

Wheelchair
Fencing Coach
Experience



Norway
2023



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Rio 2016 Paralympics on Channel 4



- Sir Ludwig Guttmann
- In 1939, a renowned German-Jewish neurosurgeon escapes the Nazi regime and settles in Aylesbury, England.
- Head of Stoke Mandeville Hospital's National Rehabilitation Center for Spinal Cord Injuries in Patients who were mostly World War II soldiers.
- Until that day, the life expectancy of spinal cord injuries was only 2 years.
- Basic philosophy of SPORT as a means of restoring HEALTH
- His favourite sport: Fencing!!!
- REF: <https://www.nature.com/articles/sc198525.pdf?origin=ppub>



Fencing is a Medicine!

- 1780: a book by the Frenchman Dr. Tissot “la gymnastique Médicale et chirurgicale”, fencing exercises are recommended after studies and cure of many types of “afflictions”
- 1895: Doctor Célestin Lecomte defended his thesis on "fencing from a medical point of view" and described fifteen cases of cured illnesses or remissions thanks to fencing !!!
- 19th century: Swede Ling developed an E.P.S. method of physical education, inspired by the fencing courses he took for his rehabilitation system.





Stoke Mandeville (GBR) 1953

- First Fencing Presentation in Stoke Mandeville



Rome (ITA) 1960

- 1st Paralympic Games Rome



Heidelberg (GER) 1972

- Paralympic games 1972 Fencing in all categories



BREMEN (GER) 1981

- 1st European Championships



MALLE (BEL) 1986

- 1st World Championships



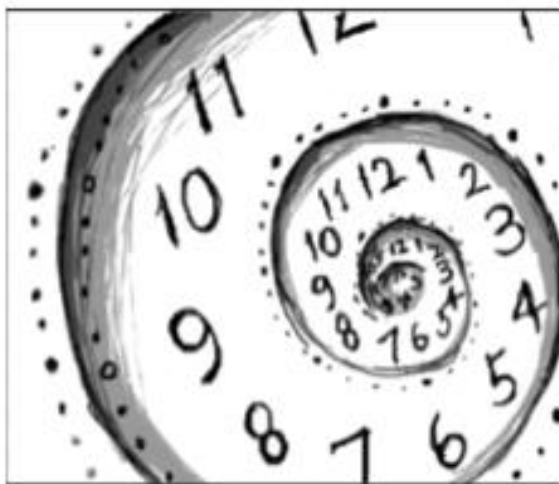
OVIEDO (ESP) 1998

- 1st World Cup



TORINO (ITA) 2006

- 1st combined World Championships with able bodied fencers
- IWASF+FIE



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History!

- A sport with a long tradition and history
- First introduced at the Stoke Mandeville Games by Sir Ludwig Guttmann in 1954 as a WWII Rehabilitation and Recreation Hospital for Spinal Cord Injuries
- A Paralympic sport from the first Paralympic Games in Rome in 1960.





Sport Description

- Wheelchair fencing is an adaptation of the Olympic sport of fencing for athletes with some form of lower extremity disability.
- Follows IWAS fencing regulations
- Weapons: Foil, Epee and Saber
- Individual events and team events
- competition system: Poule + Direct Elimination
- Categories: A, B and C

PARALYMPIC FENCING CLASSIFICATION

Questions the classifier needs to address

1) Is the athlete eligible? → answer is based on:

MDF + medical supporting documents

Assessment (bench tests)

2) Which sport class should be allocated? → the answer is

Supporting medical documents MDF +

Evaluation (bench + functional tests)

Observation in competition / training



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ELIGIBILITY OF PARALYMPIC FENCING

- impaired muscle power
- athetosis
- Impaired passive range of motion
- Hypertonia
- member disability
- ataxia
- Leg length difference

Who is eligible for the sport?

He/she who has (at least) one of the eligible disabilities, which must be permanent and meet the relevant minimum disability criteria

All 3 requirements must be met

Classification Categories

Based on the disability of each athlete the categories are defined as:

A' category (classes 3 and 4)

Disability archetype: lower limb disability, flaccid paraplegia

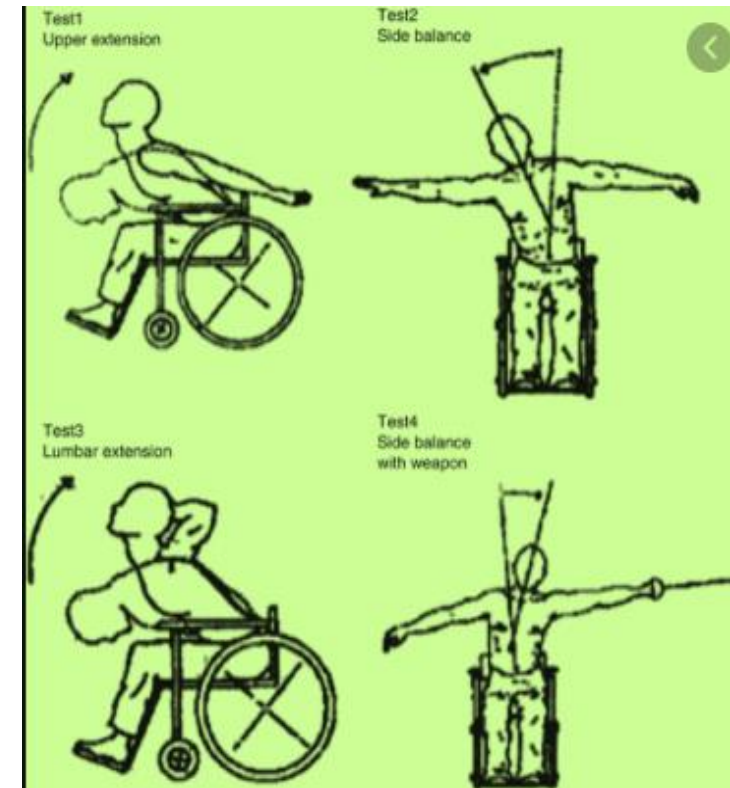
B' category (class 2)

Deficiency Archetype: Mid-thoracic SCI (spastic paraplegia)

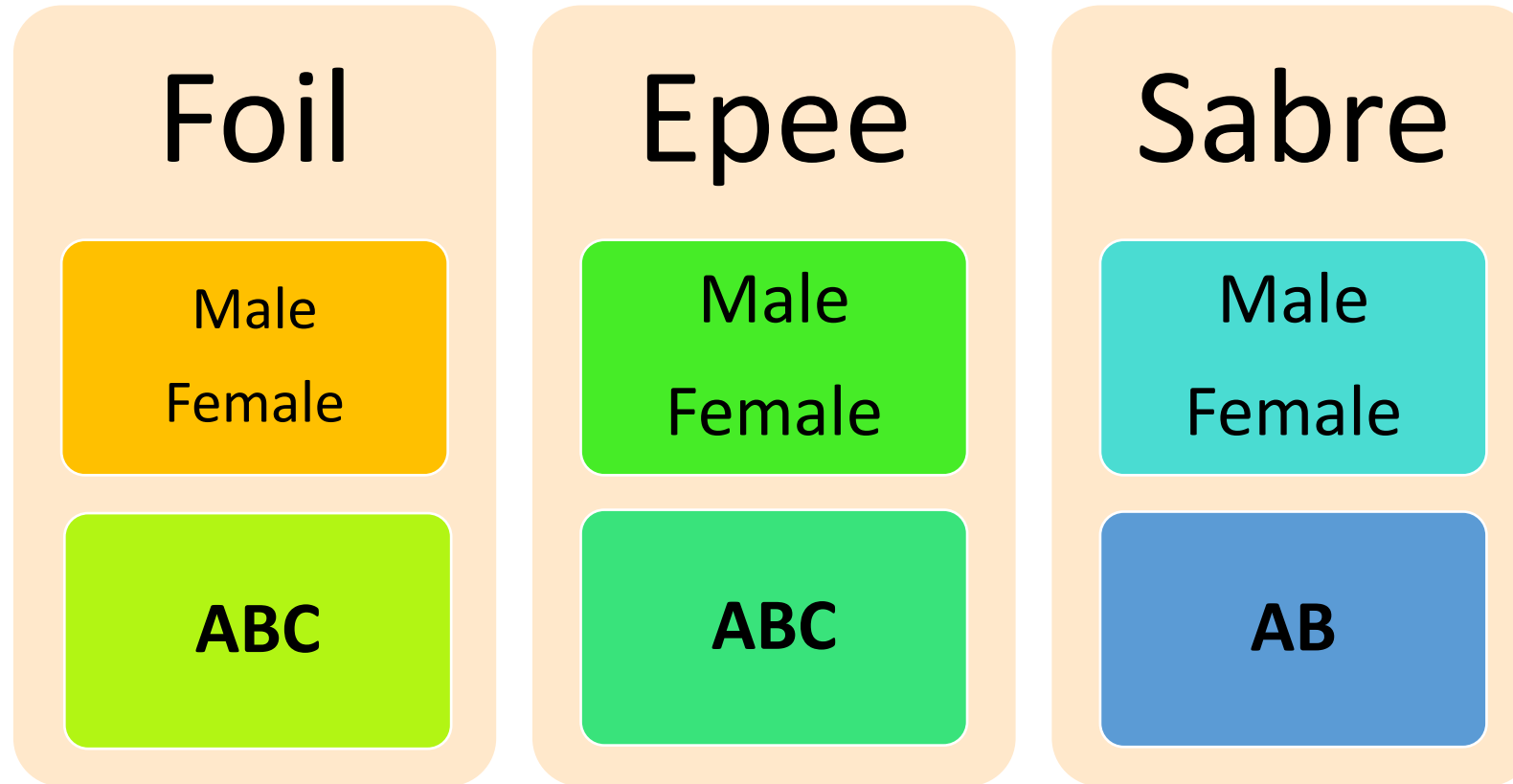
Category C' (Classes 1A and 1B)

Disability archetype: cervical SCI (tetraplegia)

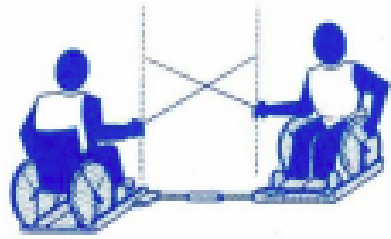
We use specific standardized tests to assess trunk, lower and upper limb function



Paralympic Fencing Weapon Categories



- WOMEN or MEN teams
- (MIXED CLASSIFICATION CATEGORIES, THE TEAM MUST INCLUDE AT LEAST 1 B, C CLASSIFIED FENCER)
- AGE CATEGORIES: -17, -23 AND SENIOR



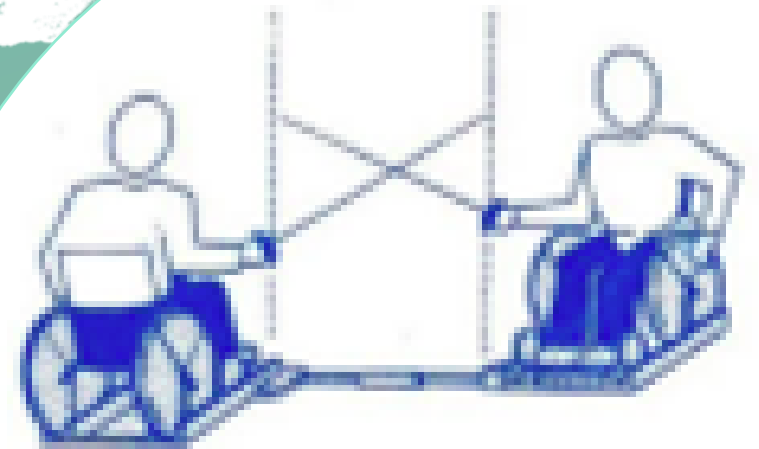
Foil A'B'C'

- cutting edge weapon
- Conventional
- Weight 500 gr. / weapons regulations
- Technical and precise,
- valid target
- Develops reaction speed and coordination



Epee A' B 'C'

- point gun
- Weight 750 grs / weapon regulation
- Legs are covered by a metal skirt for target isolation (apron)
- Develop speed, tactics, coordination and patience
- Valid surface: torso, hands and mask



valid target



non-valid

SABRE A', B

Point and slash weapon

Conventional

Target: WAIST UP

The fastest weapon

High degree of predictability



valid target



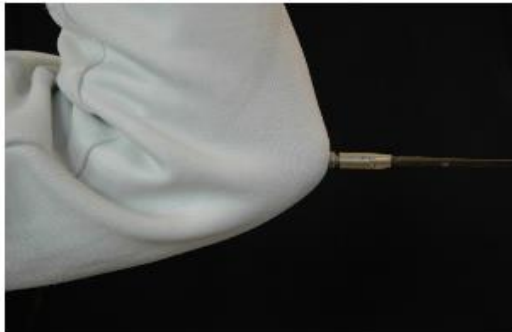
non-valid target

MOST IMPORTANT



Fencing Measurement

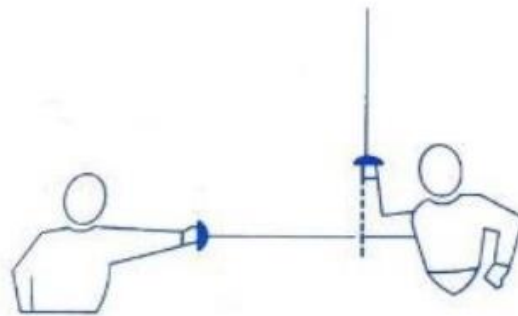
- 1) The fencers must sit upright in the centre of their wheelchair's seat.
- 2) One fencer will bend the fencing arm with the forearm vertical and upper arm horizontal and the elbow pointing to the other fencer.
- 3) The other fencer with a straight arm shall touch the outer edge of the opponent's elbow with the point of the **epee**



Cat.A and B



Cat. C



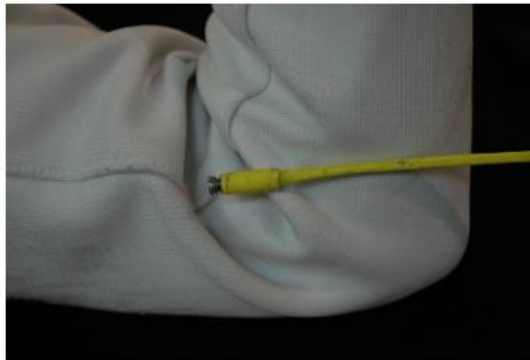
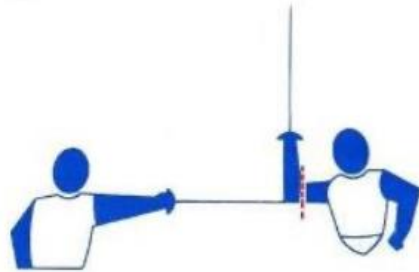
In Epee, the distance has to be established before covering the non-valid area with an “apron”

MOST IMPORTANT



Fencing Measurement

3) The other fencer with a straight arm shall touch the inner edge of the opponent's forearm with the point of the **sabre and foil**



Category A and B



Category C (no sabre)

In case of fencers with unequal arm length the fencer with the shorter arm may choose a distance that lies in between his and his opponent's distance.

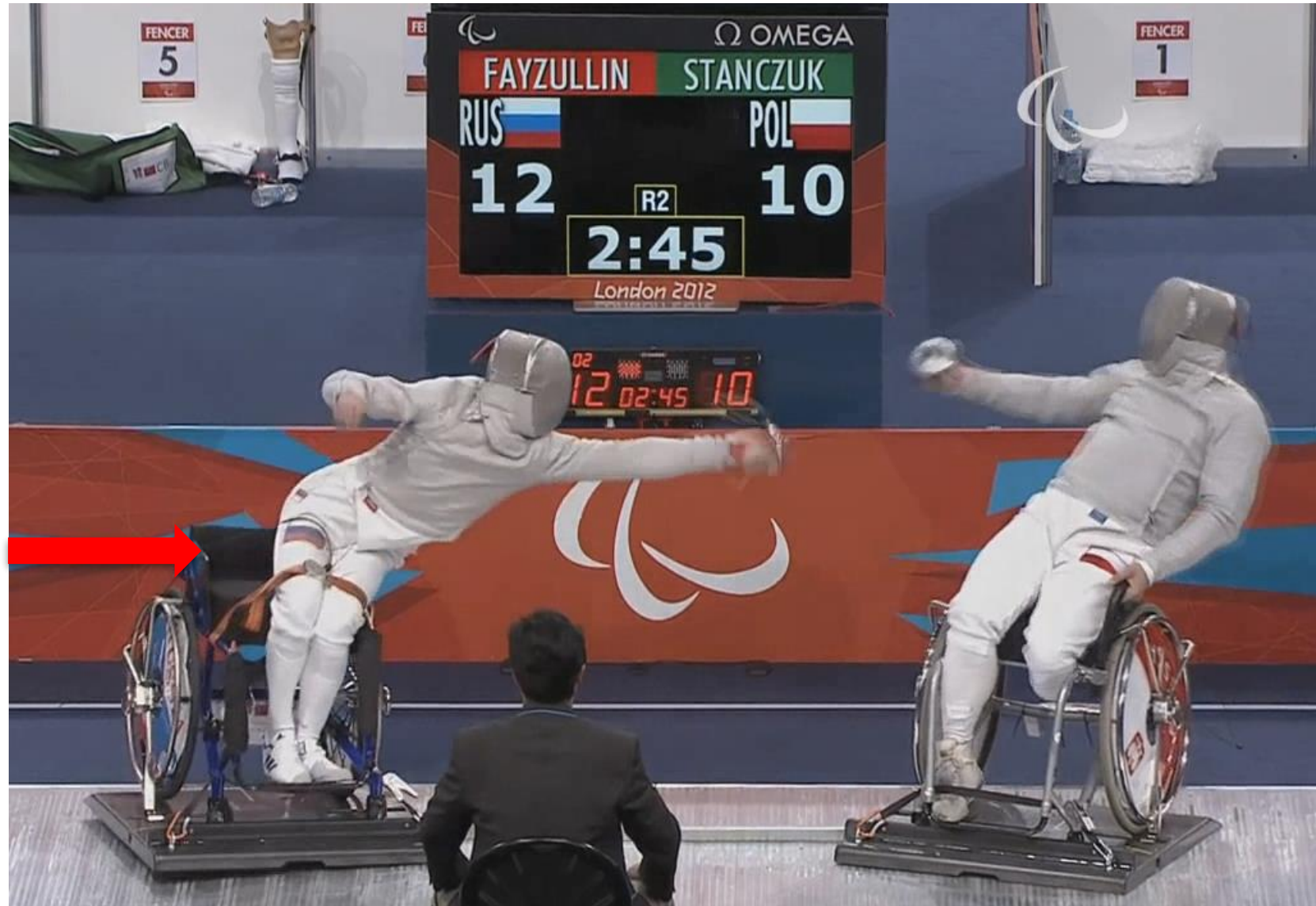
Where there is a dispute, the referee shall intervene and his decision is final.



Mark on the Jacket



Lifting





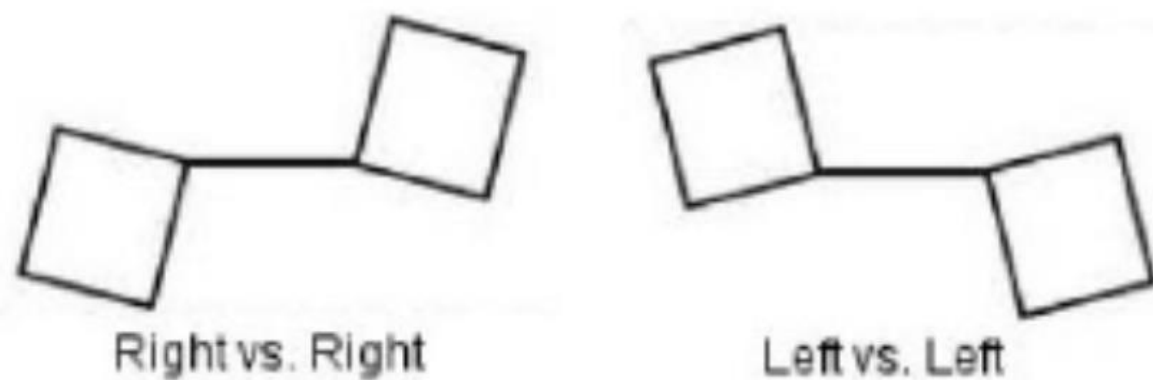


Figure 1. Fencing position for right/right and left/left

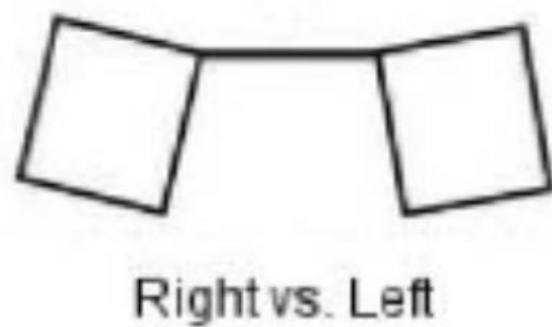
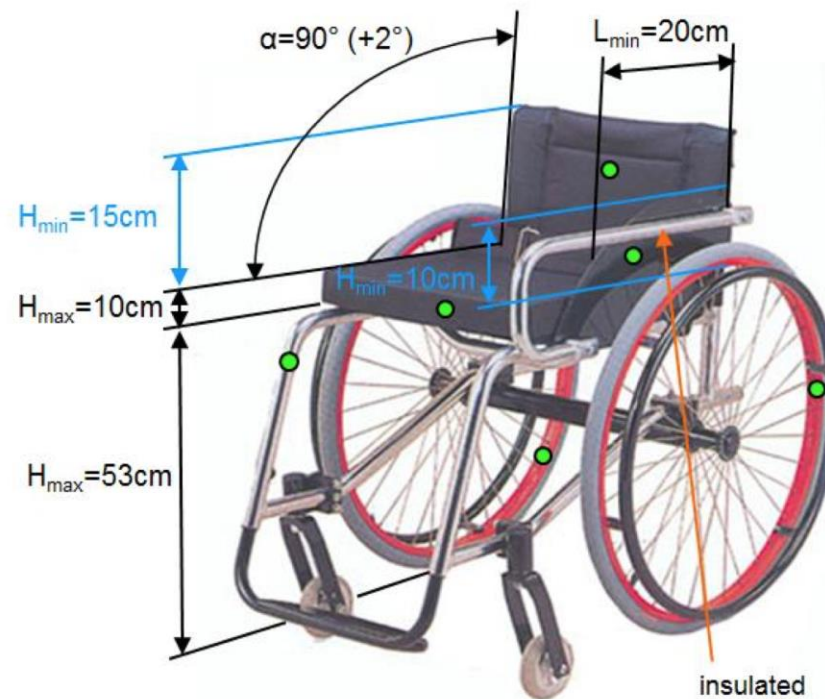


Figure 2. Fencing position for right/left



Cadeira de Rodas



Fencing wheelchair for right-handed fencers

In Blue: Measurements taken with fencer seated on cushion



Small workouts workouts within trainingTraining small workouts within training

GENERAL

SPECIFIC

SPECIFIC
TRAINING

COMBAT
TRAINING



here we are out in the sun enjoying

**W/ ACTIVE HANDS
D-RINGS!**

Resistance band wheelchair workout



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Aberto Cruz – Development Officer



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