



INTERNATIONAL TABLE TENNIS COMMITTEE

CLASSES 6 - 10 REVISION - PROPOSAL

Starting points.

The volume of action (three-dimensional) and the reaction time (four-dimensional) determine the capabilities of the table tennis player.

Athletes with cerebral problems, e.g. cerebral palsy and traumatic brain injury, mostly demonstrate a longer reaction time and reduced level of co-ordination.

The volume of action is determined by the length of the playing arm, the range of movement of the trunk and the capabilities of the legs to move the athlete behind the table.

The precision of the hand movements is depending on the co-ordination and the anatomical relationships of the upper limb.

Balance functions, which are a special expression of co-ordination, are also depending on anatomical relations.

The standing classes must become a gradually system.

The frame work of the standing classes.

Class 6:

Severe impairments of legs and arms

- severe Cerebral Palsy (CP) – hemiplegia with playing arm included
- severe CP – diplegia playing arm included
- severe CP – athetoid (involuntary slow movements)
 - abnormal strokes
 - poor balance
 - poor movements
- amputation on playing arm and leg(s) or both arms and leg(s) or similar dysmelia
- double AK (above knee amputation)
- arthrogryphosis playing arm and leg(s) or both arms and leg(s)
- muscular dystrophy of limbs and trunk or other neuromuscular disability of comparable impairment profile
- incomplete spinal cord injury of comparable profile

Class 7

Very severe impairments of legs (poor static and dynamic balance)

- severe polio of both legs
- single AK plus single BK (below knee amputation)
- incomplete spinal cord injury of comparable profile

or

Severe to moderate impairments of playing arm

- single AE (above elbow amputation) of playing arm or both arms
- single BE (below elbow amputation) 1/3 of normal length
- arthrogyphosis of arm(s)
- dysmelia of comparable profile

or

Moderate CP hemiplegia playing arm included

- mild impairment in playing arm and moderate impairment in legs
- moderate impairment in playing arm and mild impairment in legs

Class 8:

Moderate impairments of the legs

- one non-functional leg
 - polio on one leg
 - single AK
 - stiff hip and stiff knee (together)
- two moderate legs
 - polio
 - double BK
 - incomplete Spinal Cord Injury (SCI), spina bifida level S1

or

Moderate impairments of playing arm

- single BE with long stump more than 1/3 but without functional wrist joint
- stiff elbow concerning flexion-extension and pronation-supination
- stiff or frozen shoulder

or

Moderate CP hemiplegia or diplegia with good playing arm

- playing arm almost normal with moderate problem(s) of leg(s) movements

Class 9:

Mild impairments of the legs

- polio of leg(s) but with good movements
- single BK
- stiff hip
- stiff knee
- severe arthrosis of hip or knee (atrophy and decreased Range Of Motion-ROM)
- incomplete spina bifida

or

Mild impairments of playing arm

- amputation through the hand or fingers amputation without functional grip
- stiff wrist and fingers without functional grip
- moderate reduced shoulder or elbow motion

or

Severe impairments of non-playing arm

- single AE with very short stump (not longer than 1/3)
- brachial plexus lesion with paralysis of the whole arm

or

Mild CP with hemiparesis or monoplegia

- almost normal playing arm with minimal problems of the legs

Class10:

Very mild impairments in legs

- single stiff ankle
- amputation of forefoot through all metatarsals (minimal 1/3 of foot)

or

Very mild impairment of playing arm

- finger amputation/dysmelias with functional grip
- stiff wrist with functional grip
- weakness of the hand or a joints of the arm

or

Severe to moderate impairment of non-playing arm

- single BE with a stump length not longer than half of forearm
- brachial plexus lesion with some residual functions
- dysmelias or similar disabilities not longer than 1/2 of the forearm

Aart KRUIJMER

ITTC – Medical Officer