



SECTION A — SPORTS RULES AND TRAINING

6. Statement of Participation

Each team is required to play all eligible team members for every game unless a player is injured or has been removed due to disciplinary reasons. Coaches must notify the competition management prior to the game if players on the approved tournament roster will not be playing due to injury or disciplinary reasons.

SECTION C — CODES OF CONDUCT

1. Codes of Conduct

Codes of Conduct for athletes, unified partners, coaches and sport officials are contained in Addendum D to these Sports Rules

SECTION D — CLASSIFICATION OF SPECIAL OLYMPICS SPORTS

Disciplines to Aquatics (Swimming & Open Water Swimming)

Disciplines to Volleyball (Indoor & Beach Volleyball)

Floorball as official sport

Section E

Changed Header to **GENERAL REQUIREMENTS FOR SPECIAL OLYMPICS SPORTS TRAINING AND COMPETITION**

SECTION F — MEDICAL AND SAFETY REQUIREMENTS

3. Coaches Responsibilities

Coaches should place the health and safety of all athletes above all else; this is particularly important in the selection of appropriate athletes to participate on any Special Olympics sports team.

Individuals with significantly different skill level or size than other team members may be prohibited from participation on Special Olympics sports teams since their participation may cause a risk to themselves or others.

SECTION G — RULES COMMITTEES

2. Technical Delegate

- a. The Technical Delegate shall represent Special Olympics as the key sport advisor for a specific sport and shall be responsible for ensuring that the Games Organizing Committee (GOC) correctly interprets, implements and enforces Special Olympics Sports Rules and modifications, the rules of the relevant International Sport Federation and current rules. The Technical Delegate shall advise the GOC on the technical requirements of the specific sport to ensure a safe, quality and dignified sports environment.
- b. The Technical Delegate chairs the Jury/Sport-Specific Rules Committee, which decides on all properly submitted protests pertaining to Special Olympics and the International Sport Federation/NGB rules, and ensures proper implementation of the protest process. The technical delegate has the deciding vote in the event of a tie.

SECTION H — AGE REQUIREMENTS AND GROUPINGS FOR COMPETITION

2. Age Groups

- a. Team Events: (e.g. relays, team sports, doubles)

Ages 15 and under

Ages 16-21

Ages 22 and over

Additional age groups may be established if there is a sufficient number of teams in the “22 and over” age group.

Age parameters are recommended when forming teams. However, flexibility is permitted as it relates to team composition provided the health and safety of all participants is considered.

The age group of a team is determined by the age of the oldest athlete on that team on the opening date of the competition.

The following criteria must be considered when creating teams:

- 1) Athlete/Unified Partner safety
- 2) Opportunity for participation
- 3) Quality competition
- 4) Meaningful involvement
- 5) Social inclusion
- 6) Age

- d. Age groups may be modified to comply with IF/NGB rules.

SECTION M — Special Olympics UNIFIED SPORTS®

Unified Sports Recreation

Unified Sports Recreation consists of inclusive recreational sports opportunities for Special Olympics athletes and partners without intellectual disabilities. This model promotes social inclusion and increases sport-specific skills and knowledge. However, the composition of Unified Sports Recreation teams is less structured than Unified Sports and Unified Sports Player Development teams. Unified Sports Recreation teams do not meet the minimum training, competition and/or team composition requirements as set forth in Article 1 of the Official Special Olympics Sports Rules. These opportunities may take place in the schools, clubs, community and other private or public organizations.

Unified Sports Recreation is an inclusive recreation sports event (training or competition) for Special Olympics athletes and unified partners. Unified Sports Recreation events are not required to meet the minimum training, competition and team composition requirements of Unified Sports Player Development and Unified Sports Competitive models but they must be implemented by a Special Olympics Program or implemented in direct partnership with a Special Olympics Program.

A minimum of 25% of participants in a Unified Sports Recreation event should be individuals with an intellectual disability and a minimum of 25% should be individuals without intellectual disabilities. The remaining 50% may be made up of individuals with and without intellectual disabilities.

Unified Sports Competitive Rules

3. Conduct of Competition

- d) Meaningful Involvement is an effort to optimize participation by all team members (athletes and partners) based on the principle that every player should contribute to the success of the team. The composition of any team must include players with necessary sport-specific skills. Teams should not include players who dominate play, exclude other teammates from contributing to the success of the team, or present a health and safety risk on the field of play. By permitting any player to dominate play, other players' roles and opportunities are greatly limited. This violates both the spirit and intent of the Special Olympics Unified Sports rules and philosophy and will be addressed according to the standards set forth by each sport's rules and governing ordinances. Consequences for non-compliance are either:
 - i. Specific Player Sanctions (encourage voluntary substitution, technical foul, warning, yellow card, ejection)
 - ii. Team Consequences (forfeiture of game, disqualification from tournament)
- e) If an official determines that a player is dominating play, that official shall sanction the player and/or coach. Sanctions will include: warning the player and/or coach, citing the player and/or coach with unsportsmanlike conduct or removing the player and/or coach from the game. Designation of a Unified Sports expert (technical delegate, monitor or competition manager) who supports officials and addresses issues at events and is ultimately empowered to enforce meaningful involvement.

Change to chart to read **SPECIAL OLYMPICS UNIFIED SPORTS COMPETITIVE - Sport-Specific Parameters**

Change chart for Rollerskating from "P" to "R"

Changed ADDENDUM E — GENERAL REQUIREMENTS FOR SPORTS TRAINING AND COMPETITION

Addendum E now reflects new wording - **PARTICIPATION OF INDIVIDUALS WHO MIGHT HAVE SPINAL CORD COMPRESSION OR ATLANTO-AXIAL INSTABILITY**

Spinal Cord Injury

Spinal Cord Injuries are a rare, but devastating occurrence in the sports setting. Some spinal cord injuries occur in healthy people who have no preceding risk factors. However, some athletes may have pre-existing signs and symptoms of compression of the spinal cord. Compression of the spinal cord means that the bone of the spine is pressing firmly on the spinal cord. This has been proven to result in injury or severance of the spinal cord with motion or impact that can occur in the sports setting. Thus, detecting athletes who have signs and symptoms of spinal cord compression is important.

The most well-known type of spinal cord compression in Special Olympics athletes is that of symptomatic atlantoaxial instability (AAI). AAI frequently occurs in athletes with Down syndrome. Approximately 1.5% of athletes with Down syndrome will have neurological signs of spinal cord compression or atlantoaxial instability.

However, spinal cord compression can occur at any vertebral level and is not limited to people with Down syndrome.

Signs and symptoms of spinal cord compression should be taken very seriously, as treating the compression could save the athlete from permanent or devastating injury. Some of the symptoms of spinal cord compression are:

- ◆ Numbness or tingling in the hands, feet, arms or legs
- ◆ Weakness in the hands, feet, arms or legs
- ◆ Abnormal gait changes
- ◆ Changes in coordination
- ◆ Spasticity
- ◆ Paralysis
- ◆ Difficulty controlling bowels or bladder
- ◆ Head Tilting

- ♦ Pain Burners, stingers, or pinched nerves in the arms, neck, should, hands or back.

If any of these symptoms are noticed, especially if they are new onset, the athlete could be at imminent risk of spinal cord injury. All sports activity should cease and a doctor should be contacted immediately in order to assess the athlete for potential risk and/or correct the underlying skeletal system issue. Please refer to the section of the General Rules below for additional guidance.

Reprinted from Section 2.02(g) of the General Rules

Participation by Individuals Who Have symptoms of Spinal Cord Compression Including symptomatic Atlanto-axial Instability

Compression of the spinal cord at any vertebral level, including at the level of the cervical vertebrae C-1 and C-2 in the neck, known as Atlanto-axial instability (AAI), may expose individuals to possible injury if they participate in activities that radically move the vertebrae at the area of compression. Resultant hyperextension or radical flexion of the neck or upper spine could produce significant injury. Accredited Programs must take the following precautions before permitting athletes who, during a physical examination demonstrate symptoms of spinal cord compression and/or symptomatic AAI to participate in certain physical activities:

- (1) **Determination of Symptoms.** All Athletes, when they receive the standard pre-participation physical examination referred to in this Article 2, must be examined by a Licensed Medical Professional for symptoms of adverse neurological effects, including those that could result from spinal cord compression or symptomatic AAI. Such symptoms may include: significant neck pain, radicular pain (localized neurological pain), weakness, numbness, spasticity (unusual "tightness" of certain muscles) or change in muscle tone, gait difficulties, hyperreflexia (highly reactive deep tendon reflexes), change in bowel or bladder function or other signs or symptoms of myelopathy (injury to the spinal cord).

(a) Presence of Symptoms. If a Licensed Medical Professional confirms the presence of symptomatic spinal cord compression and/or symptomatic AAI during the medical examination of an athlete, such athlete may be permitted to participate in the Special Olympics sport of the athlete's choice only if (i) the athlete has received a thorough neurological evaluation from a physician, qualified to make such a determination, who certifies that the athlete may participate and the athlete, or the parent or guardian of a minor athlete, has signed an informed consent acknowledging they have been informed of the findings and determinations of the physician. The statements and certifications required by this subsection shall be documented and provided to Accredited Programs using the standardized form approved by SOI, entitled "Special Release for Athletes with Symptomatic Spinal Cord Compression and/or symptomatic Atlanto-axial Instability," and any revisions of that form, approved by SOI (the "**Special Release Concerning Spinal Cord Compression and/or symptomatic Atlanto-axial Instability**").