



## **IBSA MEDICAL PROCEDURES**

### **I.B.S.A. CLASSIFICATION**

#### **1 - INTRODUCTION**

Classification provides a systematic method for grouping athletes - according to their visual abilities - into "classes" which organise the framework for competition.

All athletes must undergo international classification, carried out by an authorised International IBSA Classifier, prior to competing in IBSA-sanctioned continental or world championships.

As a result of classification, athletes shall be included in one of the four (4) visual classes and three (3) IBSA Medical Classification statuses.

#### **2 - IBSA VISUAL CLASSIFICATION**

##### **2.1 - Ophthalmological rules**

All classifications will be in best eye with best correction.

B1: From no light perception in either eye to light perception, but inability to recognise the shape of a hand at any distance or in any direction.

B2: From ability to recognise the shape of a hand to a visual acuity of 2/60 and/or visual field of less than 5 degrees.

B3: From visual acuity above 2/60 to visual acuity of 6/60 and/or visual field of more than 5 degrees and less than 20 degrees.

NOE: Not eligible - visual acuity over 6/60 and/or visual field of more than 20 degrees.

We remind athletes they are strongly encouraged to cooperate at all stages during the classification procedure.

## **2.2 - Equipment**

International Classification will require the minimum equipment as defined in Appendix I.

International classification will not be possible if any of the equipment in Appendix I is not available.

## **2.3 - Staff**

International classification requires the following **minimum human resources**:

- Two or more International IBSA Classifiers are required at all international competitions.
  
- Classifiers are not allowed to classify athletes from his/her own country in international competitions.

## **2.4 - Training Classifiers**

The IBSA Medical Committee is in charge of the training of IBSA classifiers. A subcommittee has been formed to take charge of all matters concerning classification. This subcommittee shall be formed of ophthalmologists experienced in the field of low vision.

International classification must be carried out by an accredited International IBSA Classifier included in a list of classifiers drawn up by the Medical Committee. This list will be made available on the IBSA web site.

International IBSA classifiers must be:

- A Doctor in ophthalmology
- A specialist in low vision

Only those ophthalmologists who have performed international classification under the supervision of an accredited IBSA International Classifier on two occasions will be recognised as an IBSA International Classifier.

In addition, doctors in ophthalmology must have some professional experience in low vision.

Optometrists may perform National Classification on their own. However, they will only be entitled to perform classification at international level together with and under the responsibility of a doctor who is a recognised International IBSA Classifier.

## **2.5 – Assistance in classification**

Guidelines are available for national and international classifiers (See Appendix II).

A sample letter is available for any athlete who undergoes an ophthalmological examination for an unofficial national classification (See Appendix III).

## **2.6 - Protest procedure**

Protests may be lodged when an athlete's classification is in question. The IBSA Protest Policies and Procedures are attached herein (see Appendix IV).

### **3 - IBSA MEDICAL STATUSES**

The aim of the IBSA Classification Status model is to assist IBSA classifiers to identify those athletes whose visual ability is consistent over time and those whose visual ability may change over time.

IBSA has determined the following three STATUSES for use:

#### **IBSA PERMANENT MEDICAL STATUS (I.P.M.S.)**

IBSA Permanent Medical Status (I.P.M.S.) is a designated status for athletes who have completed an internationally recognised and approved classification evaluation. Permanent status implies that the athlete's visual ability is not likely to change over time. This status shall be granted only in exceptional cases.

#### **IBSA REVIEW MEDICAL STATUS (I.R.M.S.)**

IBSA Review Medical Status (I.R.M.S.) is a temporary classification status for those athletes who require re-evaluation or technical review by a classification team or have not fully completed an internationally recognised and approved classification evaluation. This status is valid for a period of four years, after which the athlete must undergo classification once again. If his/her visual class does not change he shall be granted the same I.R.M.S. for a further three-year period. If his/her visual class is modified as a result of reclassification after the initial four year period he/she shall be granted IBSA New Medical Status (I.N.M.S. – see below) and shall be subject to the rules governing I.N.M.S.

In the case of so-called "borderline cases", after initial classification athletes must be reclassified within a period of three years.

### **IBSA NEW MEDICAL STATUS (I.N.M.S.)**

IBSA New Medical Status (I.N.M.S.) is for athletes who have never previously undergone an internationally recognised and approved classification evaluation. All athletes granted I.N.M.S. must be reclassified for a second time within one year of the initial classification.

Athletes with I.N.M.S. who are subsequently reclassified within the time period mentioned above and whose medical classification is not modified in the second evaluation shall be granted IBSA Review Medical Status.

Athletes who are granted I.B.S.A. New Medical Status and whose medical classification is subsequently changed as a result of the second evaluation within the first year shall retain I.N.M.S and must be classified once again within a year of the second evaluation. If the findings of this subsequent evaluation match those of the second evaluation the athlete shall be granted I.B.S.A. Review Medical Status (I.R.M.S.)

### **NOE (NOT ELIGIBLE)**

NOE will be assigned to an athlete who does not meet the minimum visual disability criteria. NOE athletes will not be allowed to compete in IBSA-sanctioned competitions.

## **Appendix I - Minimum Equipment**

1 - One Autorefract keratometer:

Allowing an objective refraction of the athlete.

2 - Box of glasses with frame.

For subjective refraction.

3 – Frontofocometer.

To allow an accurate measurement of the power of the glasses.

4 - Slit lamp.

To examine the anterior segment of the eye.

5 – Retinometer (optional)

To confirm in some specific cases the subjective eyesight with acuity charts.

6 - Ophthalmoscope (direct and indirect)

7 - Goldmann's visual field perimeter or Automated static perimetry:  
Esterman Test

To measure and determine with a paper document the visual field.

### **B - Acuity Charts :**

E.T.D.R.S (Light House, New York)

THE SOSH Vision Chart designed by the student optometric service  
to humanity third edition 1990.

The Chronister Pocket Acuity Chart

The Feinbloom Distance Test Chart( Designs for vision, Inc.,Ronkonkoma, NY)

Any Special Low vision acuity charts

In order to measure visual acuity accurately, the acuity chart must be placed at a distance of between one and six metres from the athlete.

Classifiers must be able to control the luminosity (brightness of the light source) in the room being used for classification.

It is extremely important that there is no great variation in luminosity between the waiting area and the classification area.

Visual acuity must be measured at least five times at different distances and using tests of varying sizes.

## **Appendix II - Guidelines for international classification**

The examiner will have to determine:

### 1 Anamnesis

- Moment of beginning of the disease
- Athlete's pathology according to various criteria - to be determined

### 2 Eyesight

Classifiers must supply the following information and ensure the following conditions are met:

- the type of visual acuity charts used, bearing various names.
- if the athlete can recognise the shape of a hand, at what distance.
- the distance used
- he will perform no less than 5 measurements at different distances with test of different sizes
- lighting conditions: mesopic scotopic photopic
- The best eyesight of the best eye with the best possible correction, even if the athlete does not use it in competition, and overall the binocular visual acuity.

Visual field will be noted in binocular with the best correction possible using a III / 4 isopteria.

Diagnosis - lesions must be described using a code.

Co-operation of the athlete – should be noted

### **Appendix III – Sample letter**

This letter may be given by the athlete to his/her ophthalmologist when undergoing an ophthalmological examination in order to obtain an "unofficial" national classification.

“Dear Colleague,

You are about to test Mr/Mrs X, a visually impaired athlete, in order to measure his/her eyesight or field of vision. I would like to take this opportunity to insist on the following details regarding the possible use of your statement.

This person is an athlete practicing sports in accordance with International Blind Sports Federation (IBSA) classification rules. It is most important to measure his/her "eyesight" with the best possible adjustment to be determined by an objective refraction.

The measurement of binocular vision with the best possible adjustment (glasses or lenses, whether these are worn by the athlete during competition or not) should be recorded. It might seem useless to change this refraction for a visually impaired person in view of apparently minor functional changes. However, it may lead to a change in his/her eyesight which may not appear to be significant. Furthermore, even a minor change may alter the athlete's classification and even prevent him/her from entering some competitions.

The key figures are:

$< 1/30$  and  $< 1/10$ , i.e.  $1/60$  and  $6/60$  or  $/ 36$  or  $/ 24$

In case of eye-sight troubles, the field of vision to be taken into account will be measured with

- binoculars
- the best possible optical adjustment
- Goldmann's visual field perimeter with the III / 4 isoptere
- Automated static perimetry: Esterman Test (always with the best possible correction).

The athlete will receive a copy of this statement.

Dear colleague, I thank you in advance for your attention to this matter.

Yours faithfully,

Dr Georges Challe,  
IBSA Medical Director.”

## **Appendix IV – IBSA Protest Policies and Procedures**

In case of dispute, IBSA employs two different procedures regarding its classification in international competition

A: Protest procedure

B: Appeals procedure

### **A - Protest procedure**

Protests concerning the visual classification of an individual athlete may be lodged by the athlete involved, by his/her national federation, by another national federation competing at the event or by the Chief Classifier. Protest shall be subject to prior payment of a fee of 50 euro, payable by the party lodging the protest. Should the protest be upheld this amount will be reimbursed, and should it be rejected it will be forfeited.

During the protest procedure the athlete will be classified again by a classifier who did not take part in the original classification process of that athlete.

Classification during the protest procedure will be carried out in the presence of one additional IBSA official appointed by the Chief Classifier. The athlete undergoing classification must be accompanied by one more person of his/her choosing from his/her delegation. This person may only participate in the classification process when requested to do so by the classifier. Should the athlete require translation an interpreter provided by them may also attend.

Athletes are strongly encouraged to cooperate at all stages during the classification procedure. Failure to cooperate fully during the classification process may result in an athlete being disqualified from the competition.

Athletes involved in any protest procedure must be classified at the next event at which they compete. Such athletes must undergo international classification prior to taking part in any subsequent IBSA-sanctioned event.

Protest during the classification evaluation period must be lodged within six hours of the end of the session during which the athlete was evaluated.

In the event of a protest being lodged, IBSA shall ensure the protest procedure is put in place and that the athlete involved is classified once again before the beginning of competition.

Should there be no provision for an appeal procedure at the event in question, the outcome of the protest procedure shall be deemed by all parties involved to be final, binding and not subject to further protest.

### **B - Appeals procedure**

Appeals against the visual classification of an individual athlete may be lodged by the athlete, by his/her national federation, by another national federation competing at the event or by the Chief Classifier. The appeal shall be subject to prior payment of a fee of 80 euro, payable by the party lodging the appeal. Should the appeal be upheld this amount will be reimbursed, and should it be rejected it will be forfeited.

During the appeal procedure the athlete will be classified again by a classifier who did not take part either in the original classification of that athlete or in the protest procedure.

Classification during the appeal procedure will be carried out in the presence of one additional IBSA official appointed by the Chief Classifier. The athlete undergoing classification must be accompanied by one more person of his/her choosing from his/her delegation. This person may only participate in the classification when requested to do so by the classifier. Should the athlete require translation an interpreter provided by them may also attend.

We remind athletes they are strongly encouraged to cooperate at all stages during the classification procedure. Failure to cooperate fully during the classification process may result in an athlete being disqualified from the competition.

Athletes involved in any appeal procedure must be classified at the next event at which they compete. Such athletes must undergo international classification prior to taking part in any subsequent IBSA-sanctioned event.

Appeals during the classification evaluation period must be lodged within six hours of the results of the protest procedure being made public.

In the event of an appeal being lodged, IBSA shall ensure the appeal procedure is put in place and that the athlete involved is classified once again before the beginning of competition.

The outcome of the appeal procedure shall be deemed by all parties involved to be final, binding and not subject to further protest.

[Should the IBSA Medical Director be one of the classifiers at the event, he/she shall automatically be designated Chief Classifier. The IBSA Medical Director may appoint another classifier to be Chief Classifier.]