

2nd iCoachKids International Conference

Leeds 5th & 6th Sept 2018

Developing Effective Environments for Children in Sport

THE VALUE OF EVERYBODY

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#iCKConference

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**SPORT
IRELAND
COACHING**



Established in 2010 as the Global Project for Impaired Skating

Clear vision of the aims and purposes of the project.

1. Create events that would include everyone in the sport of ice skating - no one has the 'wrong disability for the sport'.
2. Ultimately, ice skating would become a Paralympic Sport.
3. Create a cost effective development event structure that incorporated all levels from beginner to elite participation and specific disability events.

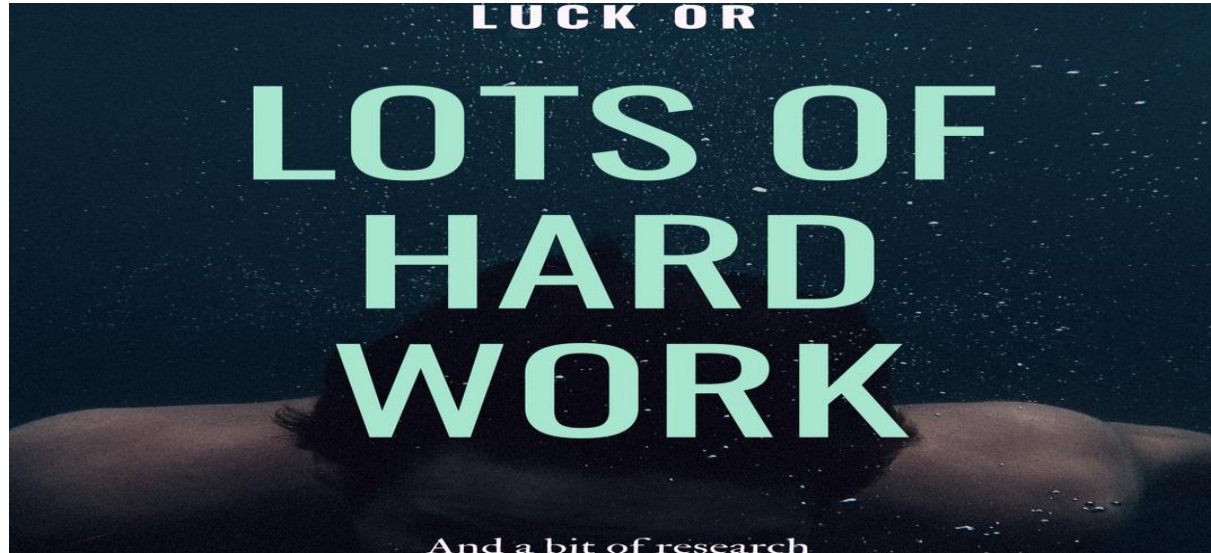
The first pilot event was held in 2012 in Scotland
And the Charity was set up in 2011 to operate the event.



World Recognition ISU Letter- 18.7.2018!



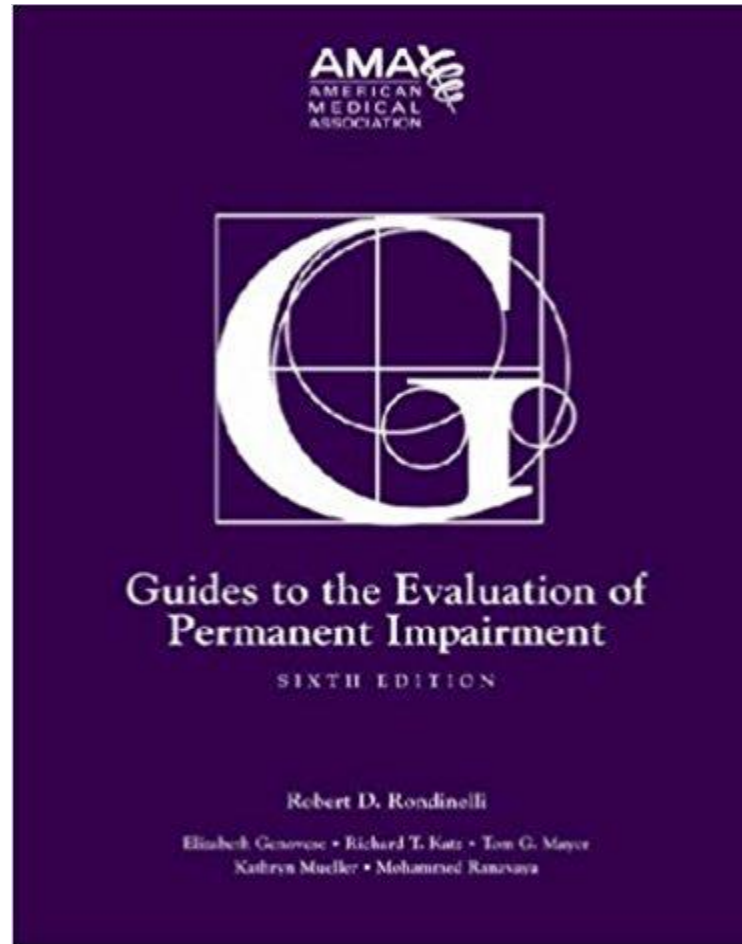
How did we Get there so quickly!



3 key policies:

1. Accreditation policies so care remains with the families/carers.
2. Facilitation policies that give everyone support and the confidence to participate.
3. Classification - Innovative classification / event structure.

- SKATING IS/ CAN BE A PERFORMANCE SPORT
- PERFORMANCE MARKED OBJECTIVELY
- NEW TECHNICAL RULES FOR DIFFERENT LEVELS OF DISABILITY
- TECHNICAL HANDBOOK, 4TH EDITION



- IMPAIRMENT % ASSESSED OBJECTIVELY USING AMA GUIDES
- FUNCTIONAL IMPACT ON ICE SKATING PERFORMANCE
- % IMPAIRMENT CONVERTED TO A SCORE AND ADDED TO PERFORMANCE
- CLASSIFICATION HANDBOOK, 3RD EDITION

CLASSIFICATION HANDBOOK – 4TH EDITION (2017)

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EXAMPLES OF COMMONLY USED CLASSIFICATIONS COULD BE USED IN ANY SPORT!

TYPE OF IMPAIRMENT	IMPAIRMENT RATING and FACILITATION	WPI
Cardiovascular –only at high exertion	Skater may be permitted to reduce length of program and/ or number of elements Skater may be permitted longer recovery after warm up	6%
Cardiovascular – moderate impact during all programs and training elements	Skater permitted to reduce length of program Skater may be permitted longer recovery after warm up	17%
Cardiovascular – significant impact	Must ensure that the skater is permitted by their physician to skate	40 to 65%
Pulmonary/ Asthma – impact only at high exertion	Skater may be permitted to reduce length of program Skater may be permitted longer recovery after warm up	6%
Pulmonary – moderate impact during all programs and training elements	Skater permitted to reduce length of program Skater may be permitted longer recovery after warm up	23%
Pulmonary – significant impact	Must ensure that the skater is permitted by their physician to skate	40% to 65%
Endocrine – residual symptoms not corrected by medication, e.g. Failure to regulate temperature etc.	Skater may be permitted to reduce length of program Skater may be permitted longer recovery after warm up	7 to 10%

EXAMPLES OF COMMONLY USED CLASSIFICATIONS – ESTIMATES COULD BE USED AT CLUB LEVEL LEAVING FORMAL CLASSIFICATION FOR ELITE PERFORMANCE

Hearing loss corrected by cochlear implant or hearing aid	Skater should wear aid and music volume increased	5%
Hearing loss not fully corrected by cochlear implant or hearing aid, 75% correct in word recognition test	Skater should wear aid and music volume increased	9%
Vestibular disorders – no abnormal Romberg but mildly abnormal gait on ice	Skater should remain at a technical level that reflects their balance and may require a balance facilitator	5 to 9%
Vestibular disorder – Abnormal Romberg and unsteady gait on and off ice	Skater should remain at a technical level that reflects their balance and Balance facilitator permitted on ice	11 to 27%
Vestibular disorder – difficulty walking	Skater may require use of frame or harness and/ or balance facilitators	30 to 42%
Vestibular disorder – difficulty standing	Skater may require use of frame or harness and/ or balance facilitators	45 to 58%
Episodic loss of consciousness	Skater requires ice halo or helmet and facilitator available	5%
High functioning autism	Skater has adjustments to facilitate participation, eg quiet, no clapping etc.	5%
Intellectual impairment	Skater can skate independently	10%
Moderate Intellectual impairment	Cannot initiate action but can skate independently when prompted	20%
Severe Intellectual impairment	Skater requires prompting for all activity	35%

CNS Impaired station and gait (mild)	Skater can use full blade and edge with difficulty	10%
CNS Impaired station and gait (moderate)	Skater has limited ability to use full blade and cautious when skating independently	20%
CNS Impaired Station and gait (severe)	Requires balance facilitator or frame	35%
Down's syndrome no heart impairment and no additional impairments	Skater can skate independently	19%
Down's syndrome with heart impairment treated successfully but some additional difficulties	Skater can skate independently but facilitator maybe allowed	43%
Loss of one lower arm	Skater can wear prosthesis	15%
Hemiplegia (lower leg)	Skater can skate independently	15%
Loss of one lower leg	Skater can wear prosthesis	40%
Severe cerebral palsy	Skater is semi ambulant with walking ability limited to indoors	77.5%
Very severe cerebral palsy	Skater is completely wheelchair bound and no independent function	94%
Scoliosis	Skater can skate independently	16%
Klippel Feil syndrome (mild)	No jumps or risky elements, protective clothing	23%
Goldenhaar syndrome	Skater can skate independently	32%
Fragile X syndrome	Skater can skate independently	28%
Bardet Biedl syndrome (moderate with registration of partial sight)	Requires visual facilitator	63%
Total loss of vision in both eyes	Skater has a visual facilitator on ice	85%
Total loss of vision in one eye	Skater has a visual facilitator on ice for safety	5%

From small beginnings –



To the future ... a national and world governing body structure with training & support for all participants..... and
We are adopting iCK and providing free on line training, webinars and events!