

WHEELCHAIRS CAN JUMP!

SELECT EXCERPTS



WHEELCHAIRS AND PLAYERS “JUMP,” OR HOP AND TILT

It may be an exaggeration to state that wheelchairs can jump, but there is little question that players do hop laterally with all wheels raised from the floor, and they most certainly tilt while quickly raising one wheel vertically to increase their reach and height. As an example, we repeat the cover photo of the U.S.’s Jeff Glasbrenner executing a tilt.



Courtesy of PVA/Sports 'N Spokes: photographer Frank Polich

Strapping of players to their wheelchairs was introduced during the early 1980s, primarily to improve the balance of players in the lower classes, those with disabilities that were more severe, particularly paraplegics. Many Class-1 players attached rigid belts, followed by elasticized versions, around waists that were devoid of muscular function. Their balance improved dramatically. While these 1-point players were not only able to increase lateral pushing extension, many found themselves able to flex their trunks modestly and thereby improve their pushing mechanics. Soon players throughout the world were strapping their feet to their chairs, quickly followed by their knees, thighs, and hips. In short order, players from the higher classes, even amputees, began to experiment and discovered that their balance, range of motion in the wheelchair, and function improved with strapping of the legs and/or hips. Strapping was on the verge of exerting a great impact on the game, an impact that we will examine in greater detail in the next section.

These straps, which initially consisted of abdominal binders and web-type belts, were directly attached to the wheelchair. They were ultimately surpassed by snowboard bindings that improved the players' range of motion even further. Players increased their forward, backward, and lateral reach without fear of falling to the floor. When they did fall, the wheelchair and its attached-by-strap player fell simultaneously. Prior to the legalization of strapping, players were frequently launched out of their wheelchairs and onto the court. Team personnel were often forced to retrieve the wheelchair for the player to transfer back into it, thereby causing awkward delays that diminished the excitement of a match. Finally, strapping lessened the impact of the fall. Since players remained within the confines of the wheels, the potential damage to skin and bones was significantly diminished.

The IWBF, experiencing more than a little opposition from certain segments of their membership, approved the use of strapping in 1988. Opponents of strapping maintained that

it provided an unfair advantage, while advocates of strapping believed that it improved player performance and increased the appeal of wheelchair basketball.

Strapping ultimately led to tilting, one of wheelchair basketball's most exciting developments. Australian player Troy Sachs was most likely the first player to tilt while playing for the University of Wisconsin at Whitewater in 1994. Shortly thereafter, his teammates, Canadian Joey Johnson and Jeff Glasbrenner of the U.S., joined him in experimenting with tilting. Mike Frogley, who coached the 3 players in 1994, explains:

Troy started strapping when he returned to the University [after] the 1994 Gold Cup. When Joey arrived on campus from Canada that year, he and Troy discovered Jeff, who did not play wheelchair basketball, in the dorms. Practicing daily against each other, and especially with Troy and Joey going head to head every day, tilting happened almost by accident as they generated great force trying to get at a basketball while still strapped in the chair. In the U.S., we had started playing taller opponents, teams with so much height that we had to find an equalizer. We encouraged our shorter players to strap in and tilt, which gave them an opportunity to reach up and extend to a higher level.

Frogley became the first coach to teach tilting to players in all classification categories who ranged from having little to great functional balance.

Johnson, Glasbrenner, and Sachs transformed the accidental balancing on one rear wheel and one (front) caster into a highly athletic wheelchair basketball skill. Glasbrenner testified, "In my early stages, I used to spend about two hours every morning working on tilts. I worked on it so much that I had a hard time taking a shot on all four, then five wheels. Later, I learned that tilting has a purpose... and was not required on every move."¹⁶

Tilting added essential elements to a player's offensive and defensive game. Offensive players began tilting up and away from defenders to create sufficient space to launch an unmolested shot. To counter an offensive move, defenders tilted in the direction of the shooter to block a shot.

More and more players began tilting, but not without stirring up controversy. Some believed that tilting created a physical advantage for higher-point players. Then-IWBF president Philip Craven and vice-president Tip Thiboutot spearheaded this belief. Thiboutot was also president of the Technical Commission at the time, the very body charged with recommending approval of new rules. He and Craven expressed their opposition to tilting in the March 1996 issue of *Basketball News*. They argued that only players with lesser disabilities, who had a physical advantage provided by relatively functional legs, were able to tilt. They wrote that there was "no evidence that 1- and 2-point players can jump (tilt) their wheelchairs." They declared that strapping for 4 and 4.5 players with leg function was "contrary to the spirit of the game."

In the same issue of *Basketball News*, Frogley, who had always maintained to Thiboutot that low-point players with no leg function could be taught to tilt, countered that tilting was a skill similar to shooting. He argued that poor shooters were told to "practice more, (and) for those who can't hop or tilt very well, the suggestion should be: Get in the weight room to become stronger, get in the gymnasium and work on the skills of tilting and hopping like any other athlete."

For Frogley, strapping and tilting represented a form of "athletic destiny." But as of 1997, the IWBF rules banned its use. During a two-year period, Frogley continued lobbying for the legalization of tilting, but Thiboutot remained opposed. As a former 1-point player, Thiboutot continued to maintain that the lower-point players, Class-1 and -2 players, those without leg function, could not execute tilting. To persuade Thiboutot that lower-point players could in fact tilt, a demonstration was staged at the 1997 IWBF

Junior Championships in Toronto, Canada. In the presence of Craven, Thiboutot, and numerous IWBF officers, referees, and players, Melvin Juette, a 2-point U.S. player with no leg function, tilted to one side on two wheels and Juette made several shots from approximately 2 and 3 meters, or 6 to 10 feet.

In the August 1997 issue of Basketball News, Thiboutot announced, “At the (IWBF’s) 1998 World Congress scheduled in Sydney in October, contrasting proposals will be submitted to a vote” by the Technical Commission. These were: “1) A proposal banning strapping for 4.5 players; 2) A proposal allowing strapping as well as all tilting and jumping of wheelchairs.”

Another demonstration of tilting was held for the delegates of the 1998 World Congress in Sydney. U.S.’s Ruth Nuñez, a Class-3.5 player, provided evidence that women could tilt. Then, when Jeff Glasbrenner, also a Class-3.5 player, completed a 360-degree turn while tilting, more than enough delegates were convinced to legalize strapping and tilting for all players with a vote. By 2006, tilting was in use worldwide.

The IWBF rule, having undergone some modifications, ultimately read:

Art. 31

31.2

Definition: Tilting is an action initiated by a player who, with one or two hands removed from the wheels, lifts one rear wheel with one front castor off the floor while, shooting, defending, receiving or trying to intercept a pass, rebounding, or taking part in the tap-off. Tilting is legal.

However, according to Article 31.4.1, a technical foul was justified in situations where a player “raises both rear wheels off the floor while both hands are removed from the rear wheel.”

THE BASKETBALL WHEELCHAIR AND TILTING: SYMBOLS OF SELF-DETERMINATION

The development of tilting was inextricably tied to the development of the wheelchair and the players' constant pursuit of improvement in their sport. From the beginning, many players rejected the element of rehabilitation in wheelchair basketball, but it nevertheless continued to play a vital role in the sport. The early Everest and Jennings wheelchairs were clearly instruments designed to facilitate rehabilitation. Players who were not satisfied with these wheelchairs took matters into their own hands. Each innovation in the wheelchair, from the design of the rigid chair to the use of strapping that subsequently led to tilting, testifies that players possess the potential to govern their sport. The basketball wheelchair's development and the progression of strapping and tilting represent concrete symbols of players transcending the attitudes toward wheelchair basketball's role in rehabilitation. Frogley, a former player and successful coach, adds:

Like most leaps forward in sport, tilting was the byproduct of many different pieces coming together in a different way. Through tilting, coaches and players demonstrated the ability to look at a negative and transform it into a positive. These coaches and players took the negative act of falling out of the wheelchair, often the result of contact, and controlled that movement [to make it] a positive. By avoiding a fall and simultaneously tilting while also remaining upright, the negative dimension of falling became a positive. Tilting created space and height for players to shoot and rebound, both positives.

However, it is important to note that wheelchair manufacturers benefited from these player-generated improvements. As a result,

the standard, everyday wheelchair incorporated many of the innovations that originated with sports wheelchairs. Wheelchair basketball, originally viewed by many as a form of rehabilitation for its players, had come so far that its players were contributing to the rehabilitation of persons with disabilities who chose not to participate in sports.

Because individuals with lifelong disabilities play wheelchair basketball, it becomes difficult to determine at which point a player closes the door on rehabilitation and enters the world of pure sport. While it is difficult to categorically deny that such a progression can occur for players, it is equally difficult to deny the existence of disability in the sport. For many wheelchair basketball players, sport is primary. Because disability remains a fact of life, however, rehabilitation assumes a secondary role.

1992 PARALYMPICS: BARCELONA, SPAIN

MEN: THE GOLD MEDAL GAME

NETHERLANDS VS. UNITED STATES

The United States had previously defeated the Netherlands (74-63) in 1988 to claim the Paralympic gold medal in Seoul, Korea. However, new developments off the court threatened the U.S.'s chances of a repeat victory. U.S. guard Dave Kiley was found guilty of a doping violation, a controversy to be described in greater depth later in this section.

The Netherlands earned their way into the gold medal match by demolishing Israel (71-36). The Dutch then scored convincing victories over France (55-41) and Australia (79-61), and they went on to defeat Germany twice (57-46 and 61-32). They narrowly triumphed over Sweden (47-46) and their hosts from Spain (59-53).

The U.S. had defeated Argentina (71-62), Canada (53-39),

Japan (69-43), Great Britain (64-45), and France (71-47). They endured serious challenges from both Spain (71-62) and Australia (61-53).

Gert-Jan van der Linden, having established himself as the world's most effective point guard, led his Dutch teammates into the final. Van der Linden had averaged what was for him a modest 14.5 points in his country's seven successive Paralympic victories. But his 11 assists per game spoke forcefully of his great point guard skills. He was a true team leader whose on-court displays of intelligence rivaled those of Israel's Baruch Hagai. His powerful teammate, Ben Klerks, had averaged 22 points per game. Klerks and van der Linden proved to be the tournament's most dangerous guard-forward combination.

"We knew that Holland's offense revolved around these two players [and] that we had to stop them in order to win," declared U.S. coach Harry Vines.

That's exactly what the U.S. defense accomplished, particularly in the first half of the match. Van der Linden drove the lanes with the ball in search of an opening. Time after time, he found himself challenged by a U.S. defender, which was more often than not Kiley, a highly underrated defensive player. When not confronted by the aggressive Kiley, van der Linden found himself threatened by the switching tactics of "Trooper" Johnson, Darren Schenebeck, or Mike Schlappi. As a result, van der Linden was limited to 4 first-half points and 0 assists. Van der Linden's teammate, Klerks, was limited to just 1 first-half point, a foul shot. Thanks to the efforts of Curtis Bell, Reggie Colton, and Tim Kazee, Klerks missed all 6 of his attempts from the field.

Both teams' defenses dominated, rendering all offensive attempts largely ineffective. Shooting accuracy was nearly nonexistent. The Netherlands' players succeeded in scoring only 24% of their first-half shots. Guard Frits Wiegmann served as the only exception to his team's errant shooting, scoring 10 of his team's 15 points. The U.S. offense struggled equally, scoring just

20 points during the first half. Kazee, who hit 4 of 5 attempts, and Colton, who scored 2 of 3 attempts, were the only U.S. players who shot effectively.

The defensive battle continued to rage well into the second half, drastically limiting each team's normal point production. The Netherlands managed to limit the U.S. to 15 points, while the persistent U.S. defenders rendered van der Linden pointless. Klerks, although he missed 9 of 14 shots, nevertheless managed to score 11 of the Netherlands' 21 second-half points. Wiegmann contributed 4 more to increase his total to 12 points.

Offensively, the U.S. was led by Kazee's 12 points. Colton scored 9 and snatched 11 rebounds to trail Bell (14) by 3 in this vital category. The aggressive U.S. defense limited the Netherlands' prolific duo, Klerks and van der Linden, to a combined total of 16 points, 20 below the average they had produced in their previous matches.

At the end of the match, which had turned out to be an uninspiring offensive skirmish, the scoreboard read 39-36 in favor of the U.S. In this Paralympic year, however, doping tests would turn over the results of the scoreboard for the first time in the history of the Paralympic or World Championship wheelchair basketball competitions.

UNITED STATES LOSES GOLD TO DOPING

Doping, a previously unheard of violation in wheelchair basketball, reared its ugly head at the IX Paralympic Games in Barcelona. After the final, on September 15, 1992, officials found traces of a banned substance in a urine sample given by U.S. player Dave Kiley.

The banned substance, dextropropoxyphene, commonly known as Darvocet, is a non-performance-enhancing painkiller. It has since been dropped from the list of banned substances. Kiley indicated that he took the Darvocet the day prior to the final to alleviate root pain, a chronic condition that affects many persons

with spinal cord injuries. But Kiley had not declared that he had taken the substance for medical purposes. Furthermore, it was only available with a prescription, but was given to Kiley by his coach, Harry Vines, without approval of the U.S. team doctor.

On September 29, 1992, the International Coordinating Committee (ICC), which governed the Paralympics since 1982, ruled that owing to a contravention of Rule 1.1.4 in Section V of the ICC Handbook, the U.S. team should be disqualified and its records erased from the men's basketball competition. The ICC further ruled that the Paralympic medals be redistributed.

The doping violation and the ICC's subsequent ruling to penalize the entire U.S. team stirred great controversy. Opponents of the ICC decision focused on the fact that Darvocet was not a performance-enhancing drug and could not have provided a competitive advantage to Kiley and the U.S. team. Advocates of punishment insisted that the regulations should prevail.

IWBF President and Secretary General Phil Craven wrote in the IWBF's Basketball News that his investigations had led to the conclusion that the Darvocet "had an active life in the body of six hours. It was, therefore, impossible for the pill to have had any effect on Kiley's performance in the final, some 40 hours after he had taken the pill."

In addition to the discipline dealt by the ICC, the U.S.'s NWBA barred Kiley from membership on the national team for a period of two years. Coach Vines was barred from participation on a U.S. team for a period of four years for providing the banned substance to Kiley. NWBA commissioner Stan Labanowich stated in Basketball News that although the substance was not performance-enhancing, it was "nevertheless on the International Olympic Committee banned list in the class of drugs called narcotic analgesics, which category calls for sanctions to be applied."

Following unsuccessful appeals by Kiley and the U.S. Disabled Sports Team to the ICC and the Court of Arbitration for Sport, the Netherlands was confirmed as the gold medal winner.

Germany and France were awarded the silver and bronze medals, respectively.

FUNCTIONAL-PLAYER CLASSIFICATION

The first opportunity to introduce functional-player classification occurred at the 1983 Gold Cup Championships in Halifax, Nova Scotia.

The PCC had planned to test all players according to the new system prior to competition. The Committee agreed, however, that the classifications would not take effect until the following year when the Paralympic Games were scheduled to be held in the United States, an effort that was destined to fail. Accordingly, the players were brought team by team before the Classification Committee and were asked what they perceived their class to be after watching a videotape that depicted the functional tests that defined each of what had at the time become 4 classes. Having observed the players in action, the classification team would then explain the classification to and for each player.

In a report released following the 1983 Gold Cup tournament, Strohkendl was able to establish empirically that players classified by the ISMGF's medical classification system had been too often assigned to the wrong class. He demonstrated that the functional system was more effective in grouping players of similar functional performance levels. It gave indication that players generally placed greater confidence in the system and were far less prone to criticize the classification of other players, as had previously been the case.

For the first time within the ISMGF, amputees were permitted to play on the international level at the 1983 Halifax Gold Cup, a sign of wheelchair basketball's growing influence over its own affairs. This development benefited Canada, the Netherlands, and the U.S. the most because of the long tradition these countries had

of incorporating amputees in their national programs. Brought to international prominence through exposure in Halifax were highly skilled amputee players including Roy Sherman of Canada, Ben Klerks of the Netherlands, and Curtis Bell of the U.S. The U.S., which had allowed amputees to play since the late 1940s, had reestablished supremacy in the sport. Israel, which had won the gold medal in the 1980 Paralympic Games, represented the greatest threat to the North American teams. However, Israel could not match the depth that Class-4 players, many of whom were previously excluded amputees, brought to the U.S. team. Class-4 players, formerly Class-3s in the previous system consisting of 3 classes, were players with the least serious disabilities. In the new 4-class system, Class-1 through Class-3, like the previous classification system, were based on degree of disability with Class-1 including players with the most severe disabilities. These classes are defined in greater detail in Chapter 5.

In their committed pursuit of greater autonomy in governing the sport, the officers of the Basketball Subcommittee fended off ISMGF efforts to exert an inordinate amount of influence via the Medical Committee. ISMGF President Jackson wrote to Chairman Labanowich in October, informing him that Dr. McCann was designated to oversee the classification procedures planned for the 1983 Gold Cup tournament in Halifax. McCann had previously bristled at the idea that the Wheelchair Basketball Subcommittee had established its own Player-Classification Committee, contrary to what he felt was a dictum evident in the ISMGF Constitution that authorized the Medical Committee to control all matters dealing with classification. Labanowich responded with a letter informing the ISMGF and the Medical Committee that the Wheelchair Basketball Subcommittee was the sole authority for determining the makeup of the classification teams and that McCann would not be recognized as an official classification representative.

McCann withdrew from the 1983 Gold Cup assignment, charging that Labanowich was behaving in a “cavalier” manner

towards the venerable ISMGF. Following McCann's departure, the Wheelchair Basketball Subcommittee and the Player-Classification Committee (PCC) were quite pleased to see a Canadian physician, Dr. Michael Riding of Halifax, involved in the classification process. Riding had received his training in medical classification from McCann himself at Stoke Mandeville. His participation at Halifax therefore lent some legitimacy to the medical aspects of the functional classification process. Riding would later become a strong advocate of functional classification in other sports and would eventually take over the chairmanship of the Medical Committee upon McCann's resignation in 1988. Riding's support of functional classification in 1983 was well received by those involved in wheelchair basketball.

The conflict between advocates of medical classification and those in favor of Strohkendl's player-classification lingered into 1986 at the annual ISMGF tournament. The authorities on the Medical Committee sought to impose medical classification on the teams competing there. Following a threatened boycott by the U.S. men and women, the ISMGF relented and functional player-classification was implemented.