

The recent development of Sport Karate for the Disabled is having a positive impact on the enhancement of the performance for people with disabilities, and on their social integration.

This development has been taken by the **BKF** as an opportunity to review its internal structures in order to identify possible alternatives and consequences on competitive sports. This project is going to build the base for making it possible for the BKF Karateka to compete and contrast their quality both at National and International level. The implementation and success of this project will depend on its general acceptance within the BKF and its member Federations, starting with the athletes, and following with the relevant departments of the National Federations. All the persons involved are required to do their best in order to give an adequate place to the karate competition for the disabled at international level.

Competitions can be held at national level with at least 4 participating competitors in one category (BKF System with Repechage).

At International level the representatives of at least 4 countries must be present to compete (BKF System with Repechage).

CLASSIFICATION OF THE DISCIPLINES

BKF has classified the following disciplines:

Kata: According to the official WKF Rules

1. Kata for Wheelchair persons
2. Kata for people with intellectual Impairment
3. Kata for Amputees
 - a) Group 1: A2 + A4
 - b) Group 2: A6 + A7 + A8
 - c) Group 3: A9
4. Cerebral Palsy: C7 + C8
5. Hearing Disorders
6. Blind and Visual Impairment B2 + B3

(**A2** single leg above knee amputation, **A3** double leg above knee amputation, **A4** single leg below knee amputation, **A5** double arm above elbow amputation, **A6** single arm above elbow amputation, **A7** double arm below elbow amputation, **A8** single arm below elbow amputation, **A9** combined upper and lower limb amputations (unilateral or diagonal), **C7** right or left paralysis = hemiplegia, mostly severe limping, **C8** Minimal paralysis, minimally affected diplegia, hemiplegia or athetosis, mostly incoordination, **B2** Severe visual impairment: From ability to recognize the shape of a hand up to visual acuity of 2/60 and a visual field of less than 5 degrees (in the best eye with the best practical eye correction), **B3** Visual impaired: From visual acuity above 2/60 up to 6/60 and/or a visual field of more than 5 degrees and less than 20 degrees (in the best eye with the best practical eye correction), Deafness with a hearing loss of at least 55 Decibels in the best ear.

M J Billman, Amended March 2009

KARATE COMPETITION FOR DISABLED ATHLETES

- Framework and Structure –

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M J Billman, Amended March 2009



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1. INTRODUCTION

The recent development of the sport of karate for the disabled is having a positive impact on the enhancement of the performance for people with disabilities, and on their social integration.

This development has been taken by the British Karate Federation as an opportunity to review its internal structures in order to identify possible alternatives for competitive sport. This project is the first of its kind in the BKF and is going to build the base for making it possible for BKF karateka to compete and contrast their quality both at National and International level. The implementation and success of this project will depend on its general acceptance within the BKF and its member Federations, starting with the athletes, and following with the relevant departments of the National Federations.

2. HISTORY OF KARATE COMPETITION FOR THE DISABLED

The German Karate Federation (DKV) was the first WKF member federation to have a separate "Karate for the Disabled" department, The Karate Federation of Montenegro has as well created a separate department for "Karate for the Disabled". The Karate Federations of Bosnia-Herzegovina, Serbia, Slovenia and Luxembourg have also shown strong interest. They have persons of this target group in their clubs and are interested in developing this area of karate.

3. STRUCTURE OF KARATE AS A SPORT FOR THE DISABLED WITHIN THE BKF

The athletes and coaches have realized that the training know-how for karate competition can also be implemented in the case of persons with moderate disabilities when this know-how is adapted to their needs and possibilities. This requires an intensive collaboration with the coaches.

The specific systems developed by the BKF should, therefore, undergo a fundamental re-organization, both in general practice and competition, to enable their application to be applied to the disabled. The recognition of these systems should nowadays be the basis for the development of the karate competition for the disabled at National and International level. For this purpose, the BKF has created the "Commission for Karate for the Disabled".

1. The BKF-Commission

2. Competition level Panel:

The panel should comprise of the following levels:

- BKF Championships
- National Championships

3. Subcommittees:

- Rehabilitation Sport
- Prevention Sport
- Mass Sport
- Medical
- Educational

4. Medical Commission

- Anti-doping Commission



4. IDENTIFICATION

The BKF intend to give to rehabilitators, prevention specialists, practitioners and competitors the appropriate atmosphere, and offer the possibility to create a “sense of belonging”.

5. TRANSPARENCY

Mutual respect and esteem is the basis for constructive co-operation. There is a need for an open and efficient communication in all domains to build the proper atmosphere.

6. STRUCTURE

The BKF, as the Governing Body for Great Britain, should have an open dialogue with all participants in order to build support among its member federations, which is essential to its fundamental structure. The position paper states: “Sports for the Disabled relies on the co-operation of all.” The Federations, the Regions, the National Federations, and the Governing Body“. This statement has also to be applied to competitive sports.

The international competition corresponds to the BKF, whereas the National Federations are mainly responsible for finding and supporting talents.

7. CO-OPERATION

Competitive sports for disabled do not differ from competitive sports for the able-bodied in many areas, such as training or competition. Consequently the disabled should benefit from the expertise of training sciences for sports for the able-bodied, and use them for the structure of competitive sports, thus creating a synergy.

8. CATEGORIES

The BKF intends to adapt the competition for the disabled to validate criteria recognized by the International Paralympics Committee. The BKF will establish the relative competition categories.

9. PUBLIC RELATIONS

Successful athletes in Championships are always a model for others. This is not exclusively the case in sports for the disabled, although it is especially so in these cases. For this reason, the BKF needs extensive public relations during its Championships to present its best athletes to the media, in order to call the attention to the competition for the disabled.

10. HEALTH

The athlete’s health is the basis for an ideal, human and successful sport competition. They have to be provided with appropriate medical advice, care and maintenance from the search for talents up to the Paralympics.

11. CLASSIFICATION

Generally speaking there are two different types of disabilities for classification:

1. Depending on the type of disability following medical diagnosis: (Amputation, Blind and the Visually Impaired, Cerebral Palsy, Wheelchair bound, etc.)



- Amputations 9
 - Blind and Visually Impaired 3
 - Cerebral Palsy 8
 - Intellectual Impairment 1
 - Wheelchair Bound 8
2. According to their level of impairment and to the sport discipline, as well as the ability of the individual to practice this sport discipline despite the disability. This integrative system involves different disabilities in one group. The functional classification system is done through specific tests by sport, and is supervised during the competition. The asset of this functional classification is to allow athletes with different disabilities to compete together.

DISABILITY SPECIFIC CLASSIFICATION

11.a.1 Amputees:

- A1 double leg above knee amputation
- A2 single leg above knee amputation
- A3 double leg below knee amputation
- A4 single leg below knee amputation
- A5 double arm above elbow amputation
- A6 single arm above elbow amputation
- A7 double arm below elbow amputation
- A8 single arm below elbow amputation
- A9 combined upper and lower limb amputations (unilateral or diagonal)

11.a.2 Blind and Visually Impaired

- **B1 Total Blindness:** Total absence of perception of light in both eyes, or some perception of light, but with inability to recognize the form of a hand at any distance or direction. Athletes must wear opaque glasses!
- **B2 Severe Visual Impairment:** From ability to recognize the shape of a hand up to visual acuity of 2/60 and a visual field of less than 5 degrees (in the best eye with the best practical eye correction).
- **B3 Visually Impaired:** From visual acuity above 2/60 up to 6/60 and/or a visual field of more than 5 degrees and less than 20 degrees (in the best eye with the best practical eye correction).

11.a.3 Cerebral Palsy (CP)

Existing Categories

- C1 severe Quadriplegia = Tetraplegia, dependent on electric wheelchair for mobility
- C2 severe Spastic Quadriplegia, self propulsion in wheelchair is possible with hands and feet for short distances
- C3 Leg Paralysis, arms have sufficient, but limited movement, trunk control is unstable, use of manual wheelchair without any problems
- C4 Minimal Limitation in upper limbs, poor or no walking ability, fair trunk control.

Existing Groups

- C5 Leg Paralysis = Diplegia, dependent on assistive devices in walking
- C6 St. Vitus' Dance, uncontrolled movements in upper limbs and face = Athetosis
- C7 Right or Left Paralysis = Hemiplegia, mostly severe limping
- C8 Minimal Paralysis, minimally affected Diplegia, Hemiplegia or Athetosis, mostly unco-ordination.

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11.a.4 Wheelchair

Tetraplegia, Paraplegia, Spina Bifida and Poliomyelitis are the most common forms. The classification depends on the parts of the spinal cord below the affected area. According to the sport discipline there are from 4 up to a maximum of 8 categories. The classification is done according to the specific requirements of the sports discipline.

The Following are differentiated

- Paralysis of the Cervical Spine (C5-C8), whereas arms and hands are also always affected (Tetraplegia)
- Paralysis of the Thoracic Spine (TH1-TH12) with different instability of the trunk, but with normal arm functions (Paraplegia)
- Paralysis in the Lumbar area with a deficit in the legs, but fair trunk control (L1-S2) (Paraplegia)

11.a.5 Intellectual Impairment

Persons with Intellectual Impairment, Downes syndrome, Learning Disorders, Behavioural Disorders, etc. having an IQ below 75, are authorized to participate in this group.

Currently there is only one group despite the broad spectrum of impairments, but there is work in progress to create new and more equitable classification systems. So far, athletes with Intellectual Impairment were only allowed to participate as demonstration disciplines at the Paralympics.

11.a.6 Hearing Disorders

Deafness with a hearing loss of at least 55 Decibels in the best ear. The athletes are not allowed to use any hearing aids during the competition. This group of disabled is organized separately world-wide through the International Committee of Sports for the Deaf (CISS Comité International des Sports des Sourds) and performs its own World Games. For this reason this group is not integrated at the Paralympics.

The quality of the karate specific, and functional classification of the athletes, is the basis for equal opportunities, fairness, repeatability, and verifiability in sport competition for disabled. The system has to be arranged internationally in this sense. All Regional, National, and International levels, should be consistent with the international standard. The term "Disability Group" is substituted by "Competition Group".

12. ORGANIZATIONAL MEASURES

High performance in sport can only be achieved by the impaired and able-bodied if the personal environment is adequate.

13. MEDICAL AND PHYSIOTHERAPEUTICAL CARE

Athletes with impairment already rely on medical and physiotherapeutical care because of their impairment, and the possibility of "overloading." Annual medical checkups by a doctor of the Medical Commission of the BKF are a premise for admission to any international event.

14. CLASSIFICATION OF THE DISCIPLINES

The Sport Disciplines of the BKF are classified as follows:

Kata: According to the official BKF Rules

7. Kata for Wheelchair athletes
8. Kata for Intellectually Impaired
9. Karate for Amputees
 - a) Group 1: A2 + A4
 - b) Group 2: A6 + A7 + A8
 - c) Group 3: A9
10. Cerebral Palsy: C7 + C8

15. SUMMARY

Political Objectives – Karate as a Paralympic Sport:

The short and medium term objective is to consolidate Karate for Disabled in the BKF and its National Federations on a personal, institutional and constitutional level.

The long term political objective is that karate gets the status of a Paralympic Sport. This status has had a wide range of consequences for all sports which had been considered marginal before becoming Paralympic. A fundamental effect would mean a greater presence in the media since, nowadays, the “market value” of a sport is mainly measured by its presence in the media. This would have a great influence on all the other objectives. It can be expected that the creation of “Karate for the Disabled” in the BKF will enhance the acceptance of karate in society as a whole, this being an asset in the quest for karate to become Paralympic.