CLASSIFICATION IN SPORT FOR THE DISABLED

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Die doel van klassifikasie is om regverdige kompetisie aan almal te verskaf. Dit varteer van eenvoudig tot baie ingewikkeld en word gedurig hersien en verander. Die hersien klassifikasie, gebaseer op neurologiese onderzoek, word beskryf.

The purpose of classification in sport for the disabled is to endeavour to provide fair competition according to the degree of disability. Sport for the disabled is expanding rapidly and now includes sport for the blind, for amputees and for the cerebral palsied as well as the original paraplegic sport — which is wheelchair sport for paraplegics, tetraplegics, spina bifidas and comparable polioymelitis victims.

Classification for the blind and for amputees is fairly straightforward and is done according to set procedures. On the other hand, classification for the cerebral palsied is very complex and as yet no satisfactory system of grouping the various disabilities is available, but the international committee is at present formulating a new classification which will be used at the International Games in 1979.

Classification of wheelchair athletes for paraplegic sport has been done for over thirty years and the system has gradually been changed, enlarged and improved, narrowing down the differences of disability within each class and introducing new classes where necessary. In 1963, when paraplegic sport was introduced in South Africa, the classification system was rather broad and each class comprised rather differing lesions and disabilities, so that the more severely handicapped athletes were at a severe disadvantage. Unfortunately, each time the system of classification was revised or modified the previous set of world records was no longer valid as the old classes ceased to exist. This proved rather demoralising to the sportsmen and women who had trained so hard to attain these records. A new system of classification was evolved in 1970 and was finally amended and revised in 1972. This form of classification was accepted by the International Stoke Mandeville Games Committee in July 1974 and appears to give each athlete the most fair chance of competing on equal terms. Many athletes still complain of varying abilities within the same class but it must be remembered that all individuals, handicapped or not, are born with differences in character and temperament as well as differences in physical ability and it is not reasonable to expect a classification system or the medical examiner responsible for the classification to provide complete equality of ability.

For the purpose of international classification, in order to be accepted as a medical examiner a doctor must complete two full working sessions at the International Stoke Mandeville Games within a four-year period and must be approved by the medical sub-committee. New doctors classify athletes under the supervision of committee members. In South Africa we have a classification committee comprising five doctors, one physiotherapist and one occupational therapist. The members of the committee work in pairs to classify disabled athletes, while doubtful or borderline cases are discussed by the full committee. This committee will probably be enlarged in the future to ensure that all athletes can be classified prior to the annual South African Games so that they know in advance in which class they will be competing.

The revised classification system is based upon a neurological examination in which the strength of the residual musculature of the competitor is determined. The official statement on classification reads as follows:

Class 1A — upper cervical lesions with triceps power (grades 1 - 3), wrist extensors and
Riding for the Disabled

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"Een korte oorsig van die geskiedenis en doelstellinges word gegee. Terapeutiese effekte word genoem en die vryeters- en spanningsbeskrepping word beklemtoon. Die ontwikkeling in Suid-Afrika word beskryf. Die voordeel word opgesom en adresse in Suid-Afrika gegee."

The concept of Riding for the Disabled emerged in the early 1950's when Danish born Mme. Lis Hartel, severely disabled by poliomyelitis, won a silver medal for Dressage at the 1952 Olympics. This encouraged others to take up the cause for disabled riders and during the middle 1950's several groups were started in Great Britain, leading to the formation of the Riding for the Disabled Association in 1969.

Today there are over 9 500 disabled riders in Britain alone, and associated member groups exist throughout Europe, America, Canada, Australia, New Zealand and South Africa.

The Association is a non-profit-making organisation and its aim is to provide riding for wheelchair-bound, crutch-bound and other physically disabled persons and for some cases of mental disability. The following types of disability have been accepted: cerebral palsy, spina bifida, disseminated sclerosis, muscular dystrophy, multiple injuries (including thalidomide-induced de-

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