

International Tennis Federation

Provisional Wheelchair Tennis Classification Rules

Version 1.0, adopted with effect from 1 January 2019



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Part One: General Provisions

1. Scope and Application

- 1.1 These Wheelchair Tennis Classification Rules (the '**Classification Rules**') have been adopted by the ITF to regulate the Classification of Players to compete in wheelchair tennis in ITF Wheelchair Tournaments. They are based on the 2015 IPC Athlete Classification Code and International Standards.
- 1.2 Classification is undertaken to:
 - 1.2.1 define who is eligible to compete in ITF Wheelchair Tournaments; and
 - 1.2.2 group eligible Players into Sport Classes for purposes of competition, in an effort to ensure that it is sporting ability rather than nature or degree of impairment that determines success on the court.
- 1.3 A Player is only eligible to compete in an ITF Wheelchair Tournament if that Player has been allocated a Sport Class (other than Sport Class Not Eligible) and designated with a Sport Class Status in accordance with these Classification Rules.
- 1.4 The ITF will provide processes and opportunities for Players to be allocated a Sport Class and designated with a Sport Class Status in accordance with these Classification Rules. Priority access to such processes and opportunities will be determined by the ITF so as to ensure as far as possible that the Players who are most likely to qualify for the Tokyo 2020 Paralympic Games are Classified in accordance with these Classification Rules, in good time before the Tokyo 2020 Paralympic Games. The ITF will communicate specific processes and timelines for Classification to relevant Players and Players must use all reasonable efforts to comply with those processes and timelines. It is the personal responsibility of each Player to ensure, should they wish to compete at the Tokyo 2020 Paralympic Games, that they are eligible to do so in accordance with the ITF Tokyo 2020 Wheelchair Tennis Qualification System, as amended from time to time.
- 1.5 The Classification Rules come into effect from 1 January 2019 and apply to all cases arising after that date as well as all cases existing/pending as of that date. Classification of Players to compete in wheelchair tennis after that date shall be determined solely by reference to these Classification Rules, irrespective of the position under previous rules.
- 1.6 These Classification Rules may be amended and/or supplemented from time to time, and any amended or supplemented version will be identified by sequential version number. The version number and date that the version comes into effect will appear on the front page and at the bottom of each page of the Classification Rules.
- 1.7 These Classification Rules apply to all Players and Player Support Team Members who are registered and/or licensed with the ITF or a National Association, and/or participate in and/or attend any ITF Wheelchair Tournament or other event or competition organised, authorised or recognised by the ITF, or are otherwise subject to the jurisdiction of the ITF or a National Association.
- 1.8 These Classification Rules must be read and applied in conjunction with all other applicable rules of the ITF, including but not limited to the ITF Wheelchair Tennis Regulations. In the event of any conflict between these Classification Rules and any other rules, these Classification Rules will take precedence.

- 1.9 The Appendices to these Classification Rules form an integral part of the Classification Rules. In addition, these Classification Rules are supplemented by a number of Classification forms that have been prepared to assist Classification and Player Evaluation. These forms will be published by the ITF, and may be amended from time to time.
- 1.10 References in these Classification Rules to an 'Article' mean an Article of these Classification Rules, references to a 'Part' means a Part of these Classification Rules, references to an 'Appendix' mean an Appendix to these Classification Rules, and defined terms (denoted by capital letters) have the meaning given to them in the Glossary to these Classification Rules.
- 1.11 Headings used in these Classification Rules are used for convenience only and have no meaning that is separate from the Article or Articles to which they refer.
- 1.12 These Classification Rules are to be applied and interpreted as an independent and autonomous text but also, insofar as possible, in a manner that is consistent with the 2015 IPC Athlete Classification Code and the accompanying International Standards.

2. Roles and Responsibilities

- 2.1 It is the personal responsibility of all Players, Player Support Team Members and Classification Personnel to familiarise themselves with all of the requirements of these Classification Rules, including their responsibilities hereunder.

Player Responsibilities

- 2.2 The roles and responsibilities of Players under these Classification Rules include:
- 2.2.1 being knowledgeable of and complying with all applicable policies, rules and processes established by these Classification Rules;
 - 2.2.2 cooperating fully, honestly and in good faith with Player Evaluation and any other Classification process and/or related procedure;
 - 2.2.3 ensuring that adequate, accurate and complete information relating to their Health Conditions and Eligible Impairments is made available to the ITF and that the ITF is informed of any changes to that information; and
 - 2.2.4 cooperating with any investigations concerning possible violations of these Classification Rules.
- 2.3 Players are also asked to participate actively in the process of education and awareness, and in Classification research, by exchanging personal experiences and expertise.

Player Support Team Member Responsibilities

- 2.4 The roles and responsibilities of Player Support Team Members under these Classification Rules include:
- 2.4.1 being knowledgeable of and complying with all applicable policies, rules and processes established by these Classification Rules;
 - 2.4.2 using their influence on Player values and behaviour to foster a positive and collaborative Classification attitude and communication; and

- 2.4.3 cooperating with any investigations concerning possible violations of these Classification Rules.
- 2.5 Player Support Team Members are also asked to provide information upon request that will assist the ITF in its development, management and implementation of Classification Systems.

Part Two: Classification Personnel

3. Classification Personnel

Head of Classification

- 3.1 The Head of Classification is responsible for the direction, administration, co-ordination and implementation of Classification matters for the ITF. He/she may delegate specific responsibilities and/or transfer specific tasks to designated Classifiers and/or other persons authorised by the ITF.
- 3.2 The ITF may appoint one person or a group of persons collectively to act as the Head of Classification. Such person or group of persons must comply with the Classifier Code of Conduct.
- 3.3 The Head of Classification is not required to be a certified Classifier, but nothing in these Classification Rules prevents the Head of Classification (if certified as a Classifier) from also being appointed as a Classifier and/or Chief Classifier.

Classifiers

- 3.4 A Classifier is a person authorised as an official and certified by the ITF to conduct some or all components of Player Evaluation as a member of a Classification Panel.

Chief Classifiers

- 3.5 A Chief Classifier is a Classifier appointed to direct, administer, co-ordinate and implement Classification matters for a specific ITF Wheelchair Tournament or at such other location as defined by the ITF.
- 3.6 In particular, a Chief Classifier may be required by the ITF to:
 - 3.6.1 identify those Players who will be required to attend an Evaluation Session;
 - 3.6.2 supervise Classifiers to ensure that these Classification Rules are properly applied during Classification;
 - 3.6.3 manage Protests in consultation with the ITF; and
 - 3.6.4 liaise with the relevant ITF Wheelchair Tournament organisers to ensure that all travel, accommodation and other logistics are arranged in order that Classifiers may carry out their duties at the ITF Wheelchair Tournament.
- 3.7 A Chief Classifier may delegate specific responsibilities and/or transfer specific tasks to other appropriately qualified Classifiers, or other appropriately qualified ITF officers or representatives, and/or appropriately qualified persons in the local organising committee of an ITF Wheelchair Tournament.

Trainee Classifiers

- 3.8 A Trainee Classifier is a person who is in the process of formal training by the ITF to be a Classifier.
- 3.9 The ITF may appoint Trainee Classifiers to participate in some or all components of Player Evaluation under the supervision of a Classification Panel, to develop Classifier Competencies.

4. Classifier Competencies, Training and Certification

See Appendix Three: Part One

5. Classifier Code of Conduct

See Appendix Three: Part Two

Part Three: Player Evaluation

6. Overview of Eligibility and Classification

- 6.1 In order to be eligible to compete in ITF Wheelchair Tournaments, the Player must have an Eligible Impairment, i.e.:
- 6.1.1 a Physical Impairment that is listed in Part One of Appendix One;¹ and
 - 6.1.2 that is Permanent; and
 - 6.1.3 where the Physical Impairment is Impaired Muscle Power, Impaired Passive Range of Movement, Hypertonia, Ataxia, or Athetosis, if required by the ITF the Player must be able to prove by reference to Diagnostic Information that the impairment is caused by an Underlying Health Condition. If the Player cannot meet this requirement, the impairment will not be accepted as an Eligible Impairment.²
- 6.2 In addition, the Eligible Impairment must have a functional impact that meets or exceeds the following requirements (the '**Minimum Impairment Criteria**'): it must result (when considered without aids or prosthetics) in a substantial loss of function in one or both lower extremities that alters the biomechanical execution of the running action in a way that is demonstrable and that will adversely affect performance.
- 6.3 Any Player who does not satisfy the requirements of Articles 6.1 and 6.2 will be allocated Sport Class Not Eligible (NE) for ITF Wheelchair Tournaments in accordance with the provisions of Part Five.
- 6.4 Any Player who satisfies the requirements of Articles 6.1 and 6.2 is eligible to compete in ITF Wheelchair Tournaments and will be allocated a Sport Class of either Open

¹ Any Impairment that is not listed as an Eligible Impairment in Part One of Appendix One is a non-Eligible Impairment. See Appendix Two for examples.

² In any case where the ITF does not make this a requirement, however, the Player does not have to show that his/her impairment is caused by an Underlying Health Condition in order for it to be accepted as an Eligible Impairment.

Division or Quad Division, depending on the degree to which his/her impairment affects his/her ability to execute the following specific tasks and activities fundamental to the sport of wheelchair tennis (together, the **Fundamental Activities**):

- 6.4.1 manoeuvring a wheelchair around the court;
 - 6.4.2 gripping the racquet;
 - 6.4.3 performing an overhead service;
 - 6.4.4 performing a forehand stroke; and
 - 6.4.5 performing a backhand stroke.
- 6.5 The Player will also be designated a Sport Class Status, which serves to indicate (i) whether or not he/she will be required to undertake Player Evaluation in the future, and (ii) and whether his/her designated Sport Class may be subject to Protest.
- 6.6 Player Evaluation therefore encompasses the following steps:
- 6.6.1 assessment of whether a Player has an Eligible Impairment within the meaning of Article 6.1 (see Article 7);
 - 6.6.2 assessment of whether the Eligible Impairment has a functional impact on the Player that meets or exceeds the Minimum Impairment Criteria (see Article 8);
 - 6.6.3 if so, the allocation to the Player of a Sport Class of either Open Division or Quad Division, depending on the degree to which his/her impairment limits his/her ability to execute the Fundamental Activities, and designation of a Sport Class Status (see Article 9); and
 - 6.6.4 if applicable, assessment of whether a Player in the Quad Division should be permitted to use Adaptive Equipment, due to the degree to which his/her more severe degree of impairment limits his/her ability to execute the Fundamental Activities (see Article 10).
- 6.7 By filing a Medical Registration Form with the ITF, registering for an International Player Identification Number (IPIN), and/or entering an ITF Wheelchair Tournament, a Player is certifying that he/she satisfies the requirements of Articles 6.1 and 6.2 and so is eligible to participate in ITF Wheelchair Tournaments, subject to the ITF Wheelchair Tennis Regulations. Unless he/she applies to compete in the Quad Division, and is eligible to do so, the Player will be deemed to be eligible only to compete in the Open Division.
- 6.8 The ITF may rely on the Player's certification that he/she satisfies the requirements of Articles 6.1 and 6.2 to allow him/her to start competing in the Open Division, but by doing so it does not waive any rights. In accordance with Article 16.3, the ITF will designate the Player with Sport Class Status New (N), and it has the right at any time in its absolute discretion to investigate and/or to require the Player to demonstrate to its satisfaction that he/she does in fact satisfy the requirements of Articles 6.1 and 6.2.
- 6.9 The ITF may use any means it deems appropriate to determine whether the Player satisfies the requirements of Articles 6.1 and 6.2, including requiring the Player to produce such evidence as the ITF in its sole discretion considers appropriate, and/or

requiring the Player to undergo assessment and/or attend an Evaluation Session, in accordance with this Part Three.

6.10 A Player wishing to compete in the Quad Division must file a Medical Registration Form with the ITF at least three months prior to the first ITF Wheelchair Tournament in which he/she wishes to compete. The ITF may rely on the Player's certification that he/she satisfies the requirements of Articles 6.1 and 6.2, but by doing so it does not waive any rights. The ITF will arrange for a Classification Panel to undertake an initial review of the Medical Registration Form (and any supporting Diagnostic Information) to determine (on a provisional basis only) whether the Player meets the requirements of Part Three of Appendix One. Provided that the Classification Panel determines (provisionally) that the Player meets the requirements of Part Three of Appendix One, the ITF will designate him/her with Sport Class Status New (N) in accordance with Article 16.3, and he/she will be provisionally eligible to compete in the Quad Division pending full Classification (i.e., without first attending an Evaluation Session), subject to the following:

6.10.1 he/she may only participate in a maximum of four ITF Wheelchair Tournaments, all of which must be at ITF Futures Series (and following which the Player will not be eligible to compete further in the Quad Division before attending an Evaluation Session); and

6.10.2 he/she may at any time during the period of provisional eligibility be required to attend an Evaluation Session, at the absolute discretion of the ITF.

7. Assessment of Eligible Impairment

7.1 Where the ITF considers that evidence is required in order to demonstrate an Eligible Impairment:

7.1.1 Upon request by the ITF at any time (e.g., when completing the registration process), the Player or his/her National Association must submit a Medical Registration Form to the ITF.

7.1.2 The Medical Registration Form must be completed in English and dated and signed by a certified health care professional.

7.1.3 The Medical Registration Form must be submitted with supportive Diagnostic Information if required by the ITF.

7.1.4 If the ITF in its sole discretion considers the Medical Registration Form and/or the Diagnostic Information to be incomplete or inconsistent, the ITF may require a Player or National Association to update and re-submit the Medical Registration Form (with necessary supportive Diagnostic Information).

7.2 The ITF may consider that a Player's Eligible Impairment is sufficiently obvious that no evidence is required to demonstrate it.

7.3 Where the ITF requires Diagnostic Information to be provided, it may consider the Diagnostic Information itself, and/or may appoint an Eligibility Assessment Panel to do so. In the latter case:

7.3.1 The Head of Classification will notify the relevant National Association that Diagnostic Information must be provided on behalf of the Player. The Head

of Classification will explain what Diagnostic Information is required, by when, and the purposes for which it is required.

- 7.3.2 The Head of Classification will appoint an Eligibility Assessment Panel. The Eligibility Assessment Panel will, if practicable, be comprised of the Head of Classification and at least two other experts with appropriate medical qualifications. All members of the Eligibility Assessment Panel will sign confidentiality undertakings.
 - 7.3.3 If the Head of Classification believes that he/she does not hold the necessary competencies to assess the Diagnostic Information, he/she will not participate in the review of the Diagnostic Information, but will assist the Eligibility Assessment Panel.
 - 7.3.4 Wherever possible, all references to the Player and the source(s) of the Diagnostic Information should be withheld from the Eligibility Assessment Panel.
 - 7.3.5 Each member of the Eligibility Assessment Panel will review the Diagnostic Information and decide whether such information establishes the existence of an Eligible Impairment.
 - 7.3.6 If the Eligibility Assessment Panel concludes that the Player has an Eligible Impairment, the Player will be designated Sport Class Status New (N) in accordance with Article 16 and will be permitted to complete Player Evaluation with a Classification Panel.
 - 7.3.7 If the Eligibility Assessment Panel is not satisfied that the Player has an Eligible Impairment, the Head of Classification will provide a decision to this effect in writing to the relevant National Association. The National Association will be given an opportunity to comment on the decision and may provide further Diagnostic Information to the Eligibility Assessment Panel for review. If the decision is subsequently revised, the Head of Classification will inform the National Association.
 - 7.3.8 If the decision is not changed, the Head of Classification will issue a final decision letter to the National Association.
 - 7.3.9 The Eligibility Assessment Panel may make its decisions by a majority. If the Head of Classification is part of the Eligibility Assessment Panel, he/she may veto any decision if he/she does not agree that the Diagnostic Information supports the conclusion that the Player has an Eligible Impairment.
- 7.4 Alternatively, the ITF may delegate one or more of the functions described above to a Classification Panel.

8. Assessment of Minimum Impairment Criteria

- 8.1 The ITF also has the right at any time to require the Player to demonstrate (e.g., to the satisfaction of a Classification Panel as part of an Evaluation Session or, where appropriate, based on assessment of the Medical Registration Form) that his/her Eligible Impairment has a functional impact that meets or exceeds the Minimum Impairment Criteria. The process for such assessment is set out in Part Two of Appendix One.

8.2 In assessing whether a Player's Eligible Impairment has a functional impact that meets or exceeds the Minimum Impairment Criteria, the Classification Panel should *not* consider the extent to which the use of Adaptive Equipment might affect how the Player is able to execute the Fundamental Activities.

9. Allocation of a Sport Class

9.1 There are two competition categories (Sport Classes) in wheelchair tennis: Open Division and Quad Division. Eligibility for them is based on the extent to which the Player's Eligible Impairment affects his/her ability to execute the Fundamental Activities.

9.2 Parts Two and Three of Appendix One specify the assessment methodology and assessment criteria for the allocation of a Sport Class.

9.3 Any Player who meets the requirements of Articles 6.1 and 6.2 will be eligible to compete in the Open Division (see Part Three of Appendix One).

9.4 A Player who meets the requirements of Articles 6.1 and 6.2 and the requirements set out in Part Three of Appendix One will also be eligible to compete in the Quad Division.

9.5 A Player who does not meet the requirements of Articles 6.1 and/or 6.2 will not be eligible to compete in ITF Wheelchair Tournaments and will be allocated Sport Class Not Eligible (NE) (see Part Five).

10. Permission to use Adaptive Equipment

10.1 The Classification Panel will also determine whether a Player may use Adaptive Equipment at an ITF Wheelchair Tournament.

10.2 A Player may only use Adaptive Equipment if permitted by the Classification Panel and if indicated on that Player's record on the ITF's Classification Master List.

10.3 A Classification Panel will permit a Player to use a powered wheelchair (in accordance with Appendix B of the ITF Wheelchair Tennis Regulations (Rules of Wheelchair Tennis)) where the Player:

10.3.1 has been allocated to the Quad Division; and

10.3.2 has a severe permanent impairment that significantly compromises wheelchair propulsion (when considered without aids or prosthetics).

10.4 Whether the requirement in Article 10.3.2 is satisfied will be established by an assessment of the Player's upper limbs and trunk as per the Bench Testing procedure and scoring guide described in Part Two of Appendix One, as a result of which the Player must have:

10.4.1 a point score for each arm of no greater than 1.0, or one arm that is completely non-functional during play (in which case any point score for the other arm is permitted); and

10.4.2 a point score for the trunk of no greater than 1.0.

11. Classification Not Completed

- 11.1 If at any stage of Player Evaluation the ITF or a Classification Panel is unable to allocate a Sport Class to a Player, the Head of Classification or the relevant Chief Classifier may designate that Player as Classification Not Completed (CNC).
- 11.2 The designation Classification Not Completed (CNC) is not a Sport Class and is not subject to the provisions in these Classification Rules concerning Protests. The designation Classification Not Completed (CNC) will however be recorded for the purpose of the ITF's Classification Master List.
- 11.3 A Player who is designated as Classification Not Completed (CNC) may not compete in ITF Wheelchair Tournaments.

Part Four: Classification Panels, Evaluation Sessions, and Sport Class Status

12. The Classification Panel

- 12.1 A Classification Panel is a group of Classifiers appointed by the ITF to conduct some or all of the components of Player Evaluation, including as part of an Evaluation Session.
- 12.2 A Classification Panel must be comprised of at least two certified Classifiers. In exceptional circumstances a Chief Classifier may provide that a Classification Panel comprise only one Classifier, subject to that Classifier holding a valid medical qualification.
- 12.3 A Trainee Classifier may be part of a Classification Panel in addition to the required number of certified Classifiers, and may participate in Player Evaluation.

13. Classification Panel Responsibilities

- 13.1 A Classification Panel is responsible for conducting Player Evaluation including (where required) an Evaluation Session. As part of the Evaluation Session the Classification Panel will:
 - 13.1.1 (subject to Article 7.2) assess whether the Player has an Eligible Impairment within the meaning of Article 6.1;
 - 13.1.2 assess whether the Eligible Impairment meets the Minimum Impairment Criteria;
 - 13.1.3 assess whether the Eligible Impairment affects the Player's ability to execute the Fundamental Activities (a) to an extent that makes the Player eligible to compete in the Open Division (see Article 6.2), and (b) to an extent that makes the Player eligible to compete in the Quad Division (see Part Three of Appendix One);
 - 13.1.4 (where applicable) assess whether the Player should be permitted to use Adaptive Equipment in competition; and
 - 13.1.5 conduct (if required) Observation in Competition.

- 13.2 Following the Evaluation Session, the Classification Panel will allocate the Player to the Open Division or to the Quad Division (with or without permission to use Adaptive Equipment) and designate a Sport Class Status, or designate the Player as Classification Not Completed (CNC).
- 13.3 The Evaluation Session must take place in a controlled non-competitive environment that allows for the repeated observation of key tasks and activities.
- 13.3.1 Although other factors such as low fitness level, poor technical proficiency and ageing may also affect the fundamental tasks and activities of wheelchair tennis, the allocation of Sport Class must not be affected by these factors.
- 13.4 A Player who has a non-Eligible Impairment and an Eligible Impairment may be evaluated by a Classification Panel on the basis of the Eligible Impairment, provided the non-Eligible Impairment does not affect the Classification Panel's ability to allocate a Sport Class.

14. Evaluation Sessions

- 14.1 This Article applies to all Evaluation Sessions.
- 14.2 Each National Association is responsible for ensuring that its Players comply with their duties under this Article.
- 14.3 Players:
- 14.3.1 The Player has the right to be accompanied at an Evaluation Session by a person nominated by the Player. The Player must be accompanied if he/she is a minor or has an intellectual impairment.
- 14.3.2 The person accompanying the Player at an Evaluation Session may be a member of the Player's National Association, a Player Support Team Member, or (if no such person is available) another person, but in any event he or she should be familiar with the Player's Physical Impairment and sport history.
- 14.3.3 The Player and any accompanying person must complete and sign the Player Declaration Form provided by the ITF.
- 14.3.4 The Player must verify his/her identity to the satisfaction of the Classification Panel, by providing a document such as a passport or ID card.
- 14.3.5 The Player must attend the Evaluation Session with all appropriate sports attire and equipment, including a sport/playing wheelchair, a racket, tennis balls, tape and straps, and any Adaptive Equipment.
- 14.3.6 The Player must disclose the use of any medication and/or medical devices/implants to the Classification Panel.
- 14.3.7 The Player must comply with all reasonable instructions given by the Classification Panel.
- 14.4 The Classification Panel:
- 14.4.1 The Classification Panel may request that a Player provide medical documentation relevant to his/her Eligible Impairment, including if the

Classification Panel believes that this will be necessary in order for it to allocate a Sport Class.

- 14.4.2 The Classification Panel will conduct Evaluation Sessions in English unless otherwise stipulated by the ITF. If the Player requires an interpreter, the Player and/or his/her National Association will be responsible for arranging for an interpreter. The interpreter is permitted to attend the Evaluation Session in addition to the person referred to in Article 14.3.1 above.
- 14.4.3 The Classification Panel may at any stage seek medical, technical or scientific opinion(s), with the agreement of the Head of Classification and/or a Chief Classifier, if the Classification Panel feels that such opinion(s) is necessary in order to allocate a Sport Class.
- 14.4.4 In addition to any opinion(s) sought in accordance with Article 14.4.3, a Classification Panel may only have regard to evidence supplied to it by the relevant Player, National Association and the ITF (from any source) when allocating a Sport Class.
- 14.4.5 The Classification Panel may make, create or use video footage and/or other records to assist it when allocating a Sport Class.

15. Observation in Competition

- 15.1 A Classification Panel may require that a Player submit to Observation in Competition before it allocates a final Sport Class and designates a Sport Class Status to that Player.
- 15.2 The methods by which Observation in Competition assessment may be undertaken, and the matters to be observed, are set out in Part Three of Appendix One.
- 15.3 If a Classification Panel requires a Player to complete Observation in Competition assessment, the Player will be entered in the ITF Wheelchair Tournament with the Sport Class allocated by the Classification Panel after the conclusion of the initial components of the Evaluation Session.
- 15.4 A Player who is required to complete Observation in Competition assessment will be designated with Tracking Code Observation Assessment (OA). This replaces the Player's Sport Class Status for the duration of Observation in Competition assessment.
- 15.5 Observation in Competition assessment must take place during First Appearance.
- 15.6 If a Player is:
 - (a) subject to a Protest following Observation in Competition; and
 - (b) the second Evaluation Session is conducted at the same ITF Wheelchair Tournament; and
 - (c) pursuant to the second Evaluation Session the Player is required to undergo Observation in Competition,

that Observation in Competition must take place at the next opportunity within the Sport Class allocated to the Player by the Protest Panel with Tracking Code Observation Assessment (OA).

- 15.6 The Classification Panel must allocate a Sport Class and replace the Player's Tracking Code Observation Assessment (OA) by designating a Sport Class Status upon completion of First Appearance (or completion of any Observation in Competition conducted as part of a Protest). If changes to a Player's Sport Class or Sport Class Status are made following Observation in Competition, the changes are effective immediately.
- 15.7 The ITF Wheelchair Tennis Regulations will specify the impact (if any) on medals, ranking points and results of a Player changing Sport Class after First Appearance.

16. Sport Class Status

- 16.1 If a Classification Panel allocates a Sport Class to a Player, it must also designate a Sport Class Status.
- 16.2 The Sport Class Status designated to a Player by a Classification Panel at the conclusion of Player Evaluation will be one of the following:
- Confirmed (C)
 - Review (R)
 - Review with a Fixed Review Date (FRD)

Sport Class Status New (N)

- 16.3 In accordance with Article 6.8, a Player who meets the requirements of Articles 6.7 will be designated Sport Class Status New (N) by the ITF.
- 16.4 In order to facilitate the transition under these Classification Rules of existing Quad Division Players with 'Provisional' (P) status (who have not yet been classified at an Evaluation Session) the ITF will designate Sport Class Status New (N) to all such Players with effect from 1 January 2019.

Sport Class Status Confirmed (C)

- 16.5 A Player will be designated with Sport Class Status Confirmed (C) if the Classification Panel is satisfied that both the Player's Eligible Impairment and the extent of the Player's ability to execute the Fundamental Activities are and will remain stable.
- 16.6 A Player with Sport Class Status Confirmed (C) is not required to undergo any further Player Evaluation other than as set out in Article 20 (Protests), Article 32 (Medical Review), and Article 16.15 (changes to Sport Class criteria).
- 16.7 A Classification Panel that consists of only one Classifier may not designate a Player with Sport Class Status Confirmed (C). Instead it must designate the Player with Sport Class Status Review (R).

Sport Class Status Review (R)

- 16.8 A Player will be designated Sport Class Status Review (R) if (a) Article 16.7 or 16.14 applies; or (b) the Classification Panel believes that further Evaluation Sessions will be required.

- 16.8.1 A Classification Panel may base its belief that further Evaluation Sessions will be required on a number of factors, including but not limited to situations where the Player has only recently entered ITF Wheelchair Tournaments; has one or more fluctuating and/or progressive Physical Impairment(s) that is/are permanent but not stable; and/or has not yet reached full muscular skeletal or sports maturity.
- 16.8.2 A Player designated Sport Class Status Review (R) must complete Player Evaluation at the next possible opportunity, unless the ITF agrees that there are valid grounds not to do so (such as, without limitation, missing Diagnostic Information that will take time to gather). In the meantime, the Player shall be entitled to compete in any ITF Wheelchair Tournament (except for the World Team Cup, any Grand Slam, any Super Series Tournament or the Paralympic Games) for a period of 12 months from the date of the initial Evaluation Session.

Sport Class Status Review (Transition) (RT)

- 16.9 In order to facilitate the transition under these Classification Rules of Open Division Players who have competed in ITF Tournaments or held an IPIN Membership prior to 2019 and for whom Player Evaluation has not yet been completed the ITF will designate Sport Class Status Review (Transition) (RT) to all such Players with effect from 1 January 2019. This Sports Class Status will be removed from these Classification Rules as at 31st December 2022, by which time all players who are designated this Sports Class Status must have completed Player Evaluation in order to continue to compete in ITF Wheelchair Tournaments.
- 16.10 A Player designated Sport Class Status Review (Transition) (RT) shall be entitled to compete in any ITF Tournament (except for the Paralympic Games). Any Player who wishes to compete in the Tokyo 2020 Paralympic Games must complete Player Evaluation in accordance with the provisions of Article 1.4.

Sport Class Status Review with Fixed Review Date (FRD)

- 16.11 A Player may be designated Sport Class Status Review with a Fixed Review Date (FRD) if the Classification Panel believes that further Player Evaluation will be required but not before a set date, being the Fixed Review Date.
- 16.12 A Player with Sport Class Status Review with a Fixed Review Date (FRD) will be required to attend an Evaluation Session at the first opportunity after the relevant Fixed Review Date.
- 16.13 That Player may not attend an Evaluation Session prior to the relevant Fixed Review Date save pursuant to a Medical Review Request and/or Protest.
- 16.14 A Classification Panel that consists of only one Classifier may not designate a Player with Sport Class Status Review with a Fixed Review Date (FRD). Instead, it must designate the Player with Sport Class Status Review (R).

Changes to Sport Class Criteria

- 16.15 If the ITF changes any Sport Class criteria and/or assessment methods, then:
- 16.15.1 the ITF may re-designate any Player who holds Sport Class Status Confirmed (C) with Sport Class Status Review (R) and require that the Player attend an Evaluation Session at the earliest available opportunity; or

- 16.15.2 the ITF may remove the Fixed Review Date for a Player and require that the Player attend an Evaluation Session at the earliest available opportunity.
- 16.16 In both instances, the ITF will inform the relevant National Association as soon as is practicable.

17. Multiple Sport Classes

- 17.1 Players who meet the assessment criteria for the Quad Division will have also met the assessment criteria for the Open Division. Such Players will be allocated Sport Class Quad Division, but may elect to apply to compete in the Open Division in accordance with Regulation 1 of the ITF Wheelchair Tennis Regulations.
- 17.2 Where an ITF Wheelchair Tournament does not offer a Quad Division draw, Quad Division Players may elect to compete in the Open Division draw. For the avoidance of doubt, however, where a Quad Division draw is offered by an ITF Wheelchair Tournament, Quad Division Players may only compete in that draw.
- 17.3 Nothing in this Article 17 precludes a Player from making a Medical Review Request at any time in respect of any Sport Class.

18. Notification

- 18.1 The outcome of Player Evaluation must be notified to the Player and his/her National Association and published as soon as practically possible after completion.
- 18.2 The ITF must publish the outcome of Player Evaluation at the ITF Wheelchair Tournament following Player Evaluation, and the outcomes must be made available after an ITF Wheelchair Tournament via the Classification Master List posted on the ITF website.

Part Five: Sport Class Not Eligible

19. General Provisions

- 19.1 If the ITF, a Classification Panel or an Eligibility Assessment Panel determines that a Player does not meet the requirements of Article 6.1 and/or Article 6.2, that Player will be allocated Sport Class Not Eligible (NE) for wheelchair tennis.

Absence of Eligible Impairment

- 19.2 If the ITF, a Classification Panel or an Eligibility Assessment Panel determines, pursuant to the process detailed in Article 7, that a Player does not have an Eligible Impairment, that Player:
- 19.2.1 will not be permitted to attend an Evaluation Session;
- 19.2.2 will be allocated with Sport Class Not Eligible (NE) and designated with Sport Class Status Confirmed (C) by the ITF; and
- 19.2.3 has no right to request that such determination be reviewed by a(nother) Classification Panel.

- 19.3 If another International Sport Federation has allocated a Player with Sport Class Not Eligible (NE) because the Player does not have an Eligible Impairment, the ITF may do the same without having to follow the process detailed in Article 7.

Minimum Impairment Criteria Not Met

- 19.4 Any Player who is allocated Sport Class Not Eligible (NE) on the basis that his/her Eligible Impairment does not affect his/her ability to execute the Fundamental Activities to an extent that meets or exceeds the Minimum Impairment Criteria will be given a second Evaluation Session by a different Classification Panel as soon as is practicable after notification of the determination, unless the Player waives the right to such second Evaluation Session.
- 19.5 Unless waived, the second Evaluation Session must take place as soon as is practicable. Pending the second Evaluation Session, the Player will be allocated Sport Class Not Eligible (NE) and designated Sport Class Status Review (R). The Player will not be permitted to compete before such re-assessment.
- 19.6 If the second Classification Panel also determines that the Player's Eligible Impairment does not affect his/her ability to execute the Fundamental Activities to an extent that meets or exceeds the Minimum Impairment Criteria (or if the Player declines to participate in a second Evaluation Session at the time set by the Chief Classifier), the Player will be allocated Sport Class Not Eligible (NE) and designated with Sport Class Status Confirmed (C).
- 19.7 If a Player is the subject of a Protest on a previously allocated Sport Class other than Not Eligible (NE) and is allocated Sport Class Not Eligible (NE) by a Protest Panel, the Player will be given a second Evaluation Session by a different Classification Panel as soon as is practicable after notification of the determination, at which a Classification Panel will review the decision to allocate Sport Class Not Eligible (NE) made by the Protest Panel, unless the Player waives the right to such Evaluation Session.
- 19.8 Allocation of Sport Class Not Eligible (NE) does not question the presence of a genuine impairment. It is only a ruling on the eligibility of the Player to compete in ITF Wheelchair Tournaments.
- 19.9 If a Classification Panel allocates Sport Class Not Eligible (NE) on the basis that the Player's Eligible Impairment does not affect his/her ability to execute the Fundamental Activities to an extent that meets or exceeds the Minimum Impairment Criteria, the Player may be eligible to compete in another sport, depending on the relevant rules for that sport.

Part Six: Protests

20. Scope of a Protest

- 20.1 A Protest may only be made in respect of a Player's Sport Class. A Protest may not be made in respect of a Player's Sport Class Status.
- 20.2 A Protest may not be made in respect of a Player who has been allocated Sport Class Not Eligible (NE).

21. Parties Permitted to Make a Protest

A Protest may only be made by:

- 21.1 a National Association (see Articles 22-23); or
- 21.2 the ITF (see Articles 24-25).

22. National Protests

- 22.1 A National Association may only make a Protest in respect of a Player that is a member of or is registered with (or equivalent) that National Association.
- 22.2 If the outcome of Player Evaluation is published during an ITF Wheelchair Tournament (pursuant to Article 18) or following Observation in Competition, a National Protest must be submitted at the earliest opportunity (to enable the Protest to be heard by an on-site Protest Panel, where available) but no later than 14 days after the outcome has been published or following Observation in Competition (as applicable).
- 22.3 If the outcome of Player Evaluation is published other than during an ITF Wheelchair Tournament (for example, because the Player Evaluation is conducted away from an ITF Wheelchair Tournament), a National Protest must be submitted within 14 days of such publication.
- 22.4 If a Player is required by a Classification Panel to undergo Observation in Competition, his/her National Association may make a Protest before or after First Appearance takes place. If a Protest is made before First Appearance takes place, the Player may only compete pending resolution of the Protest at the discretion of the ITF.

23. National Protest Procedure

- 23.1 To submit a National Protest, a National Association must complete a Protest Form made available by the ITF at the ITF Wheelchair Tournament and via the ITF website, including the following:
 - 23.1.1 the name of the Protested Player;
 - 23.1.2 the details of the Protested Decision and/or a copy of the Protested Decision;
 - 23.1.3 an explanation as to why the Protest has been made and the basis on which the National Association believes that the Protested Decision is flawed;
 - 23.1.4 reference to the specific provision(s) alleged not to have been complied with; and
 - 23.1.5 the Protest Fee set by the ITF;and must provide supporting evidence that establishes that the Protest is bona fide.
- 23.2 The Protest Documents must be submitted to the Chief Classifier of the relevant ITF Wheelchair Tournament within the timeframes specified in Article 22. Upon receipt of the Protest Documents, the Chief Classifier will conduct a review of the Protest, in consultation with the ITF, to determine whether the Protest complies with the requirements of this Article 23. If so, it will be accepted; if not, it will be dismissed.

- 23.3 If the Protest is dismissed, the Chief Classifier will notify all relevant parties and provide a written explanation to the National Association as soon as practicable. The Protest Fee will be forfeited.
- 23.4 If the Protest is accepted:
- 23.4.1 the Protested Player's Sport Class will remain unchanged pending the outcome of the Protest, but the Protested Player's Sport Class Status will immediately be changed to Review (R);
 - 23.4.2 the Chief Classifier will appoint a Protest Panel to conduct a new Evaluation Session as soon as reasonably possible; and
 - 23.4.3 the ITF will notify all relevant parties of the time and date that the new Evaluation Session is to be conducted by the Protest Panel.

24. ITF Protests

- 24.1 The ITF may, in its discretion, make a Protest at any time in respect of a Player under its jurisdiction if:
- 24.1.1 it considers the Player may have been allocated an incorrect Sport Class; or
 - 24.1.2 a National Association makes a documented request to the ITF that the ITF, in its sole discretion, considers to be valid.

25. ITF Protest Procedure

- 25.1 If the ITF decides to make a Protest, the Head of Classification must advise the Protested Player's National Association of the Protest at the earliest possible opportunity.
- 25.2 The Head of Classification must provide the relevant National Association with a written explanation as to why the Protest has been made and the basis on which the Head of Classification considers it is justified.
- 25.3 If the ITF makes a Protest:
- 25.3.1 the Protested Player's Sport Class will remain unchanged pending the outcome of the Protest;
 - 25.3.2 the Protested Player's Sport Class Status will immediately be changed to Review (R); and
 - 25.3.3 a Protest Panel will be appointed to resolve the Protest as soon as reasonably possible.

26. Protest Panel

- 26.1 A Protest Panel must be appointed by the Head of Classification in a manner consistent with the provisions for appointing a Classification Panel in these Classification Rules.
- 26.2 A Protest Panel must not include any person who was a member of the Classification Panel that:
- 26.2.1 made the Protested Decision; or

- 26.2.2 conducted any component of Player Evaluation in respect of the Protested Player within a period of 12 months prior to the date of the Protested Decision, unless otherwise agreed by the National Association or the ITF (whichever is making the Protest).
- 26.3 The Head of Classification will notify all relevant parties of the time and date for the Evaluation Session to be conducted by the Protest Panel.
- 26.4 The Protest Panel will conduct the new Evaluation Session in accordance with these Classification Rules. The Protest Panel may refer to the Protest Documents when conducting the new Evaluation Session.
- 26.5 The Protest Panel will allocate a Sport Class and designate a Sport Class Status. All relevant parties will be notified of the Protest Panel's decision.
- 26.6 The decision of a Protest Panel in relation to both a National Protest and an ITF Protest is final.
- 26.7 The Head of Classification may authorise a Chief Classifier to fulfil one or more of the Head of Classification's obligations in this Article 26.

27. Provisions Where No Protest Panel is Available

- 27.1 If a Protest is made at an ITF Wheelchair Tournament or other location but there is no opportunity for the Protest to be resolved at that ITF Wheelchair Tournament or other location:
- 27.1.1 pending resolution of the Protest, the Protested Player will be permitted to compete in the Sport Class that is the subject of the Protest with Sport Class Status Review (R); and
- 27.1.2 all reasonable steps will be taken to ensure that the Protest is resolved at the earliest opportunity.

28. Special Provisions

- 28.1 The ITF may make arrangements for some or all of the components of Player Evaluation to be carried out at a place and at a time not during an ITF Wheelchair Tournament. If so, the ITF will also implement Protest provisions to enable Protests to take place in respect of such Evaluation Sessions.

29. Ad Hoc Provisions Relating to Protests

- 29.1 The IPC and/or the ITF may issue special *ad hoc* provisions to operate in relation to Protests during the Paralympic Games or other ITF Wheelchair Tournament.

Part Seven: Misconduct during Evaluation Session

30. Failure to Attend Evaluation Session

- 30.1 A Player is personally responsible for attending an Evaluation Session (including any travel or costs associated with his/her attendance).³
- 30.2 A Player's National Association must take reasonable steps to ensure that the Player attends an Evaluation Session.
- 30.3 If a Player fails to attend an Evaluation Session, the Classification Panel will report the failure to the Chief Classifier. If satisfied that a reasonable explanation exists for the failure to attend, the Chief Classifier may specify a revised date and time for the Player to attend a further Evaluation Session before the Classification Panel.
- 30.4 If the Player is unable to provide a reasonable explanation for non-attendance, or if the Player fails to attend an Evaluation Session on a second occasion, no Sport Class will be allocated and the Player will not be permitted to compete at the relevant ITF Wheelchair Tournament.

31. Suspension of Evaluation Session

- 31.1 A Classification Panel, in consultation with the Chief Classifier, may suspend an Evaluation Session if it cannot allocate a Sport Class to the Player, including (without limitation) in one or more of the following circumstances:
 - 31.1.1 a failure on the part of the Player to comply with any part of these Classification Rules;
 - 31.1.2 a failure on the part of the Player to provide any medical information required by the Classification Panel;
 - 31.1.3 the Classification Panel believes that the use (or non-use) of any medication and/or medical procedures/device/implant disclosed by the Player will affect the ability to conduct the Evaluation Session in a fair manner;
 - 31.1.4 the Player has a Health Condition that may limit or prohibit compliance with requests by the Classification Panel during an Evaluation Session, which the Classification Panel considers will affect its ability to conduct the Evaluation Session in a fair manner;
 - 31.1.5 the Player is unable to communicate effectively with the Classification Panel;
 - 31.1.6 the Player refuses or is unable to comply with any reasonable instructions given by any Classification Personnel to such an extent that the Evaluation Session cannot be conducted in a fair manner; and/or
 - 31.1.7 the Player's representation of his/her abilities is inconsistent with any information available to the Classification Panel to such an extent that the Evaluation Session cannot be conducted in a fair manner.
- 31.2 If an Evaluation Session is suspended by a Classification Panel, the following steps will be taken:

³ For the avoidance of doubt, the costs of providing an Evaluation Session will be met by the ITF.

- 31.2.1 an explanation for the suspension and details of the remedial action that is required on the part of the Player will be provided to the Player and/or his/her National Association;
 - 31.2.2 if the Player takes the remedial action to the satisfaction of the Chief Classifier or Head of Classification, the Evaluation Session will be resumed; and
 - 31.2.3 if the Player does not take the remedial action within the timeframe specified, the Evaluation Session will be terminated, and the Player may not compete at any ITF Wheelchair Tournament until a new Evaluation Session is completed.
- 31.3 If an Evaluation Session is suspended by a Classification Panel, the Classification Panel may designate the Player as Classification Not Completed (CNC) in accordance with Article 11.
- 31.4 A suspension of an Evaluation Session may be subject to further investigation into any possible Intentional Misrepresentation.

Part Eight: Medical Review

32. Medical Review

- 32.1 This Article applies to any Player who has been allocated a Sport Class with Sport Class Status Confirmed (C) or Review with Fixed Review Date (FRD).
- 32.2 A Medical Review Request must be made if a change in the nature or degree of a Player's Physical Impairment changes the Player's ability to execute the Fundamental Activities in a manner that is clearly distinguishable from changes attributable to levels of training, fitness and proficiency.
- 32.3 Any Player or Player Support Team Member who becomes aware of changes as outlined in Article 32.2 but fails to draw them to the attention of their National Association or the ITF may be investigated in respect of possible Intentional Misrepresentation.
- 32.4 A Medical Review Request must be made by the Player's National Association (together with a non-refundable fee in an amount specified by the ITF and any supporting documentation). The Medical Review Request must explain how and to what extent the Player's Physical Impairment has changed and why it is believed that the Player's ability to execute the Fundamental Activities has changed.
- 32.5 A Medical Review Request must be sent to the ITF as soon as reasonably practicable.
- 32.6 The Head of Classification will decide whether or not the Medical Review Request is accepted as soon as is practicable following receipt. The Head of Classification will accept the Medical Review Request if he/she considers there has been a change in the nature or degree of the Player's Physical Impairment that means that Player Evaluation is required to be undertaken in order to determine whether any Sport Class previously allocated to that Player remains correct.
- 32.7 If a Medical Review Request is accepted, the Player's Sport Class Status will be changed to Review (R) with immediate effect and he/she will be required to undergo a further Evaluation Session.

Part Nine: Intentional Misrepresentation

33. Intentional Misrepresentation

- 33.1 It is a disciplinary offence for a Player to intentionally misrepresent (either by act or omission) his/her skills and/or abilities and/or the degree or nature of his/her Eligible Impairment and/or the extent to which the Eligible Impairment affects his/her ability to execute the Fundamental Activities. This disciplinary offence is referred to as 'Intentional Misrepresentation'.
- 33.2 It is also a disciplinary offence for any Player or Player Support Team Member to assist a Player in committing Intentional Misrepresentation or to be in any other way complicit in Intentional Misrepresentation, including but not limited to covering up Intentional Misrepresentation or disrupting any part of the Player Evaluation process.
- 33.3 Any Intentional Misrepresentation (whether relating to a Player or a Player Support Team Member) or complicity therein will constitute a 'Major Offence' under the ITF Wheelchair Tennis Regulations and will be dealt with accordingly. The consequences of such offence will be one or more of the following:
- 33.3.1 disqualification of results obtained by the Player in all events at the ITF Wheelchair Tournament at which the Intentional Misrepresentation occurred, and at any subsequent ITF Wheelchair Tournaments at which the Player competed;
 - 33.3.2 being allocated with Sport Class Not Eligible (NE) and designated Sport Class Status Review with Fixed Review Date (FRD) for a specified period of time ranging from 1 to 4 years;
 - 33.3.3 imposition of a period of ineligibility to compete in any ITF Wheelchair Tournament for a specified period ranging from 1 to 4 years; and
 - 33.3.4 publication of the names and suspension periods of those involved.
- 33.4 Any Player who is found to have committed Intentional Misrepresentation and/or complicity in Intentional Misrepresentation on more than one occasion will be allocated Sport Class Not Eligible (NE) with Sport Class Status Fixed Review Date (FRD) for a period from four years to life.
- 33.5 Any Player Support Team Member who is found to have committed Intentional Misrepresentation and/or complicity in Intentional Misrepresentation on more than one occasion will be suspended from participation in any ITF Wheelchair Tournament or other activity sanctioned or recognised by the ITF for a period ranging from four years to life.
- 33.6 If another International Sport Federation brings disciplinary proceedings against a Player or Player Support Team Member in respect of Intentional Misrepresentation that results in consequences being imposed on that Player or Player Support Team Member, those consequences will be recognised, respected and enforced by the ITF within its sphere of authority.
- 33.7 Where a Player or Player Support Team Member who is found to have committed Intentional Misrepresentation and/or to have been complicit in Intentional

Misrepresentation was a member of a team at the relevant time, the ITF may apply consequences to the team as well, at its discretion.

Part Ten: Use of Player Information

34. Classification Data

34.1 The ITF will only Process Classification Data to the extent that it is considered necessary to conduct and verify Classification or to allow the ITF to maintain and publish a Classification Master List, which allows the ITF and ITF Wheelchair Tournament organisers to recognise those Players that are eligible to enter ITF Wheelchair Tournaments.

34.2 All Classification Data Processed by the ITF will be Processed in accordance with Applicable Data Protection Laws. The ITF provides more information regarding its data processing activities, and the rights available to Players under Applicable Data Protection Laws, in its ITF Privacy Notice – Players participating in ITF competitions, which is made available to players on the ITF's website (<https://www.itftennis.com/media/302126/302126.pdf>)

35. Classification Research

35.1 The ITF may also request that a Player provides it with Personal Information for Research Purposes. The ITF may only use Classification Data for Research Purposes where permitted by Applicable Data Protection Laws. This restriction does not apply if the Personal Information or Classification Data is anonymised prior to its use for Research Purposes.

36. Classification Master List

36.1 The ITF will maintain a Classification Master List of Players, which must include the Player's name, gender, year of birth, country, Sport Class, and Sport Class Status. The Classification Master List will identify Players that are eligible to enter ITF Wheelchair Tournaments.

36.2 The ITF will make the Classification Master List available on the ITF website.

Part Eleven: Appeals

37. Appeal

37.1 If a National Association considers there have been procedural errors made as a consequence of which a Player has been allocated an incorrect Sport Class or Sport Class Status, it may submit an appeal.

37.2 The ITF Independent Tribunal will act as the hearing body for the resolution of the appeal, acting in accordance with its procedural rules.

37.3 The ITF Independent Tribunal does not have any power to modify, alter or otherwise change any Sport Class and/or Sport Class Status decision, for example by allocating a Player a new Sport Class and/or Sport Class Status.

37.4 The ITF Independent Tribunal may decline to rule on an appeal if it appears that other available remedies, including but not limited to Protest procedures, have not been exhausted.

38. Ad Hoc Provisions Relating to Appeals

38.1 The IPC and/or the ITF may issue special ad hoc provisions to operate in respect of appeals during the Paralympic Games or other ITF Wheelchair Tournaments.

Part Twelve: Glossary

Adaptive Equipment: Implements and apparatus adapted to the special needs of Players, and used by Players during ITF Wheelchair Tournaments to facilitate participation and/or to achieve results.

Applicable Data Protection Laws: Any data protection and privacy laws, regulations and policies applicable to the ITF, in particular Regulation (EU) 2016/679 and the United Kingdom's Data Protection Act 2018.

Chief Classifier: A Classifier appointed by the ITF to direct, administer, co-ordinate and implement Classification matters for a specific ITF Wheelchair Tournament or at such other location as defined by the ITF according to these Classification Rules.

Classification: Grouping Players into Sport Classes according to how much their Physical Impairment affects Fundamental Activities in wheelchair tennis.

Classification Data: Personal Information and/or sensitive Personal Information provided by a Player and/or a National Association and/or any other person to a Classification Organisation in connection with Classification.

Classification Master List: A list made available by the ITF that identifies Players who have been allocated a Sport Class and designated a Sport Class Status.

Classification Not Completed: The designation applied to a Player who has commenced but not completed Player Evaluation to the satisfaction of the ITF.

Classification Organisation: Any organisation that conducts Player Evaluation and allocates Sport Classes and/or holds Classification Data.

Classification Panel: A group of Classifiers appointed by the ITF to determine Sport Class and Sport Class Status in accordance with these Classification Rules.

Classification Personnel: Persons, including Classifiers, acting with the authority of a Classification Organisation in relation to Player Evaluation, for example administrative officers.

Classification Rules: As defined in Article 1.1.

Classification System: The framework used by the ITF to develop and designate Sport Classes within wheelchair tennis.

Classifier: A person authorised by the ITF to evaluate Players as a member of a Classification Panel.

Classifier Certification: The processes by which the ITF assesses whether a Classifier has met the specific Classifier Competencies required to obtain and maintain certification or licensure.

Classifier Code of Conduct: The behavioural and ethical standards for Classifiers specified by the ITF and set out at Part Two of Appendix Three.

Classifier Competencies: The qualifications and abilities that the ITF deems necessary for a Classifier to be competent to conduct Player Evaluation for wheelchair tennis.

Code: The 2015 IPC Athlete Classification Code, together with the International Standards for Athlete Evaluation; Eligible Impairments; Protests and Appeals; Classifier Personnel and Training; and Classification Data Protection.

Continuing Education: The delivery of higher knowledge and practical skills specified by the ITF to preserve and/or advance knowledge and skills as a Classifier in wheelchair tennis.

Diagnostic Information: Medical records and/or any other documentation that enables the ITF to assess the existence or otherwise of an Eligible Impairment and/or Underlying Health Condition.

Eligible Impairment: An impairment that meets the criteria set out in Article 6.1.

Eligibility Assessment Panel: An *ad hoc* body formed to assess the existence or otherwise of an Eligible Impairment.

Entry-Level Criteria: Standards set by the ITF relating to the expertise or experience levels of persons who wish to be Classifiers. This may be, for example, former Players or coaches, sports scientists, physical educators and medical professionals, all of whom have the qualifications and abilities relevant to conduct all, or specific parts of, Player Evaluation.

Entry-Level Education: The basic knowledge and practical skills specified by the ITF to begin as a Classifier in wheelchair tennis.

Evaluation Session: The session a Player is required to attend for a Classification Panel to assess that Player's eligibility to participate in ITF Wheelchair Tournaments; and allocation of a Sport Class and Sport Class Status depending on the extent to which that Player is able to execute the Fundamental Activities. An Evaluation Session may include Observation in Competition.

First Appearance: The first time that a Player competes in an ITF Wheelchair Tournament in a particular Sport Class after an Evaluation Session has been started.

Fixed Review Date: A date set by a Classification Panel prior to which a Player designated with a Sport Class Status Review with a Fixed Review Date will not be required to attend an Evaluation Session (save pursuant to a Medical Review Request and/or Protest).

Fundamental Activities: As defined in Article 6.4.

Head of Classification: A person appointed by the ITF to direct, administer, co-ordinate and implement Classification matters for the ITF.

Health Condition: A pathology, acute or chronic disease, disorder, injury or trauma.

Intentional Misrepresentation: As defined in Article 33.1.

International Sport Federation: A sport federation recognised by the IPC as the sole world-wide representative of a sport for athletes with an impairment that has been granted the status as a Para sport by the IPC. Each of the IPC and the International Organisations of Sports for the Disabled acts as an International Sport Federation for certain sports.

International Standard: A document complementing the Code and providing additional technical and operational requirements for Classification.

IPC: International Paralympic Committee.

ITF: International Tennis Federation.

ITF Wheelchair Tennis Regulations: The rules and regulations issued by the ITF in order to regulate the sport of wheelchair tennis, as amended from time to time.

ITF Wheelchair Tournament: An ITF-sanctioned wheelchair tennis tournament, as defined in the ITF Wheelchair Tennis Regulations.

Medical Registration Form: A form that a Player or National Association must submit in order for a Player to undergo Player Evaluation, identifying the Player's Health Condition if so required.

Medical Review: The process by which the ITF determines whether a change in the nature or degree of a Player's Physical Impairment means that some or all of the components of Player Evaluation are required to be undertaken in order to ensure that any Sport Class allocated to that Player is correct.

Medical Review Request: A request made by a National Association for Medical Review, made on behalf of a Player.

Minimum Impairment Criteria: As defined in Article 6.2.

National Association: A national tennis association holding ITF membership.

National Protest: A Protest made by a National Association in respect of a Player under its jurisdiction.

Observation in Competition: The observation of a Player in an ITF Wheelchair Tournament by a Classification Panel so that the Classification Panel can complete its determination as to the extent to which an Eligible Impairment affects that Player's ability to execute the Fundamental Activities.

Paralympic Games: The Summer Paralympic Games organised by the IPC.

Permanent: Unlikely to be resolved, meaning the principal effects are lifelong.

Personal Information: Any information that relates to an identified or identifiable living Player.

Physical Impairment: An impairment that affects a Player's biomechanical execution of sporting activities.

Player: For purposes of Classification, any person who participates (or intends to participate) in an ITF Wheelchair Tournament and any additional person who participates in wheelchair tennis at a lower level if designated by the person's National Association.

Player Evaluation: The process by which a Player is assessed in accordance with these Classification Rules to determine whether the Player is eligible and (if so) to allocate him/her a Sport Class and Sport Class Status.

Player Support Team Member: Any coach, trainer, manager, interpreter, agent, team staff, National Association official, medical or para-medical personnel, family member, tournament guest, or other similar associate of any Player.

Process/Processing: The collection, recording, storage, use or disclosure of Personal Information and/or sensitive Personal Information.

Protest: The procedure by which a reasoned objection to a Player's Sport Class is submitted and subsequently resolved.

Protest Documents: The information provided in the Protest Form together with the Protest Fee.

Protest Fee: The fee prescribed by the ITF, payable by the National Association when submitting a Protest.

Protest Form: The form on which a National Protest must be submitted.

Protest Panel: A Classification Panel appointed to conduct an Evaluation Session as a result of a Protest.

Protested Decision: The Sport Class decision being challenged.

Protested Player: A Player whose Sport Class is being challenged.

Re-certification: The process by which the ITF will assess whether a Classifier has maintained specific Classifier Competencies.

Research Purposes: Research into matters pertaining to the development of sports within the Paralympic Movement, including the impact of impairment on the fundamental activities in each specific sport and the impact of assistive technology on such activities.

Sport Class: A category for competition defined by the ITF by reference to the extent to which a Player can perform the Fundamental Activities. The ITF currently operates two Sport Classes: the Open Division and the Quad Division.

Sport Class Status: A designation applied to a Sport Class to indicate the extent to which a Player may be required to undertake Player Evaluation and/or be subject to a Protest.

Tracking Code Observation Assessment (OA): A designation given to a Player that replaces the Player's Sport Class Status until Observation in Competition has been completed.

Underlying Health Condition: A Health Condition that may lead to an Eligible Impairment. Part One of Appendix One lists examples of Health Conditions that qualify as Underlying Health Conditions for these purposes.

Appendix One

Part One: Eligible Impairments

Eligible Impairment (this list is exhaustive; any impairment that is not listed below is a non-Eligible Impairment).	Examples of Underlying Health Conditions that can lead to the Eligible Impairment (this list is non-exhaustive)
<p>Impaired Muscle Power</p> <p>Players with Impaired Muscle Power have a Health Condition that either reduces or eliminates their ability to voluntarily contract their muscles in order to move or to generate force.</p>	<p>Spinal cord injury (complete or incomplete, tetra or paraplegia or paraparesis), muscular dystrophy, post-polio syndrome and spina bifida.</p>
<p>Limb Deficiency</p> <p>Players with Limb Deficiency have total or partial absence of bones or joints as a consequence of trauma, illness or congenital limb deficiency.</p>	<p>Traumatic amputation, amputation due to bone cancer, or dysmelia.</p>
<p>Leg Length Difference</p> <p>Players with Leg Length Difference have a difference in the length of their legs.</p>	<p>Dysmelia and congenital or traumatic disturbance of limb growth.</p>
<p>Hypertonia</p> <p>Players with hypertonia have an increase in muscle tension and a reduced ability of a muscle to stretch caused by damage to the central nervous system.</p>	<p>Cerebral palsy, traumatic brain injury and stroke.</p>
<p>Ataxia</p> <p>Players with Ataxia have uncoordinated movements caused by damage to the central nervous system.</p>	<p>Cerebral palsy, traumatic brain injury, stroke and multiple sclerosis.</p>
<p>Athetosis</p> <p>Players with Athetosis have continual slow involuntary movements.</p>	<p>Cerebral palsy, traumatic brain injury and stroke.</p>
<p>Impaired Passive Range of Movement</p>	<p>Athrogryposis and contracture resulting from chronic joint</p>

Players with Impaired Passive Range of Movement have a restriction or a lack of passive movement in one or more joints.	immobilisation or trauma affecting a joint.
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Part Two: Minimum Impairment Criteria

This Part Two presents the operational descriptions of the seven impairment types that meet the Minimum Impairment Criteria.

Impaired Muscle Power – Lower Limb

General Points

Classifiers should satisfy themselves that impaired muscle power results from injury or pathological deficits in the neuromusculoskeletal system and not from chronic disease.

Method of assessment: Muscle strength will be assessed according to the Daniels and Worthingham (D&W) scale published in 2002. The scale has 6 levels, from 0-5:

- 5: normal muscle power through available ROM;
- 4: active movement through available ROM, against gravity plus some resistance;
- 3: active movement through full available ROM against gravity but no resistance;
- 2: active movement with gravity eliminated (some movement against gravity may be possible, but not full range);
- 1: trace muscle activity but no movement of the limb;
- 0: no muscle activity.

NOTE: While manual muscle testing methods in this System are based upon the published D&W text, some elements have been modified in order to make the grades more relevant to the sport of wheelchair tennis.

Approach used in development: Not all muscle actions make an equal contribution to running (for example, hip extension is much more important to running performance than hip adduction). Therefore criteria have been developed for the major individual muscle actions of both the lower limb and upper limb (e.g., impaired strength for hip flexion, hip extension, shoulder extension etc.). The main muscle actions of the upper and lower limbs have been divided into three categories:

- **Principal** – those muscle actions making direct or major contribution to the generation of forward momentum;
- **Supporting** – muscle actions contributing indirectly to generation of forward momentum by stabilizing segments or providing counter-rotational movements;
- **Minimal impact** – muscle actions which would be unlikely to meet the general standard, even if they were severely weakened.

Because Principal muscle actions are more important, fewer muscle grade points need to be lost from these actions in order to meet the general standard, than the Supporting muscle actions.

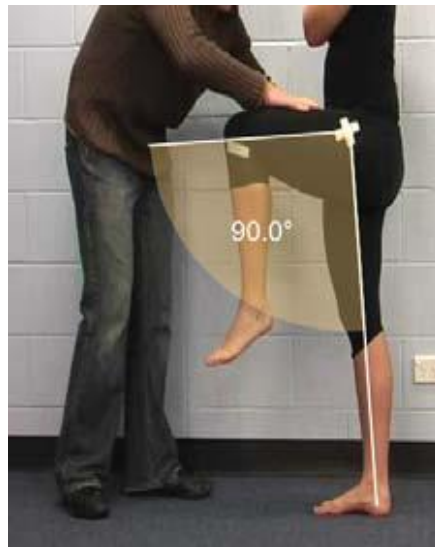
A Player who has impaired muscle strength in the lower limbs may be eligible to compete in wheelchair tennis in one of two ways. They may have impaired muscle strength that meets:

- **One** of the **7 primary** criteria OR
- **Two or more** of **5 secondary** criteria

(i) Primary Criteria for impaired muscle power (lower limb)

Players are eligible if they meet **ONE OR MORE** of the following criteria:

Primary Criterion #1 – Hip flexion loss of 3 muscle grade points (muscle grade of two). The figure shows manual resistance being applied at 90° hip flexion. To meet this criterion the Player should not be able to actively flex the hip to 90° against gravity OR, if PROM is <90°, should not be able to actively flex through available PROM.



Primary Criterion #2 – Hip extension loss of 3 muscle grade points (muscle grade of two). The figure shows manual resistance being applied at 5° hip extension. To meet this criterion the Player should not be able to actively extend the hip 5° against gravity.



5° Hip Extension

0° Hip Extension

Primary Criterion #3 – Hip Abduction loss of 3 muscle grade points (muscle grade of two). The figure shows manual resistance being applied at 5° hip abduction. To meet this criterion the Player should not be able to actively Abduct the hip 5° against gravity.



5° Hip Abduction

Primary Criterion #4 – Hip Adduction loss of 4 muscle grade points (muscle grade of one). The figure shows the Player in a gravity eliminated position for adduction and the examiner has moved the leg into 10° of abduction. To meet this criterion the Player should not have any active adduction in the direction of the arrow.



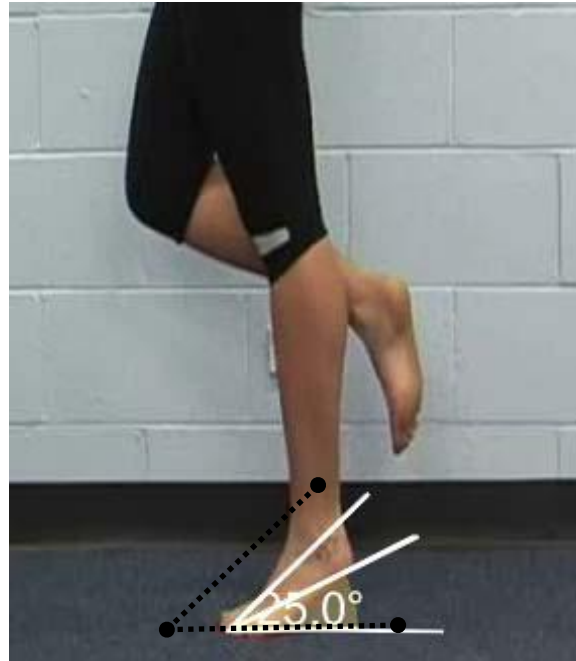
0° Hip Adduction

10° Hip Adduction

Primary Criterion #5 – Knee extension loss of 3 muscle grade points (muscle grade of two). The figure shows manual resistance being applied at full knee extension (0° flexion). To meet this criterion the Player should not be able to fully extend the knee against gravity OR, if knee extension is restricted, should not be able to actively extend through available PROM.

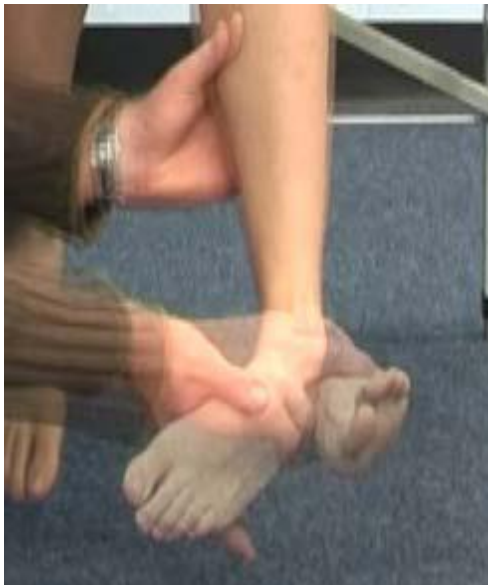


Primary Criterion #6 – Ankle plantar flexion loss of 3 muscle grade points (muscle grade of two). The outer (dashed) lines on the figure show 0° plantar flexion and 45° plantar flexion (normal anatomical AROM). The centre line shows the Player raising her heel in 25° plantar flexion. In the Daniels and Worthingham system plantar flexion is tested differently to all other muscle groups. Below is the method with the range of movement adjusted from full anatomical to 25° (the ROM required for running). **Grade 5** = can do 20 single leg heel rises to 25°; **Grade 4** = can do 10-19 single leg heel rises to 25°; **Grade 3** = can do 1-9 single leg heel rises to 25°; **Grade 2** = can't complete 1 heel rise to 25°. In lying may complete full ROM with resistance. **Grade 1** = in lying, trace muscle activity but no actual movement.



Primary Criterion #7 – At least two of the following three muscle actions must have a loss of 3 points each: Ankle Dorsiflexion, Ankle Eversion, and Ankle Inversion. Test conducted in sitting, knee in 90°. The left figure shows inversion and eversion and the right shows 0° dorsiflexion and 10° dorsiflexion. To meet this criterion the Player must not be able to perform two of the following movements:

- Active eversion through available PROM;
- Active inversion through available PROM;
- Active dorsiflexion to 10°.



NOTE: Muscle strength in knee flexion is not expressly examined as an independent criterion. Knee flexors are active in late swing and act to retard forward swing of the leg. Impaired

strength would only result in a more rapid knee extension prior to contact and therefore this is not important. Moreover the main knee flexors contribute to other Principal muscle actions - Hamstrings perform hip extension and Gastrocnemius plantar flexes .– so any weakness in these muscles will be reflected in assessment of those actions.

(ii) Secondary Criteria for impaired muscle power (lower limb)

A Player will be eligible to compete in wheelchair tennis if they lose a total of 6 muscle grade points in the following **5 principal** muscle actions:

- Hip Flexion
- Hip Abduction
- Ankle Plantar Flexion
- Hip Extension
- Knee Extension

Two of the movements must have a loss of 2 points (i.e., a combination of 4 x 1 point losses and 1x 2 point loss would not meet this criterion).

(b) Limb Deficiency – Lower Limb

Complete unilateral amputation of half the length of the foot (i.e., measured on the non-amputated foot from the tip of the great toe to the posterior aspect of calcaneus) or equivalent minimum congenital limb deficiency.

(c) Leg Length Difference

The difference in length between right and left legs should be at least 7cm. To measure, the Player should lie supine with legs relaxed and fully extended. With the pelvis in neutral position, measure from anterior superior iliac spine to medial malleolus on each leg and then compare.

(d) Hypertonia

Hypertonia is defined as increased muscle tone which is caused by central nervous system impairment and which results in increased resistance to passive lengthening of the muscle. One of the following types of hypertonia must be clearly clinically detectable – i.e., grade 1 on the Ashworth scale – at the ankle, knee or hip:

- **Spastic Hypertonia:** which is defined as a velocity dependent resistance to passive movement with a clasp-knife type of resistance. Clasp-knife resistance is resistance that is initially high and followed by a sudden relaxation. Velocity-dependence indicates as the speed of the passive movement increases, the resistance becomes greater and starts earlier in the range. Spastic hypertonicity tends to predominate in the antigravity muscles particularly the flexors of the arms and extensors of the legs and may affect certain parts of the body more than others. In classification, testing for spastic hypertonicity involves rapid, passive movement through the principal ranges of movement at the wrist, elbow, shoulder, ankle, knee

or hip and people with clearly clinically detectable spastic hypertonicity are eligible.

When testing for spastic hypertonicity at the ankle or wrist, clonus may be elicited. Clonus is rapid, involuntary alternation of muscle contraction and relaxation and typically occurs in the ankle plantarflexors in response to rapid, passive dorsiflexion or the wrist flexors in response to rapid, passive wrist extension. Clonus that lasts for 4 beats or more and which can be reliably reproduced during a single classification session (i.e., is non-damping clonus) is considered to indicate presence of spastic hypertonicity that meets the general standard and such people are eligible.

- **Rigidity:** which is defined as a heightened resistance to passive movement of a limb that is independent of the velocity of stretch and relatively uniform throughout the range of motion of that limb. The uniform resistance is often referred to as ‘lead pipe.’ type of resistance. Usually has a predominant pattern with a flexor pattern being more common.
- **Dystonia:** which is resistance to passive movement that may be focal (affecting muscles of one limb or joint) or general (affecting the whole body). Contractions are powerful and sustained and cause twisting or writhing of the affected areas. The pattern is highly variable – contractions may be fast or slow; painful or not; and the direction of greatest resistance may change regularly (e.g., a limb may move regularly from an extreme flexion pattern to an extreme extension pattern). As the description indicates, dystonia may equally be classified as a type of hypertonia OR a type of involuntary movement pattern.

A person who does not have one of the three types of hypertonia – spastic, rigidity or dystonia – is not eligible. The classification team should satisfy themselves that the resistance to passive lengthening of the muscle is due to central nervous system impairment and the following signs may be useful in this regard:

- Presence of non-damping clonus on the side on which the tone is increased.
- Abnormally brisk reflexes in the limb in which the tone is increased.
- Mild atrophy in the limb in which the tone is increased.
- Positive Babinski on the side on which the tone is increased.

(e) **Ataxia**

Ataxia refers to an unsteadiness, incoordination or clumsiness of volitional movement and eligible ataxias must result from either motor or sensory nervous system dysfunction. Motor ataxias most frequently result from malformation or damage to the cerebellum and are often associated with hypertonia. Motor ataxias are poorly compensated for by visual input. Sensory ataxias most frequently result from lower motor neuron damage or spinal cord disease, affecting vestibular function or proprioceptive function.

Visual input can help compensate for sensory ataxia and so sensory ataxias are often more evident when eyes are closed.

When evaluating a Player the classification team should be satisfied that the ataxic movement is demonstrable and clearly evident during classification and that the observed ataxia is due to motor or sensory nervous system dysfunction as described. Clearly evident means that characteristically ataxic movement should be observable during at least one of the following tests of voluntary movement:

- finger-to-nose test (Player touching own nose from the crucifix position);
- finger-to-finger test (Classifier presents their index finger and asks the Player to touch it with their own index finger);
- toe-to-finger test (Classifier presents their index finger and asks the Player to touch it with their toe);
- heel draw test (i.e., draw the heel of one leg along the length of the contralateral shin, from ankle to knee and then in the reverse direction);
- straight line heel-to-toe walking;
- walking

(f) **Athetosis**

Athetosis refers to unwanted movement and posturing results from damage to motor control centres of the brain, most frequently the basal ganglia. When evaluating a Player the classification team should satisfy themselves that athetosis is clearly evident and that it is neurological in origin. Clearly evident athetosis is unwanted movement and posturing that is characteristically athetoid and is observable as at least one of the following:

- involuntary movement of the fingers or upper extremities despite the person trying to remain still;
- involuntary movement of the toes or lower extremities despite the person trying to remain still;
- inability to hold the body still – swaying of the body. Swaying should not be due to other neurological deficits such as vestibular or proprioceptive impairments and therefore should not be exacerbated by closing of the eyes;
- characteristic athetoid posturing.

(g) **Impaired Passive Range of Movement (PROM) – Lower Limb**

General points

Method of assessment: Unless otherwise indicated, PROM should be assessed using the standard Goniometric protocols described by Clarkson. In brief, measurement of PROM requires the Player to relax completely while the Classifier moves the joint of interest through the available range. The Player is relaxed and is not attempting voluntary movement during these tests. Active range of movement or AROM (i.e., where the Player is asked to move the joint themselves, without assistance) is assessed as a component of conventional muscle power testing (see section on testing muscle power in this document).

Approach used in development: The development of these criteria is based upon research indicating the range of movement required for sprinting.

A Player who has impaired PROM in the lower limbs may be eligible to compete in wheelchair tennis in one of two ways. They may have impaired PROM in the same limb that meets:

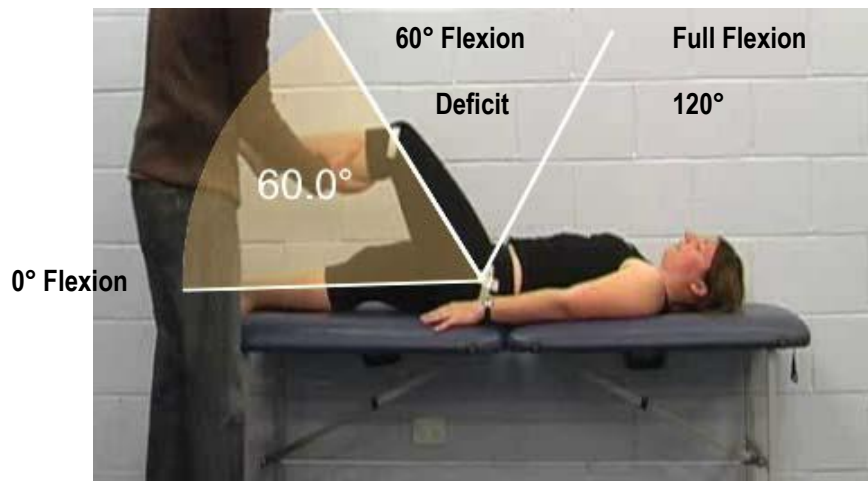
- **one** of the **5 primary** criteria **OR**
- **two** of the **5 secondary** criteria

Primary and secondary criteria are presented below.

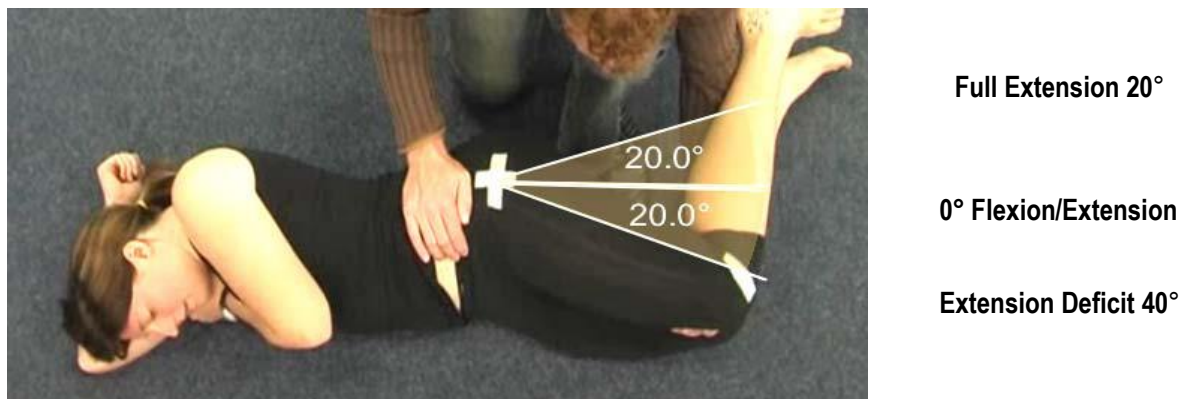
(i) Primary Criteria for impaired PROM - Lower limb

Players are eligible if they meet **ONE OR MORE** of the following criteria:

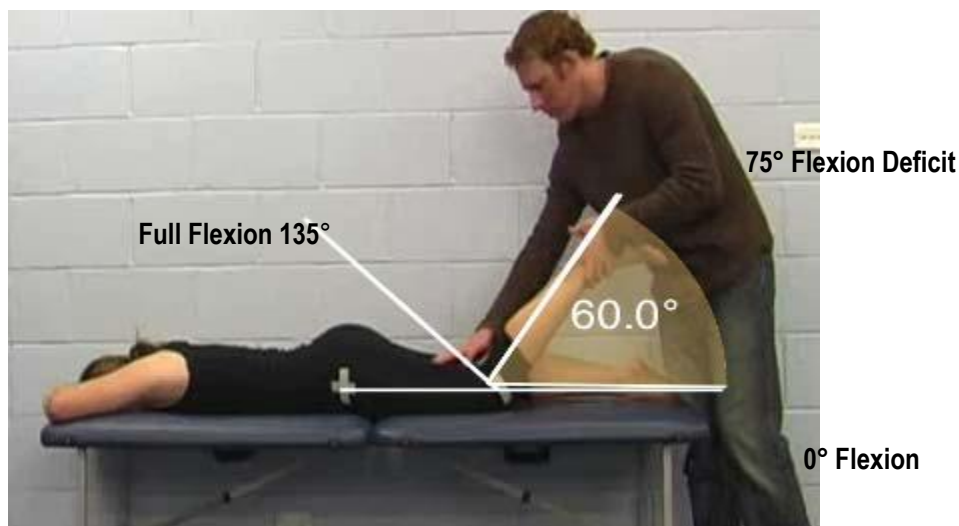
Primary Criterion #1 – Hip flexion deficit of >60°. The figure shows normal anatomical range of 120° hip flexion and the maximum amount of hip flexion ROM that is permissible in order to meet this criterion (60° hip flexion).



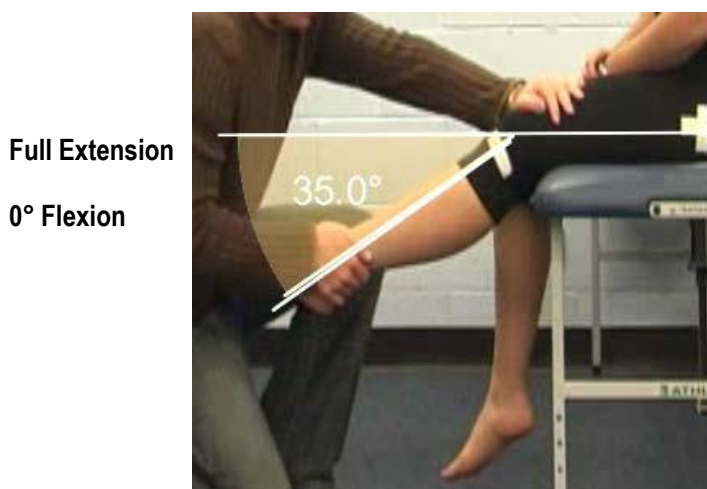
Primary Criterion #2 – Hip Extension deficit of >40°. The figure shows normal anatomical range of 20° hip extension. The neutral position (0°) is also shown, as is the maximum amount of hip extension ROM that is permissible in order to meet this criterion (40° hip extension deficit).



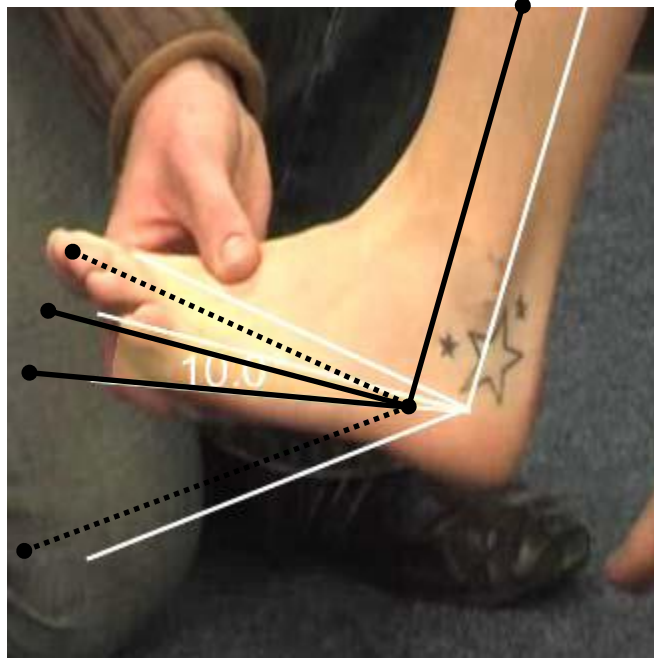
Primary Criterion #3 – Knee Flexion deficit of >75°. The figure shows normal anatomical range of 135° knee flexion and the maximum amount of knee flexion ROM that is permissible in order to meet this criterion (60° knee flexion).



Primary Criterion #4 – Knee Extension deficit of >35°. The figure shows normal knee extension range – i.e., 0° flexion and the maximum amount of knee extension ROM that is permissible in order to meet this criterion (extension deficit of 35°).



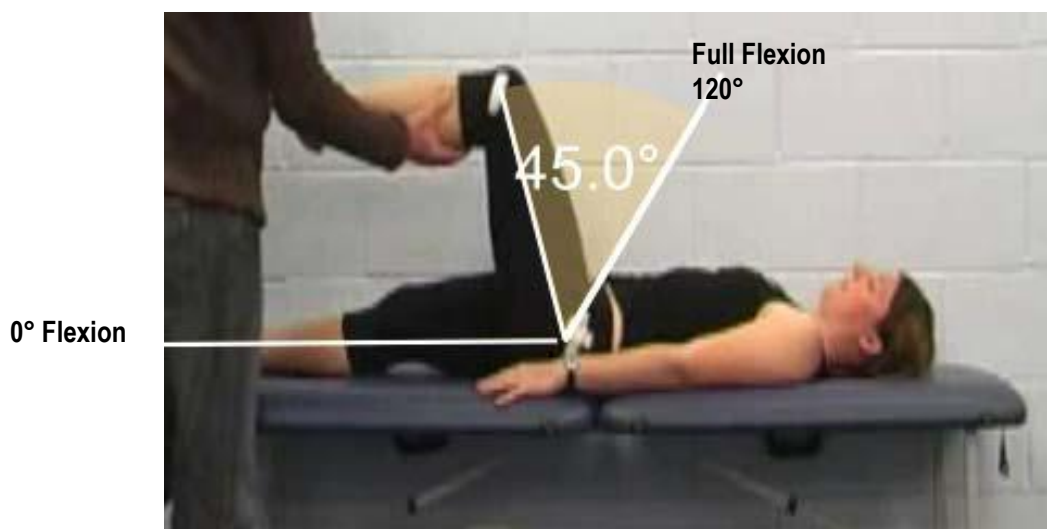
Primary Criterion #5 – Less than or equal to 10° ankle dorsi / plantarflexion available in the range between 10° dorsiflexion and 25° plantar flexion. Test conducted with knee in 90°. The outer (dashed) lines in the figure show 10° dorsiflexion and 25° plantar flexion .– this range was chosen because it is the range of ankle movement used in running. The inner lines show an example of a 10° arc within this range – this is the maximum PROM is that is permissible in order to meet this criterion. Normal anatomical PROM is not shown in the figure but is 20° dorsiflexion to 45° plantar flexion.



(ii) Secondary Criteria impaired PROM (Lower limb)

Players are eligible if they meet **TWO OR MORE** of the following secondary criteria.

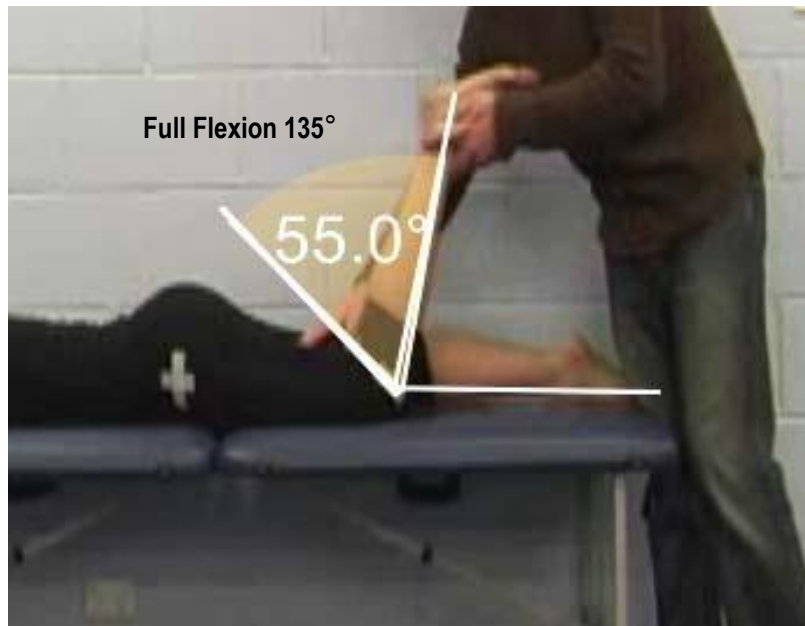
Secondary Criterion #1 – Hip flexion deficit of $>45^\circ$ but $<60^\circ$. The figure shows normal anatomical range of 120° hip flexion as well as a 45° flexion deficit – the maximum amount of hip flexion ROM that is permissible in order to meet this criterion. Players with $>60^\circ$ loss of flexion meet the primary criterion for loss of hip PROM.



Secondary Criterion #2 – Hip extension deficit of $>25^{\circ}$ but $<40^{\circ}$. The figure shows normal anatomical range of 200° hip extension as well as the neutral position and a 25° extension deficit (i.e., 5° flexion, just in front of the 0° line). A 25° deficit is the maximum amount of hip extension that is permissible in order to meet this criterion. Players with $>40^{\circ}$ loss of extension meet the primary criterion for loss of hip PROM.



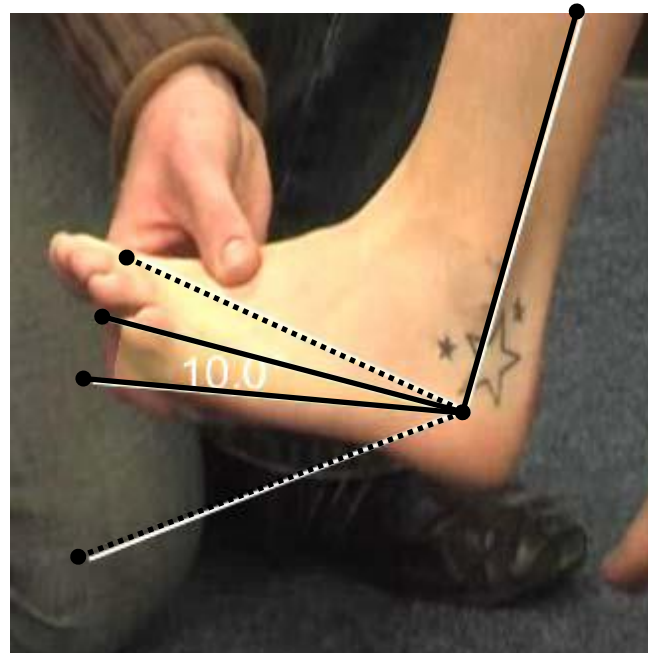
Secondary Criterion #3 – Knee flexion deficit of $>55^{\circ}$ but $<75^{\circ}$. The figure shows normal anatomical range of 135° knee flexion as well as 0° flexion and a 55° flexion deficit – the maximum amount of knee flexion that is permissible in order to meet this criterion. Players with $>75^{\circ}$ loss of extension meet the primary criterion for loss of hip PROM.



Secondary Criterion #4 – Knee Extension deficit of $>25^{\circ}$ but $<35^{\circ}$. The figure shows normal knee extension range – i.e., 0° flexion as well as a 25° extension deficit, the maximum amount of knee extension that is permissible in order to meet this criterion. Players with $>35^{\circ}$ loss of extension meet the primary criterion for loss of knee PROM.



Secondary Criterion #5 – Less than or equal to 20° ankle dorsi / plantarflexion available in the range between 10° dorsiflexion and 25° plantar flexion. Test conducted with knee in 90°. The outer (dashed) lines in the figure show 10° dorsiflexion and 25° plantar flexion .– this range was chosen because it is the range of ankle movement used in running. The inner lines show an example of a 20° arc within this range – this is the maximum PROM is that is permissible in order to meet this criterion. Players with <10° PROM available meet the primary criterion for ankle PROM.



Part Three: Assessment Criteria for the Allocation of a Sport Class

Sport Class: Open Division

A Player who has an Eligible Impairment that meets the Minimum Impairment Criteria will be eligible to compete in the Open Division.

For the avoidance of doubt, a Player who has an Eligible Impairment that meets the Minimum Impairment Criteria, but who does not meet the assessment criteria for the Quad Division, will be eligible to compete in the Open Division.

Sport Class: Quad Division

To be classified as eligible to compete in the Quad Division, in addition to having an Eligible Impairment that meets the Minimum Impairment Criteria, a Player must:

1. have a permanent physical disability that results in a substantial loss of function in one or both upper extremities and alters the biomechanical execution of wheelchair propulsion and other sport-specific skills that will adversely affect performance (with the effect of the impairment being considered without aids or prosthetics). He/she must have:

- i. A neurological deficit at the C8 level or proximal, with associated loss of motor function; or
- ii. Upper extremity amputation; or
- iii. Upper extremity phocomelia; or
- iv. Upper extremity myopathy or muscular dystrophy; or
- v. Functional disabilities in one or both upper extremities equivalent to i, ii, iii or iv above.

2. have at least one of the four following functional disabilities with regards to upper extremity use, with or without limitation of trunk function:

Reduced motor function necessary to perform an overhead service; or

Reduced motor function necessary to perform a forehand and backhand; or

Reduced motor function necessary to manoeuvre a manual wheelchair; or

Inability to grip the racquet necessitating the need for taping and / or an assistive device in order to play.

The combination of dominant and non-dominant upper limb function and trunk function will be considered when assessing eligibility for the Quad Division. In order to be deemed eligible for the Quad Division, a Player who can demonstrate a good level of trunk function and control will need to have a greater level of disability in their upper limbs than those with little or no trunk control.

3. have a minimum of three affected extremities with a permanent physical disability as defined above; and
4. satisfy the classification points scoring system, the current version of which appears in this Part Three of Appendix One of these Rules.

Reduced functional ability refers to neuromuscular and skeletal potential and should not be mistaken for training effect or natural aptitude.

The sport-specific skills considered in determining eligibility for the Quad Division include, but may not be limited to:

Reduced functional ability necessary to perform an overhead service. The requirements of an overhead service are defined as the sequential and controlled combination of the following:

- The ability to actively elevate the shoulder above 90 degrees in combination movements of shoulder flexion of at least 90 degrees, abduction of at least 90 degrees and external rotation of at least 90 degrees during the preparatory or wind-up phase.
- The ability to actively achieve elbow extension beyond the final 60 degrees during the forward hitting phase.
- The ability to actively achieve any wrist flexion in combination with ulnar deviation and forearm pronation during the forward hitting phase.

Reduced functional ability necessary to perform a smooth and continuous forehand and backhand

Forehand is defined as the ability to:

- Achieve abduction to 45 degrees in combination with external rotation of 90 degrees during the preparatory or wind-up phase.
- Completion of stroke involves shoulder adduction and forward flexion of the shoulder joint so that the elbow can reach midline of the body in combination with flexion of the elbow.

Backhand is defined as the ability to:

- Achieve adduction and internal rotation of the shoulder joint across the body in combination with elbow flexion to execute the preparatory or wind up phase.
- Completion of stroke includes the combination of shoulder abduction of at least 60 degrees, shoulder flexion of at least 60 degrees and external rotation of at least 90 degrees.
- And the ability to actively achieve elbow extension beyond the final 45 degrees during the hitting phase.

Reduced functional ability necessary to manoeuvre a manual wheelchair

Full wheel control is defined as the ability to:

- Use the hands to achieve grasp and release of the wheel rim in order to perform multidirectional stops, starts and turns during play.

Inability to grip the racket necessitating the need for taping and/or an assistive device

Maintenance of grip is defined as the ability to:

- Maintain a closed grip of the racket against resistance with the wrist in 30 degrees of wrist flexion without tape or assistive device.

Limitation of trunk function

Trunk balance is defined as the ability to:

- Sit unsupported and forward flex both shoulders to elevate arms straight up above head.
- Sit unsupported and abduct both shoulders to elevate arms straight up above head.

Trunk raising is defined as the ability to:

- Hold a racket in both hands and lift it from in front of the wheelchair (racket on the floor) to above the head height, without using the arms to push up on either the chair or the body.

Trunk rotation is defined as the ability to:

- Reach across body with one arm and twist trunk around to an angle of 45° postero-lateral to the opposite shoulder. A Player with good trunk function should not have to reposition their hips or lean over the backrest of the chair.

Classification may include any or all of the following components at (a) to (d), the use of which is determined by the initial assessment of the Classifier.

(a) Bench Testing

For Players who present with atypical impairments, the Classification Panel may adapt the described techniques to better evaluate the impairment, i.e. cerebral palsy, polio or muscular dystrophy.

If a Player's impairment lies between two defined point scores, the Classification Panel shall have the discretion to use a 0.5 point descriptor to document that difference.

Scoring – Upper Limbs:

Upper limb muscles are assessed as per the procedure for manual muscle testing outlined in this Part Three of Appendix One. Each upper limb is awarded a point score, as determined by the muscle strength profile descriptions detailed below. Possible point scores for the upper limbs are 0.5, 1.0, 1.5, 2.0, 2.5, 3.0, 3.5 and 4.0.

While the descriptors contained in the scoring guide describe values for Players with muscle strength impairments, it should be noted that additional impairments, such as range of movement limitation, muscle co-ordination impairments or partial loss of limb segments or digits will be taken into consideration when determining the final point score for that limb.

Upper Extremity Proximal Weakness and Preservation of Distal Strength

Upper extremity point value for Player with neuromuscular conditions that result in proximal weakness with preservation of distal strength, for example, poliomyelitis, and muscular dystrophy, is determined in a special manner:

- Draw a line on the classification form to divide the muscle test scores on the bench test above the triceps.
- Give point value for the upper arm and the lower arm separately.
- Add the scores and divide by two. This score gives you the point value for that arm.

Trunk function is assessed as per the procedure below. The Classification Panel may determine the trunk score through a variety of tests performed in and/or out of the wheelchair.

Scoring – Trunk:

Score	Observations
2	Able to control the chair with their trunk without use of the hands Good function and mobility in all planes or directions and able to reach outside base of support with racket and recover.
1	Fair to good trunk Some function in one or two planes or directions May use strap to stabilise hips in chair Unable to move trunk in all planes without repositioning hips
0	Non-functional trunk Unable to use trunk for any physical advantage during play

Scoring – Weighting and Eligibility:

The dominant limb is weighted by doubling the score achieved.

The final score is determined by adding the weighted dominant limb score, the non-dominant limb score, and the trunk score.

Players who score more than **10 points** out of a possible maximum of 14 points shall not be eligible for the Quad Division.

On court Observation in Competition will also be utilised in determining and/or confirming eligibility/ineligibility.

Scoring – Example Combinations:

Normal non-dominant arm + class 3 dominant arm + no trunk = eligible

Normal dominant arm + class 3 non-dominant arm = not eligible

Normal non-dominant arm + class 3 dominant arm + any trunk function = not eligible

Scoring Guide – Upper Limbs

The following guide to upper limb point values is adapted from: International Wheelchair Rugby Federation Classification Manual – 3rd Edition, 2011

0.5 point

Deltoid	0 - 5
Latissimus Dorsi	0 - 1
Clavicular Pectoralis	0 - 5
Sternal Pectoralis	0 - 1
Biceps	0 - 5
Triceps	0 - 1
Wrist extension	0 - 5
Wrist flexion	0 - 1
Remaining hand muscles	0

Characteristics of 0.5 are triceps 0-1 and shoulder girdle weakness, sternal pectoralis and latissimus weakness; possible weak shoulder rotation, with limited range; and possible clavicular pectoralis weakness.

1.0 point

Latissimus Dorsi	0 - 3
Clavicular Pectoralis	5
Sternal Pectoralis	2 - 3
Biceps	5
Triceps	0 - 3
Wrist extension	0 - 5
Wrist flexion	0 - 3
Remaining hand muscles	0 - 1

Characteristics of 1.0 are normal strength of deltoid muscles and clavicular pectoralis fibres with overall stronger proximal muscles than 0.5. Still has proximal weakness throughout shoulder girdle. May have 0 triceps with stronger proximal muscles, especially sternal pectoralis.

1.5 point

Triceps	3+ - 4-
Wrist extension	4 - 5
Wrist flexion	0 - 3
Sternal Pectoralis	0 - 3
Latissimus	0 - 3

Characteristics of 1.5 are remaining weakness of proximal muscles such as serratus anterior, sternal pectoralis or latissimus, in combination with stronger triceps and wrist extensors compared to 1.0.

2.0 point

Shoulder girdle muscles	5
Biceps	5
Triceps	4 - 5
Wrist extension	4 - 5
Wrist flexion	4 - 5
Finger flexion and extension	0 - 2
Finger adduction and abduction	0 - 2
Thumb movements	0 - 2

Characteristics of 2.0 are full strength in the shoulders and chest, good to normal triceps, and balanced wrist extension and flexion strength.

2.5 point

Shoulder girdle muscles	5
Biceps	5

3.0 point

Shoulder girdle muscles	5
Biceps	5

Triceps	5
Wrist extension and flexion	5
Finger flexion and extension	2 - 4
Finger adduction and abduction	0 - 2
Thumb adduction, extension and flexion	0 - 4
Thumb opposition and abduction	0 - 2

Characteristics of 2.5 are limited hand function with a curling and uncurling of the hand and not functional grasp and release. The curling and uncurling motion results from action of the finger flexor muscles without the stabilizing effect of the intrinsic muscles.

Triceps	5
Wrist extension and flexion	5
Finger flexion and extension	3 - 5
Finger adduction and abduction	0 - 4
Thumb flexion, extension, adduction	3 - 4
Thumb abduction, opposition	3 - 4

Characteristics of 3.0 are functional grasp and release (opening and closing) but grip strength is impaired because of less than normal strength in intrinsic and/or thumb abduction and opposition. Atrophy is present in the hands at the thenar and hypothenar eminences. Also, interossei and lumbrical muscle weakness causes decreased maintenance of the hand arches and indicates significant hand weakness and muscle strength of less than 4-5. A value of 3 or more for interossei and/or thumb opposition and/or abduction usually exclude a hand from 2.5 and indicates a 3.0 hand.

3.5 point

Good function (grades 4 to 5) in most muscle groups throughout the upper limb, but with some functional focal impairment resulting from health conditions such as peripheral nerve damage, reduced range of movement, partial or complete loss of digits, or reduced dexterity due to muscle co-ordination problems or tonal abnormalities.

4.0 point

Good function and mobility throughout the upper limb with scores of 4/5 in all muscle groups. A Classifier should not determine arm value on muscle tests alone, but consider neuromuscular movement potential of the entire extremity. Skill level, equipment, athletic ability or training effects should not be considered in the allocation of sport class.

(b) Functional Skill Testing

Functional skills tested may include, but are not limited to: pushing, turning, stopping, starting, holding wheelchair against resistance, ball strokes and catching and throwing a tennis ball.

Functional skills will be performed in the Player's playing chair, utilising all strapping and/or taping that the Player plans to use during match play.

(c) On Court Observation in Competition (including match play)

All aspects of the Player's game will be observed in order to determine the presence of functional limitations caused by the Player's impairment.

(d) Audio-visual Evidence

Audio-visual evidence can be used as evidence of eligibility for the Quad Division. If the National Association considers that the Player fully meets all the criteria for the Quad Division, the National Association should send audio-

visual footage on a DVD or in digital media format to the ITF, which includes the following material:

- The date on the footage
- The Player stating name, date of birth and country of residence
- Close up shots of hands prior to taping or wearing gloves
- Match play in competition - footage of general play and movement around the court (e.g. a 10 minute clip)
- Player gripping racquet
- Player gripping wheel rims
- Footage of forehand, backhand, service and smash shots
- Close up shots of the front and back of the hands
- Close up shots of the Player opening and closing their hand (i.e. attempting to make a fist several times)
- Close up of both flexor and extensor aspects of both forearms
- Close up shots of any taping used
- Wheelchair propulsion/ manoeuvrability
- Evidence of shoulder range of movement
- Evidence of trunk function:
 1. Player bends forward and with chest on the knees he tries to sit up without using his arms;
 2. Arms extended to the sides Player rotates trunk from side to side;
 3. Arms extended to side, Player leans left and right;
 4. If possible Player sits at front of the seat without back support (hands to the side).
- A copy of the passport of the Player

Appendix Two

Non-Eligible Impairment Types and Health Conditions that are not Underlying Health Conditions

1. Non-Eligible Impairment Types for all Players

Examples of non-Eligible Impairments include, but are not limited to the following:

- Mental functions, for example, impairments of:
 - psychomotor control – mental functions that regulate speed of behaviour or response time that involves both motor and psychological components;
 - quality of psychomotor functions – mental functions that produce nonverbal behaviour in the proper sequence and character of its subcomponents, such as hand and eye coordination or gait;
 - visuospatial perception – mental functions involved in distinguishing by sight the relative position of objects in the environment or in relation to oneself;
 - higher-level cognitive functions required for organization and planning movement; and
 - mental functions required for sequencing and coordinating complex, purposeful movements;
- Pain;
- Hearing impairment;
- Visual impairment;
- Low muscle tone;
- Hypermobility of joints;
- Joint instability, such as unstable shoulder joint, recurrent dislocation of a joint;
- Impaired muscle endurance;
- Impaired motor reflex functions;
- Impaired cardiovascular functions;
- Impaired respiratory functions;
- Impaired metabolic functions;
- Involuntary movement reaction functions;

- Tics and mannerisms, stereotypes and motor perseveration;
- Sleep-related movement disorders; and
- Shortening of bones of both lower limbs and/or any increase in dimensions.

2. Health Conditions that are not Underlying Health Conditions

A number of Health Conditions do not lead to an Eligible Impairment and so are not Underlying Health Conditions.

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

Examples of Health Conditions that primarily cause pain include myofascial pain-dysfunction syndrome, fibromyalgia or complex regional pain syndrome.

An example of a Health Condition that primarily causes fatigue is chronic fatigue syndrome.

An example of a Health Condition that primarily causes hypermobility or hypotonia is Ehlers-Danlos syndrome.

Examples of Health Conditions that are primarily psychological or psychosomatic in nature include conversion disorders or post-traumatic stress disorder.

These examples are not an exhaustive list.

Appendix Three

Part One: Classifier Competencies, Training and Certification

- A3.1 A Classifier will be authorised to act as a Classifier if that Classifier has been certified by the ITF as having the relevant Classifier Competencies.
- A3.2 The ITF will provide training and education to ensure Classifiers obtain and/or maintain Classifier Competencies.
- A3.3 The ITF will specify and publish Classifier Competencies in a manner that is transparent and accessible. The Classifier Competencies will include that a Classifier must have:
- A3.3.1 a thorough understanding of these Classification Rules;
 - A3.3.2 an understanding of wheelchair tennis, including an understanding of the technical rules of wheelchair tennis;
 - A3.3.3 an understanding of the Code and the International Standards; and
 - A3.3.4 relevant professional qualification(s), level of experience, skills and/or competencies. These include that Classifiers must either:
 - (a) be a certified health professional (e.g., a physician or physiotherapist) in a field relevant to the Eligible Impairment category, with a level of expertise and experience acceptable to the ITF at its sole discretion; or
 - (b) have an extensive coaching or other relevant background in the particular sport(s); or a recognised and reputable academic qualification which encompasses a requisite level of anatomical, biomechanical and sport-specific expertise that is acceptable to the ITF at its sole discretion.
- A3.4 The ITF will establish a process of Classifier Certification by which Classifier Competencies are assessed. This process will include:
- A3.4.1 a process for the certification of Trainee Classifiers;
 - A3.4.2 quality assessment for the period of certification;
 - A3.4.3 a process for handling substandard performance, including options for remediation and/or withdrawal of certification; and
 - A3.4.4 a process for Re-certification of Classifiers.
- A3.5 The ITF will specify Entry-Level Criteria applicable to persons who wish to become Trainee Classifiers. The ITF will provide Entry-Level Education to Trainee Classifiers.
- A3.6 The ITF will provide Continuing Education to Classifiers for the purposes of Certification and Re-certification.
- A3.7 The ITF may provide that a Classifier is subject to certain limitations, including (but not limited to):

- A3.7.1 a limitation on the components of Player Evaluation that a Classifier is certified to conduct;
 - A3.7.2 a limitation on the level of ITF Wheelchair Tournament for which a Classifier is authorised to act as a Classifier;
 - A3.7.3 the maximum time that a Classifier Certification is valid;
 - A3.7.4 that Classifier Certification is subject to review within a specific time frame by reference to the Classifier Competencies;
 - A3.7.5 that a Classifier may lose Classifier Certification if the ITF is not satisfied that the Classifier possesses the required Classifier Competencies; and/or
 - A3.7.6 that a Classifier may regain Classifier Certification if the ITF is satisfied that the Classifier possesses the required Classifier Competencies.
- A3.8 The integrity of Classification in wheelchair tennis depends on the conduct of Classification Personnel. The ITF has therefore adopted a set of professional conduct standards referred to as the 'Classifier Code of Conduct'.
- A3.9 All Classification Personnel must comply with the Classifier Code of Conduct.
- A3.10 Any person who believes that any Classification Personnel may have acted in a manner that contravenes the Classifier Code of Conduct must report this to the ITF.
- A3.11 If the ITF receives such a report, it will investigate and, if appropriate, take disciplinary measures.
- A3.12 A Classifier shall declare without delay any actual, perceived and/or potential conflict of interest that he/she has or may have in a particular situation. The ITF will decide whether there is such a conflict and (if so) how it should be addressed.
- A3.13 Each Classification Personnel must cooperate with any investigations concerning possible violations of these Classification Rules and/or of the Classifier Code of Conduct.

Part Two: Classifier Code of Conduct

1. General principles

The role of a Classifier is to act as neutral, impartial evaluators in determining a Player's Sport Class and Sport Class Status. The integrity of Classification in wheelchair tennis rests on the professional conduct and behaviour of each Classifier and all Classification Personnel.

It is the personal responsibility of all Classification Personnel to familiarise themselves with all of the requirements of these Classification Rules, including their responsibilities hereunder.

The Classifier Code of Conduct includes:

- Recognition of the need to preserve and encourage confidence in the professionalism of the Classification System, the Classification Rules and the Classification Personnel.
- Description of transparent and agreed standards of practice and a meaningful set of guidelines for the professional conduct of Classification Personnel.
- Notice to others (including, but not limited to Players, Player Support Team Member, ITF staff, the media and the public) of the standards expected from the professional conduct of Classification Personnel.

2. Classification Personnel compliance with the Classifier Code of Conduct

Classification Personnel will value and respect Players and Player Support Team Members and:

- treat Players and Player Support Team Members with understanding, patience, and dignity;
- be courteous, respectful, objective, honest, competent, consistent and impartial in performing their Classification duties, regardless of team affiliation and/or national origin of the Player or Player Support Team Member;
- accept responsibility for all actions and decisions taken in performance of their Classification duties and be open to discussion and interaction with Players and Player Support Team Members;
- perform Classification duties and related responsibilities free from the influence of alcohol or illegal drugs or substances;
- maintain the confidentiality of Player information, in accordance with the requirements of the International Standard for Athlete Evaluation and the International Standard for Protests and Appeals; and
- comply with the International Standard for Classification Data Protection.

Classification Personnel will respect the Classification Rules and:

- accurately and honestly represent their qualifications and abilities when applying for training and certification and when accepting Classification appointments to ITF Wheelchair Tournaments;
- understand the theoretical and practical aspects of the Classification Rules and Classification System and contribute to the understanding of the Classification Rules and Classification System by Players and Player Support Team Members;
- continuously seek self-improvement through study of wheelchair tennis, study of the Classification Rules, mentoring of lesser-experienced Classifiers, and developing Trainee Classifiers;
- perform Classification duties and related responsibilities without yielding to any economic, political, sporting or human pressure;
- acknowledge that anything that may lead to a conflict of interest, whether actual, perceived or potential, must be avoided;
- not assume any other role and/or responsibility that conflicts with their duties as a Classifier at an ITF Wheelchair Tournament;
- declare to the ITF any relationship with a team, Player or Player Support Team Member or other person that might constitute an actual, perceived or potential conflict of interest under the Classification Rules, as soon as such conflict arises; and
- acknowledge that the ITF may determine, in its sole discretion, whether or not a Classifier has an actual, perceived and/or potential conflict of interest in any given situation, and the ITF may decide, in its sole discretion, not to appoint, or to withdraw the appointment of, a Classifier in such circumstances.

Classification Personnel should respect other Classification Personnel and ITF staff, and:

- treat all discussions with other Classification Personnel and ITF staff as confidential;
- explain and justify decisions, if requested, in a calm and professional manner;
- treat other Classification Personnel and ITF staff with professional dignity and courtesy, recognising that it is inappropriate and unacceptable to criticise other Classification Personnel and/or any member of ITF staff in public;
- publicly and privately respect the decisions and decision-making process of other Classification Personnel and ITF staff whether in agreement or otherwise; and
- share theoretical, technical and practical knowledge and skills with less experienced Classifiers and assist with the training and development of Trainee Classifiers in wheelchair tennis.

3. Consequences of non-compliance with Classifier Code of Conduct

- The ITF will investigate any reported breach of the Classifier Code of Conduct and, if appropriate, take disciplinary measures.

- Classification Personnel must acknowledge and accept that disciplinary action against them may include a variety of sanctions including but not limited to verbal or written reprimands, further training, and revocation of certification as a Classifier for the ITF.



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