

StartUp Wheelchair Handball Manual



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About the project

The project “Wheelchair Handball – Start Up” is a collaborative initiative led by the Croatian Wheelchair Basketball Association (HSKUK), in partnership with the Faculty of Kinesiology Osijek (KIFOS), Barcel’hona Sports Events from Spain, and the Club for Youth Empowerment 018 (KOM 018) from Serbia. The project aims to raise awareness about wheelchair handball and create more opportunities for social inclusion of people with disabilities through sport.

At its core, the project focuses on developing a comprehensive and accessible Wheelchair Handball Manual, designed as a practical resource for coaches, educators, and organizations. The manual will cover essential elements of the sport, including rules, techniques, player classification, equipment, safety considerations, and inclusive coaching strategies. It will also include practical exercises and adaptable approaches to ensure it can be used with participants of different abilities and skill levels.

In parallel, the project will strengthen the capacities of coaches and educators by providing targeted training on how to deliver wheelchair handball in an inclusive and effective way. Participants from Croatia, Serbia, and Spain will gain knowledge on adapting training methods, fostering inclusive environments, and applying the principles outlined in the manual. The training will support professionals in making sport more accessible and meaningful for people with disabilities.

To bring the sport closer to local communities, a series of wheelchair handball games will be organized in each partner country. These events will actively engage people with disabilities, sports clubs, and the wider public, helping to increase visibility of the sport and encourage participation. By creating inclusive and dynamic sporting environments, the project aims to strengthen community connections and contribute to greater involvement of people with disabilities in sport.

The project will conclude with an international wheelchair handball tournament organized as part of a final conference. Teams from partner countries will come together to compete, exchange experiences, and celebrate inclusion in sport. This event will highlight the potential of wheelchair handball as a tool for social change and reinforce cooperation between organizations working in the field of inclusive sport.

Through these activities, the project contributes to breaking down barriers, promoting equal opportunities, and empowering people with disabilities to actively participate in sport and society.

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Introduction to wheelchair handball and fundamental rules

What is Wheelchair Handball?

Wheelchair handball is an adapted team sport designed primarily for people with physical disabilities, although it can also be played in inclusive settings with both disabled and non-disabled players. It is a fast-paced and dynamic game that follows many principles of traditional handball, with specific adaptations to ensure accessibility, safety, and fairness for all participants.

History and Development

Wheelchair handball is a relatively new discipline that has been developed under the guidance of the International Handball Federation (IHF). It aims to expand the reach of handball by making it inclusive and accessible worldwide. The sport has gained increasing recognition through international competitions and development programs, particularly within educational and grassroots sport initiatives.

Philosophy and Core Values

Wheelchair handball is built on the principles of:

- inclusion and equal opportunity
- respect and fair play
- teamwork and cooperation
- empowerment through sport

The sport promotes active participation regardless of physical ability, encouraging players to develop confidence, independence, and social connections.

Key Benefits of Wheelchair Handball

Participation in wheelchair handball provides multiple benefits:

- Physical: improved strength, coordination, and cardiovascular fitness
- Social: teamwork, communication, and inclusion
- Psychological: increased self-esteem, motivation, and resilience

Fundamental Rules Overview

The following section outlines the official rules of wheelchair handball four-a-side, including key adaptations that distinguish it from traditional handball. These rules ensure a fair, safe, and competitive environment for all players.

Table of rules

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Rule 1 - The Game

Wheelchair handball four-a-side is practised by two teams of four players. The aim of each team is to score goals and prevent the other team from scoring. Wheelchair handball shall be based on the spirit of fair play and aimed at physically disabled players.

Rule 2 - The Team

1. A team delegation consists of a maximum of 14 persons, including a maximum of 10 players and a maximum of four (4) team officials. A minimum of eight (8) players must be present at the beginning of the match.

2. A maximum of four (4) players per team may be on the court. The remaining players are substitutes. The total number of classification points of players on the court may not exceed a total of 11 points per team at any time in accordance with the Wheelchair Handball Classification Rules and Regulations. For competitions with mixed teams, each team must have at least two female players, unless the rules of the competition concerned state otherwise. At least one female player per team must be on the court at any time.

3. The goalkeeper is player to defend the goal and plays like the other players sitting in their wheelchair. Any player present on the court may act as a goalkeeper at any time, but only one player may enter and remain in his own goalkeeper area at the same time. Therefore, the goalkeeper does not wear a special goalkeeper shirt but the same shirt as the rest of the team.

Comments:

Teams are not allowed to play with less than four (4) players for tactical reasons in order to use players with higher classification points if there is a possibility to complete the team with players with lower classification points. If any team does so, the referees must order the team's line-up to be corrected and sanction the coach progressively starting with a suspension for unsportsmanlike behaviour.

4. If a team suffers several injuries, it may continue the match or the tournament with fewer players. The match may continue, even if one of the teams is reduced to less than four (4) players. If the number of players of a team is reduced, the maximum number of classification points allowed are as follows:

- in case of three (3) players on the court, a maximum of 9 points on the court;
- in case of two (2) players on the court, a maximum of 6 points on the court;

It is for the referees to judge whether and when the game should be permanently suspended.

Note:

In case no female player is able to play (due to injuries or disqualifications) the team concerned will be reduced by one player for the rest of the match. In addition, the maximum team points will be reduced to 8.

Rule 3 - The players

A player must be considered eligible by the Wheelchair Handball Classification Team to play an official competition. Players in senior competitions must be at least 15 years old to participate (the age on the day of the start of the competition shall be considered). A written parental permission for players aged 15 to 18 must be presented prior to the tournament.

Rule 4 - Playing Time and Time out

Playing Time

1. Matches consist of two sets of ten (10) minutes, which are scored separately. The half-time break will be five (5) minutes.

Comment:

Due to the short duration of match sets, referees should consider calling time-out immediately in case of interruptions in play such as:

- The ball goes out of the field of play and out of the reach of the players.
- Players accidentally collide in a way that players need help to lift their wheelchairs back up.

Team Time - Out

2. Each team has the right to receive a one-minute team time-out in each set of the regular playing time. The teams must not be granted time-outs in the third set (tiebreaker). The team requesting a team time-out must be in the possession of the ball.

3. If a team requests a team time-out when the opposing team is in possession of the ball, the following punishment and decision will apply:

a) Progressive punishment starting with a suspension for the team official who requested the team time-out by pushing the buzzer.

b) 7-metre throw for the team in possession of the ball.

4. If a team requests a team time-out when the opposing team is in possession of the ball and has a clear chance of scoring, the following punishment and decision will apply:

a) Disqualification (red card) for the team official that requested the team time-out by pushing the buzzer.

b) 7-metre throw for the team in possession of the ball.

Note:

If the delegates or the referees do not recognise who has caused a faulty team time-out, the responsible team official will receive the punishment according to the above-mentioned punishments.

5. If a team requests a team time-out immediately after losing ball possession and it is clear that it was not intentional, the match shall restart according to the technical decision based on the situation on the court at the time of the interruption.

Rule 5 - The Ball

The balls used for official IHF tournaments shall be in compliance with the provisions of the IHF Ball Regulations, specifically regarding handballs played without resin.

Rule 6 - The Court

The entire surface of the court should be at least 48 m long and 28.5 m wide. The playing court is a 40 metres long and 20 metres wide rectangle, consisting of two goal areas and a playing area. The longer boundary lines are called side lines, and the shorter ones are called goal lines (between the goalposts) or outer goal lines (on either side of the goal). The substitution area should be 4.5 m long. There should be a safety area surrounding the playing court of 4 m on the side of the team benches and 2 m on the other sides. A max. of four chairs shall be available on every side for the team officials.

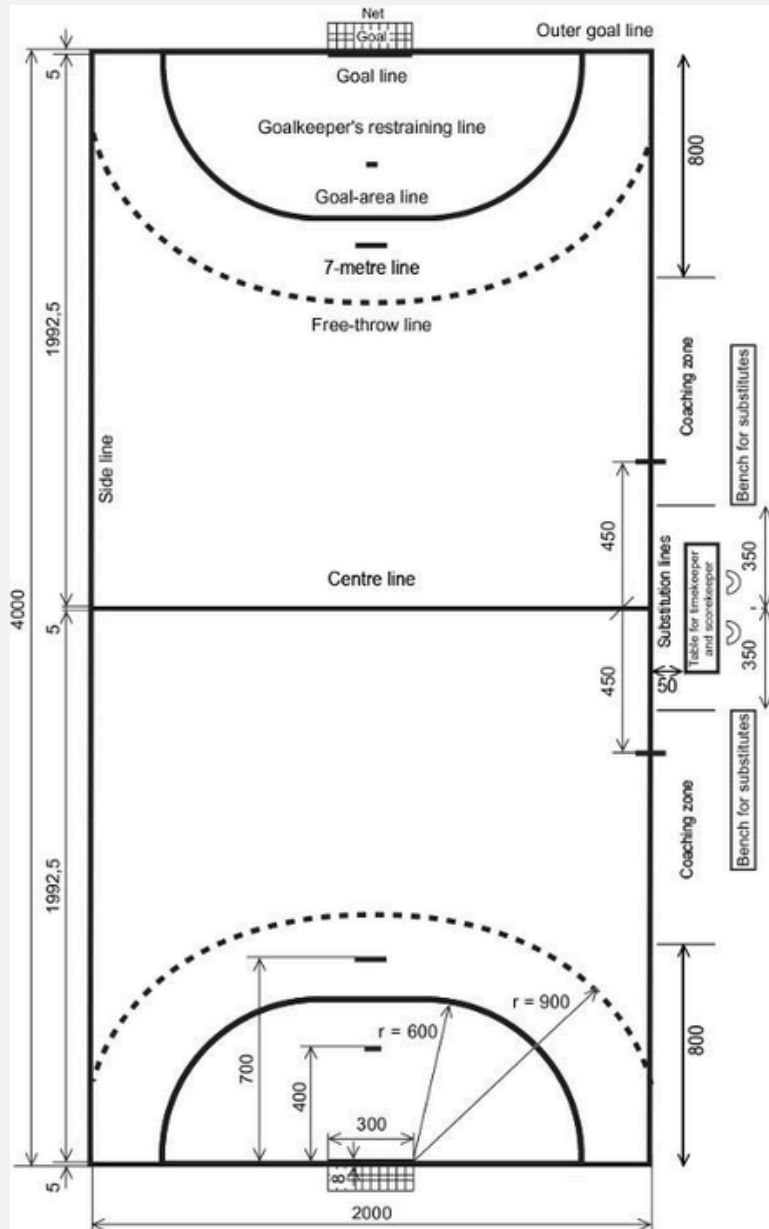


Diagram 1: The playing court (dimensions indicated in cm). (IHF, 2026)

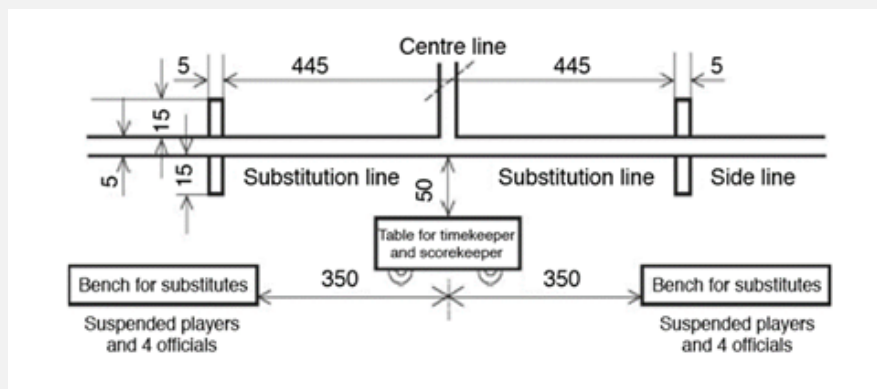


Diagram 2: Substitution lines and substitution area (dimensions indicated in cm). (IHF, 2026)

Rule 7 - The Goal

The internal dimensions of the goals shall be 3 m x 1.7 m. The catch net in the goals shall be removed (or fixed to the goal net) in order to avoid entangling with the wheelchair.

Rule 8 - Scoring and Deciding the Outcome of the Game

Scoring

1. A goal is scored when the entire ball has crossed the entire width of the goal line, provided that no violation of the rules has been committed by the shooter or a teammate before or during the shot. A goal shall be awarded, if there is a violation of the rules by a defender but the ball still goes into the goal. After a goal is scored, the game is restarted with a goalkeeper throw from the goal area.

2. A goal cannot be awarded, if a referee or the timekeeper has interrupted the match before the ball has completely crossed the goal line. A goal shall be awarded to the opponents, if a player plays the ball into his own goal, except in the situation where a goalkeeper is executing a goalkeeper throw and the ball does not cross the goal-area line.

3. One (1) point is awarded in the following cases:

- a) An own goal scored by any player
- b) All other goals which are not mentioned in 8:4.

4. Two (2) points are awarded in the following cases:

a) A player throws the ball and scores a goal immediately after having made a 360° turn with their wheelchair (spectacular goal)

Note:

The turn must be a complete 360° rotation, and the spin may only be done using one hand. The 360° rotation has to be done without touching the wheel during the rotation, but the player can stop the wheel after 360°, and the shot must be executed simultaneously. Stopping the wheelchair must not lead to a stabilisation of the position and/or adjustment of the shot, the player has to shoot immediately.

- b) The goalkeeper scores from his goal area
- c) The goal is scored by a 7-metre throw.

5. During the shoot-out, spectacular goals in accordance with 8:4a are also awarded two (2) points.

Outcome of the Set

6. If the score is tied at the end of a set, the winner shall be decided by golden goal. The set continues as follows:

a) After a one-minute break, the referees make a coin toss to decide which team will be in possession of the ball. The set is restarted with a goalkeeper throw and continues until one of the teams scores a goal, at which point the set is completed.

b) If after five (5) minutes neither team has scored a goal, the golden goal is considered completed and the winner of the set is determined through a series of five (5) shoot-outs which will be executed as follows:

Each team nominates 5 players, players who are not suspended or disqualified at the end of the playing time are entitled to participate. These players make one throw each, alternating with the players of the other team. The teams are not required to predetermine the sequence of their throwers. Players may participate in the shoot-out as both throwers and goalkeepers. The referees decide which goal is used. The referees make a coin toss, and the winning team chooses whether they wish to throw first or last. After each sequence of five (5) throws, the starting team will change if the throwing has to continue because the score is still tied after five (5) throws each. For such a continuation, each team shall again nominate five (5) players. All or some of them may be the same as in the first round. This method of nominating five (5) players at a time continues as long as it is necessary. However, the winner is now decided as soon as there is a goal difference after both teams have had the same number of throws. Players may be disqualified from further participation in the shoot-out in cases of significant or repeated unsportsmanlike conduct. If this concerns a player who has just been nominated in a group of five (5) throwers, the team must nominate another thrower.

Comment:

The shoot-out consists of a player starting (after the referee's whistle) from the centre of the court with the ball under control (as in a counterattack) who must face the goalkeeper and try to score a goal, complying with the Rules of the Game. Specifically, in this case, it will not be allowed to place the ball on the lap while pushing the wheelchair for a maximum of 3 seconds. As in the regular playing time, teams do not have to select one specific goalkeeper but are allowed to change goalkeepers during the shoot-out.

7. Each shoot-out converted into a goal will be worth 1 (one) point (see however Rule 8:4a, spectacular goal).

8. During the shoot-out and after the referee whistled, the goalkeeper cannot leave the own goal area. If the ball hits the face of the goalkeeper during the shoot-out and if the goalkeeper is not moving his head in the direction of the ball, the player shooting the ball must be punished with a suspension until the start of the next set.

Outcome of the Game

9. If both sets are won by the same team, this team shall be the overall winner, with a score of 2-0. If each team wins one set, the result is a tie. In the event of a set tie, the teams will play a third set (tiebreaker) of five (5) minutes. If at the end of the third set the match remains tied, the winner will be determined by a series of five (5) shoot-outs. If a match is decided by tiebreaker, the overall result shall be 2-1 for the team which has won the tiebreaker.

Rule 9 - Equipment

1. The following material is not permitted:

- Glue for handling the ball
- Protective equipment if including metal components
- Finger, hand, wrist, etc. braces made of plastic, metal, etc.

2. It is permitted to use:

- Protective equipment if padded/soft (not including metal)
- Tape for fingers, arms, etc.
- Prostheses and adaptive equipment if they are in accordance with Article 4.4.1 of the IHF Wheelchair Handball Classification Rules and Regulations and if the use does not harm any other player.

Comments:

The use of prostheses is permitted only with the approval of the Wheelchair Handball Classification Team. The prostheses will only be allowed if covered with padded/soft materials (not including metal). Players who use prostheses to play must use their prostheses during the evaluation by the Wheelchair Handball Classification Team.

3. All equipment intended to be used by the teams shall be presented on the occasion of the technical meeting for definite approval.

The IHF Regulations on Protective Equipment and Accessories shall apply, with the exception that all players (not only those acting as goalkeepers) are allowed to wear long pants and no socks are required. However, all players shall wear the same pants (either all shorts or all long pants) in the same colour.

Rule 10 - Playing kit

1. Each team shall have two (2) playing kits (one light colour/one dark colour). The jerseys shall have the players' numbers on the front (10 cm in height).

2. The players of a same team on the court must wear identical uniforms, including the player acting as goalkeeper.

3. Other sports accessories used, such as wristbands, bandanas, t-shirts worn under the uniform, etc. must be black, white or the predominant colour of the uniform. Special protective equipment customised to the players does not need to have the same colour as the uniform.

4. A colour code will be used to identify the class of each player. A sticker with the code and the player's number will be placed on the back rest of the wheelchair after classification.

- Class 1 – green
- Class 2 – yellow
- Class 3 – blue
- Class 4 – red

Rule 11 - Straps

Players have to be strapped to the wheelchair at the upper and lower legs in order to avoid lifting or moving/using the legs. Lifting of court players when playing/defending the ball will be punished with a suspension until the next turnover; lifting of the goalkeeper while defending will be punished with a suspension until the next turnover and the awarding of a 7-metre throw to the opposing team.

Rule 12 - Playing the ball

It is permitted to:

- throw, catch, stop, push or hit the ball by using hands, arms, head and torso;
- hold the ball for a maximum of 3 seconds;
- push the wheelchair and dribble the ball;
- place the ball on the lap (not between the knees) while pushing the wheelchair for a maximum of 3 seconds;
- monitor and follow the opponent (with or without ball) by using arms and hands as long as the opponent has enough time and distance to react and no danger is present;
- block or force away an opponent with arms or hands, wheelchair (when the player is at a moderate speed);
- enter the goal area or cross the side lines without the ball after a shot or after being pushed when not creating an advantage doing so; the player has to leave the goal area as soon and fast as possible.

It is not permitted to:

- touch the ball more than once, after it has been controlled, unless it has touched the floor, another player, or the goal in the meantime; however, touching it more than once is not penalised, if the player is “fumbling” the ball, i.e. failing to control it when trying to catch or stop it;
- start bouncing (by the same player) after a throw, before another player or a goalpost touched the ball;
- stop the ball with the wheelchair outside the goal area;
- enter the goal area with the ball under control (as court player);
- cross the side line with the ball under control (the wheelchair has to be in the field).

Comments:

The wheelchair can be pushed for a maximum of 3 seconds; it is allowed to place the ball on the lap during these pushes. A ball on the lap is considered as “under control”. The opponent is therefore not allowed to take the ball off the laps. After receiving the ball, the player has to start the action by bouncing. “Pushing” means pushing/moving the wheel. When the hand leaves the wheel the next action (dribbling, passing, shooting) has to follow within 3 seconds. It is not allowed to touch the wheel again after those 3 seconds. It is not allowed to hold the ball for more than 3 seconds. In case a ball is thrown against a wheelchair or covered under a wheelchair the referees have to decide on the intention and the respective consequences. It is allowed to use/touch the wheelchair for picking up the ball. The new rules regarding goalkeeper, 30 seconds and passive play shall apply.

Rule 13 - Violations

1. Violations shall be handled according to the following scales for players and team officials:

a) Players:

- Suspension: Up to two suspensions per player. The suspended player has to leave the court until the next turnover/change of ball possession/beginning of new set
- Disqualification: red card, the disqualified player has to leave the court for the rest of the match and head to the designated area, and another player can enter the court after the next turnover/change of ball possession/beginning of new set.

b) Team Officials

- Up to one suspension per team; reduction of the team by one player until the next turnover/change of ball possession/beginning of new set
- Disqualification: red card, the disqualified official shall leave the substitution area, and the team shall be reduced until the next turnover/change of ball possession/beginning of new set.

2. It is permitted to:

- use an open hand to play the ball out of the hand of another player;
- use bent arms to make body contact with an opponent, and to monitor and follow him in this way;
- use one's wheelchair to block the opponent in a struggle for positions.

3. It is not permitted to:

- pull or hit the ball out of the hands of the opponent;
- block the opponent with arms, hands, legs, wheelchair or to use any part of the body to displace him or push him away; this includes a dangerous use of the elbow, both as a starting position and in motion;
- hold an opponent (wheelchair, body, or uniform), even if he remains free to continue the play;
- endanger an opponent.

Comments:

Blocking an opponent by holding the wheelchair will be punished progressively. Front contacts are tolerated, but side and rear contacts must be punished. For all these fouls, the chair is considered as part of the player and a non-accidental contact between chairs also constitutes a foul. 7-metre throws, free throw, etc. have to be taken from behind the respective lines.

4. Fouls that warrant a personal punishment

Fouls, where the action is mainly or exclusively aimed at the body of the opponent, must lead to a personal punishment. This means that, in addition to a free throw or 7-metre throw, at least the foul is to be punished progressively, beginning with suspensions and then disqualification.

5. Fouls that warrant a suspension

Even a foul with a very small physical impact can be very dangerous and have potentially very serious consequences, if the timing of the foul is such that the opponent is defenceless and caught unaware. It is the risk to the player and not the seemingly minor nature of the body contact that should be guiding in determining the appropriateness of a disqualification.

This applies especially for such fouls where the culpable player disregards the danger to the opponent. Taking into account the decision-making criteria for fouls that warrant a personal punishment, these fouls may include:

- fouls that are committed with high intensity or against an opponent who is moving fast;
- holding on to the opponent for a long time, or pulling him down;
- fouls against the head, throat or neck;
- hard hitting against the torso or throwing arm;

- attempting to make the opponent lose body control;
- pushing the wheelchair into an opponent with great speed;
- exceeding the maximum classification team points.

6. Fouls that warrant a disqualification

A player who is attacking an opponent in a way that is dangerous to his health is to be disqualified. The special danger to the opponent's health follows from the high intensity of the foul or from the fact that the opponent is completely unprepared for the foul and therefore cannot protect himself.

During the game, in no case is the player allowed to rise from the chair (compulsory use of a belt fixing to the chair) to get an advantage. Fixations can only be opened to enable the player to get back into the wheelchair after a fall.

The disqualification of a player or team official is always for the entire remainder of the playing time.

Comment:

In case of a suspension/disqualification the maximum classification team points will be reduced by the number of points of the punished player until the next turnover.

Player classification

1. Purpose of Classification

Classification ensures fair and meaningful competition. Its goal is to minimize the impact of impairment on performance outcomes and to prevent functional advantage due to impairment. Athletes are grouped by the functional impact of their impairment, not by sport performance. Classification also supports correct team composition and tactics.

2. Who Must Be Classified?

All athletes competing in IHF wheelchair handball events. Classification is required before participation in official competitions.

3. Core Principles

- Classification is impairment-based, not performance-based.
- Excellent training does NOT change sport class.
- Classification evaluates what an athlete CAN do, not how well they do it.

4. Eligible Impairments

Eligible Impairments

Physical impairments:

- Impaired muscle power
- Impaired passive range of motion
- Limb deficiency or limb length difference

Coordination impairments:

- Hypertonia (spasticity)
- Ataxia
- Dyskinesia

Note: The impairment must be permanent and medically verifiable.

Non-Eligible Impairments

- Upper limb impairment only
- Pain, fatigue, or psychological conditions
- Cardiovascular or respiratory impairments
- Sensory impairments (hearing or visual)

5. Four Stages of Classification

1. Underlying Health Condition (UHC) Assessment
2. Eligible Impairment Assessment
3. Minimum Impairment Criteria (MIC) Assessment
4. Sport Class Allocation

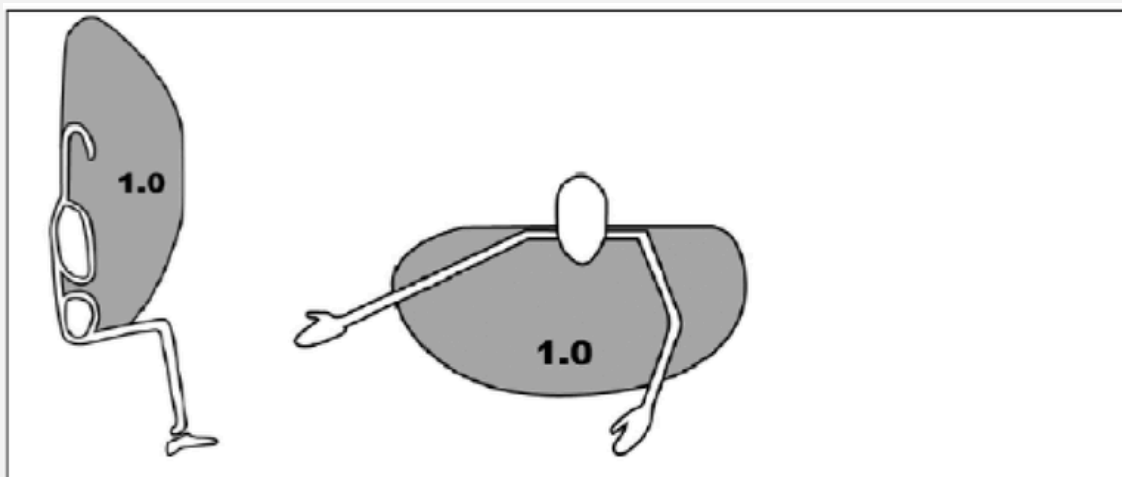
MIC testing includes: muscle power, range of motion (goniometric measures), and coordination scales (Ashworth, SARA, DIS).

6. Four Sport Classes

The key concept is Volume of Action (VoA) - the range of active trunk movement available to the athlete in three planes: vertical, forward, and sideward. A lower class number means greater activity limitation.

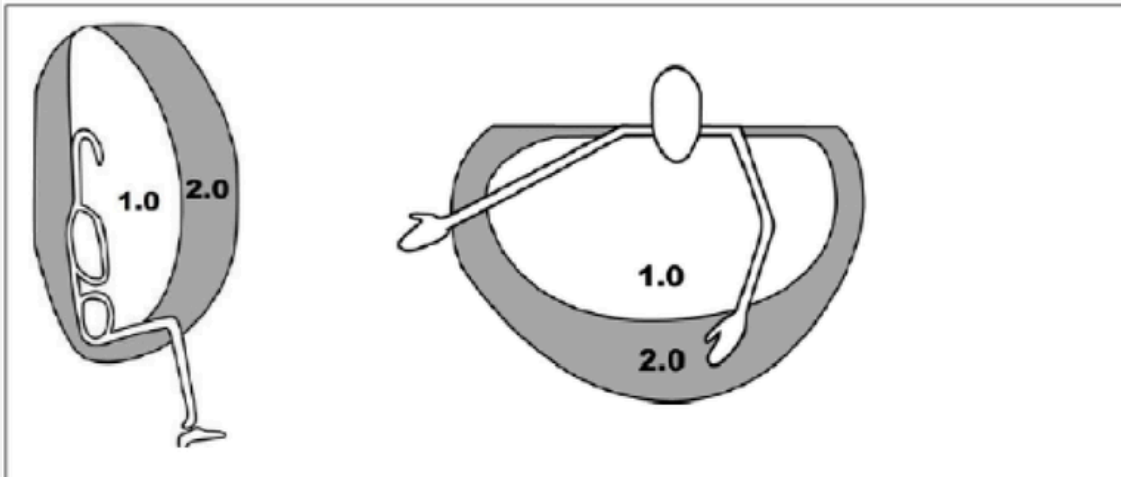
Sport Class 1.0 - Greatest Activity Limitation

- No VoA in any plane (vertical, forward, or sideward)
- Cannot hold the ball with both hands outstretched in front of the body
- Relies on the wheelchair backrest and/or arms for stability
- All throwing power comes exclusively from the arms and shoulders - no trunk support



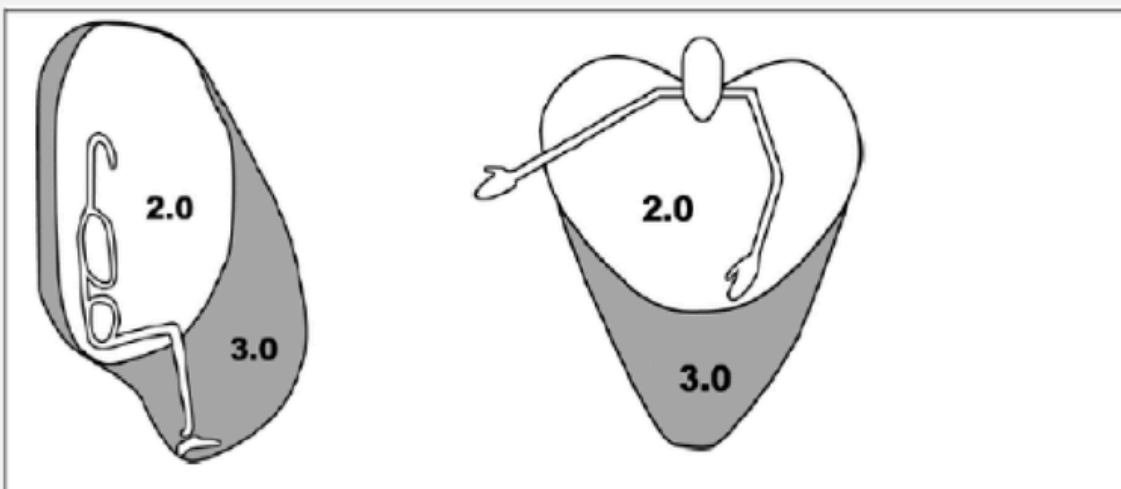
Sport Class 2.0 - Partial Activity Limitation

- Partial VoA in the vertical and forward planes, but no VoA in the sideward plane
- Can rotate the upper trunk in both directions when the lower trunk is supported
- Can lean forward to 45 degrees and independently return to an upright position
- Can hold the ball with both hands outstretched (key difference from Class 1.0)



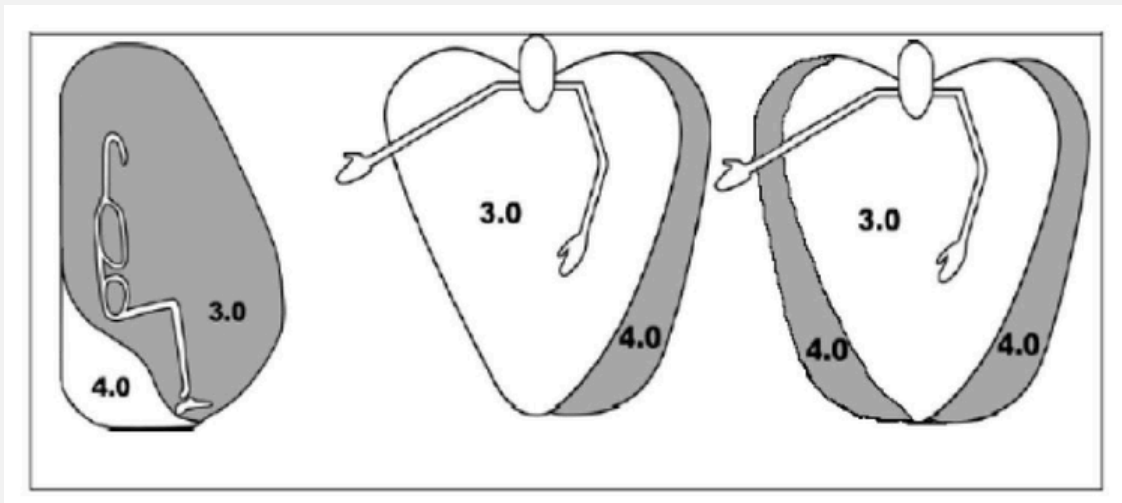
Sport Class 3.0 - Limitation in Sideward Plane Only

- Full VoA in the vertical and forward planes, but no VoA in the sideward plane
- Active trunk rotation as a unit
- Can hold the ball with both hands overhead
- Still requires support when leaning to either side - key difference from Class 4.0



Sport Class 4.0 - Least Activity Limitation

- Complete VoA in all planes, including sideward (to one or both sides)
- Can hold the ball overhead with both hands with contact from the front or one side
- High functional mobility in the wheelchair
- Must still meet the Minimum Impairment Criteria (MIC)



Comparison Table - Volume of Action (VoA) by Sport Class

Plane of Movement	Class 1.0	Class 2.0	Class 3.0	Class 4.0
Vertical	None	Partial	Full	Full
Forward	None	Partial	Full	Full
Sideward	None	None	None	Full (one or both sides)

7. Technical and Observation Assessment

Classification is conducted in two ways:

- Technical assessment - conducted under controlled (clinical) conditions
- Observation assessment - athlete is observed during competition on the court

The final sport class combines the results of both assessments. It is conducted in person by certified IHF classifiers in the presence of the athlete.

8. Key Principles

- Sport classes reflect functional ability, not skill level.
- Training improves performance, but does not change sport class.
- Classification protects the fairness of competition.

Equipment

MAIN EQUIPMENT: WHEELCHAIR

Wheelchairs for wheelchair handball transcend mere utility, becoming a biomechanical extension of each athlete. These wheelchairs are specifically designed to offer speed, agility, and stability, and can ideally be customized for each athlete, becoming a complete package. They differ significantly from standard wheelchairs in terms of structure, materials, and performance characteristics (see below). All equipment used by players must be suitable for the game. No equipment designed to provide an unfair advantage (e.g., increased height) or any item that could cause injury to other players (e.g., casts, hair accessories, or jewelry) is permitted. Therefore, the chair must be safe for both the user and the other players.

Main features of a handball wheelchair

- *Lightweight frame*: generally made of aluminum or titanium to allow for quick movement and optimal durability against the continuous impacts inherent to the sport.
- *Arched wheels*: the wheels are angled to improve maneuverability, stability, and turning speed. They form a triangular shape, with two wheels between them to provide a wider base of support, and the angles are adapted to the degree of disability.
- *Anti-tip wheels*: located on the back of the chair to prevent it from tipping over during sharp turns or sudden stops. They also help when receiving passes that require backward leaning maneuvers or when the goalkeeper makes saves on various shots.
- *Adjustable strap system*: helps players secure themselves according to their classification and level of mobility. Furthermore, it is a rule of the game to be strapped in to prevent possible injuries and ensure that the chair and the athlete become a single unit. - Platform and leg protection: keeps feet stable and reduces the risk of impact injuries during play.
- *Quick-release wheels*: facilitate transport and storage, allowing players to easily remove and attach the wheels.

Chair Suitability and Adjustment

The suitability and ergonomic adjustment of the chair directly determine the efficiency of athletic performance. An excellent setup promotes joint mobility, while a poor fit not only diminishes performance but also exponentially increases the risk of injury.

When choosing a chair, pay attention to:

- *Seat width:* Adjusted, not tight. Athletes with good hip mobility and control should be able to move the chair with their hips.
- *Seat depth:* It should support the thighs without interrupting circulation, and prevent the knees from extending too far beyond the width of the chair to avoid collisions with other chairs or athletes directly impacting their knees.
- *Backrest height:* The backrest height is a variable dependent on the individual's functional classification: lower backrests are preferred for those with greater trunk control who need maximum range of motion to swing their throwing arm, and higher backrests for those who require greater postural support.
- *Chair height:* The player must be able to pick up the ball from the ground.
- *Wheel tilt:* A wider tilt improves turning and stability (typically 18 degrees).
- *Foot platform:* Comfortable for moving around without affecting speed.

CUSTOMIZATION ACCORDING TO EACH PLAYER'S NEEDS

Each player has unique physical capabilities, so handball wheelchairs are customized to maximize performance and comfort:

- *Seat adjustments:* The seat height and depth are modified according to the player's ranking and trunk control.
- *Strapping systems:* Players with greater upper body mobility may require fewer straps, while players with limited mobility typically use chest, lap, and foot straps for added stability (see below).
- *Wheel size and position:* Wheel size affects turning speed and balance, and adjustments are made according to playing position: higher-ranked players use larger wheels, and lower-ranked players use smaller wheels.
- *Backrest height:* Lower backrests offer greater freedom of movement for higher-ranked players, while higher backrests provide additional support for lower-ranked players.
- *Chair height:* The distance between the floor and the chair must be ideal so the player can easily reach the ball when it's on the floor. Considering that the ball is 54-56 cm in diameter, the player cannot rest it on any part of the chair to pick it up.

STRAPS

Straps can be placed around the player's torso, lap, or feet, depending on their classification. Players can use straps and supports to secure their body in the wheelchair or keep their legs together. When properly secured, the handball wheelchair will respond as if it were a natural part of the athlete's body.

- *High toe strap:* Lower torso, upper legs.
- *Low toe strap:* Mid-torso, feet, and upper legs.
- *Waist strap:* Size and position depend on trunk balance. It is recommended to secure the hips and abdomen.

- *Chest strap:* For athletes with more severe disabilities.
- *Leg straps:* Secure and controlled legs.
- *Foot straps:* Keep feet and heels secure.

MAINTENANCE RECOMMENDATIONS

To ensure safety and performance, regular wheelchair maintenance is essential:

- *Daily checks:* Inspect tire pressure and ensure rims are undamaged and straps are securely fastened.
- *Wheel and bearing maintenance:* Clean and lubricate wheel bearings regularly to ensure smooth movement.
- *Frame inspection:* Check for cracks or structural weaknesses, especially after heavy use or falls.
- *Straps and padding:* Ensure all straps are intact and the padding is in good condition to prevent discomfort or skin irritation.

ADDITIONAL ADAPTIVE TOOLS AND TECHNOLOGIES

In addition to the wheelchair itself, various adaptive tools and technologies can enhance a player's individual performance, safety, and comfort. These are especially helpful for athletes with limited hand function, reduced trunk control, or specific physical needs.

- *Quad Grips:* Quad grips on the hand rims can help individuals with limited dexterity achieve greater propulsion.
- *Hand Rims with Protrusions (also known as "vertical hand rims" or "peg push rims"):* These hand rims are designed for players with limited grip strength or finger dysfunction. The protrusions allow the athlete to push the wheels without fully gripping the rim, facilitating better propulsion and control.
- *Custom Grip Sports Gloves:* Specialized leather or rubber gloves improve friction between the hands and the push rims. They are especially useful for athletes with weak grips or sensory impairments, and reduce the risk of skin injuries during intensive play. However, gripping the ball is difficult when using gloves, as the grip is designed for skin. Using gloves can cause the ball to slip.
- *Wheel spoke protectors:* Plastic or carbon fiber protectors cover the wheel spokes to prevent hand injuries during rapid rotations. They also offer aesthetic and branding advantages, such as the option to include team logos or colors. Furthermore, they are mandatory for the safety of all wheelchair handball players.
- *Ergonomic seat cushions and pressure relief pads:* These are used to provide greater comfort and reduce the risk of pressure ulcers, especially for lower-ranked players who spend long periods sitting.
- *Custom push hoops:* The material and diameter of push hoops can vary depending on the player's hand strength, the type of injury, or personal preferences for speed and control. These adaptations allow for more efficient propulsion mechanics.

- Stabilizer bars/lateral stabilizers: Additional rear or lateral stabilizers help prevent rollovers during sharp turns or sudden braking. They are especially important for players with limited trunk stability, as they increase safety without compromising performance.
- Digital performance monitoring tools: While not widely used at the amateur level, elite teams may employ software or sensor-based systems to monitor speed, propulsion cycles, distance covered, or seated posture. These tools facilitate training analysis and individual performance tracking and are increasingly used in research and national programs.

SPORTS HALL EQUIPMENT:

- Official size court (40m x 20m).
- Smaller goals.
- Electronic scoreboard.
- Timekeeper/scorekeeping table.
- Accessible changing rooms with showers and restrooms.
- Wheelchair-accessible spectator area.
- Ambulance with a doctor on site during matches.
- Wheelchair storage available at the sports facility.
- Option to have street-level access to the hall, or to the court and changing rooms, to avoid elevator use and promote greater independence.

HOTEL/ACCOMMODATION FACILITIES

- Hotels near the pavilions.
- Hotels free of architectural barriers.
- Accessible rooms (grab bar in the bathroom and toilet adapter).
- Dining areas: There must be enough space to move around.
- Elevators: With enough space to allow wheelchair access.

INCLUSION AND SAFETY

SAFETY

1) HOW TO ACT IN CASE OF INJURY.

The following details essential practices for emergency management in wheelchair handball. This includes prevention strategies, injury protocols, emergency response procedures, and facility accessibility. Effective preparation ensures the safety and well-being of all participants and promotes responsible team and event management, as well as the autonomy and independence of the athletes.

PREVENTION:

Effective emergency preparedness in wheelchair handball begins with prevention. Planning and identifying potential hazards beforehand ensures that players, coaches, and support staff can respond appropriately to injuries or medical incidents during training or matches.

Emergency Action Plan and Basic Supplies.

Defining roles in emergencies.

Clearly assign responsibilities in advance:

- Who calls emergency services.
- Who provides initial care.
- Who coordinates communication with family or staff.

Basic first aid protocol.

- Assess the situation: Stop the game, observe the injury, and ask the player about their symptoms.
- Act safely: Wear gloves, remain calm, and reassure the player.
- Request help: In serious cases, contact emergency services and avoid moving the player if a spinal or head injury is suspected.

MEDICAL PERSONNEL AND THEIR FUNCTIONS.

According to the rules of the IHF (International Handball Federation) and national federations, medical presence at competitions is mandatory.

Required Personnel.

- Doctor or Paramedic: With training in sports medicine, responsible for serious injuries.
- First Aid Service: May be a physiotherapist or a coach trained for immediate intervention.
- Ambulance Service: Mandatory at high-level events for emergency transfers.

Responsibilities Before, During, and After the Match.

- Before: Check emergency equipment and court safety. Also, be aware of each player's specific needs based on their disability.
 - During: Monitor incidents, treat injuries, and make decisions regarding return to play.
 - After: Evaluate the player's recovery and recommend follow-up care.
- EMERGENCY AWARENESS TRAINING LEVELS.

Emergency awareness should be integrated at all levels:

Basic level (players and teammates).

- Recognize fatigue or pain.
- Know when to stop training.
- Communicate discomfort clearly.

Intermediate level (coaches and physical trainers).

- Training in sports first aid.
- Supervise technique to prevent injuries.
- Detect mental fatigue and stress.
- Have a subtle understanding of each player's disability to improve detection.
- Know which sports practices or exercises are contraindicated due to the athlete's disability.

- Training in injury prevention: teach athletes how to take care of themselves and be aware of potential injuries and how to avoid them.

Advanced level (physiotherapists and medical personnel).

- Diagnose overuse injuries.
- Provide rehabilitation.
- Monitor training load and recovery.
- Understand each player's disability, medication, and any potential needs, injuries, or illnesses they may experience.
- Know in advance what illnesses they may develop, whether due to medication or previous surgeries.
- Recognize symptoms that indicate potential injuries (fever, wounds, etc.) based on the disability.
- Be aware of contraindicated practices based on each athlete's disability.

COMMON INJURIES IN WHEELCHAIR HANDBALL

Upper Body Injuries.

- Rotator cuff tendinitis: Shoulder pain from repetitive movements.
- Carpal tunnel syndrome: Tingling or pain in wrists and fingers.
- Wrist and finger sprains: From impacts or falls.
- Shoulder dislocation: From a rear grip.

Lower Body and Back Injuries.

- Pressure ulcers: From prolonged periods in the wheelchair.
- Lower back pain: Due to posture and trunk movement.

Impact and Fall Injuries.

- Contusions and hematomas: Bruises from collisions.
- Fractures/dislocations: In arms or fingers.
- Concussions: Rare, but possible from falls.

Overuse injuries.

- Muscle overload: Due to overtraining.
- Dehydration and fatigue: Due to high physical demands.

SPECIFIC PROTOCOLS FOR EACH INJURY.

Musculoskeletal injuries (sprains/strains).

- Rest, ice, compression, and elevation (RICE).
- Medical evaluation if pain persists.

Fractures and dislocations.

- Do not move the limb.
- Immobilize and apply ice.
- Call emergency services.

Head injuries (concussion).

- Keep the player awake and at rest.
- Monitor symptoms for 24 hours.
- Seek immediate medical attention in case of vomiting or loss of consciousness.

Hand and wrist injuries.

- Apply ice, immobilize, and seek help in case of fractures.

Pressure ulcers and wounds.

- Clean the wound and cover it with a sterile bandage.
- Avoid applying pressure to the area.

Choking or difficulty breathing (asthma, airway obstruction).

- Assist with using the inhaler or perform the Heimlich maneuver if necessary.
- Call emergency services if the situation persists.

Cardiac arrest or fainting.

- Call for emergency help.
- Begin CPR: 30 compressions + 2 rescue breaths.
- Use an AED if available.

ACCESSIBILITY AND SAFETY IN SPORTS FACILITIES.

Ensuring accessible facilities is part of comprehensive emergency preparedness.

Accessible Showers:

- Spacious enough for wheelchairs.
- No high thresholds.
- Grab bar and folding bench.
- Hand shower.
- Non-slip flooring.

Accessible Bathrooms.

- Minimum door width: 80 cm.
- Turning radius: 1.5 m.
- Toilet height: 45-50 cm with grab bars.
- Clear space under the sink for wheelchair access.
- Angled mirrors for seated users.

These measures are essential for comfort, dignity, and safety, both during normal use and in emergencies.

Technique and tactics

Phase 1. Foundation - Phase 1 is the entry point for all new athletes. The priority is safety, comfort in the wheelchair, and developing basic ball sense. Do not rush through these sessions — a strong foundation here prevents technical faults and injury at all subsequent stages.

Session 1: Warm up and shoulder stretching

DURATION: 10–15 min

SETS: 2–3

HOLD TIME: 10–15 sec

GROUP SIZE: 2–20

Overview

This session prepares participants physically and mentally for wheelchair handball training. It focuses on the shoulder girdle through targeted stretching of the deltoids, trapezius, and rotator cuff — the primary areas of load in wheelchair handball. Proper warm-up is essential for injury prevention and optimal performance.

Objectives

- Increase mobility and range of motion in the shoulder joints
- Activate key muscle groups: deltoids, trapezius, rotator cuff
- Reduce injury risk through structured physical preparation
- Develop correct posture and stability in the wheelchair
- Build body awareness before technical skill training

Preparation: Ensure the training space is clear with sufficient room for each participant to stretch without colliding. Review any individual physical restrictions or shoulder injuries beforehand. Prepare a clear demonstration sequence and consider visual guides showing correct posture.

Instructions: Begin with participants seated stably in their wheelchairs. Guide them through controlled shoulder stretches: deltoids (extend one arm across the chest and hold), then trapezius (gently tilt the head to the side), finishing with the rotator cuff (place one hand behind the back and gently raise it). Each position is held for 10–15 seconds with calm, steady breathing. Participants maintain upright posture throughout. The stretch should feel like mild tension — not pain. Progress symmetrically through both sides.



Debriefing & Evaluation

- Which muscle group did you feel working most?
- Why does warming up the shoulder specifically matter in wheelchair handball?
- Did you notice a difference before and after stretching?
- What could happen if you skip warm-up before a session?
- How will you apply this in your regular training routine?

Tips for Coaches & Facilitators

Watch for participants who rush through holds — encourage slow, mindful movement. Be aware of individual limitations; some athletes may have pre-existing shoulder conditions. In larger groups, pair participants so they can observe and gently correct each other's posture.

Session 2 - CORE ACTIVATION & TRUNK MOBILISATION

Physical preparation / Core stability — trunk and back muscles

DURATION: 10–15 min

SETS: 2–3

REPS: 8–10 per side

GROUP SIZE: 2–20

Overview

This session focuses on activating the trunk and increasing functional mobility from a seated position. Since the trunk plays a critical role in force transfer during throwing, passing, and defending, its activation is essential before technical skill work. Exercises involve overhead arm raises and controlled lateral stretches.

Objectives

- Activate trunk, back, and shoulder girdle muscles in a seated position
- Improve stability and balance required for technical elements
- Develop awareness of correct seated posture and spinal alignment
- Strengthen the connection between trunk control and upper limb performance
- Prepare athletes for more intense technical and tactical drills

Preparation: Clear adequate space for arm extensions. Assess each participant's trunk stability level beforehand. Prepare a visual demonstration of correct technique and inform participants of the connection between core activation and sports performance.

Instructions: Begin with participants seated upright, feet positioned comfortably. Instruct them to raise both arms overhead in a slow, controlled motion — inhaling as they rise, exhaling as they lower. Combine with lateral stretches: reach one arm upward and over to the opposite side while maintaining seated balance. Progress to alternating arm raises combined with gentle rotation. Emphasise keeping the hips stable throughout. Each movement: 8–10 times per side.



Debriefing & Evaluation

- Which part of your body did you feel engaging most?
- How does a stable trunk help you in passing or shooting?
- Did you notice any imbalance between left and right sides?
- Why is core activation especially important for wheelchair handball athletes?
- How would you incorporate this into your personal warm-up routine?

Tips for Coaches & Facilitators

Watch for participants who collapse their trunk during overhead raises — this indicates limited core endurance. Encourage reduction in range of motion with gradual build. Avoid having athletes lean on the chair backrest during exercises.

Session 3 - BASIC BALL DRIBBLING TECHNIQUE

Technical skills / Ball handling — fundamental dribbling coordination and ball sense

DURATION: 20–30 min

SETS: 2–3

REPS: 10–15 or 30 sec

GROUP SIZE: 1–20

Overview

This session introduces the fundamental technique of dribbling in wheelchair handball. Athletes learn to control the ball with one hand, maintain a stable wheelchair position, and develop spatial awareness by keeping their gaze directed toward the playing space rather than the ball. This is the foundation for all subsequent ball-handling skills.

Objectives

- Learn correct single-hand dribbling technique in a stationary wheelchair position
- Develop hand-eye coordination and basic ball sense
- Practise maintaining upright posture and balance while dribbling
- Build the habit of keeping gaze directed toward the playing space, not the ball
- Establish a baseline skill level for progression to dribbling in motion

Preparation: Ensure each participant has a ball. Mark out individual practice stations with cones. Brief participants on key technique points: hand positioning, dribbling height at hip or waist level beside the chair, and the importance of gaze direction. Demonstrate the technique clearly before participants attempt it.

Instructions: Position participants in their wheelchairs with the ball resting on their lap. Instruct them to begin dribbling with their dominant hand, using a controlled push-and-receive motion beside the wheelchair at approximately hip height. Encourage athletes to focus their eyes forward — not on the ball. Once comfortable with the dominant hand, switch to the non-dominant hand. Observe and give individual corrections on hand position, bounce height, and posture. Progress by increasing the number of consecutive dribbles before stopping.

Debriefing & Evaluation

- What was the hardest part of keeping your eyes up while dribbling?
- How did it feel different dribbling with your non-dominant hand?
- Why is it important not to look at the ball during a game?
- What changes did you make to your technique after feedback?
- How does ball control affect your overall performance as a player?

Tips for Coaches & Facilitators

Beginners will instinctively look at the ball — this is normal. Use a gentle cue rather than constant correction. Consider placing visual targets at eye level for athletes to focus on. Ensure ball pressure is appropriate for participant ability.

Session 4 - WHEELCHAIR AGILITY & DIRECTION CHANGES

Physical and technical skills / Agility and wheelchair control — precision manoeuvrability

DURATION: 30 - 45 min

SETS: 2-3

REPS: 45 - 60 sec

GROUP SIZE: 2 - 16

Overview

This session develops agility, coordination, and precision in wheelchair manoeuvring through cone courses and obstacle pathways. Athletes must control speed, react to directional changes, and maintain body stability. The drills simulate real game situations and build the chair control foundation that all tactical sessions depend on.

Objectives

- Develop precise and efficient wheelchair propulsion and control
- Improve the ability to change direction quickly while maintaining stability
- Practise using both hands for balanced and coordinated propulsion
- Enhance functional motor skills applied to real game scenarios
- Build confidence navigating tight spaces and dynamic situations

Preparation: Set up one or more cone courses: straight lines, slalom, and direction-reversal points. Mark start and finish clearly. Allow a slow walkthrough before timing or competitive elements are introduced.

Instructions: Athletes navigate the course on signal. The course includes: a straight sprint section of 4–6 metres; a slalom around 4–5 closely spaced cones; a sharp 180-degree direction reversal; and a return sprint. Athletes should use both hands equally and maintain upright posture. Introduce competitive elements gradually once athletes demonstrate competence.



Debriefing & Evaluation

- Which section of the course was most challenging, and why?
- How did you use your hands differently in the slalom versus the straight sprint?
- What technique adjustments helped you improve?
- How does agility in your chair translate to game performance?
- What would you design differently in your own agility drill?

Tips for Coaches & Facilitators

Ensure the floor surface is even and cones are not a hazard. For athletes newer to sport wheelchairs, start with wider cone spacing. Pair experienced athletes with beginners for observational learning. Never introduce timing before basic competence is established.

Session 5 - CATCHING & BALL RECEPTION

Technical skills / Ball handling — safe and controlled ball reception

DURATION: 20 - 30 min

SETS: 3-4

CATCHES: 10-15 per set

GROUP SIZE: 2 - 20

Overview

This session focuses on the technique of catching and receiving the ball in wheelchair handball. Athletes must anticipate ball trajectory, position their hands correctly, and maintain stability in the chair. Catching efficiently allows immediate transition to the next game action.

Objectives

- Develop correct hand placement and technique for catching incoming balls
- Improve reaction time and hand-eye coordination
- Practise anticipating ball trajectory from different angles and distances
- Build stability in the wheelchair to support secure ball reception
- Practise immediate transition from catching to the next game action

Preparation: Pair participants and define catching stations. Brief athletes on catching principles: hands out in front, thumbs together for high balls and fingers down for low balls; absorb the ball softly with flexing hands and elbows; then immediately secure the ball.

Instructions: One athlete passes the ball to their partner, starting with soft, chest-height throws at close range. The receiver tracks the ball early, positions hands correctly, and absorbs the impact by allowing hands and elbows to flex slightly on contact. Progress by varying height, angle, and speed. Once caught, athletes immediately transition: pass back, start a dribble, or simulate a shot.

Debriefing & Evaluation

- What was the most difficult type of ball to catch — high, low, or wide?
- How did you change your hand position depending on the ball's direction?
- What happened when you did not track the ball early enough?
- Why is it important to catch and immediately transition in a game?
- What would you specifically practise to improve catching reliability?

Tips for Coaches & Facilitators

Athletes who consistently drop the ball should work at shorter distances with softer throws. For athletes with limited hand grip, explore adapted gloves or equipment modifications. Challenge more advanced athletes with passes from multiple directions.

Phase 2. Technical development - Phase 2 builds on the individual skills of Phase 1 by adding movement, speed, and complexity. Athletes who have not yet completed Phase 1 should not begin here. The key transition is from stationary skill execution to dynamic, game-speed execution.

Session 6 - DRIBBLING IN MOTION

Technical skills / Coordination and control — dribbling combined with wheelchair mobility

DURATION: 25 - 35 min

REST: 30–60 sec

CATCHES: 10–15 per set

GROUP SIZE: 2 - 15

Overview

This session combines ball dribbling with wheelchair propulsion — a complex coordination task central to game performance. Athletes must synchronise the rhythm of the ball bounce with wheelchair pushes while maintaining balance and directional control. This session bridges stationary ball handling and full game application.

Objectives

- Coordinate wheelchair propulsion with ball dribbling in continuous motion
- Develop the ability to control direction and speed while dribbling
- Improve multitasking: managing the ball and the wheelchair simultaneously
- Build confidence in transitional play and fast attack scenarios
- Develop spatial awareness in motion across the court

Preparation: Set up a clear linear or curved pathway with cones. Ensure adequate spacing between athletes. Brief participants on the alternating rhythm: push the wheelchair, then dribble, then push again — working toward a fluid combination. Per IHF rules, the ball must be dribbled or passed every two pushes.

Instructions: Athletes begin at one end of the court. On signal, they move forward while dribbling — alternating between pushing the wheelchair and bouncing the ball beside them. Start at a slow, controlled pace. Gradually increase speed as proficiency improves. Use a straight-line path first, then introduce gentle curves.

Debriefing & Evaluation

- What was the biggest challenge in combining dribbling with movement?
- How did your rhythm change when you increased speed?
- What strategy did you use to keep the ball under control?
- How is this drill connected to what you need during a real game?
- What would you practise more to improve in this drill?

Tips for Coaches & Facilitators

Some athletes will stop dribbling whenever they need to manoeuvre the chair — encourage them to keep the ball in play. In early stages, allow athletes to pause and reset without penalty. Group athletes by ability level for relay-style activities.



Session 7 - PASSING TECHNIQUE

Technical skills / Team cooperation — accurate passing as the foundation of team play

DURATION: 25 - 35 min

SETS: 3-4

PASSES: 10 per pair

GROUP SIZE: 2 - 20

Overview

This session introduces and practises the fundamental technique of passing in wheelchair handball. Accurate passing requires coordinated arm movement, trunk stability, and directional precision. It is the cornerstone of teamwork and transitions in the game.

Objectives

- Learn and apply correct passing technique: grip, swing, and release
- Develop trunk stability as the base for powerful and accurate passes
- Practise directing the ball precisely to a partner
- Build communication and cooperation between players
- Understand the role of passing in team offence and transition play

Preparation: Pair participants of similar ability. Set defined distances for passing (start at 3-4 metres, progress to 6-8 metres). Demonstrate correct technique: grip, elbow raised, swing through the shoulder, controlled release.

Instructions: Participants are in pairs at a defined distance. One athlete grips the ball, raises it to shoulder height, and executes a one-handed pass using a full arm swing aimed at the partner's chest height. The partner receives and returns. Encourage athletes to keep the elbow up, use trunk rotation to add power, and maintain a stable seated position. Gradually increase passing distance as accuracy improves.

Debriefing & Evaluation

- What part of your body did you use most during the pass — just your arm, or more?
- How did your accuracy change as the distance increased?
- What happened to your balance when you added more power?
- Why is a reliable pass important for your team during a game?
- What would you change in your technique to improve accuracy or speed?

Tips for Coaches & Facilitators

Watch for athletes who use only their arm — encourage trunk and shoulder engagement. Beginners may struggle with grip; allow two hands initially. Adjust passing distance if there is a significant ability gap between partners.

Session 8 - SHOOTING TECHNIQUE

Technical skills / Attack — effective shooting as the decisive element of offence

DURATION: 30 - 45 min

SETS: 4-6

ATTEMPTS: 5-8 per position

GROUP SIZE: 2 - 16

Overview

This session focuses on shooting technique — the decisive action in attack. Athletes learn to combine trunk rotation, correct arm positioning above the shoulder, and stable wheelchair posture to generate a powerful and accurate shot.

Objectives

- Develop correct shooting mechanics: trunk rotation, elbow above shoulder, controlled release
- Build maximum throwing power combined with directional accuracy
- Practise maintaining wheelchair stability during the shooting motion
- Understand the key game moments that call for a shot
- Develop confidence and consistency in goal-scoring attempts

Preparation: Mark 2-4 shooting positions at different distances and angles from the goal. Explain and demonstrate the shooting technique: starting position, grip, elbow above shoulder, trunk rotation back, explosive release. Clarify safety around the goal area.

Instructions: Athletes line up at the first shooting position. Each athlete receives a pass, positions themselves, and executes a shot at goal. Key technique points: elbow raised to at least shoulder height; trunk rotates back in preparation and drives forward into the release; wrist snaps at release for added power. After each athlete completes one position, rotate to the next. Build from stationary shots to shots in motion.

Debriefing & Evaluation

- What part of your shooting action felt most natural — and which felt hardest?
- How did trunk rotation change the power of your shot?
- What happened to your accuracy as the shooting distance increased?
- When in a game would you choose to shoot versus pass?
- What is one specific thing you want to improve in your shooting technique?

Tips for Coaches & Facilitators

Athletes who lack power should focus on trunk rotation — arm-only shooting generates far less force. Video analysis is especially effective in this session. If athletes consistently miss to one side, check for consistent wrist angle at release.



Session 9 - BALL PICKUP FROM THE FLOOR

Technical skills / Situational technique — retrieving a ball from the ground

DURATION: 20 - 30 min

SETS: 4-6

REPS: 8-10 per side

GROUP SIZE: 1 - 15

Overview

Picking up the ball from the floor is a specific technical skill unique to wheelchair handball and one that novice players often find challenging. It requires controlled lateral lean, proper weight distribution, balance, and the ability to return quickly to the ready position.

Objectives

- Learn safe and controlled technique for picking up the ball from the floor
- Develop balance and weight distribution during lateral lean
- Build flexibility and trunk control required for the movement
- Practise rapid recovery to the ready position after pickup
- Apply the skill in simulated game situations — loose ball recovery

Preparation: Place balls on the floor at appropriate positions beside each participant's wheelchair. Brief athletes on safety: lean slowly, keep one hand in contact with the wheel or chair during the lean if needed, and do not overreach. Demonstrate the full movement clearly.

Instructions: Each athlete begins with the ball placed to their side on the floor. They slowly lean from the trunk in a controlled manner toward the ball, distributing weight carefully to maintain stability. When the hand reaches the ball, they secure it with a firm grip and use trunk engagement to return to an upright seated position. Progress the drill by placing the ball slightly ahead, introducing a time element, or creating a competitive loose-ball race.

Debriefing & Evaluation

- What was the most challenging part — the lean, the grip, or the recovery?
- How did you ensure you did not lose balance during the lean?
- Why is quick ball recovery from the floor so important in a game?
- How would you use this skill in a defensive recovery situation?
- What modification to your technique helped you most today?

Tips for Coaches & Facilitators

This skill can trigger anxiety about tipping — address with reassurance and slow progressions. Ensure the floor is not slippery. For athletes with limited trunk flexibility, allow use of the side of the chair as support. Never rush this session.



Session 10 - UPPER BODY STRENGTH & CONDITIONING

Fitness & conditioning / Physical development — upper body strength and endurance for handball performance

DURATION: 35 - 45 min

SETS: 3-4 circuits

REPS: 10-15 per exercise

REST: 60 sec

Overview

This session targets the upper body musculature essential for wheelchair handball — shoulders, triceps, biceps, chest, and back — through adapted strength and conditioning exercises. Targeted conditioning directly improves on-court performance and reduces injury risk.

Objectives

- Strengthen primary muscle groups used in wheelchair propulsion and throwing
- Develop muscular endurance to sustain performance across a full match
- Introduce progressive overload principles for safe strength development
- Build awareness of the connection between physical conditioning and game performance
- Improve injury resilience in the shoulder, elbow, and wrist joints

Preparation: Set up individual resistance band stations. Assess each athlete's current strength level and assign appropriate band resistance. Brief participants on safety: never wrap bands around wrists; check for band damage before use; perform all movements through a controlled full range of motion.

Instructions: Three core exercises in a circuit: (1) Chest press — resistance band anchored behind the chair. (2) Seated row — band anchored in front, pulling both handles toward the hips. (3) Overhead press — pressing the band from shoulder height to above the head. Each exercise: 10-15 repetitions at controlled tempo. Complete all three before a 60-second rest. Progress by increasing band resistance or adding a lateral shoulder raise.

Debriefing & Evaluation

- Which exercise challenged you most, and which muscles did you feel working?
- How does upper body strength specifically help you in wheelchair handball?
- Did you notice a connection between your posture and the difficulty of any exercise?
- How would you build this session into a weekly training routine?
- What additional exercises would you add to develop your physical performance further?

Tips for Coaches & Facilitators

Progress resistance very gradually — tendon and joint adaptation is slower than muscle development. Ensure all exercises are performed with full range of motion. Athletes with existing shoulder injuries must be cleared by a physiotherapist before participating.

Phase 3. TACTICAL INTRODUCTION - Phase 3 introduces collective tactical thinking. Individual technical skills from Phases 1 and 2 are now applied within a team context. The key shift is from 'what can I do with the ball' to 'what does my team need me to do right now'.

Session 11 - 1-ON-1 DEFENCE POSITIONING

Defence / Defensive fundamentals — individual defensive positioning and pressure

DURATION: 30 - 40 min

ROUNDS: 4-6 circuits

INTERVAL: 1 minute

GROUP SIZE: 4-16 sec

Overview

This session introduces the fundamentals of individual defence in wheelchair handball. Athletes learn to position their wheelchair between the ball-carrier and the goal, maintain active pressure without fouling, and anticipate offensive movement to intercept or disrupt.

Objectives

- Learn correct defensive positioning relative to the ball-carrier and the goal
- Develop the ability to mirror the offensive player's movements in a wheelchair
- Practise applying legal pressure to disrupt passing and shooting lanes
- Build anticipation skills for reading offensive intent
- Understand the principles of defensive spacing and recovery

Preparation: Define a restricted playing area with cones. Pair participants — one attacker, one defender. Brief defenders on legal contact rules: stay between the ball-carrier and the goal; stay active with small pushes to adjust position; never reach directly for the ball. Review wheelchair handball foul rules.

Instructions: The attacker begins with the ball and attempts to advance toward the goal or create a shooting angle. The defender mirrors their movement, maintaining a distance of approximately one wheelchair-length. Defenders focus on: positioning between attacker and goal; tracking ball and player simultaneously; forcing the attacker away from their strong side. Rotate roles after each interval.

Debriefing & Evaluation

- What was the most difficult part of maintaining your defensive position?
- How did your approach change when the attacker moved quickly versus slowly?
- What did you notice about your own positioning from the attacker's perspective?
- When is it better to apply close pressure versus staying back?
- How does individual defence connect to the overall team defensive strategy?

Tips for Coaches & Facilitators

Remind defenders that reaching for the ball often leads to fouls — position and patience are more effective. Progress to 2-on-2 situations once athletes demonstrate solid 1-on-1 principles.

Session 12 - ZONE DEFENCE — COURT COVERAGE & COMMUNICATION

Tactics / Defensive systems — organising players to cover court zones and deny shooting lanes

DURATION: 40 - 50 min

ROUNDS: 4-6

FORMATION: 2 - 2 Zone

GROUP SIZE: 4-16

Overview

This session introduces zone defence principles: how defenders divide the court, how to shift collectively when the ball moves, and how to force the attack into less dangerous positions. It is the first session where athletes must operate as a coordinated defensive unit rather than as individuals.

Objectives

- Understand zone responsibility areas and their court boundaries
- Shift as a defensive unit when the ball changes side
- Close down shooting lanes without abandoning zones
- Communicate coverage decisions verbally with teammates
- Identify and correct breakdowns in zone structure during live play

Preparation: Define a basic 2-2 zone (two defenders high, two protecting the crease). Mark zone boundaries with floor tape or cones. Brief defenders on their individual zones and the collective shift rule: when the ball moves right, the whole unit shifts right. Start with a static ball moved by the facilitator.

Instructions: Begin with the facilitator moving the ball slowly between court positions while defenders adjust their zone. Progress to a passive attack that passes without shooting — defenders shift and communicate. Then introduce an active attack. Defenders call out 'SHIFT' when the ball changes side and 'MINE' when claiming a shooter. After each round, pause to identify one specific structural breakdown and correct it.

Debriefing & Evaluation

- When did your zone feel solid, and when did you lose your structure?
- How did you communicate with the defender next to you when the ball moved?
- Which attacking position was hardest to cover from your zone?
- What is the difference between a zone breakdown and an individual error?
- How would you adjust your zone if the attacker in your area was a strong shooter?

Tips for Coaches & Facilitators

The most common error is chasing the ball — defenders must hold their zone and pass off attackers who move through. Use verbal cues: 'Hold your zone.' Introduce video review if available.

Session 13 - GOALKEEPING FUNDAMENTALS

Defence & goalkeeping / Goalkeeping technique — positioning, reaction, and ball-stopping skills

DURATION: 30 - 45 min

FORMAT: Short rounds, rotation

ROLES: GK / Shooter / Feeder

GROUP SIZE: 3-16

Overview

This session introduces the specific technical and positional demands of the goalkeeper role in wheelchair handball. The goalkeeper must cover angles, react quickly to shots, and redistribute the ball efficiently after a save.

Objectives

- Understand the goalkeeper's positioning principles relative to the goal and shooter
- Develop quick reaction and body positioning to block shots
- Practise reading the shooter's body language to anticipate shot direction
- Build confidence and composure in goal
- Learn to distribute the ball quickly after a save to launch a counter-attack

Preparation: Position the goal and define the goalkeeper's working area. Explain the key positioning principle: the goalkeeper should always position on the line between the ball and the centre of the goal. Demonstrate correct posture: arms ready and spread, eyes on the ball, body centred.

Instructions: Athletes take turns as shooter and goalkeeper. Begin with stationary shots from a defined shooting position. The goalkeeper positions on the ball-goal line and reacts to each shot. Progress by adding shots from different angles and distances and introduce a feeder who passes to the shooter before the shot. After each save, the goalkeeper distributes the ball to begin a counter-attack drill.

Debriefing & Evaluation

- What did you find hardest — reading the angle, or reacting to the shot?
- Which direction or type of shot was most difficult to save?
- How did experience in goal change how you think as a shooter?
- How quickly were you able to distribute the ball after a save?
- What would you practise most if you were training as a goalkeeper?

Tips for Coaches & Facilitators

Goalkeeping can feel overwhelming initially — keep early rounds slow and low-pressure. All athletes benefit from goalkeeping experience as it improves their understanding of shooting angles. Rotate all athletes through the goal — do not designate a goalkeeper from day one.



Session 14 - POSITIONAL ATTACK — SPACE CREATION & MOVEMENT

Tactics / Offensive organisation — structured movement patterns in half-court attack

DURATION: 40 - 50 min

ROUNDS: 4 - 6

FORMAT: Half-court 4v4

GROUP SIZE: 4-16

Overview

This session introduces organised positional attack: how 4 players distribute across the court, when to cut toward goal versus hold position, and how to shift the defence to create an open lane or shooting angle. It is the attacking counterpart to Sessions 11 and 12.

Objectives

- Understand court zones and player roles in positional attack
- Execute movement before receiving the ball to create space
- Read defensive positioning and react with a pass, cut, or screen
- Execute a basic screen/pick combination between two players
- Create and exploit spatial advantage without relying on the fast break

Preparation: Define the half-court attacking zones. Assign starting positions: one playmaker at the top, two wide players on the flanks, one player near the crease. Walk through the movement pattern without a ball first — athletes move to their positions and the coach narrates the logic. Then add a ball and passive defence before progressing to active defence.

Instructions: Begin with the playmaker at the top holding the ball. One flank player makes a decoy cut toward the crease while the other holds wide. The crease player times a cut to the goal line. The playmaker reads the defence and passes to the open player. Introduce the screen: flank player sets a stationary position for the crease player to use as a block and cut off. Progress from passive to active defenders as the pattern is learned.

Debriefing & Evaluation

- When did the attack create a real opening, and what caused it?
- How did the defender's position tell you where to pass?
- What made the screen effective or ineffective?
- When should the playmaker hold the ball versus release it immediately?
- What would you change about your team's movement pattern to create better openings?

Tips for Coaches & Facilitators

Athletes will initially move to pre-set positions without reading the defence. Use a 'freeze' call to stop the drill at key moments and show athletes what the defence is offering. Gradually remove the pre-set pattern and allow athletes to read and improvise.

Phase 4. APPLIED GAME PLAY- Integrates all previous skills and tactical knowledge into game-speed, competitive situations. Sessions here should feel demanding and game-like. Coach intervention should shift from instruction to observation and post-round feedback.

Session 15 - ADVANCED PASSING IN MOTION

Technical and tactical skills / Decision-making and tempo — dynamic passing under pressure

DURATION: 35 - 45min

REPS: 4 - 6 per group

FORMAT: Moving combination

GROUP SIZE: 4-16

Overview

This advanced session extends passing into dynamic, high-intensity game-like conditions. Athletes must execute passes while moving, make rapid tactical decisions, and maintain technical quality under pressure. It is the bridge between technical passing practice and live game execution.

Objectives

- Execute accurate passes while in motion at game speed
- Develop rapid situational assessment and passing decisions
- Improve speed of thought and action in transition play
- Strengthen technical quality under physical and cognitive pressure
- Build team communication and synchronisation in combination play

Preparation: Design a passing combination circuit: two athletes move toward each other, exchange a pass, and continue to the opposite end. Introduce a passive defender to create decision pressure. Brief athletes on key principles: read the situation before receiving the ball, communicate with teammates, choose the right pass type.

Instructions: Athletes are organised in groups of 4. Two begin moving from opposite ends. When approximately 6–8 metres apart, they exchange a pass, continue moving, and progress to the next combination. Increase complexity by adding a direction change before the pass, a passive defender, or a third athlete who must receive the final pass before shooting.

Debriefing & Evaluation

- How did making decisions in motion compare to passing while stationary?
- What cues did you use to decide when and where to pass?
- How did you communicate with your teammate during the combination?
- What mistakes did you make, and what would you do differently in a game?
- How does fast, accurate passing create opportunities in offence?

Tips for Coaches & Facilitators

Athletes will initially move to pre-set positions without reading the defence. Use a 'freeze' call to stop the drill at key moments and show athletes what the defence is offering. Gradually remove the pre-set pattern and allow athletes to read and improvise.

Session 16 - DEFENSIVE TRANSITION — GETTING BACK

Tactics/Transition — organised recovery from attack to defence after losing possession

DURATION: 35 - 45min

REPS: 5 - 7 per group

FORMAT: Turnover trigger drill

GROUP SIZE: 4-16

Overview

This session trains the defensive response to losing the ball — who retreats immediately, who applies pressure near mid-court, and how to prevent an uncontested fast break. It is the defensive mirror of Session 19 (Fast Break) and should be taught in close proximity to it.

Objectives

- Establish defensive priority roles after losing possession
- Practise immediate retreat decision-making at the moment of turnover
- Balance pressure near the ball with depth and recovery behind
- Reduce opponent fast break opportunities through organised retreat
- Develop communication about who drops and who presses

Preparation: Define mid-court and back-court zones clearly with floor markers. Assign roles: one player applies immediate pressure on the ball-carrier; remaining players retreat to defensive positions. Begin with a scripted turnover triggered by the facilitator before progressing to live turnovers.

Instructions: The facilitator triggers the drill by intercepting a pass or calling 'TURNOVER'. The attacking team must transition to defence immediately. The nearest player applies token pressure while teammates sprint back. Progress to live 4-on-4 play where turnovers trigger real transition situations in both directions.

Debriefing & Evaluation

- Who made the fastest retreat decision, and what triggered it?
- What communication did you use to organise the transition?
- When did your defensive recovery leave an opponent unmarked?
- What is the trade-off between pressing the ball and retreating?
- How does a well-organised defensive transition change the opponent's fast break options?

Tips for Coaches & Facilitators

The most common error is all four players chasing the ball — someone must always get back immediately. Use a 'FREEZE' call to show athletes the resulting gaps. Gradually introduce real competitive pressure.

Session 17 - SET PLAYS & RESTARTS

Tactics / Game situations — structured plays from restarts and set-piece scenarios

DURATION: 35 - 45min

ROUNDS: 4 - 6

RESTART TYPES: 4 scenarios

GROUP SIZE: 4-16

Overview

This session covers the tactical moments that recur in every game but are rarely practised in isolation: goalkeeper restart, free throw, throw-in from the sideline, and penalty throw. Each has a specific tactical logic and a structured response from both the attacking and defending team.

Objectives

- Understand the rules governing each type of restart
- Learn structured movement to create an open receiver from each restart
- Practise executing a simple play from each restart type
- Experience and defend each restart as the opposing team
- Develop anticipation by understanding the opponent's likely restart options

Preparation: Work through each restart type in sequence. For each: explain the rule, demonstrate a simple attacking play, walk through it slowly, then execute at full speed. Then switch teams and defend the same play. Restart types covered: goalkeeper restart, free throw, sideline throw-in, penalty.

Instructions: For each restart, the attacking team executes a defined play — for example, on a goalkeeper restart: one player makes a decoy run wide while another shows as the primary outlet near mid-court. The defending team observes once, then defends it. Debrief after each type before moving to the next. In the final round, let teams choose their own play from any restart.

Debriefing & Evaluation

- Which restart gave your team the most space to work with?
- How did your defence adjust once it had seen the attacking play once?
- When should the restart taker pass immediately versus wait for movement?
- What would you do if the defence took away your primary option?
- How important is timing between the restart taker and the receiver?

Tips for Coaches & Facilitators

Keep early executions slow — teams need to understand the play before executing it under pressure. Emphasise communication between restart taker and receivers. Use the 'see it once, then defend it' format to develop both sides simultaneously.

Session 18 - SMALL-SIDED GAME: 2-ON-2 PLAY

Tactics & game situations / Applied game play — integrating skills in small-sided game format

DURATION: 40 - 50 min

ROUND LENGTH: 3 - 5 min

RESTART TYPES: 4 scenarios

GROUP SIZE: 4-16

Overview

This session applies individual technical skills in a small-sided game format. 2-on-2 play creates frequent decision-making opportunities, encourages communication, and mirrors the intensity of real wheelchair handball at a manageable scale.

Objectives

- Apply technical skills — dribbling, passing, shooting, defence — in a real game setting
- Develop tactical communication and coordination between two teammates
- Practise creating and exploiting numerical advantages in attack
- Build competitive resilience and decision-making under pressure
- Identify individual strengths and areas for improvement through game play

Preparation: Define a small playing area — typically 15-20 metres long and 10-12 metres wide. Set up two goals at opposite ends. Brief participants on simplified IHF four-a-side rules and emphasise communication with their partner.

Instructions: Two teams of two compete within the defined area. Standard wheelchair handball rules apply. Encourage athletes to focus on: creating space through movement before receiving a pass; communicating with their partner on attack and defence; transitioning quickly between offence and defence. After each round, rotate team pairings. Between rounds, the facilitator highlights one tactical observation for the whole group.

Debriefing & Evaluation

- What tactic worked well for your team, and why did it work?
- What did you find most difficult in communicating with your partner?
- How did you decide whether to pass, dribble, or shoot?
- What did you observe in the opposing team that you could use in your own play?
- How did the game feel different from practising individual skills in isolation?

Tips for Coaches & Facilitators

Keep the emphasis on decision-making and communication rather than score. If one team dominates consistently, rotate partnerships or adjust the playing area. Use observation periods as a coaching tool — some rounds, one pair observes while two others play.

Session 19 - FAST BREAK & COUNTER-ATTACK

Tactics & game situations / Transition play — converting defence to offence at speed

DURATION: 35 - 45 min

REPS: 5-8 per group

PROGRESSION: 2v1 → 3v2 → 4v3

GROUP SIZE: 4-16

Overview

This session develops one of the most decisive tactical elements in wheelchair handball: the fast break. When possession is won, the team that transitions most quickly from defence to attack creates the best scoring opportunities. Every athlete must understand their role in both initiating and receiving a counter-attack.

Objectives

- Develop speed and coordination in the transition from defence to attack
- Practise early outlet passes to launch counter-attacks quickly
- Build decision-making skills in fast, high-pressure game situations
- Develop teamwork and communication in transition play
- Improve finishing efficiency under time pressure

Preparation: Define a full court or large playing area. Designate starting positions: a defensive position for one team and an offensive position for the other. Brief athletes on fast break principles: outlet the ball quickly, advance at speed, create a numbers-up advantage, and finish with conviction.

Instructions: Begin with a 2-on-1 fast break situation: two attackers versus one defender. The drill is triggered by the facilitator rolling the ball into the court. Once athletes execute this reliably, progress to 3-on-2 and eventually 4-on-3. Emphasise: the lead attacker calls for the ball early; the passer commits and releases quickly; the receiver attacks the goal with conviction. After each repetition, teams reset quickly to practise the transition itself.

Debriefing & Evaluation

- What made the difference between successful and unsuccessful fast breaks?
- How quickly were you able to transition after winning the ball?
- What communication did you use during the counter-attack?
- When is the right moment to pass, and when should you continue independently?
- How does an effective fast break create psychological pressure on the opponent?

Tips for Coaches & Facilitators

The most common error is hesitation — athletes slow down to think rather than acting on instinct. Use verbal cues to encourage decisive action. Gradually reduce the numbers advantage to increase the challenge. Video this session if possible — reviewing hesitation moments in slow motion is highly effective.

Community and Stakeholders Engagement

Community and stakeholders' engagement is a central pillar of the Wheelchair Handball – Start Up project because the long-term success of wheelchair handball depends not only on technical knowledge of the sport, but also on the strength of the environment that surrounds it. A sustainable wheelchair handball initiative requires active cooperation between sports organizations, local institutions, disability support actors, educators, health professionals, volunteers, families, media representatives, and people with disabilities themselves. For that reason, this section of the WH Manual should help project partners, coaches, educators, and local organizers understand how to build meaningful relationships that support both the promotion of the sport and the wider goal of social inclusion.

At the community level, wheelchair handball should be presented as much more than a new sports activity. It should be communicated as a practical tool for participation, empowerment, visibility, teamwork, and equal opportunity. When local communities recognize wheelchair handball as a space where people with disabilities can develop skills, confidence, social connections, and a sense of belonging, they are more likely to support its growth. This is especially important in the context of the project, which brings together organizations from Croatia, Serbia, and Spain with the shared ambition of increasing awareness of the sport, strengthening inclusive coaching capacities, and creating direct opportunities for participation through local games and an international tournament. A first step in community engagement is stakeholder mapping.

Before launching activities, local organizers should identify individuals, groups, and institutions that can influence, support, or benefit from wheelchair handball. These may include disability organizations, rehabilitation centres, schools and universities, local municipalities, handball clubs, basketball clubs, sports federations, youth organizations, media outlets, sponsors, and volunteers. It is equally important to identify potential participants and informal community leaders, including athletes with disabilities, parents, personal assistants, physiotherapists, and advocates for inclusion. Mapping stakeholders allows organizers to better understand who should be informed, who can become a partner, who can help remove barriers, and who can amplify the visibility of the project.

Once stakeholders are identified, engagement should be based on clear and inclusive communication. People and institutions are more likely to join when they understand both the purpose of the project and their possible role in it. Communication should therefore explain what wheelchair handball is, why it matters, who can participate, and how the activity contributes to inclusion in and through sport. Messages should avoid charity-based or overly medicalized language and instead focus on rights, participation, ability, teamwork, and community value. Using accessible language, visual materials, testimonials, and practical examples can help reduce uncertainty and make the sport more approachable for new audiences.

Partnership-building is another essential component of this section. The project consortium itself already demonstrates the value of cross-sectoral and international cooperation: a sports association, a faculty of kinesiology, a sports events organization, and a youth empowerment organization each contribute different expertise. This same logic should be applied locally. Strong local ecosystems emerge when organizations do not work in isolation but connect their strengths. A sports club may provide a venue, a disability organization may support outreach to participants, a school may host awareness sessions, a municipality may help with visibility or logistics, and health professionals may advise on safe participation. When these actors are brought together around a shared vision, wheelchair handball becomes a community initiative rather than a one-time event.

In practice, engagement should begin early and continue throughout the implementation of activities. Local meetings, consultation sessions, introductory workshops, and demonstration events can all be useful tools for building trust and interest. Stakeholders should not only be invited to attend project activities, but also encouraged to shape them. For example, people with disabilities should be consulted on accessibility needs, preferred communication channels, transportation barriers, and the design of inclusive activities. Coaches and educators can contribute feedback on training needs, while parents and caregivers may help identify practical conditions that influence regular participation. This participatory approach increases relevance, strengthens ownership, and helps ensure that activities respond to real needs instead of assumptions.

Special attention should be given to creating a welcoming and supportive environment for first-time participants. For many people, joining an adapted sport can involve emotional, social, and logistical barriers. Some may worry about safety, others may fear stigma, and some may simply have never seen wheelchair handball before. Community engagement should therefore include confidence-building actions such as open days, trial sessions, peer support, visible role models, and positive storytelling. When newcomers see inclusive, respectful, and well-organized activities, they are more likely to return and to invite others. This is especially relevant for the project's local games, which are not only promotional activities, but also opportunities to turn awareness into actual participation.

Volunteers and local ambassadors can play a particularly important role in strengthening community ownership. A motivated volunteer network can support logistics, participant assistance, event organization, promotion, and documentation. At the same time, ambassadors such as athletes, coaches, students, youth workers, or representatives of disability organizations can help communicate the value of wheelchair handball in authentic and relatable ways. Their voices are often more persuasive than institutional messaging alone. The manual should therefore encourage organizers to recruit, brief, and support volunteers and ambassadors carefully, ensuring they understand both the practical needs of the activities and the inclusive values that guide the project.

Media and public visibility are also important aspects of stakeholder engagement. To raise awareness successfully, wheelchair handball must be visible in local public discourse. This can be supported through local media cooperation, social media campaigns, interviews, photo and video storytelling, and public presentations linked to community events. However, visibility should always be respectful and participant-centred. Communication materials should represent people with disabilities as active athletes and contributors, not passive beneficiaries. Highlighting teamwork, skill development, enjoyment, and cross-border cooperation can help audiences understand wheelchair handball as a dynamic and valuable sport in its own right.

For community and stakeholder engagement to produce lasting results, relationships should be maintained beyond individual events. Follow-up communication, shared evaluation, public recognition of contributions, and invitations to future activities help transform one-time support into long-term cooperation. Stakeholders who feel informed, appreciated, and involved are more likely to remain engaged and to support future development. This matters greatly for the project's sustainability, especially if the consortium wants wheelchair handball to continue growing after the manual, training activities, local games, and final international tournament are completed.

Finally, this section of the WH Manual should underline that community engagement is not an additional task separate from sport delivery; it is a core condition for inclusive sport development. Wheelchair handball can only thrive when communities are prepared to welcome it, institutions are willing to support it, and participants feel that they genuinely belong. By building networks of cooperation, encouraging participation, and promoting a culture of inclusion and equality, project partners can create the social foundation needed for wheelchair handball to grow in Croatia, Serbia, Spain, and beyond. In this way, community and stakeholder engagement becomes both a method and an outcome of the project: it supports implementation in the present while also helping build a more inclusive sporting future.

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