



# **World Organisation of Volleyball for the Disabled**

## **Medical and Functional Classification Handbook (Medical Handbook)**

Draft Version

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## **Preamble**

Present WOVD Classification system is intended to detect the eligibility of the athlete to compete in the sitting and standing volleyball as well as to allocate the athlete into the appropriate class. The WOVD Classification system in the general terms comply with the IPC Classification rules. IPC Classification Code and International Standards (CC&IS approved by the IPC General Assembly in November 2007) are being the umbrella documents for the pending parts of the current WOVD Medical and Functional Classification Handbook. For the paragraphs not outlined herein, the CC&IS is being the referring document.

The purpose of WOVD Classification system is to minimize the impact that eligible impairment types have on the outcome of the competition. The WOVD system of Classification aims to place athletes into classes according to how much their impairment impacts on the specific core determinants of success in sitting and standing volleyball. As an outcome, the according International Classification Status is given to an athlete during the WOVD sanctioned events. WOVD International Classifiers are in charge of the application of the current Classification rules.

The eligible impairment types in WOVD sitting and standing volleyball are: amputations, impaired muscle power, restricted joint movements, instability of the joints, impaired balance and coordination. The conditions are normally of the orthopedic or neurological nature. The current WOVD Classification system uses the terms listed in International Classification of Functioning, Disability and Health (ICF, agreed by the World Health Assembly in 2001) as a framework for the unified and standardized Classification.

## **1. General Classification Proceedings**

### **1.1 Classification Process**

1.1.1 International Classification can only be conducted by officially nominated WOVD International Classifiers during the WOVD accredited/approved events or during the respective Classification Clinics.

- 1.1.2 Classification of the eligible players may be resulted in two types. They are Permanent Status (P, which was in the earlier WOVD Classification also known as "Permanent") or Review Status (R, earlier known as "Temporary"). The athletes who were never internationally classified before an event are referred to the New Status (N). The according Classification (P or R) is given to them as a result of the Classification.
- 1.1.2.1 P is given to players with a disability which is static and which clearly fits into one of the Volleyball Classes. The aim of classification is always to achieve a P Classification where possible.
- 1.1.2.2 R is given to players with a fluctuating disability or one which is on the borderline of 2 classes and the classification is not clear. In the latter case, the Classifier will observe the player in competition in order to make the classification P where possible.
- 1.1.3 Classification of Amputee players requires 1 WOVD International Classifier for the classification to be PS.
- 1.1.4 Classification of any other disability requires the consensus of at least 2 WOVD International Classifiers, at least one of which must be a different nationality from the player.
- 1.1.5 There are three Classification Classes in Standing Volleyball (A, B, C) and two Classification Classes in Sitting Volleyball (MD, D).
- 1.1.6 At any time, at the discretion of the Chief Classifier, any player may be asked to undergo classification reassessment if there is concern that the player's classification is incorrect. In such a case Chief Classifier launches the Classification Protest for the official proceedings (see Protest part of this handbook).
- 1.1.7 The WOVD Classification system is an Amputee and Les Autres based Classification System with consideration for CPISRA and ISMWSF systems.
- 1.1.8 The system is a functional classification applicable to locomotor disabilities regardless of diagnosis. The diagnosis to be provided is only to prove the reason for the anatomical or functional impairment.
- 1.1.9 Classification is not to penalise volleyball skill or training, it should only consider the effect of the locomotor disability itself on performance of core volleyball activities. In addition, a player's ability to maximise their physical function (or compensate for their disability through training and skill development) should not be penalised.

## **1.2 Abbreviations**

VS = Volleyball Sitting

VSt = Volleyball Standing

AK (or AKA) = Above or through knee amputation

BK (or BKA) = Below knee amputation

AE (or AEA) = Above or through elbow amputation

BE (or BEA) = Below elbow amputation (but through or above wrist joint)

MP (or MCP) = Metacarpophalangeal joint

CM = Carpometacarpal joint

RC = Radiocarpal joint

IP = Interphalangeal joint

ACL – anterior cruciate ligament of the knee joint

PCL - posterior cruciate ligament of the knee joint

MCL – medial collateral ligament of the knee joint

LCL – lateral collateral ligament of the knee joint

ROM – range of movements

CPISRA = Cerebral Palsy International Sport Federation

ISMWSF = International Stoke Mandeville Wheelchair Sport Federation

CNS = Central Nervous System

PNS = Peripheral Nervous System

PS = Permanent Status

RS = Review Status

N = New Status

LOC = Local Organizing Committee

## **1.3 Comments**

1.3.1 Dysmelia – resembling acquired amputation is to be classified as an amputation

1.3.2 Dysmelia – not resembling an amputation is to be classified under the Les Autres Classification system (i.e. with regard to joint range of movement, muscle point loss etc).

1.3.3 If a player has a combination of impairments, then their classification is made on the basis of their most severe impairment, unless the classifier believes that the resulting level of impairment is inconsistent with that class. A potential combined impact of the impairment(s) on the core volleyball functions is to be considered. In this case, the consensus of 2 International classifiers is required and the classifiers may decide to assign a different Classification to that player. The classification process must include observation of the player in competition. In this case, the classification status will be Review until the end of the tournament, at which time a decision will be made as to the classification (RS or PS).

1.3.4 The need for change of the number and description of classes shall be continuously observed with regard to disadvantages, actual differences in performances, and the number of athletes. That is to be done on the basis of the scientifically proven, evidence based data.

#### **1.4 Special Medical Conditions**

1.4.1 Competitors with progressive locomotor disabilities (e.g. Multiple Sclerosis) or any fluctuating disability (e.g. Recovering neural damage) must be classified at the site of each sanctioned competition (RS).

1.4.2 Persons with an illness, injury or disability without a measurable and observable functional or anatomical impairment are not eligible.

## 1.5 Classification Evaluation Tests

### 1.5.1 Muscle Testing

1.5.1.1 Muscle testing is conducted using the 0-5 manual muscle testing system

1.5.1.2 Muscle scores 2 or less will be considered 0

1.5.1.3 Loss of muscle power must be due to pathology to muscle, CNS, PNS or joint, rather than pain, or "normal" fatigue.

1.5.1.4 ***When passive joint range of motion is normal:***

0 No contraction

1 Contraction with no (or minimal) movement

2 Full range of movement with gravity eliminated

3 Full range of movement against gravity

4 Full range of movement against slight – moderate resistance

5 Full range of movement against strong resistance (i.e. Considered normal in relation to other side)

1.5.1.5 ***If the strength is normal (or close to normal), but the passive joint range is limited*** (due to joint stiffness, muscle shortening, spasticity or some other pathology directly affecting that movement) then muscle testing may still be used, with the following point system:

0 No movement (= stiff)

1 Contraction with no (or minimal) movement

2 Movement of any strength to, but not beyond 0 degrees (as defined in ROM testing protocol)

3 Movement of any strength up to 50% of full range of movement beyond 0 degrees (as defined in ROM testing protocol)

4 Movement of any strength up to 75% of full range of movement beyond 0 degrees (as defined in ROM testing protocol)

5 Movement of full strength through 75% - full range of movement (if muscle weakness is also evident, refer to previous scale)

1.5.1.6 In manual muscle testing, the following movements shall be tested:

#### ***Lower Limb***

Hip Flexion  
Extension  
Abduction  
Adduction

Knee Flexion  
Extension

#### ***Upper Limb***

Shoulder Flexion  
Extension  
Abduction  
Adduction

Elbow Flexion  
Extension

## ***Lower Limb***

Ankle Dorsiflexion  
Plantarflexion

## ***Upper Limb***

Forearm    Supination  
              Pronation  
Wrist        Dorsiflexion  
              Volarflexion  
Fingers 2-5 Flexion  
              Extension  
Thumb       Opposition  
              Extension

1.5.1.7 In the case that only 5 muscle points are lost in the lower limb, the player will not be eligible in Standing Volleyball if these points are lost only from:

Ankle Dorsiflexion  
Knee Flexion  
Hip Flexion  
Hip Adduction

1.5.1.8 In the case that a player has drop foot (i.e. 5 points loss in ankle dorsiflexion on one side) plus other muscle point loss, the loss must be in the magnitude of at least 2 points in the summary of other movements.

## **1.5.2 Joint Range of Movement**

1.5.2.1 Testing must be conducted using a goniometer (which is supplied by the Classifier) according to the Joint Range of Movement Protocol (Ref: David J. Magee. Orthopedic Physical Assessment, 5th Edition, 2008)

1.5.2.2 Classification is made on the basis of limitation to passive joint range of movement as per Classification Chart and Clarifications for the Minimal Disability.

### **1.5.2.3 *Definitions:***

*Afunctional:* Wrist: Stiff in a position of more than 80 degrees volarflexion  
Fingers: Stiff in more than 80 degrees MCP flexion with all the IP joints on the same side unable to flex beyond 30 degrees.

*Stiff:* The joint range of movement is physically restricted (joint fusion, severe burns etc) such that it has a total arc of movement of less than or equal to 10 degrees.

### **1.5.3 Amputation**

- 1.5.3.1 Classification on the basis of amputation or dysmelia resembling amputation is as per Classification Chart and Clarifications for the Minimal Disability.
- 1.5.3.2 Wearing of an upper limb prosthesis on court will change the players classification from B to A (BEA) or from C to B (AEA) for Standing Volleyball and from Disabled to Minimum Disability (BEA) in Sitting Volleyball. That is only when prosthetic arm is actively used in most of the volleyball core functions.
- 1.5.3.3 Wearing a lower limb prosthesis on court does not alter a player's classification in VSt.



#### **1.5.4 Shortening**

1.5.4.1 Classification on the basis of shortening of a limb is as per Classification Chart.

1.5.4.2 To calculate the percentage shortening, compare with measurement of the same area on the opposite side.

##### *Upper Limb*

In the anatomical position, and using a tape measure take measurement between the anterior aspect of the acromion process and the dorsal aspect of the tip of the middle finger.

##### *Lower Limb*

In the anatomical position, and using a tape measure, take measurement between the Anterior Superior Iliac Spine (ASIS) and the medial malleolus, across the ventral aspect of the leg.

1.5.4.3 Note that with shortening of the lower limb, the player may wear prosthesis without a change in classification.

#### **1.5.5 Cerebral Palsy Classification**

1.5.5.1 Players who have been previously classified by an International CPISRA Classifier, and who are able to show evidence of this, will automatically be eligible according to the Classification chart.

1.5.5.2 Players with Cerebral Palsy (or equivalent disability) who have not previously been classified by an International CPISRA Classifier will be classified under the normal WOVD classification system.

1.5.5.3 Players with a CPISRA classification of CP7 may have a disability ranging from very mild to very severe hemiparesis. In the more severe cases, the Chief Classifier has the authority to place the player in a class more consistent with their locomotor disability on court.

#### **1.5.6. Functional volleyball assessment**

1.5.6.1. Functional volleyball assessment is done during the Classification Evaluation Period and during the team's training and game sessions.

1.5.6.2. During the Classification Evaluation Period player is asked to perform the core volleyball function. A ball is to be used to check the abilities.

1.5.6.3. The functions to be considered in Standing Volleyball are as follows:

- Serving
- Digging
- Volley/Setting
- Spiking
- Blocking
- Diving/Stretching
- Moving on court, jumping

The respective functional profiles are made to describe a loss of the functionality. The profiles are to fit accordingly to the A, B or C classes.

1.5.6.4. The functions to be considered in Sitting Volleyball are as follows:

- Serving
- Digging
- Volley/Setting
- Spiking
- Blocking
- Diving/Stretching
- Moving in a sitting on the floor position

The respective functional profiles are made to describe a loss of the functionality. The profiles are to fit accordingly to the MD or D classes.

## **2. Standing Volleyball**

- 2.1 The classification for Standing Volleyball is based on the assessments and guidelines in the General section as applied to the Standing Volleyball Chart (see in the attachment).
- 2.2 The classes for Standing Volleyball are A, B and C. At any time, a team may have a maximum of 1 A player, and a minimum of 1 C player on court.
- 2.3 Eligible for competition are those players with a minimal disability as defined in the Classification Chart.

### **2.4 Notes about the Classification Chart**

- 2.4.1 Wearing an upper limb prosthesis on court will change the player's classification from B to A (BEA) or from C to B (AEA) for Standing Volleyball
- 2.4.2 Wearing an upper limb orthosis does not change the players classification as long as this does not increase the length of the arm /stump.
- 2.4.3 Wearing a lower limb prosthesis or orthosis on court does not change the players classification except where the player with a BKA chooses not to wear a prosthesis on court in which case the player is considered a C.
- 2.4.4 A CP-ISRA or ISMWSF classified player with an impairment more severe than those on the Chart who wishes to play Standing Volleyball will be placed in the class most consistent with their disability.
- 2.4.5. A player with a joint replacement of hip, knee or ankle is not automatically eligible – they will be assessed on the basis the Les Autres classification system and a classification assigned accordingly. In most of the cases, players with the above mentioned endoprosthesis (-ses) are classified as A.  
Note: players with a joint endoprosthesis of the lower extremity(s) are not medically advised to play standing volleyball.

### **3. Sitting Volleyball**

- 3.1 The classification for Sitting Volleyball is based on the assessments and guidelines in the General section as applied in these rules and Clarifications for the Minimal Disability.
- 3.2 The classes for Sitting Volleyball are Disabled (D) and Minimally Disabled (MD).
- 3.3 At any time on court, a team may have a maximum of 1 MD player. At any time, a team may have a maximum of 2 MD players on the team. This is a technical regulation which is in power for the Paralympic Games, World Championships and Zonal Championships. That regulation can be accordingly changed at the discretion of the other (not mentioned above) tournament's organizers in consultation with the Zonal Manager. In the last case, the changed formula is to be without the changes in the actual Classification of the players.
- 3.4 Eligible for competition are those players with a minimal disability as defined in these rules and in the Clarifications for the Minimal Disability here below.

#### **3.5 Special notes**

- 3.5.1 Wearing of an upper limb prosthesis on court will not change the player's Classification.
- 3.5.2 Wearing an upper limb orthosis does not change the players classification as long as this does not increase the length of the arm /stump.
- 3.5.3 Wearing a lower limb prosthesis or orthosis on court does not change the player's classification.
- 3.5.4 A CP-ISRA classified player with a disability more severe than represented on the Chart who wishes to play Sitting Volleyball will be placed in the class most consistent with their disability. The potential core volleyball functions are to be considered in this case.
- 3.5.5 Athletes who are classified under the ISMWSF system will be assessed on the basis of muscle point loss and allocated to the appropriate class. The potential core volleyball functions are to be considered in this case.

### 3.6. Clarifications for the Minimal Disability.

These Clarifications are to give examples of the medical conditions and respective impairments to be classified. The Clarifications are to show the borders in-between the Disabled, Minimally Disabled and Non Eligible classes. The Clarifications are based on the potential impact of the actual impairment on the core sitting volleyball functions when distinguishing in-between the Disabled and Minimally Disabled classes. The Clarifications are based on the potential impact of the actual impairment on the core standing (classical) volleyball functions when distinguishing in-between the Minimally Disabled and Non Eligible classes. The diagnoses listed below are not limitative. In each case, the Classification is based on the actual impairment. The diagnosis is only to prove the reason of the impairment.

#### 3.6.1. Lower extremity

##### 3.6.1.1. Hip joint

Diagnoses: coxartrosis (at least 3<sup>rd</sup> degree), displasia, hip endoprosthesis.

**Disabled** : player cannot sit straight with a stretched trunk due to the decreased hip mobility. Note: it is extremely rare to be classified as Disabled only by ROM (normally only together with other impairment).

Note: hip dysplasia in some cases can be classified as Disabled due to muscle points loss.

**Minimally Disabled:** not more than 90 degrees flexion.

Note: hip(s) joint(s) function is aggravating the sitting position and movements on the floor, though the movements are functionally possible.

**Not Eligible:** more than 90 degrees flexion.

Note: there is no impact of the hip(s) joint(s) function on the sitting position and movements.

Needed: Medical diagnoses, medical documents, by favour MRI.

##### 3.6.1.2. Knee joint

###### 3.6.1.2.1. Instability

**Minimally Disabled:** diagnoses: anterioposterior or mediolateral instability, for example due to rupture of ACL and/or PCL, MCL, LCL; ineffective operation of the ACL/PCL.

Condition has to be combined with the secondary gonartrosis grade 3 (+/- 2). Condition has to be permanent (long term) and potentially non treatable or possible to rehabilitate. Player has to be medically permanently non eligible for the standing (classical) volleyball.

Needed: Medical diagnoses, medical documents, by favour MRI.

Physical exam: instability-tests, oedema, muscular atrophy, ROM

**Not eligible:** isolated meniscus pathology (operated/non operated rupture, meniscitis et cetera), retro-patellar dysfunction (patello-femoral pain syndrome, patellar osteochondrosis/itis), enthesopathies of the patellar or collateral ligaments (like jumper's knee), tendinopathy of the m.

quadriceps femoris, runner's knee, prepatellar bursitis and the other soft tissue orthopaedic conditions.

Why to be classified in Sitting Volleyball: player permanently can not play standing (classical) volleyball.

Players with the knee joint instability are classified as **Disabled** only in cases of the prominent multidirectional instability. In such cases the actual Classification is made on the basis of the muscular points.

#### 3.6.1.2.2. Reduced passive ROM

**Disabled:** stiff knee or less than 45 degrees flexion measured from full extension. Note: player can not use the joint(s) when moving on the floor.

**Minimally Disabled:** reduced flexion from 45-90 degrees. Note: player can to some extent use the joint(s) when moving on the floor.

**Not Eligible:** ROM more than 90 degrees. Note: there is no limitation when sitting and moving on the floor.

Needed: medical diagnoses, medical documents, by favour MRI.

### 3.6.1.3. Ankle (talocrural) joint

#### 3.6.1.3.1. Instability

Instability of the ankle joint can be classified at most as the

**Minimally Disabled:** diagnoses: instability of the joint (any direction) with the secondary changes like arthrosis (2<sup>nd</sup> – 3<sup>rd</sup> degree), muscular atrophy.

Condition has to be permanent (long term) and potentially non treatable or possible to rehabilitate. Player has to be medically permanently non eligible for the standing (classical) volleyball.

Needed: medical diagnoses, medical documents, by favour MRI. In hospital instability-measurements might support evidence.

Physical exam: instability-tests, oedema, muscular atrophy, ROM

Note: new players should send there information to the Minimal Disability Panel at last six months prior to the event

**Not eligible:** only instability of the ankle joint (any direction) is not eligible.

Why to be classified in Sitting Volleyball: player permanently can not play standing (classical) volleyball.

#### 3.6.1.3.2. Stiffness

**Disabled:** stiff ankle or maximal 5 degrees mobility in the each, plantar/dorsal flexion

Note: no functionality in the joint in the standing position. Person can not normally walk.

**Minimally Disabled:** not more than 15 degrees mobility in combined plantar/dorsal flexion.

Note: reduced functionality in the ankle joint (s). Person can not normally jump. Joint can be still functionally used for the VS functions.

**Not Eligible:** more than 15 degrees mobility in plantar/dorsal flexion.

Note: there is no or minimal limitations when walking/jumping.

Needed: medical documents, MRI et cetera.

#### **3.6.1.4. Amputations**

**Minimal Disability:** exarticulations through the Chopart and Lisfranc joints. More distal level of amputation or exarticulation is **Not Eligible**. More proximal level is **Disabled**.

#### **3.6.1.5. Shortening**

**Disabled:** 12 % shortening

**Minimally Disabled:** 7% shortening

Note: shortening is normally due to dysmelia.

### **3.6.2. Upper extremity**

NOTE: for the upper extremity the VS functionality should be considered. In sitting-volleyball the following functions are important:

*Serving*

*Digging*

*Volley/Setting*

*Spiking*

*Blocking*

*Diving/Stretching*

*Moving on court*

Upper extremities are involved in these entire core Sitting Volleyball functions. Therefore, functions of the upper extremities are of the uppermost importance when measuring the impact of the impairment onto the Sitting Volleyball. From the above, movements performance on a court are constituting 50 % of the overall upper extremity's functionality.

**Minimal Disability** status is given when the general upper limb functionality is lower than 50% (counting one limb).

When an orthosis is used, the size/shape may not exceed the opposite hand.

Here below are examples of the Classifications given pending the upper extremity(s) different locomotor chain elements and the corresponding impairments.

#### **3.6.2.1. Shoulder joint**

**Minimally Disabled:** reduced mobility: flexion and/or abduction is not more **than 90** degrees. (Note: totally stiff shoulder is rare, compensation with AC/ scapulo-thoracal joints will occur)

**Not Eligible:** instability of the shoulder joint without the secondary changes.

Note: if there is a muscular atrophy with a loss of the muscular points, then the point loss is to be considered.

**Not eligible:** shoulder rotator cuff tendinitis or tendinosis, m. biceps brachii long caput tendonitis, the other soft tissue conditions when there is no loss of functionality and without the detectable impairments.

#### **3.6.2.2. Elbow joint**

**Disabled:** stiffness in 90 degrees flexion.

**Minimally Disabled:** stiffness in 45 degrees flexion, loss of more than 45 degrees in ROM, sound loss of pronation and supination.

#### **3.6.2.3. Wrist (carporadial) joint**

**Minimally Disabled:** stiff wrist.

#### **3.6.2.4. Fingers**

Functions of the first 3 fingers of both hands are the most important. Loss of function is supposed to be due to the, either, amputation or neurological and the other orthopaedic condition.

**Minimally Disabled:** loss of 50% function of the first 3 fingers counting the both hands (accordingly, the 6 fingers are considered). Stiff all fingers on the both hands (full stiffness in any position)

**Minimally Disabled:** loss of 2 thumbs

**Not eligible:** loss of any other fingers, phalanges and their combinations.

#### **3.6.2.5. Shortening of the upper extremity**

**Minimally Disabled:** shortening of 33 and more percent

**Disabled:** shortening of more than 50%

#### **3.6.3. Trunk (spine)**

**Minimally Disabled:** changes in the spine due to the severe scoliosis, arthrodesis, spondylolisthesis, with functional loss.

Note: persons with such the diagnoses are strongly advised by the medical reasons not to play Sitting Volleyball. That is also the case for *spina bifida* or spinal cord lesions, because of loss of sensitivity in the buttocks.

#### **3.6.4. CP Classes**

Normally, there is such a distribution of the CP classified classes in Sitting Volleyball.

**Minimally Disabled:** Class 8 (5)

**Disabled:** class 7, 6 and lower (for the reference see CP based classification rules)

Needed: proven medical diagnose

Functional tests are to be applied

**Not Eligible:** persons with a minor paresis of any localization, athetosis or loss of coordination, which has no impact on the core sitting volleyball functions and is not detectable during the Classification Evaluation.

#### **3.6.5. ISMWSF Classes**



Athletes, classified under the ISMWSF Classification are eligible counting the muscular point loss and the functionality in sitting volleyball.

3.6.6. Other injuries or disabilities resulting in a locomotor impairment that can be measured under the Les Autres classification system may also be eligible.

Notes:

- The diagnoses and disabilities listed above must be supported by evidence such as Medical Imaging (X-ray, Ultrasound, CT Scan, MRI) and Medical Report and these must be presented to the Chief Classifier during the Classification Evaluation.
- General osteochondral defect stage 3 must be present in a respective joint or stage 2 combined with the other pathology
- When a player claims or the conditions shows that an operation will follow, the Classification in most of cases has a RS
- Those players applying for Minimal Disability, who are still playing standing volleyball are not eligible
- In the current rules, wearing of an arm prosthesis or orthosis will not change the classification for sitting volleyball

## **4. WOVD Medical & Scientific Committee**

### **4.1 Structure**

WOVD Medical & Scientific Committee incorporates the WOVD Classification Committee (WOVD Classification Panel), WOVD Medical & Scientific Advisory Committee and WOVD Anti Doping Committee.

4.1.1. The aim of the Classification Committee is to further develop and keep a system of Classification in WOVD sitting and standing volleyball. Classification system has to be a continuation of the actual system followed by the possible additions derived from the Classification research evidences and from the IPC Classification Code and International Standards to be accepted as an umbrella document. Changes in the WOVD Classification can be made at the WOVD General Assembly during the Paralympic Games (Paralympic year) only.

4.1.2. The aim of the WOVD Medical & Scientific Advisory Committee is the evidence based conceptualization of knowledge, derived from scientific research methodology, dealing with recruitment, training, coaching and rehabilitation as well as with sociological and classification issues.

4.1.3. The aim of the WOVD Anti Doping Committee is to deal with the doping related questions as outlined in the current WOVD Anti Doping Rules.

### **4.2 Responsibility of the Classification Committee**

#### ***4.2.1 Appointment of Classification Team***

4.2.1.1 For Paralympics and World Championships, it is the responsibility of the WOVD Medical & Scientific Director, in consultation with the WOVD Competition Manager to nominate the Chief and Assistant Classifiers.

4.2.1.2 For all other WOVD Sanctioned or Official Tournaments, it is the responsibility of the WOVD Classification Zonal Chairman, in consultation with the Zonal Manager and WOVD Medical & Scientific Director, to appoint a Classification Team. Normally, for the Zonal Championships, a WOVD Classification Zonal Chairman is being a Chief Classifier for the event.

4.2.1.3 International Classification may only occur at WOVD Sanctioned or Official Tournaments, except with prior approval by the WOVD Medical & Scientific Director. In the latter case, only amputee players may be given a PPS. All other disabilities will be given a RS and must be reviewed at the next International Tournament with the according amount of Classifiers.

#### **4.2.2 Composition of the Classification Team**

4.2.2.1 For Paralympic Games, World Championships or Cups the Classification Team should consist of at least 3 WOVD International Classifiers nominated by the WOVD Medical & Scientific Director and approved by the WOVD Competition Manager.

4.2.2.2 For Zonal Championships, the Classification Team should consist of at least 2 WOVD International Classifiers. Amount of the Classifiers has to be consistent with the amount of teams and NS or RS athletes to make an efficient Classification.

4.2.2.3 For National Championships and other Zonal Tournaments (e.g. Euro Cup, Canada Cup) the Classification Team should consist of 1 WOVD Classifier (National or International). Zonal Cups and the National Championships can be conducted without a Classification Team. No Classification is provided in the latter case.

4.2.2.4. The Classification Team may also include Trainee International Classifiers, except at the Paralympic Games.

4.2.2.5. Where there is more than one Official Classifier, the Classifiers should be from at least 2 different Nationalities.

4.2.3 WOVD Classification Committee is to keep records of the classification ratings of all international volleyball players and to be the only authorized body to issue WOVD Classification Passports (see in the attachment).

4. 2.4. WOVD Classification Committee is to maintain a current database of all International player Classifications. This database is to be updated after each International Tournament or where International Classifications take place. This database is available on the WOVD Website ([www.wovd.info](http://www.wovd.info)) for the open viewings. The medical part of database including the confidential info is available to be viewed by the WOVD International Classifiers only.

4.2.5. WOVD Medical & Scientific Advisory Committee is to organize, conduct and coordinate the Classification research programs. The research results are afterward to be the basis for the Classification updates and development. WOVD Medical & Scientific Advisory Committee is to promote the understanding of the Volleyball Classification system worldwide by publishing papers and making available other documentation.

4.2.6 This knowledge is to be submitted to all interested parties. That is in support of the further development of the different aspects of volleyball for people with disabilities.

4.2.7 WOVD Medical & Scientific Committee is to sanction and to stage Volleyball Classification Clinics where prospective classifiers can learn about the system and its implementation.

**4.2.8 *In order to become an International Classifier, a person must:***

- Be nominated by their National Federation (or relevant body) as a Trainee International Classifier, and this nomination accepted by the WOVD Medical & Scientific Director.
- Have been involved in Volleyball for the persons with a disability for at least 12 months at a National Level.
- Be a medical doctor, physiotherapist, volleyball specialist or the other relevant specialist. WOVD encourages the medical background of Trainee International Classifier though not limits to those professional prerequisites.
- Has to have fluent spoken and written English as the official WOVD language.
- Normally, the Trainee International Classifier comes from the medical supply part (doctor or physiotherapist) of the relevant National Volleyball for the persons with a disability Team.
- Attend at least 2 International WOVD Sanctioned or Official Volleyball Tournaments as a Trainee International Classifier, at least one of which must involve a Classification Clinic. During these International Volleyball Tournaments, the Trainee International Classifier must be exposed to the Classification of both Sitting and Standing Volleyball.
- Upon the successful completion of a prescribed test, based on match observation and Classification evaluation, an individual will be issued with a certificate and a stamp authorizing them to carry out the player International Classification procedure.

**4.2.9. *In order to keep the International Classifier status, a person must:***

- To implement the rules and decisions of the WOVD pertaining to player classification.
- Be active in accepting the nominations.
- Be correct and compliant with the WOVD and the other pending Classification rules when performing the duties.
- Be updated on the current WOVD Classification rules.
- Be efficient in communication in-between the WOVD Medical & Scientific Committee members on the Classification matters.
- Be efficient in communication with the players, officials concerned.
- Be supportive for the WOVD Classification research.
- Be active in a dissemination of the WOVD Classification rules on the national, zonal or worldwide levels.
- Be compliant with the general ethical and WOVD rules.

### **4.3 Constitution**

4.3.1. The WOVD Classification Commission consists of all the active International Classifiers, including the WOVD Medical & Scientific Director (who is appointed by the WOVD Board of Administration) and the Chairmen of the 4 WOVD Zones (who are appointed by the WOVD Medical & Scientific Director).

4.3.3 Members of the WOVD Medical & Scientific Advisory Commission are the active WOVD International Classifiers as well as the other relevant professionals as appointed by the WOVD Medical & Scientific Director.

4.3.4. Members of the WOVD Anti Doping Commission are the active WOVD International Classifiers as well as the other relevant professionals.

## **5. Classification Procedure – Roles and Responsibilities**

### **5.1 Responsibility of the Local Organizing Committee**

5.1.1 The Local Organizing Committee (LOC) as a Tournament Organizer must provide the Chief Classifier with the names, dates of birth, countries and prior classifications of all players entered in the Tournament within 1 week of the closing date of entries for the tournament and not less than 4 weeks prior to the start of the Tournament.

5.1.2 The LOC shall make provision to receive the Official Classifiers two days prior to the commencement of the tournament and until the completion of the tournament. This includes all accommodation, meals, transport and incidental costs directly related to the official duties of the classifiers during the period designated.

5.1.3 The Tournament Organizers shall ensure that all teams arrive at least 2 days prior to the start of the tournament so that classification evaluation may take place in an organized and orderly manner.

5.1.4 The Tournament Organizer shall provide adequate space and facilities for the conduct of the classification evaluation and the administration thereof.

5.1.4.1 Classification Room shall be provided, which is close to the players lodging or training facility and is properly indicated. This room shall have the following characteristics:

- The size of the room shall be at least 25m<sup>2</sup> and a waiting area should be located nearby

- The Classification Room must be located in close proximity to toilets
- The Classification Room should have close access to a Photocopier and Printer
- The room should have a covered area where players may undress
- The room must have a door which can be locked from the inside and the windows must have curtains to ensure privacy
- A hand basin and soap should be available inside the classification room
- A Waiting Area should be located immediately outside the Classification Room. Waiting Area should be equipped with the sufficient amount of chair.
- The both Classification Room and Waiting Area should be clearly marked.
- The Classification room should be supplied with
  - A telephone with international dial capacity
  - medical examination table with covers (paper towel or linen covers with sufficient spare covers to allow a change in between each player)
  - rubbish waste bin
  - 1 desk
  - 5 chairs
  - Paper, pens, scissors, hole punch, stapler (& staples)
  - A volleyball

5.1.4.2 In addition, a space shall be made available at the competition venue for a Classification Evaluation, in the case that a player's classification needs to be reviewed.

5.1.4.3 The LOC shall place at the disposal of the Classification team a person who competently speaks both English and the language of the country where the tournament is held. This person shall have no official duties or role with any team participating in the relevant tournament.

5.1.4.4. The Classifiers are accredited by LOC as the ITO.

5. 1.4.5. Classifiers have to be provided by LOC with the sufficient transportation in-between the Venue and Hosting Hotel(s).

## 5.2 Responsibility of the Classifiers

5.2.1 The Chief Classifier must bring to the Tournament the following:

- The Player's List (Entry Forms) provided by the Organizing Committee
- A Goniometer
- A Tape Measure
- WOVD Classifier Stamp
- Blank Classification Passport
- WOVD Medical Commission Computer (if available)
- Memory flash with CURRENT Database
- Copy of the Medical Handbook
- Clinic Materials where a Clinic is being conducted

5.2.2 The tasks designated to the Official Classifiers:

5.2.2.1 . To review the list of players entered in the tournament and confirm the classification status of each player. This pre-competition Classification Check Up is to be made by the tournament Chief Classifier.

5.2.2.2 . To confirm the list of the participating players whose classification will have to be checked prior to the competition

5.2.2.3 . To work full time as a classifier during the tournament and within the dates agreed with the LOC.

5.2.2.4 . To work together with the LOC to ensure the classification process during the tournament occurs smoothly.

5.2.2.5 . To ensure the classification of all participating players is completed at least 24 hours prior to the start of competition.

5.2.2.6 . To provide new players with their WOVD Classification Passport prior to the start of the tournament.

5.2.2.7 . To attend all the meetings that the LOC and / or the Sport or Classification Committees deems necessary.

5.2.2.8 . To assist in the planning of and to be present for any seminars or Classification Clinics associated with the tournament.

5.2.2.9 . To participate in the resolution of Classification Protests when required.

5.2.2.10. To accordingly write the Classification Report and to forward that to the WOVD Medical & Scientific Director as well as to the LOC, Zonal

Classification or WOVD Competition Manager. That is to be sent not later than one week after the end of the relevant tournament.

5.2.2.11. Timely, not later than one week after the end of the event, to forward the Classification results (lists) to the WOVD Medical & Scientific Director. Results have to be written according to the WOVD Master List Data Entry Rules.

### **5.3 Responsibility of the Teams**

5.3.1 The players entry lists containing their classification class and status have to be sent to LOC in a scheduled time. The entry forms have to be in Excel format, to clearly state the name of the country (team) using the international abbreviations and the gender (male or female). The personal information on the players to be provided: name, family name, date of birth, classification class and status. LOC has to provide this information further to the Chief Classifier of the event not later than one month before the event.

5.3.2. After the pre-competition evaluation of the lists, Chief Classifier is forwarding to LOC the names of players to be classified, that information is further communicated to the teams by LOC. That information has to reach a Team at their arrival to the tournament.

5.3.3. It is an obligation of the team to bring to the tournament the WOVD International Classification Passports of the players, already holding the Classification class and status (P and R athletes). Failure to do so can result in the fee to be paid to reconstitute the Classification Passport either in the disqualification of a player.

5.3.4. It is an obligation of the team to bring to the Classification Evaluation (designated time period before the sanctioned event to make the Classification) the Medical Reports on the new (N), and, if necessary, on the review (R) athletes. The necessity and content of the Medical report has to be communicated by the team in a due time before the event. That is to be communicated to the event's Chief Classifier and (if necessary) to the Minimal Disability Panel.

5.3.5. Medical Report is a compilation of the relevant medical information, physicians report, data of the objective investigation (x-ray, CT, MRI, USG, joint mobility standardized tests et cetera). The type of information to be present is depending on the particular case and can be communicated with Chief Classifier before the event (if necessary). All the information has to be translated into English.

5.3.6. If the player is pretending to the Minimal Disability class, the relevant application and Medical Report have to be submitted to the WOVD Minimal Disability Panel at least six months prior to the event. In case of



the positive answer, the player has to bring the Medical Report to the tournament to participate in the actual Classification Evaluation. This info has to be communicated through the WOVD Medical & Scientific Director. In case, a Team brings the P or R athlete pretending to the Minimal Disability Classification without such a pre-competition Classification clarification, - then the athlete can be not allowed to participate in the Classification and being accordingly disqualified from the event.

5.3.7. It is obligation of the team to timely bring the player to the Classification Room. The Medical Report (if necessary), WOVD Classification Passport (if applicable) and the player's national passport have to be presented to the Classification Panel. Failure to do so can result in the disqualification of the player.

5.3.8. The team is responsible for bringing the English interpreter to assist during the Classification Evaluation.

5.3.9. The Team is responsible to ensure all players cooperate in the Classification Process to the best of their ability. Inability to cooperate during the Classification Evaluation can be resulted in the disqualification of the relevant player. Teams have to be aware that a distinct disrupture in the functional presence of a player during the Classification Evaluation and the actual tournament games can be supposed a miscooperation or cheating.

5.3.10. Team has right to protest against the Classification of their player. That is to be done immediately after the Classification class and status are allocated (after the Classification Evaluation period or on court observations), the official fee incurs. For the formal proceedings, see Protest part of this handbook.

5.3.11. The team can protest against the players of the other teams. That is possible only against the new players (entered event as N) or players whose Classification class or status were recently (within one year) changed. That is to be launched not later than one hour after the end of the first game when player in question appears on the court. Official fee incurs. For the formal proceedings, see Protest part of this handbook.

5.3.12. The New and Review players must appear on the court during the preliminary round of the tournament (First Appearance). The players have to be on the court efficient time (at least one full round of serves per team) and to actively participate in a game episode. That is necessary to accomplish the observations on the court and to allocate the athlete to the proper class. In case the player in question doesn't appear on the court before the competition's elimination phase (quarter, semifinals or relevant) or does that with insufficient amount of time, - that can be resulted in a disqualification at the discretion of the Chief Classifier.

## **6. Protests and Appeals**

The term "Protest" refers to the procedure by which a formal objection to an athlete's Sport Class is made and subsequently resolved. The term "Appeal" as used in this International Standard refers to a procedure by which a formal objection to the manner in which Classification procedures have been conducted is submitted and subsequently resolved. Please refer to the IPC CC&IS for the paragraphs not mentioned herein.

### **6.1. Protests**

#### **6.1.1. General Principles for Handling the Protests**

These rules include the time lines for the submission and resolution of Protests. Protests should be submitted in accordance with these rules. Protests should only be submitted by a designated representative of the relevant national or club team/federation.

An Athlete's Sport Class should generally only be protested once, with the exception of Protests submitted in Exceptional Circumstances (as set out in these rules).

A Protest in respect of a Sport Class allocated by WOVD may only be resolved by WOVD.

Protests should be resolved in a manner that minimizes the impact on competition participation, and competition schedules and results.

A Protest should not be resolved by the Classification Panel that was involved in the allocation of the Sport Class that is being protested.

#### **6.1.2. Submission of Protests**

Protests can only be submitted during the WOVD sanctioned competitions, when a player in question has been classified or reclassified.

#### **6.1.3. Protest Opportunities**

6.1.3.1. A national team/club or national federation may protest the Sport Class of an athlete from their own or another nation. The Sport Class Status that is allocated to an athlete indicates the protest opportunities that are available in respect of that athlete's Sport Class. The Sport Class Status also indicates which parties may submit such a protest. The process by which Athlete Sport Class Status is allocated is detailed and explained in the above paragraphs of the current WOVD Medical Handbook.

The competition's Head Classifier may protest any athlete's Sport Class.

6.1.3.2. Athletes with Sport Class Status N may be protested (by any team or national federation, or the Head Classifier) following completion of Athlete Evaluation and allocation of Sport Class.

Following the resolution of the Protest, the Athlete shall be designated:

- (R) Review Status
- (P) Permanent Status
- Not eligible class.

6.1.3.3. Athletes with Sport Class Status R may be protested (by any team or national federation, or the Head Classifier) following Athlete Evaluation and allocation of Sport Class. Following the resolution of the Protest, the Athlete shall retain R status or be designated:

- (P) Permanent Status
- Not eligible class.

6.1.3.4. Athletes with Sport Class Status P may only be protested by the Head Classifier under Exceptional Circumstances (see here below).

#### 6.1.3.5. Exceptional Circumstances

Exceptional circumstances will arise if a Head Classifier believes that an athlete's

Sport Class no longer reflects that athlete's ability to compete equitably within that Sport Class.

Exceptional circumstances may result from:

- A change in the degree of impairment of an Athlete.
- An Athlete demonstrating significantly less or greater Ability prior to or during Competition which does not reflect the athlete's current Sport Class.
- An error made by a Classification Panel, which has led to the athlete being allocated a Sport Class which is not in line with the athlete's ability.
- Sport Class allocation criteria having changed since the athlete's most recent Evaluation.
- A Protest made in exceptional circumstances shall follow the same process detailed in these rules.

### 6.1.4. Protest Procedures

6.1.4.1. Protests may be submitted by a national team's or club's team manager and/or competition's Head Classifier. The competition's Head Classifier, or a person designated for that event, is the person authorized to receive protests on behalf of WOVD.

6.1.4.2. Protests must be submitted to the Chief Classifier immediately (within one hour) after the player's in question completed the Evaluation Period. Protests must be submitted to the Chief Classifier immediately (within one hour) after the player's in question First Appearance on the court.

6.1.4.3. Protests must be submitted in English.

The information and documentation to be submitted with the protest should include the following:

- The name, nation and sport of the athlete whose Sport Class is being protested.
- Details of the decision being protested.
- The reason for the protest.
- Any documents and other evidence to be offered in support of the protest.
- The signature of the team manager.
- A fee, as determined by the WOVD.

6.1.4.4. Upon receipt of the protest, the Head Classifier shall conduct a review to determine whether all necessary information is included. If it appears to the Head Classifier that the protest has been submitted without all necessary information, the Head Classifier shall dismiss the protest and notify all relevant parties.

6.1.4.5. If the protest is accepted, the Chief Classifier shall notify all relevant parties of the time and date for any subsequent protest evaluation.

6.1.4.6. Protest Panel during competition.

The Head Classifier shall appoint a Protest Panel to conduct an evaluation of the athlete, referred herein as the "Protest Evaluation". The Protest Panel shall consist of at minimum the same number of Classifiers, of equal or greater level of certification, as those involved in the most recent allocation of the Athlete's Sport Class.

6.1.4.7. Members of the Protest Panel should have had no direct involvement in the evaluation which led to the most recent allocation of the athlete's Sport Class.

6.1.4.8. All documentation submitted with the protest shall be provided to the Protest Panel. Protest Panels should conduct the protest evaluation without reference to the Classification Panel, which allocated the athlete's most recent Sport Class.

6.1.4.9. The Protest Panel may seek medical, sport or scientific expertise in reviewing an athlete's Sport Class.

6.1.4.10. All relevant parties shall be notified of the protest decision. The protest decision have to be announced within the twenty four hours time period after the submission of the protest.

### **6.1.5. Protests Procedure During the Paralympic Games**

The submission of protests shall be in accordance with the provisions of this International Standard as amended by the Classification Guide for the relevant Paralympic Games. The IPC will detail procedures specific to timelines and venues at the relevant Paralympic Games.

## **6. 2. Appeals**

### **6.2.1. General principles for handling the appeals**

6.2.1.1. WOVD Classification Appeal procedure is consistent with the IPC BAC Bylaws (IPC Handbook, Section 1, Chapter 2.8).

6.2.1.2. The Appeal Body have jurisdiction to review Classification decisions in order to:

- Ensure that all appropriate Sport Class allocation procedures have been followed
- Ensure that all appropriate Protest procedures have been followed.

6.2.1.3. Appeal Body have no jurisdiction to review the merits of an allocation of Sport Class or Sport Class Status. Under no circumstances shall the Appeal Body modify a Classification decision by allocating an athlete a new Sport Class and/or Sport Class Status.

6.2.1.4. The Appeal body shall hear Appeals only in cases in which all other available remedies, including but not limited to Protest procedures, have been exhausted.

### **6.2.2. Appeal submission**

6.2.2.1. Appeals may be commenced at any time, by submitting a Notice of Appeal to the WOVD Competition Manager. The WOVD shall promptly transmit a copy of the Notice of Appeal to the opposing party.

6.2.2.2. Only a National Paralympic Committee or National Federation has the right to submit an Appeal.

6.2.2.3. A Notice of Appeal must:

- Specify the party who is requesting the Appeal
- Provide the name, nation and sport of the Athlete whose Sport Class and/or Sport Class Status is the subject of the Appeal
- identify the decision being Appealed, by attaching a copy of the decision (if written) or briefly summarizing it
- Specify the grounds for the Appeal
- Identify all documents, evidence and witnesses to be put forward in support of the Appeal.

6.2.2.4. Appeals must be accompanied by a fee, as determined by the WOVD. Proof of payment must be included in the Notice of Appeal.

6.2.2.5. Upon receipt of a Notice of Appeal, the WOVD shall conduct a review to determine whether all other available remedies have been exhausted by the party bringing the Appeal. If all other available

remedies have not been exhausted, the WOVD shall issue a written decision dismissing the Appeal.

### **6.2.3. Appeal procedures**

If all other available remedies have been exhausted, the WOVD shall:

- Advise all relevant parties that an Appeal Body will be constituted for the purposes of hearing the Appeal
- Send a copy of the Notice of Appeal, and all documents, evidence and details of witnesses to the party named in the Notice of Appeal (the Opposing Party)
- Advise the Opposing Party that it must, within 28 calendar days of receiving a Notice of Appeal submit to the Appeal Body a list of all documents, evidence and expert witnesses to be offered by the Opposing Party in relation to the Appeal
- Set a Hearing location and date: the Appeal Body shall have the right, in its sole discretion, to conduct a Hearing live, by telephone conference or by video conference.

### **6.2.4. Appeal hearing**

6.2.4.1. The Appeal Body, all of whose members shall comply with and have signed a conflict of interest agreement, will comprise of no less than three individuals who have at no stage been involved with or informed of the dispute brought before the Appeal Body.

6.2.4.2. In order to ensure a level of independence of decisions, a majority of the members of the Appeal Body should not have any other official responsibility in the WOVD.

6.2.4.3. The Appeal Body may designate counsel to assist it in the Hearing (International Standard: Protest and Appeals. November 2007 Page 14 of 20).

6.2.4.4. The WOVD and the applicable National Paralympic Committee or NF shall have the right to be represented by counsel and, if necessary, to engage an interpreter approved by the Appeal Body.

6.2.4.5. Not more than two representatives of any party, excluding the athlete and any interpreter, shall be entitled to participate in the Hearing.

6.2.4.6. Each party shall have the right to offer documentary evidence, to submit a hearing memorandum or brief, and (subject to the Appeal Body's discretion) to call witnesses.

## **6. 2.5. Appeal decision**

6.2.5.1. The Appeal Body shall issue a written decision resolving any Appeal after the Hearing. The decision shall be provided to all parties, to the IPC, and to the Competition Organizing Committee (in the case of Appeals conducted in connection with a Competition).

6.2.5.2. The Appeal Body shall either affirm the decision appealed from or overrule the decision. If the decision is overruled, the Appeal Body's written opinion shall specify the procedural error committed and shall direct the appropriate party to reconsider the decision in a manner consistent with Appeal Body's instructions.

6.2.5.3. The WOVD shall be responsible for ensuring that the Appeal Body's directives are followed in a timely manner.

6.2.5.4. Appeal decisions are final and are not subject to any further appeal.

## **6.2.6. Confidentiality**

6.2.6.1. Appeal proceedings are confidential. The parties and the Appeal Body shall not disclose facts or other information relating to the dispute or the proceedings to any person or entity excluding, to the extent necessary to prosecute or defend the Appeal:

- Employees or agents of a party
- Witnesses whose testimony may be offered on Appeal
- Counsel, consultants or interpreters engaged for purposes of the Appeal.

6.2.6.2. The Appeal Body may, in its sole discretion, require all persons who attend a Hearing to sign a statement agreeing to maintain the confidentiality of facts or information disclosed during the Hearing. Any individual refusing to sign such a statement may be excluded from the Hearing (International Standard: Protest and Appeals. November 2007 Page 15 of 20)

## **6.2.7. Appeal procedure during the Paralympic Games**

The Appeal Body for all Appeals submitted during a Paralympic Games shall be the IPC Board of Appeal of Classification (BAC). The IPC will be responsible for establishing the BAC in accordance with the IPC BAC Bylaws. The BAC will have jurisdiction over relevant Appeals for all Sports that take part in the Paralympic Games.

## **7. Medical & Doping Controls**

This part of the WOVD Medical and Functional Classification Handbook briefly outlines the others, non classification related questions pending the VS and VSt events.

### **7.1. Medical Controls**

Depending upon the category of the competition, the players will be required to submit themselves to the statutory medical controls and to present the following certificates:

### **7.2. Health Certificate**

All players participating in World, WOVD Competitions and Official Volleyball Competitions as required, must present the WOVD health certificate (M-4form) issued by the competent authority in their country in which the health of the competitor and the absence of signs of use, or the lack of equipment to detect the use, of forbidden substances is clearly stated. The certificate must be countersigned by the National Federation and the competitor who thus both take the responsibility for the validity of the certificate. The date of the examination must be not earlier than two months before the opening of the competition.

### **7.3. Female Players Medical Certificate**

Gender must be attested by the national federations through the birth certificate of the player. Female players may be required to present a valid gender certificate and/or submit themselves to a medical examination in case of doubt based on medical evidence.

### **7.4. Gender Verification**

Gender Verification may not be performed during senior, junior or youth events. Gender verification may be conducted on a case by case basis in event of doubt based on medical evidence.

Competitors' refusal, if requested, to yield to gender verification controls entails their elimination from the competition.

### **7.5. Anti Doping Control**

Organizers of WOVD World and Zonal Championships are obliged to prepare and meet the expenses for anti-doping control. The procedure to follow must be strictly in conformity with WOVD Anti Doping Rules and the relevant WADA regulations.

The number of players to be tested will be decided in advance by the WOVD; otherwise one player per team per match may be examined in the preliminary phase and two players per team per match in the semi-finals and finals in Senior World Championships and Paralympic Games.

In the case of a Round Robin system, one player per team per match may be tested for all competitions.



At other World Competitions only one player per team per match, decisive for first to fourth places, may be tested.

The players who are to undergo anti-doping control are selected at random by the Game Jury member or Head Coach, by the drawing of lots in the presence of appropriate witnesses.

The other doping related questions are outlined in the WADA Anti Doping Code and the pending documents as well as in the WOVD Anti Doping Rules.

## **7.6. Medical Support During the tournaments**

7.6.1. Volleyball (the both, VS and VSt) by medical means should be classified as a moderate/low risk sport.

7.6.2. It is a responsibility of LOC to provide the sufficient medical services during the events. There should be no event or venue without medical/paramedical personnel present. At least one first-aid attendant or other similarly qualified individual should be present during the both, training and match games hours. The therapist or physician should be situated on the immediate sideline during the games. During the training sessions, the first aid giver should be accessible on the venue site. The opening and closing ceremonies also require coverage with a system of first aid and emergency evacuation, amount of the medical personnel will depend on the amount of spectators.

7.6.3. These rules are only shortly covering the medical support rules for the tournament organizers. The organization of Medical and Functional Classification procedure is available from the other part of the current WOVD Medical Handbook.

7.6.4. Venue site. The medical (first aid) room has to be designated and have to have an easy access, both; to the playing area and to transportation should an injury require transportation to a medical facility (designated hospital). The medical area at the venue site should be equipped with a first aid kit, ice, taping facilities, adequate lighting, a water supply, a bed, hand basin, towels, stretchers, wheelchair and other relevant equipment. Ice/cold packs should be available on the venue site. Proper signs should identify locations. This space must be designated well in advance and maps of the first aid room should be provided to all medical personnel and to each participating team. The venue medical site should be responsible for treating injured athletes, coaches, managers and officials, in that order. Emergency evacuation must be available on site (not obligatory) or on call at any time. A list of the medical problems of each athlete should be made available to those covering the venue upon request.

7.6.5. Designated hospital. Athletes/officials with illnesses or injuries requiring further assessment should be transported by courier or ambulance to the designated hospital. Though the sitting volleyball is low

to moderate risk sport, there should be facilities in the hospital to investigate and treat the injuries and general medical conditions.

7.6.6. Accommodation site. The first aid kit and emergency evacuation should be available upon request also in the designated hotel/hotels.

7.6.7. Information about the availability of medical coverage should be included in general tournament information packages. Phone numbers of the designated medical personnel, designated hospital, and emergency service (24 hours) medical coordinator et cetera must be printed and available.

7.6.8. Track of the medical problems of each athlete/official should be kept.

7.6.9. The LOC is required to provide a range of wheelchair and prosthetic (with an emphasis on leg prostheses) repair services and facilities for the accredited athletes and officials.

#### Appendices

WOVD International Classification Passport

Classification Chart

WOVD Master List Data Entry Rules