




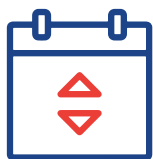
IDENTIFYING ELIGIBLE BOCCIA FEATURES

This guide is designed for parents, assistants, PE teachers, academy leads, sport development officers and other key stakeholders to identify potential eligible Boccia Players and to understand more around physical characteristics.

This document will take you through player profiles for BC1-4 classifications and explain key characteristics for each one. For more information, please refer to the BISFed Classification details [HERE](#)

A decorative graphic in the bottom right corner consisting of several parallel diagonal stripes in blue, red, and white.

WHAT ARE WE LOOKING FOR?



Aged
13-40



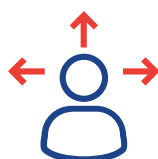
A track record
of engaging in
education and/or
employment



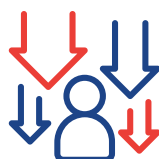
Creative problem
solvers with a high
cognitive skill set



Impairments that
result in Quadriplegia,
affecting all four
limbs and the trunk



Can make and reflect
on their decisions



Potential to thrive
under pressure



Seek to test and
stretch themselves

WHAT ARE THE CLASSIFICATIONS?



BC1

Brain involvement
(CP/Stroke/
Brain injury)



BC2

Brain involvement
(CP/Stroke/
Brain injury)



BC3

Brain involvement (CP,
Stroke, Brain injury)

No Brain involvement
(e.g. High SCI, CP,
Muscular Dystrophy)



BC4

No Brain Involvement
(e.g. High SCI,
Arthrogryposis,
Muscular Dystrophy)

WHAT DOES A BOCCIA PLAYER LOOK LIKE?

IMPAIRMENT GROUPS			
BC1	BC2	BC3	BC4
Brain Involvement	Brain Involvement	Brain Involvement/No Brain Involvement	No Brain Involvement
Cerebral Palsy	Cerebral Palsy	Cerebral Palsy	Arthrogryposes
Traumatic Brain Injury (TBI)	Traumatic Brain Injury (TBI)	Muscular Dystrophy	Muscular Dystrophy
Stroke	Stroke	Traumatic Brain Injury (TBI)	Spinal Cord Injury - must be cervical tetraplegic not paraplegic (affecting all 4 limbs)
		Sma-Spinal Muscular Atrophy	Peripheral Neuropathy
		Spinal Cord Injury - cervical tetraplegic not Paraplegic (all 4 limbs involved)	Sma-Spinal Muscular Atrophy
			TAR Syndrome
PHYSICAL PROFILE			
Severe impairment affecting all four limbs	Severe impairment affecting all four limbs and throwing arm will be impaired	All four limbs affected including trunk	All four limbs affected
Power wheelchair user in most cases	May be able to propel a manual wheelchair	More severe movement in upper and lower limbs for those with Neurological conditions i.e. CP, Stroke, TBI	May be able to propel a manual wheelchair over short distances
May be able to propel a manual wheelchair over short distances	May be able to stand or walk short distances	Power wheelchair user and cannot propel a manual wheelchair or walk unaided	May be able to transfer independently
Will need some help with transfers and personal care	May be able to independently transfer from wheelchair	Requires assistance with transfers and with personal care	Likely to be able to complete some personal care independently
May have straps/other postural support to help maintain posture	May be independent with many aspects of personal care	Non- neurological conditions will demonstrate significant muscle weakness and restriction i.e. MD, SMA, Tetra	Will have some level of trunk involvement and will need to have straps/other postural support of equipment to help maintain posture
Will have restricted range of movement in upper limbs	Will have some control of trunk and may be able to adjust position in chair		Likely to be effected by fatigue
Might present involuntary movement at rest			Players who do not have Cerebral Palsy but have another disability in all four limbs and have similar functional ability to BC2 athletes.
BOCCIA PROFILE			
May have some difficulty in releasing the ball for example excessive practice shots before being able to release the ball in an over arm throw	May have some trunk control and movement which will be seen by being able to sit in a wheelchair that has minimal support with pelvic/waist straps, lateral support or head rest	Might fit the physical profile of a BC1 or BC4 player but who are unable to hold/throw the ball may be eligible as a BC3	Lacks strength in all limbs
May hold the ball in a variety of ways due to the control of hand/ deformities and fingers. May have lots of movement of the fingers involuntarily and may not be able to fully grasp but rest the ball in the palm of the hand	Hand and grip are effected but will have sufficient hand and finger movements to manipulate ball into position	Cannot throw the ball 5 metres consistently. Must demonstrate that they are unable to hold or grip the ball and/or release the ball into the field of play.	May have weakness in hand and fingers that make gripping and holding the ball hard, but may have ability to manipulate the ball
On release of the ball may lose position, may lean or be pulled to one side and use the head or neck to attempt to maintain sitting posture	Improved hand function will result in smoother release of the ball and might have more than one way to deliver the ball for example under arm or over arm	Athletes with neurological conditions will potentially have greater flexibility to move more freely when lining up the ramp to adopt different postures and angles to release the ball but might see poor coordination in controlling limbs	Likely to need to generate power with practice swings and/or using pelvic/waist straps to improve posture and compensate for weakness in core muscles to release the ball
May have more than one way to throw- Underarm or overarm but follow through will be limited by a stop or catch in the arm and tightness or by poor coordination and excessive movements	Throw will be affected by balance and stability but will have some ability to maintain sitting position after throw	Those with non-neurological conditions will have more stability and control to release the ball	Players may use one or more of the following throws: bilateral grasp, push action from chest, pendulum swing, dart/over arm
Athletes with certain neurological conditions may present with involuntary movement affecting the whole body and the throwing arm and so will see poor coordination in controlling the limbs and body during the throw - you will see lots of limb/body movements - this will limit follow through	Both upper limbs must show impairment, and player will throw with least impaired arm	Will require the use of a ramp and assistant	Player may have some directional follow through but this will be affected by their weakness, for example you may see their arm drop away quickly or not achieve full follow through
	Can throw the ball further up the court with more power than a BC1	May use mouth, hand or head pointer	Similar functional ability to BC2 players but this impairment must effect their strength and ability to generate power
	Improved function will result in smoother release of the ball and might have more than one way to deliver the ball for example under arm or over arm		Impairments such as Arthyoyposis are less impacted by fatigue so have greater ability to throw further up the court with more power over longer periods