Dis+Abled

SPORT PROJECT

Co-funded by the European Union

GAME 11 - TABLE TENNIS

TRADITIONAL AND ADAPTED **GAMES FOR SOCIAL INCLUSION AND INTEGRATION OF PEOPLE WITH DISABILITIES AND ABLE-BODIED**

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INTRODUCTION (HISTORY)

The origins o this sport goes back to the late 1800s in England, where it was first played as a leisure activity for the upper classes, with simple equipment, including a lightweight, celluloid ball and cork and parchment paddles. The term "table tennis" started to be used at the beginning of the 20th century. In the next decades, this sport has rapidly developed, becoming a global sport and, at the same time, a game for everyone, including people with different disabilities.

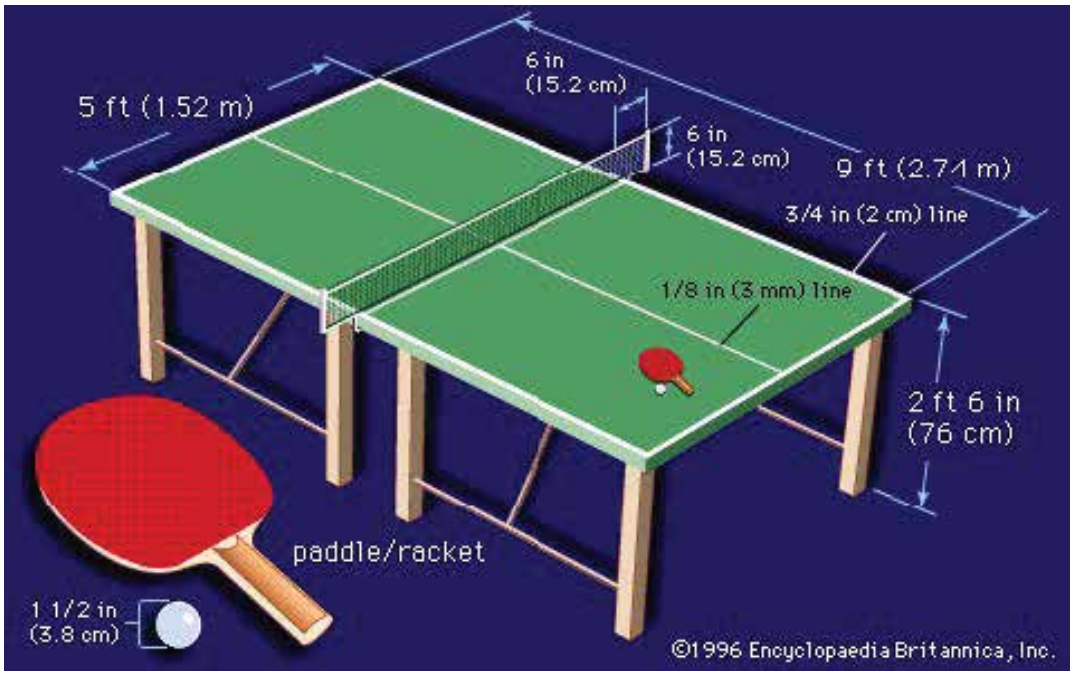
DESCRIPTION OF THE GAME:

1. Basic Rules:

The aim of the game is to hit the ball over the net onto the opponent's side. The ball should bounce once on the opponent's side of the table. A point is won by a player if her/his opponent is unable to return the ball or if he/she hits the ball before it bounces on their side of the table (unless the ball has already cleared the table).

2. Equipment:

A table for table tennis, two rackets, table tennis balls



3. Scoring system:

- Winner is the first to get 11 points,
- If the score is 10-10, them game continues until one of the players has gained a lead of 2 points,
- Points are won irrespective of who serves,
- Matches can be player best of 3, 5 or 7 games – or any odd number you like.

4. Serving:

- The ball must first bounce on your side and then on your opponent's side of the table,
- If the ball touches the net and goes over, it is a 'let' – retake the serve,
- If the ball hits the net and doesn't go over, or flies off the table without bouncing on your opponents side, you lose the point,
- There are no second serves,
- The ball should rest freely on the open palm of the server, above the level of the table,
- The ball should be projected vertically (at least 16cm),
- In singles, you can serve from anywhere and to anywhere on the table,
- Change servers every 2 points,
- If the score reaches 10-10, change server every point.

In **doubles,** service must be diagonal, from the right half court (marked by a white line) to the opponent's right half court.

INTEGRATION VALUES AND POSSIBLE ADAPTATIONS

The **possible adaptations** for playing with people with disabilities:

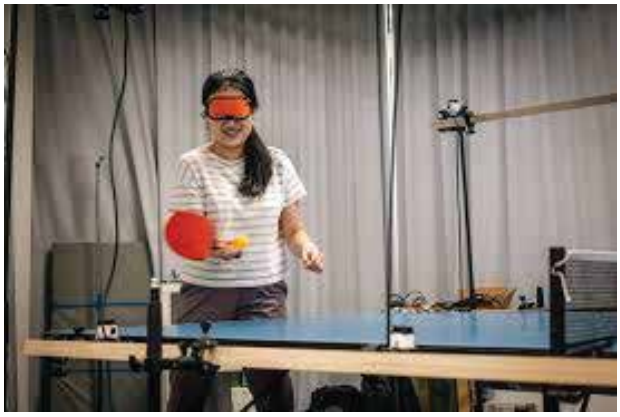
A. For people in wheelchairs:

Table tennis is already adapted to the needs of people with disabilities as a para table tennis. The regular table tennis rules are used, with only slight modifications for wheelchair athletes. They compete in standing or sitting (wheelchair) classes. Men and women compete individually and in team events.

There are 10 classes for people with different types and levels of disability: five for people playing in standing positions (they play with regular rules, except for some minor differences) and five for people sitting in wheelchairs (they also play with regular rules, except for some minor differences).

Table tennis is a great sport when it comes to social inclusion and integration of people with disabilities and able-bodied. They can play together in various configurations, for instance:

- a single play – a person with a disability vs an able-bodied person,
- singles – a person with a disability vs other person with a disability,
- doubles – one person in each pair is abled-bodied and one is a person with a disability.



MEDICAL CLASSIFICATION:

Sitting volleyball is one of the few sports in which the statement that it is a sport for everyone is not an exaggeration. In this discipline – even at the highest level of competition – there is a room on the court for:

- people with and without disabilities,
- a 14-year-old and a 60-year-old,
- a woman and a man.

During matches played at the Paralympic Games, World and European Championships, only players with a permanent disability of the musculoskeletal system to a significant or minimal degree can play. However, only one player with minimal damage to the musculoskeletal system can be on the court at a time.

In club competitions around the world, the six players, who are on the pitch, are allowed to have two able-bodied players and one with minimal damage to the musculoskeletal system. The decision on the qualification of players to a given group is made by classifiers, based on medical documentation and tests examining the degree of musculoskeletal dysfunction.

The most frequently observed dysfunctions of the musculoskeletal system:

- amputations of the lower and upper limbs,
- paresis of the lower and upper limbs,
- shortening of the lower and upper limbs,
- dysplasia or luxation of the hip joints,
- condition after Perthes' disease,
- identified instability in the knee joint (e.g. torn cruciate ligaments),
- chondromalacia of the patella,
- limited range of joint movements (e.g. lack of flexion in the knee joint),
- weakened muscle strength of the lower and upper limbs,
- hip or knee endoprosthesis,
- severe circulatory disorders in the lower limbs,
- pseudoarthrosis of the lower limb,
- luxation of the glenohumeral joint,
- cerebral palsy (diplegia with spasticity of 1–2 degrees, hemiplegia with spasticity of 1–2 degrees, monoplegia and minimal athetosis).

Very often, players classified in the group with minimal damage to the musculoskeletal system are former volleyball players with injuries, in whom – due to the destruction of the joint surfaces – it is impossible to perform, for example, reconstruction of the cruciate ligaments, and therefore their damage to the musculoskeletal system is defined as permanent.

It is obvious that due to their technical training and physical parameters, they easily adapt to sitting volleyball.

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