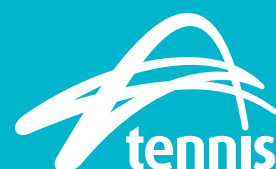


BLIND & LOW VISION CLASSIFICATION GUIDELINES



BLIND & LOW VISION CLASSIFICATION GUIDELINES



WHO IS ELIGIBLE?

Tennis Australia have developed these guidelines in line with the International Blind Tennis Association (IBTA) and Blind Sports Australia guidelines which applies to all blind and low vision players who wish to participate in local, state, national and international sanctioned blind tennis events.

Many athletes have varying levels of visual impairment and the International Blind Tennis Association (IBTA) have developed a criteria for players wishing to compete at sanctioned international blind tennis events.

Players have a diagnosis of at least one of the following:

- ▶ Impairment of the eye structure;
- ▶ Impairment of the optic nerve or pathways;
- ▶ Impairment of the visual cortex of the brain.

Players are classified according to their level of corrected vision and must have an impairment in BOTH eyes that meet the minimal disability criteria of:

- ▶ Visual acuity that is less than or equal to LogMAR = 1.00 (6/60)
- ▶ Visual field that is less than a diameter of 40 degrees

Players will be required to provide medical documentation from their ophthalmologist or optometrist prior to seeking a classification.

There are four classifications/categories of Blind and Low Vision Tennis:

	ELIGIBILITY CRITERIA
B1	Visual acuity poorer than LogMAR 2.60
B2	Visual acuity ranging from LogMAR 1.50 to 2.60 (inclusive)
B3	Visual acuity ranging from LogMAR 1.0 to 1.40 (inclusive) OR Visual fields less than 10 degrees diameter and Visual acuity better than 0.5 (B4)
B4	Visual acuity ranging from LogMAR 0.5 to 0.9 (inclusive) OR Visual fields less than 40 degrees diameter and Visual acuity better than 0.5 (B4)

(Source: *International Blind Tennis Association*)

BLIND & LOW VISION CLASSIFICATION GUIDELINES



WHY GET CLASSIFIED?

1. Sight classifications are important across all blind & low vision sports as they ensure fair and equal competition.
2. Success at events should be defined by a player's skill and ability, not their impairment.
3. The sight classifications should give all players the confidence that they are competing against others equally.
4. Sight classifications can help monitor and track the players sight progression or regression across their lifetime.
5. Add consistency amongst all stakeholders involved in blind & low vision sports.

HOW TO GET CLASSIFIED?

STATE & NATIONAL PROVISIONAL CLASSIFICATION

1. Complete the MDF classification form (refer to pages 9–10).
2. The form is to be completed in English and by a registered ophthalmologist or optometrist (see 'Useful Links' for more details).
3. Attach all medical documentation required on pages 9-10 of the form.
4. The form and the attached medical documentation may not be older than 12 months at the time of the player evaluation.
5. Once completed please send to: blindtennis@tennis.com.au
6. Notification of Sport Class and Status will be sent to the player via email.

INTERNATIONAL CLASSIFICATION

Please refer to the [IBTA Classification and Procedures](#) document for detailed information.

Please note - Tennis Australia cannot accept MDF's from other VI sports (i.e., Cricket). BLV Tennis has a sport-specific classification and sport-specific testing requirements that need to be done to provide an accurate Sport Class and Status for BLV Tennis.

BLIND & LOW VISION CLASSIFICATION GUIDELINES



SIMULTANEOUS ACUITY & FIELD LOSS

Visual field loss present with acuity loss will also be compensated as follows:

- ▶ Visual field constricted to a diameter of less than 40 degrees moves the player one class above. e.g. B4 to B3 or B3 to B2, except B2 which will NOT move into B1

As an example, if a player has 1.4 LogMAR or and 35 degree diameter visual fields, he/she is classified as a B3 through visual acuity and his/her visual field loss will move him/her one class up i.e. to B2.

- ▶ Visual field constricted to a diameter of less than 10 degrees moves the player to two classes above. e.g. B4 to B2, except for B2 and B3 which will NOT move into B1.

As an example, if a player has 0.9 LogMAR and 8 degree diameter visual fields, he/she is classified as a B4 through visual acuity and his/her visual field loss will move him/her two classes up i.e. to B2.

B1 CLASS & BLINDFOLD REQUIREMENTS

B1 classification is through visual acuity **ONLY**. This is fair because B1 players have light perception at best. So, it is unfair to have them play against players who have remaining functional visual acuity. B1 players will play with blindfolds, but other classes cannot compete in B1, even if they wear a blindfold.

Players competing in the B1 sport class are required to wear a blindfold as mentioned above.

Only proper blindfolds or eyeshades providing ample cover around the eyes, support and light obstruction will be accepted. Makeshift or non-sport specific blindfolds will not be accepted (e.g. sleeping masks). Similarly, damaged beyond functionality blindfolds (allowing the player to peek through or under) will also be rejected. Tempered blindfolds will be ground for disqualification.

BLIND & LOW VISION CLASSIFICATION GUIDELINES



SPORT CLASS STATUS

The purpose of the Sport Class Status model is to assist Classifiers to identify those players whose visual ability is consistent over time, and those whose visual ability may change over time.

As a result, the following Statuses have been established, informed by the above factors:

Confirmed (C)

Confirmed is a designated Status for players who have completed the State & National Classification process (see page 2) and implies that the player's visual ability is not likely to change over time. This Status will be assigned to players with a permanent, unchangeable condition. The player with a C status needs not undergo any classification in future.

Review (R)

Review is a Classification Status for players who require:

- A. Re-evaluation; or who
- B. Have a fluctuating or changing condition that affects their vision, requiring them to be re-assessed at a later stage. If their vision does not change significantly after a prolonged period, and their sight class does not change, the players may be assigned confirmed status.
- C. Are assessed for the first time as a New (N) Player. However, if in the opinion of the Head Classifier, the eye condition of a New (N) player will not change over time, they may be assigned the Status of Confirmed (C).

If the Status of Review is assigned, the player may compete at state events for the remainder of that year; however, they must be reassessed before any subsequent national event (unless it's within 3 months). Where a player is assigned Review with a year (e.g. Review 2022), it means they must be reassessed before their first event in that calendar year.

Review (R) Status may be assigned to players whose diagnosis has not been proven by the evaluation process. In such cases, the player

BLIND & LOW VISION CLASSIFICATION GUIDELINES



will be expected to present the results of further diagnostic tests (e.g. Electrophysiology; Visual Fields; Computer Tomography), before the next classification opportunity for a sport class status to be assigned. Once the diagnosis has been verified, further re-evaluation may be necessary in order to verify stability of the condition.

Review Status is at the discretion of the Head Classifier, depending on fluctuating or variable conditions.

New (N)

New Status is for players who have never been Classified before. This athlete must provide the appropriate documentation within three months of the competition, otherwise results from past event do not count.

Not Eligible (NE)

Visual acuity better than LogMAR: 0.5 (6/19)

This Class is assigned to a player who does not meet the minimum visual impairment criteria. NE players are not permitted to compete in IBTA or TA sanctioned competitions.

Players with a degenerative condition, and who do not currently meet the eligibility criteria, may do so at a future date. It is the responsibility of the relevant player to provide medical documentation showing a change in the level of vision of the player and submit a request for the player to be re-evaluated subsequently.

Classification Not Complete (CNC)

Incomplete Medical Diagnostic Form or insufficient assessment provided by the ophthalmologist or optometrist to complete the classification. Player will be given instructions on what needs to be completed.

HEAD CLASSIFIER

All player evaluations and medical diagnostic forms will be completed by a local registered ophthalmologist, optometrist, or orthoptist and reviewed by our Head Classifier (independent ophthalmologist) who has had previous experience as an international classifier and has extensive knowledge of the various Sport Classes in tennis. To ensure national consistency the Head Classifier will determine the Sport Class and Status of all players participating in a Tennis Australia sanctioned event.

BLIND & LOW VISION CLASSIFICATION GUIDELINES



NATIONAL CLASSIFICATION REGISTRY

Tennis Australia will be responsible for developing and administering the national classification registry and communication to players who need to update their classification documentation. The collection and storage of all personal information will be strictly in line with Tennis Australia's Privacy Policy (<https://www.tennis.com.au/privacy>).

MEDICAL DIAGNOSTIC FORM

Visual Classification, for the purpose of competing in Sport, is NOT a diagnostic procedure; however, supporting evidence relating to the type and nature of the impairment is vitally important and must be provided in advance of the classification assessment.

The player is required to be assessed by an ophthalmologist or optometrist depending on local availability and to have the results of such assessment recorded on the Medical Diagnostics Form. Make sure the ophthalmologist or optometrist completes the form correctly and provides the correct assessment results as stated on the form.

Medical Diagnostics Form for players with Visual Impairment (see below)

USEFUL LINKS

Tennis Australia

<https://www.tennis.com.au/play/inclusion-and-diversity/blind-and-low-vision/about>

International Blind Tennis Association

<https://www.internationalblindtennis.org/classification/>

Blind Sports Australia

<https://www.blindsportsaustralia.com.au/blind-tennis-sport>

Vision Australia

<https://www.visionaustralia.org>

MEDICAL DIAGNOSTICS FORM FOR PLAYERS WITH VISUAL IMPAIRMENT



- ✓ The form is to be completed in English by a registered ophthalmologist, optometrist or orthoptist then sent to blindtennis@tennis.com.au.
- ✓ All medical documentation required on pages 9-10 needs to be attached.
- ✓ The form and the attached medical documentation may not be older than 12 months at the time of the player evaluation.

Player Information

Last name:			
First name:			
Gender:	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Date of Birth:
Sport:			IF registration ID (if applicable):
Country:			

Medical Information Diagnosis

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Medical History

Age of onset:					
Anticipated future procedure(s):					
Player wears glasses:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Correction:	Right:	
				Left:	
Player wears contact lenses:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Correction:	Right:	
				Left:	
Player wears eye prosthesis:	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> No		

Medication

Eye medications used by the player:
Ocular drug allergies:

MEDICAL DIAGNOSTICS FORM FOR PLAYERS WITH VISUAL IMPAIRMENT



Player's name:

Assessment of Visual Acuity and Visual Field

Visual Acuity: (LogMAR)

	Right eye	Left eye
With correction:		
Without correction:		
Type of correction:		
Measurement method:		

Visual Field:

in degrees (radius)	Right eye	Left eye

Attachments to the Medical Diagnostic Form

1. Visual field test

For all players with a restricted visual field a visual field test must be attached to this form.

The player's visual field must be tested by full-field test (120 degrees) and 30 degrees, 24 degrees or 10 degrees central field test, depending on the pathology.

One of the following perimeters should be used for the assessment: Goldmann Perimetry (Intensity III/4), Humphrey Field Analyzer or Octopus (Interzeag).

2. Additional medical documentation

Please specify which eye condition the player is affected by.

Eye condition	Additional medical documentation required (see below)
<input type="checkbox"/> Anterior disease	none
<input type="checkbox"/> Macular disease	<ul style="list-style-type: none"> ▶ Macular OCT ▶ Multifocal and/or pattern ERG* ▶ VEP* ▶ Pattern appearance VEP*
<input type="checkbox"/> Peripheral retina disease	<ul style="list-style-type: none"> ▶ Full field ERG* ▶ Pattern ERG*
<input type="checkbox"/> Optic Nerve disease	<ul style="list-style-type: none"> ▶ OCT ▶ Pattern ERG* ▶ Pattern VEP* ▶ Pattern appearance VEP*
<input type="checkbox"/> Cortical / Neurological disease	<ul style="list-style-type: none"> ▶ Pattern VEP* ▶ Pattern ERG* ▶ Pattern appearance VEP*

MEDICAL DIAGNOSTICS FORM FOR PLAYERS WITH VISUAL IMPAIRMENT



Player's name:

The ocular signs must correspond to the diagnosis and degree of vision loss. If eye condition is obvious and visible and explains the loss of vision, no additional medical documentation is required. Otherwise, the additional medical documentation indicated in the above table must be attached to this form. If the medical documentation is incomplete, the classifiers will not be able to allocate a sport class.

*Notes on electrophysiological assessments (VEPs and ERGs):

Where there is discrepancy or a possible discrepancy between the degree of visual loss, and the visible evidence of ocular disease the use of visual electrophysiology is often helpful in demonstrating the degree of impairment.

Submitted data should include the report from the laboratory performing the tests, copies of the original data, the normative data range for that laboratory, and a statement specifying of the equipment used, and its calibration status. The tests should be performed as a minimum to the standards laid down by the International Society for Electrophysiology of Vision (ISCEV) (<http://www.iscev.org/standards/>).

A Full Field Electroretinogram (ERG) tests the function of the whole retina in response to brief flashes of light and can separate function from either the rod or cone mediated systems. It does not however give any indication of macular function.

- ▶ A Pattern ERG tests the central retinal function, driven by the macular cones but largely originating in the retinal ganglion cells.
- ▶ A Multifocal ERG tests the central area (approx. 50 degrees diameter) and produces a topographical representation of central retinal activity.

A Visual evoked cortical potential (VEP) records the signal from produced in the primary visual cortex, (V1), in response to either a pattern stimulus or pulse of light. An absent or abnormal VEP is not in itself evidence of specific optic nerve or visual cortex problems unless normal central retinal function has been demonstrated.

- ▶ A Pattern appearance VEP is specialised version of the VEP used to establish visual threshold which can be used to objectively demonstrate visual ability to the level of the primary visual cortex.

I confirm that the above information is accurate.

I certify that there is no contraindication for this player to compete at competitive level in sport, with the exception of:

Name:

Medical Specialty:

Registration Number:

Address:

City:

Country:

Phone:

Email:

Date:

Signature: