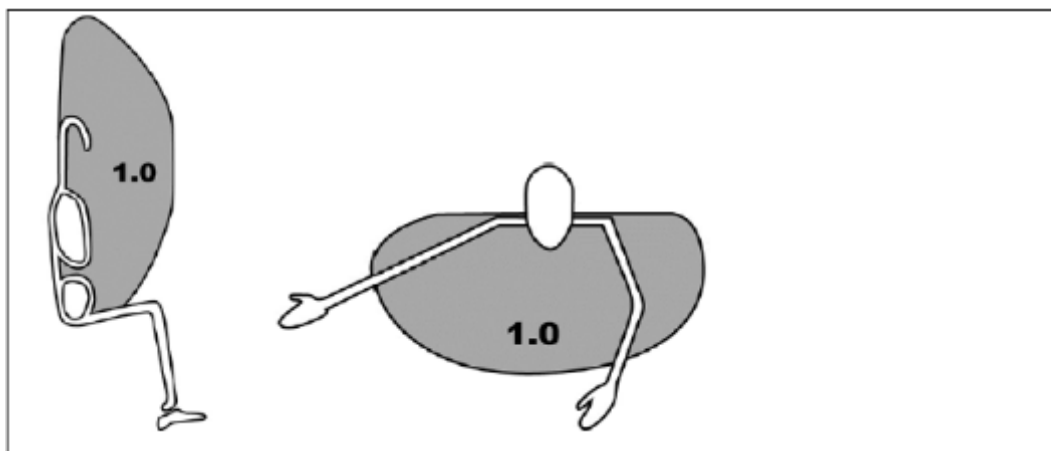
8.2 Disclosure of Classification Data

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

IHF Wheelchair Handball | Detailed specifications of each Sport Class

The Sport Class 1 player

Volume of Action



The Sport Class 1 player has the lowest Volume of Action of all Sport Classes, with no Volume of Action in the forward, vertical or sideward plane.

The Sport Class 1 player:

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

Wheelchair installation

The Sport Class 1 player has no active pelvic stability. Therefore, the seat of the wheelchair is usually significantly angled to the rear to maximise passive pelvic stability.

Typical installation may include:

- knees higher than hips;
- backrest to height of ribs, upholstery loosened to allow the player's trunk to be positioned between the side supports of the backrest for stability;
- abdominal belt to secure trunk to wheelchair;
- pelvis, legs and feet secured to the wheelchair;

Characteristics of wheelchair handball movements

The Sport Class 1 player is primarily identified by passive mobility of the trunk in all activities, requiring frequent use of the upper extremities to maintain and adjust trunk position.

Pushing

- When pushing the Sport Class 1 player relies on the backrest for stability.
- The player generally pushes in an upright position.
- The head and shoulders often move back and forth to compensate for the lack of trunk movement and to assist with maintaining stability.
- The player may rest the chest on the knees and remain in this position to push.

- The player will need both arms to return to an upright position.

Braking / pivoting / turning

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

Dribbling

- The player usually dribbles the ball close to the side of the wheelchair and near the trunk, requiring effort to maintain stability while dribbling and pushing simultaneously.
- The player is usually not able to dribble while pushing the wheelchair over a long distance.

Passing / catching

- The player usually relies on the wheelchair for support when passing the ball.
- A forceful pass is accompanied by a backward movement of the head and shoulders to maintain an upright position.
- When playing a forceful pass, the player will frequently have to hold on to the wheelchair or leg with the opposite hand to gain leverage and maintain an upright position.
- The lack of rotation of the trunk limits the ability to generate power in the pass.
- The player can only passively rotate to catch a pass from behind when stabilised with one hand.

Shooting

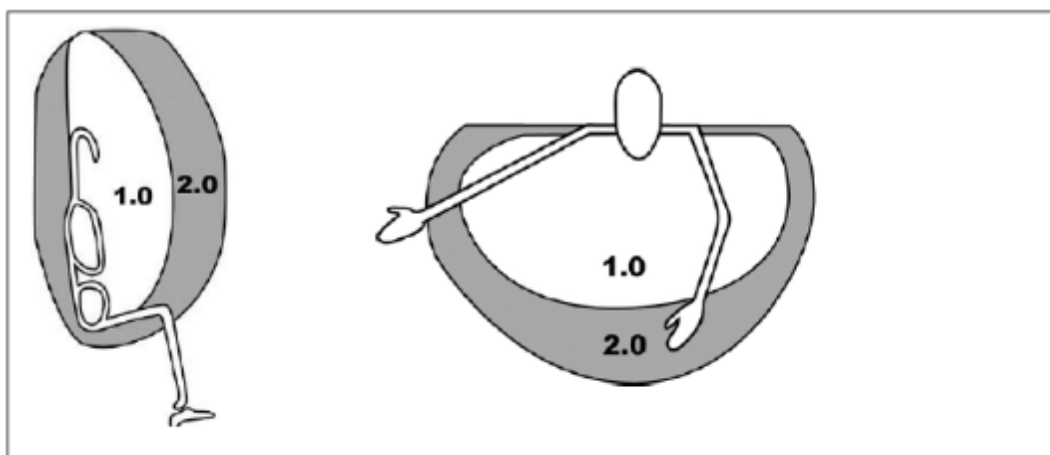
- The player typically leans back into the backrest to counterbalance when shooting.
- The player often overbalances forward during follow-through requiring arm support to remain in an upright position after the shot.
- The player has neither trunk rotation nor forward flexion. No active rotation of the trunk will be seen in the act of shooting.
- No sideways movements will be seen in the act of shooting.
- The shot cannot be executed with the necessary supporting power of the trunk: the power is only generated from the arms/shoulders.
- The shot is often less powerful and less accurate (lob/underarm shot).

Contact

- The player cannot maintain an upright position when contact is made.
- The player must use the upper extremities to return to an upright position.

The Sport Class 2 player

Volume of Action



The Sport Class 2 player has partial Volume of Action in the vertical and forward planes but no Volume of Action in the sideward plane.

The Sport Class 2 player:

- can rotate the upper trunk in both directions when the lower trunk is supported by the backrest;
- is able to hold the ball with both hands outstretched in front of the face without using the head and/or trunk as a counterbalance;
- is able to lean the trunk forward through approximately 45 degrees and return to an upright position without using their upper extremities;
- cannot raise the trunk from resting fully forward on the thighs without using at least one arm unless sitting with the knees significantly higher than the hips;
- needs to use the arms to return to an upright position when off balance to the side.

Note: It is important to know that with an optimal wheelchair installation, the Sport Class 2 player may give the appearance of having significant lower trunk function.

Wheelchair installation

Similar to the Sport Class 1 player, the Sport Class 2 player has no active pelvic stability. Therefore, the seat of the wheelchair is usually significantly angled to the rear to maximise passive stability.

Typical installation may include:

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

Characteristics of wheelchair handball movements

Pushing

- The player is able to lean partially forward to gain momentum and increase pushing power.
- Loss of stability at the waist level and the lower trunk is not actively used in the pushing action.

- The head and shoulders are often held in a static position to compensate for the lack of lower trunk movement.
- After overbalancing during a pushing action, the player will often push off of the front of the wheelchair or their knees with one arm to return to an upright position.

Braking / pivoting / turning

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

Dribbling

- The player usually dribbles the ball at the level of the front castors, near the wheelchair.
- The player is able to dribble in front of the wheelchair if supported by a high position of the knees.
- When attempting maximum speed take-off, the player will often lose stability at the waist at the start of the dribble.
- The player is usually able to dribble while pushing the wheelchair over a long distance.

Passing / catching

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

Shooting

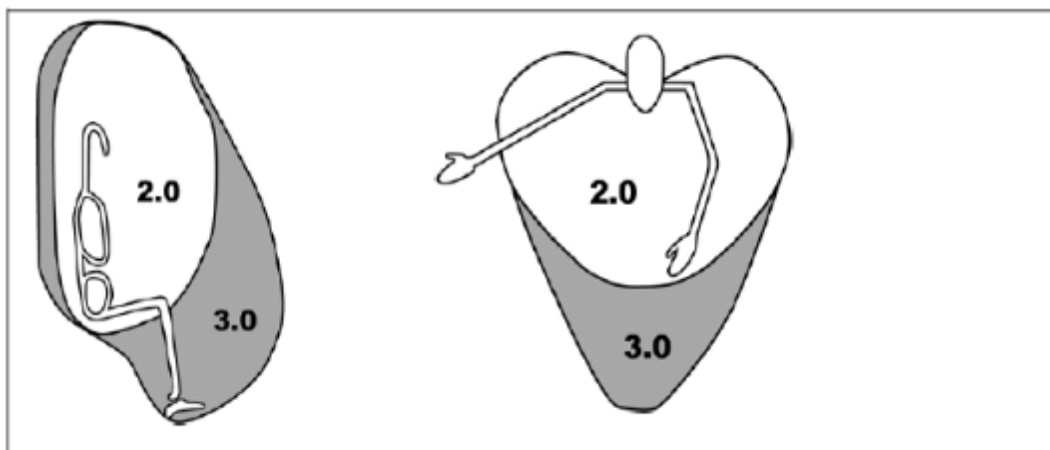
- The player is able to lean the upper trunk forward for shooting, but more often remains leaning on the backrest, particularly for longer-ranged shots.
- The player can rotate the upper trunk towards the goal if the lower trunk is supported by the backrest.
- No sideways movements will be seen in the act of shooting.
- The power of the shot increases as the player can half rotate the trunk and half flex the trunk, supporting the throwing movement of the arm/shoulder.
- The shot is more powerful and more accurate.

Contact

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

The Sport Class 3 player

Volume of Action



The Sport Class 3 player has full Volume of Action in the vertical and forward planes and (almost) no Volume of Action in the sideward plane usually due to a lack of hip and thigh stabilisation.

The Sport Class 3 player:

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

Wheelchair installation

As the Sport Class 3 player has active pelvic stability, the seat of the wheelchair is usually only slightly angled downwards to the rear to maximise stability and performance in terms of wheelchair handling.

Typical installation may include:

- knees slightly higher than hips;
- backrest to height of top of pelvis;
- pelvis, legs and feet secured to the wheelchair.

Characteristics of wheelchair handball movements

Pushing

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

Braking / pivoting / turning

- When stopping quickly or turning hard the player is able to actively use the trunk to avoid losing balance.
- The player is able to lean the upper and lower trunk into the pivot.
- The player can maintain stability easily when braking hard and quickly return to an upright position.

Dribbling

- The player is able to dribble the ball in front or at the side of the wheelchair.
- The player is able to move the ball from left to right and switch hands while dribbling without losing balance or control of the chair.
- The player can dribble and reach maximum speed without losing stability.
- The player is only able to dribble far to the side of the wheelchair when stabilised with the opposite hand.

Passing / catching

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

Shooting

- Without support from the backrest, the player can fully rotate their trunk and fully flex their trunk forward to support the throwing movement of the arm/shoulder. The trunk moves as a unit, making it easier to coordinate movements (trunk-shoulder-arm).
- The shot is powerful and precise. It is only fully efficient if executed in the forward plane, as the player cannot move their trunk sideways.

Contact

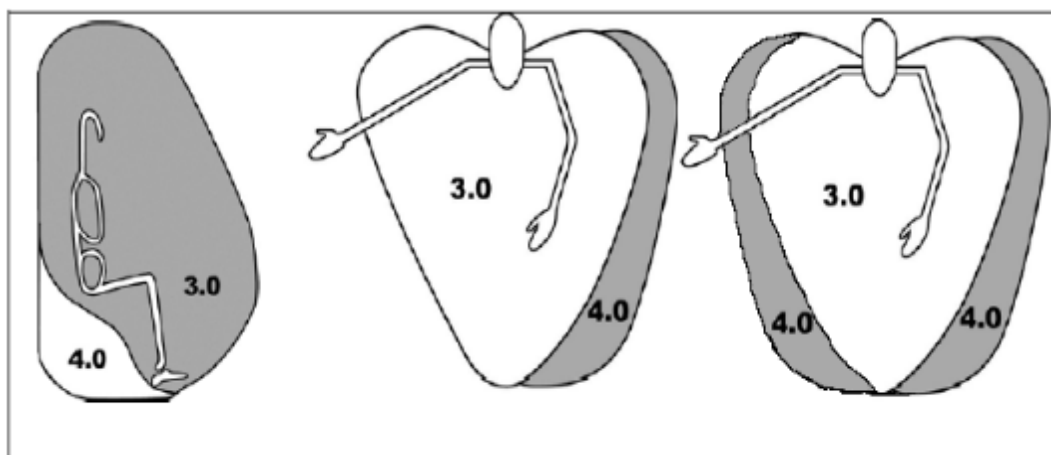
- The player can maintain stability when moderate wheelchair contact is made in the forward plane but may lose stability if this contact is forceful.
- The player is unable to maintain stability if contact is made from the side.
- The player is able to return to an upright position quickly without the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

Tilting

- The player may actively use the trunk and lower limbs to tilt the chair to either side.
- In order to maintain stability, the player will need to either lean the trunk towards the wheel that has left the floor or hold this wheel.

The Sport Class 4 player

Volume of action



The Sport Class 4 player has complete Volume of Action in the vertical and forward planes.

In the sideward plane the player has a full Volume of Action to one or both sides.

The Sport Class 4 player:

- is able to hold the ball overhead with both hands without losing stability when contact is made from the front and one side;
- may lose stability when contact is made on the weak side;
- is able to fully move the trunk actively to one side and return to an upright position without the use of the arms;
- may lean partially to the weak side (if any) but will require the arms to return to an upright position.

Wheelchair installation

As the Sport Class 4 player has active pelvic stability, the seat of the wheelchair is usually flat or may be angled slightly forward to allow maximum manoeuvrability and speed.

Typical installation may include:

- knees on same level or lower than hips;
- backrest is low and not required for stability;
- pelvis and legs secured to the wheelchair.

Characteristics of wheelchair handball movements

Pushing / turning / pivoting / braking

- The player is able to actively use the trunk to optimise pushing, turning, pivoting and braking actions.
- The player does not lose stability during any of these actions, even in contact situations.
- The player shows stable trunk movements with all wheelchair handling activity.

Dribbling

- The player is able to dribble the ball at the side or in front of the wheelchair with ease.
- The player is able to dribble wide to at least one side without using the opposite arm to maintain stability.
- Dribbling while pushing is fluid and fast.

Passing / catching

- The player is able to pass the ball with one hand in the forward plane without requiring support from the wheelchair.
- The player is able to actively move the trunk to one or both sides to pass the ball and return to an upright position without loss of stability.
- If the player has a weaker side, they can receive a pass wide to the strong side with two hands but have to use the opposite hand to maintain trunk stability when catching a ball on the weak side (if any).
- The player is able to rotate to catch a pass from behind without support from the backrest.

Shooting

- The player is able to actively use the trunk for shooting in the vertical and forward plane.
- The player is able to actively move the trunk in the sideward plane on their strong side with both hands without losing stability.
- The player is able to move partially to their weak side (if any) but will lose stability.
- The sideways movement when shooting gives the player an important advantage as well as the ability to efficiently shoot (ball speed and accuracy).

Contact

- The player maintains stability when forceful wheelchair contact is made from the front during the act of shooting.
- The player is able to maintain stability when forceful contact is made on their strong side but may lose stability when contact is made on their weak side (if any).
- The player is able to return to an upright position quickly without the use of the arms on the strong side but may have to use their arms when loss of stability occurs on the weak side (if any).

Tilting

- The player will actively use the trunk and lower limbs to tilt the chair to the strong side without the use of the arms.
- When tilting to the weaker side the player will need to counterbalance by leaning towards the wheel that has left the floor or by holding on to this wheel with one hand.

IHF Wheelchair Handball | Classification System Summary

Kees van Breukelen MSc. 2024

	Class 1	Class 2	Class 3	Class 4
Trunk function / movement	No function /movement	Partial active forward flexion and/or active rotation one or both sides; No sideward flexion both sides.	Full forward flexion; Full rotation both sides; Limited (10°) sideward flexion both sides; Propulsion eventually with 'wave' in recuperation.	Full forward flexion; Full rotation to both sides; No complete sideward flexion one or two sides, OR Full sideward flexion both sides.
Trunk impairment classification testing <u>Altman, 2015:</u> - Test 1: sit against gravity - Test 3: forward flexion/extension - Test 4: rotation both sides - Test 5: lateral flexion both sides - Test 6: legs abduction/extension	Fail test 1	Pass test 3; and/or Pass test 4 (partially); Fail test 5	Pass test 3; Pass test 4; Fail test 5; Fail test 6 both sides.	Pass test 3; Pass test 4; Pass test 5; Pass test 6. Length of stump / impairment of legs can cause VOA* limitation which will lower sport class
Class in other wheelchair sports Wheelchair basketball class Wheelchair rugby class	WB class 1.0 WR class up to 3.5	WB class 1.5 / 2.0	WB class 2.5 / 3.0	WB class 3.5 / 4.0 / 4.5

* VOA: Volume of Action

IHF Wheelchair Handball | Characteristics of Wheelchair Handball movements per Sport Class

Sport Class	Pushing	Braking/Pivoting/ Turning	Dribbling	Passing/Catching	Shooting	Contact	Tilting
1	The payer relies on the backrest for stability. The player generally pushes in an upright position. The head and shoulders often move back and forth to compensate for the lack of trunk movement and to assist with maintaining stability. The player may rest the chest on the knees and remain in this position to push. The player will need both arms to return to an upright position.	When braking quickly or turning hard the player shows difficulty maintaining the trunk upright. When braking, the player may try to counterbalance by leaning the head and shoulders far back. When pivoting or turning the player may try to counterbalance the pull of the trunk towards the opposite direction of the pivot by pressing hard back into the backrest. In both actions the player may hold the wheelchair for support.	The player usually dribbles the ball close to the side of the wheelchair and near the trunk, requiring effort to maintain stability while dribbling and pushing simultaneously. The player is usually not able to dribble while pushing the wheelchair over a long distance.	The player usually relies on the wheelchair for support when passing the ball. A forceful pass is accompanied by a backward movement of the head and shoulders to maintain an upright position. When playing a forceful pass, the player will frequently have to hold on to the wheelchair or leg with the opposite hand to gain leverage and maintain an upright position. The lack of rotation of the trunk limits the ability to generate power in the pass. The player can only passively rotate to catch a pass from behind when stabilised with one hand.	The player typically leans back into the backrest to counterbalance when shooting. The shot cannot be executed with the necessary supporting power of the trunk: (no active rotation, no forward or sideways movement): the power is only generated from the arms/shoulders. The player often overbalances forward during follow-through requiring arm support to remain in an upright position after the shot. The shot is often less powerful and less accurate (lob/underarm shot).	The player cannot preserve the upright position when contact is made. The player must use the upper extremities to return to an upright position.	N/A

Sport Class	Pushing	Braking/Pivoting/ Turning	Dribbling	Passing/Catching	Shooting	Contact	Tilting
2	The player is able to lean partially forward to gain momentum and increase pushing power. There is loss of stability at the waist level and the lower trunk is not actively used in the pushing action. The head and shoulders are often held in a static position to compensate for the lack of lower trunk movement. After overbalancing during a pushing action, the player will often push off of the front of the wheelchair or their knees with one arm to return to an upright position.	When stopping quickly or turning hard the player is able to brace the trunk to maintain stability. The player can lean the upper trunk actively in the direction of the pivot. The player may remain in a forward leaning position when braking hard but does not release the hands until the trunk is upright.	The player usually dribbles the ball at the level of the front castors, near the wheelchair. The player is able to dribble in front of the wheelchair if supported by a high position of the knees. When attempting maximum speed take-off, the player will often lose stability at the waist at the start of the dribble. The player is usually able to dribble while pushing the wheelchair over a long distance.	The player usually relies on the wheelchair for support when making forceful passes. A forceful pass forward is performed with minimal loss of stability. The lower trunk is not used to gain power. A forceful pass is usually performed with the opposite hand holding on to the wheelchair to gain leverage and maintain upright position. The player is able to rotate the upper trunk to catch a pass from the side when stabilised by the backrest. If reaching overhead with both hands, the player will have moderate loss of stability.	The player is able to lean the upper trunk forward for shooting, but more often remains leaning on the backrest, particularly for longer-ranged shots. The player can rotate the upper trunk if the lower trunk is supported by the backrest. No sideways movements will be seen in the act of shooting. The power of the shot increases as the player can half rotate the trunk and half flex the trunk, supporting the throwing movement of the arm/shoulder. The shot is more powerful and more accurate.	The player cannot preserve balance when forceful wheelchair contact is made, especially during the act of shooting. The player is able to return to an upright position quickly with the use of only one arm.	N/A

Sport Class	Pushing	Braking/Pivoting/ Turning	Dribbling	Passing/Catching	Shooting	Contact	Tilting
3	The player is able to actively use the trunk in the forward plane to gain maximum momentum and increase pushing power. There is no loss of stability in the motion. The head, shoulders and trunk move back and forth as a unit throughout the pushing action.	When stopping quickly or turning hard the player is able to actively use the trunk to avoid losing balance. The player is able to lean the upper and lower trunk into the pivot. The player can maintain stability easily when braking hard and quickly return to an upright position.	The player is able to dribble the ball in front or at the side of the wheelchair. The player is able to move the ball from left to right and switch hands while dribbling without losing balance or control of the chair. The player can dribble and reach maximum speed without losing stability. The player is only able to dribble far to the side of the wheelchair when stabilised with the opposite hand.	The player is able to pass the ball without support from the wheelchair. A forceful pass is performed using active trunk movement to gain leverage, with no loss of stability using forward motion of the trunk to gain maximum power and momentum. The player is able to rotate the trunk to receive a pass from behind without requiring support from the backrest. The player loses stability when attempting to catch a ball passed to their side with both hands. The player can only receive a pass wide to the side of the body with one hand by holding on to the hand rim of the wheelchair with the free hand to maintain trunk stability. The player is able to receive the ball overhead with both hands without losing stability.	Without support from the backrest, the player can fully rotate their trunk and fully flex their trunk forward to support the throwing movement of the arm/shoulder. The trunk moves as a unit, making it easier to coordinate movements (trunk-shoulder-arm). The shot is powerful and precise. It is only fully efficient if executed in the forward plane, as the player cannot move their trunk sideways.	The player can maintain stability when moderate wheelchair contact is made in the forward plane but may lose stability if this contact is forceful. The player is unable to maintain stability if contact is made from the side. The player is able to return to an upright position quickly without the use of the arms unless there is loss of stability in the sideward plane.	The player may actively use the trunk and lower limbs to tilt the chair to either side. In order to maintain stability, the player will need to either lean the trunk towards the wheel that has left the floor or hold this wheel.

Sport Class	Pushing Braking/Pivoting/ Turning	Dribbling	Passing/Catching	Shooting	Contact	Tilting
4	The player is able to actively use the trunk to optimise pushing, turning, pivoting and braking actions. The player does not lose stability during any of these actions, even in contact situations. The player shows stable trunk movements with all wheelchair handling activity.	The player is able to dribble the ball at the side or in front of the wheelchair with ease. The player is able to dribble wide to at least one side without using the opposite arm to maintain stability. Dribbling while pushing is fluid and fast.	The player is able to pass the ball with one hand in the forward plane without support from the wheelchair. The player is able to actively move the trunk to one or both sides to pass the ball and return to an upright position without loss of stability. If the player has a weaker side, they can receive a pass wide to their strong side with two hands but have to use the opposite hand to maintain trunk stability when catching a ball on their weak side (if any). The player is able to rotate to catch a pass from behind without support from the backrest.	The player is able to actively use the trunk for shooting in the vertical and forward plane. The player is able to actively move the trunk in the sideward plane on their strong side with both hands without losing stability. The player is able to move partially to their weak side (if any) but will lose stability. The sideways movement when shooting gives the player an important advantage as well as the ability to efficiently shoot (ball speed and accuracy).	The player maintains stability when forceful wheelchair contact is made from the front during the act of shooting. The player is able to maintain stability when forceful contact is made on their strong side but may lose stability when contact is made on their weak side. The player is able to return to an upright position quickly without the use of the arms on the strong side but may have to use their arms when loss of stability occurs on the weak side (if any).	The player will actively use the trunk and lower limbs to tilt the chair to the strong side without the use of the arms. When tilting to the weaker side the player will need to counter-balance by leaning towards the wheel that has left the floor or by holding on to this wheel with one hand.

IHF Wheelchair Handball | Registration Form

IHF Wheelchair Handball | Classification Form – Stage 3

IHF Wheelchair Handball | Classification Form – Stage 4

IHF Wheelchair Handball | Limb Deficiency Classes

IHF Wheelchair Handball | Protest form

This classification Manual is based on the IPC Classification Model Rules for Para Sports (Jan 2017), including the latest revision of the IPC classification code in 2024.

Sources:

- IPC Classification Code (version 29 April 2024);
- IPC International Standards documentation;
- IWBF Classification system/manual and rulebook;
- Tweedy Sean M. et Al, Applying Scientific Principles to Enhance Paralympic Classification Now and in the Future, 2018;
- Sanne Huisken, Master graduation project about Biomechanical analysis of one-handed shooting for wheelchair handball classification: trunk rotational ability is essential for ball speed, University of Groningen, Department of Human Movement Sciences, 05/2024;
- University of Loughborough's work on classification.

Content: IHF Methods Commission

Authors:

Kees van Breukelen, MSc. (International classifier Wheelchair Handball, Wheelchair Basketball, Wheelchair Rugby, Powerchair Hockey and Handcycling).

Benoît Séchet, MSc. (International classifier Wheelchair Handball and Wheelchair Basketball).