



WHEELCHAIR TENNIS WHOLE PLAYER DEVELOPMENT PATHWAY

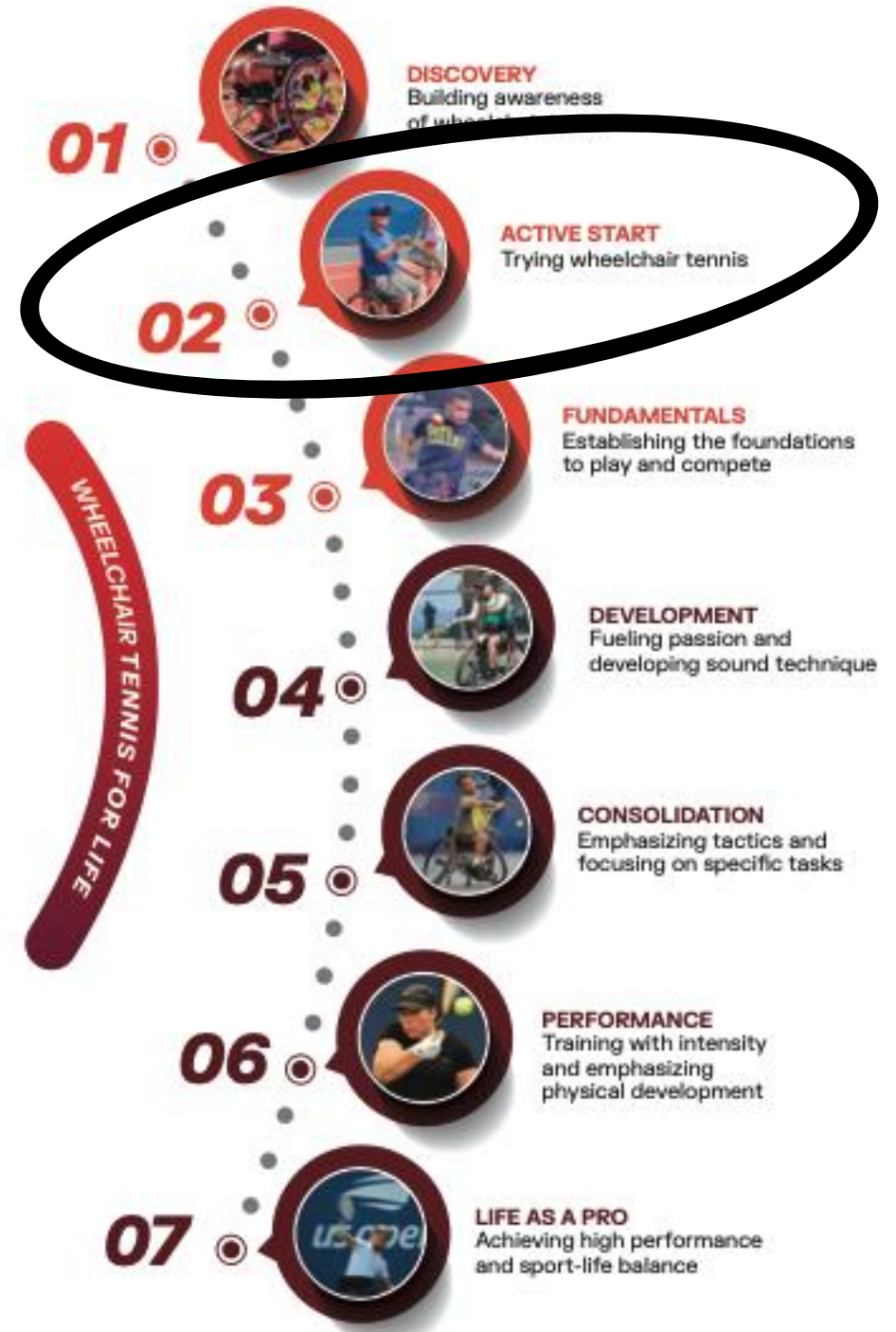
Stage 2: Active Start

March 18, 2025

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Robert Shaw - Paralympian, Para Pan AM Games gold medalist, world #7quad player



LAND ACKNOWLEDGMENT



Tennis Canada and its partners acknowledge the ancestral, unceded, and unsurrendered territory of all the Inuit, Métis, and First Nations people that call this land home. We recognize our shared history rooted in colonialism and our privilege in being on this land.

Tennis Canada acknowledges our responsibility to work collaboratively with communities to ensure an inclusive tennis system that is accessible and welcoming to all.

5C'S OF SKILL DEVELOPMENT

Culture

- Creating a **fun** and **positive** first experience
- Encouraging participants to play as much as they feel **comfortable**. Just observing is okay.
- Reinforcing **curiosity** when players try new things

Character

- Having a **positive** attitude and outlook
- Giving their best **effort** every time
- Showing up and being **ready** to participate.



5C'S OF SKILL DEVELOPMENT

Confidence

- Encouraging ongoing positive self-talk
- Following simple and clear instructions
- Being attentive to the task.

Connection

- Being upbeat and enthusiastic with body language and communication
- Acknowledging when players do the right things
- Respecting others and the rules in a welcoming environment.



5C'S – COMPETENCE

Tactical:

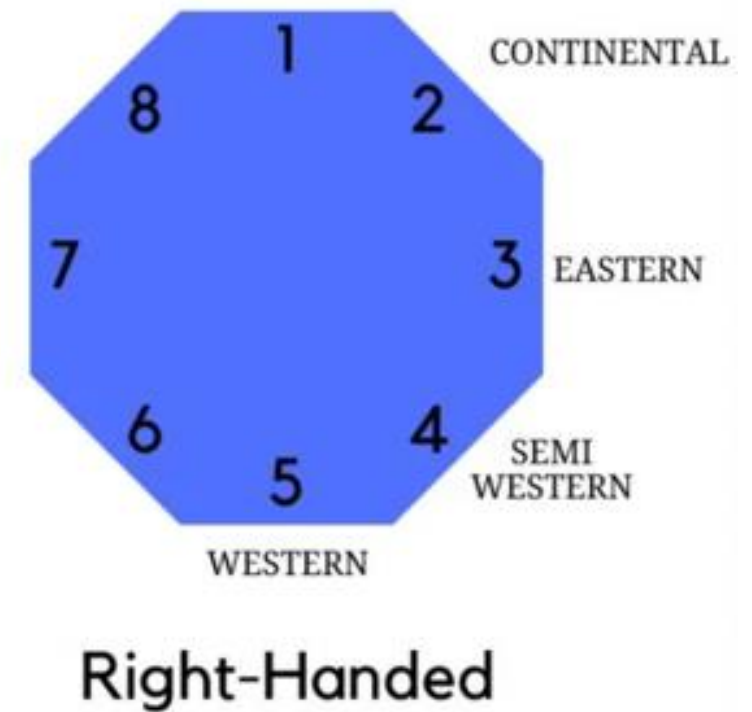
- ❑ Keep the instructions and playing format simple: “Get the ball over the net and into play!”
- ❑ Use playing formats that lead to early success:
 - Mini tennis with balloons/foam/red/orange balls
 - Self rallies
 - Floor tennis/throw tennis
- ❑ Finish every session with ‘game play’



5C'S: COMPETENCE

Technical:

- Continental grip on forehands and backhands
- Impact point in front of body
- Low to high racquet path
- Volleys and serves may be introduced



5C'S: COMPETENCE

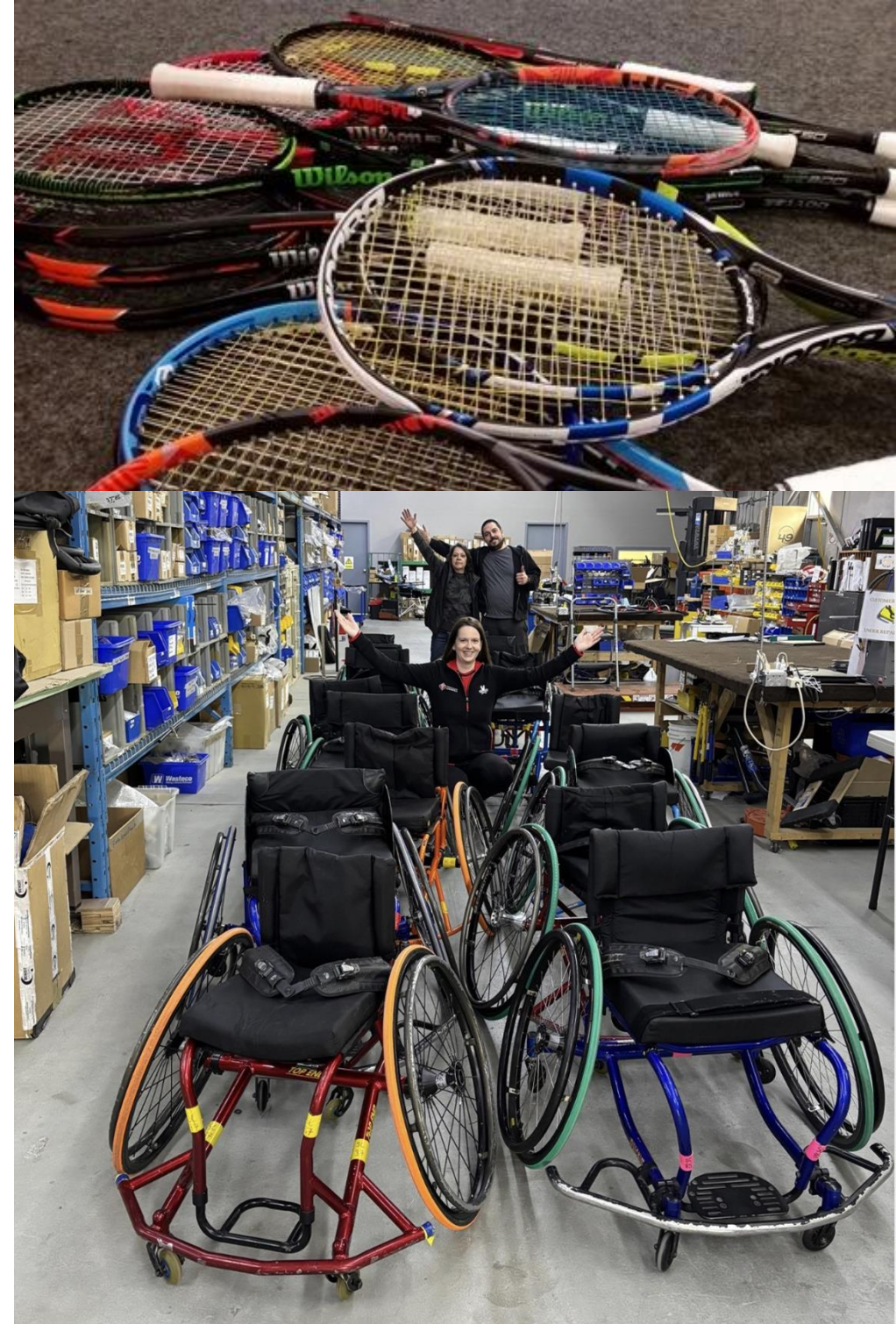
Mobility:

- Pushing a wheelchair with the racquet in-hand (not on lap)
- Continental grip with four fingers, and thumb on the push rim to lock the grip
- Push on the wheel from “12 o’clock to 3 o’clock”



EQUIPMENT

- ❑ Use a racquet of appropriate length, weight, and grip size.
- ❑ Tennis or basketball wheelchairs
- ❑ Straps will ensure players are supported and stable. Different forms (e.g. ratchet or velcro) and for different areas of the wheelchair and body:
 - Chest
 - Waist
 - Legs
 - Thighs
 - Knees
 - Feet



GENERAL CONSIDERATIONS

- Ensure participants have a positive first experience
- Create an encouraging, inclusive, and fun environment
- Hit lots of tennis balls
- Accommodate participants of varying levels of physical literacy, sports experience and disabilities
- Be ok with small numbers
- Be prepared to follow-up often
- Provide information about the next opportunity to play, where to get a chair, how to book a court etc.

WT WPDP RESOURCES

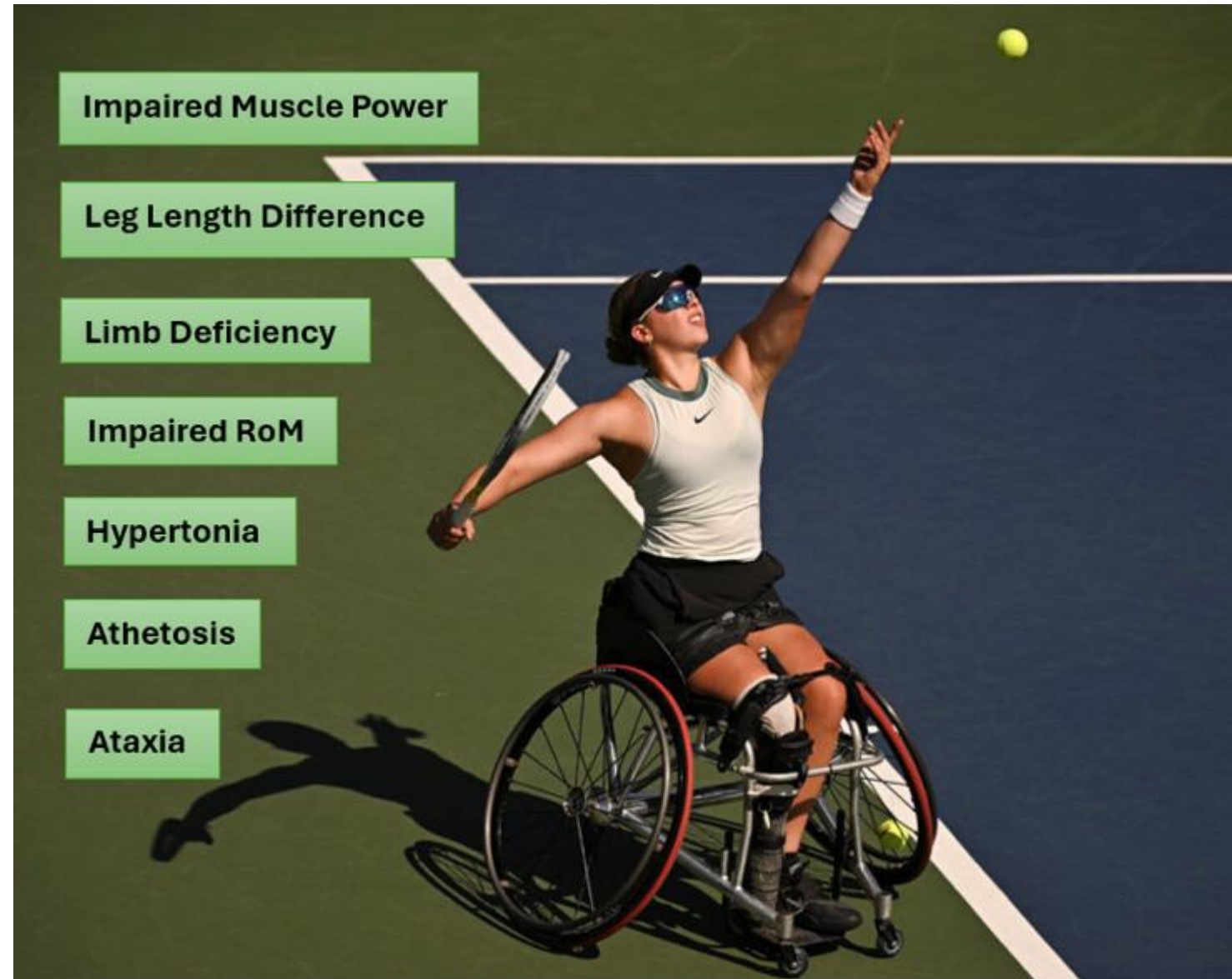
- ❑ How to Run a Beginner session
- ❑ Warm-up drills
- ❑ Warm-Up Games
- ❑ “She Belongs” PDF

WT WPDP Appendix



WHO CAN PLAY WHEELCHAIR TENNIS?

Must have a permanent disability that is classifiable within the following 7 impairment types



WHO IS PLAYING WHEELCHAIR TENNIS?

 95% of Top 75 Players

Currently dominated by three disabilities:



Spinal Cord Injuries

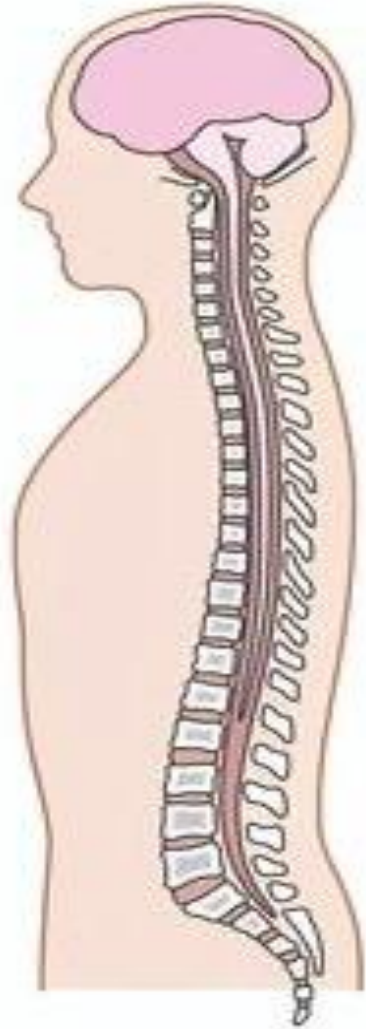


Limb Deficiencies



Cerebral Palsy

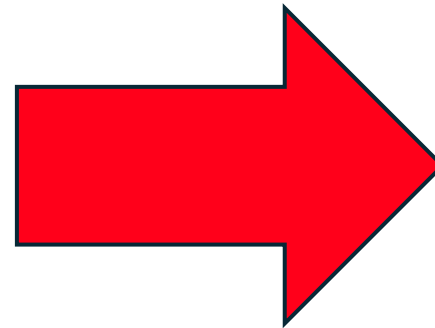
SPINAL CORD INJURIES: OVERVIEW



Traumatic

Congenital

Illness



Paraplegia



Quadriplegia

SPINAL CORD INJURIES: CHALLENGES

Paraplegia

Upper Limbs



Lower Limbs



Core Area



Impaired RoM

Impaired Strength

Hypertonia

Impaired RoM

Impaired Strength

Hypertonia



Upper Limbs



Lower Limbs



Core Area



Quadriplegia

SPINAL CORD INJURIES: IMPLICATIONS

Paraplegia



Upper Limbs



Lower Limbs



Core Area



Mobility

- **Limited/no restrictions** on chair movement

Stroke Technique

- **Limited/no restrictions** on stroke technique

Additional Considerations

- Overuse injuries & skin breakdown

SPINAL CORD INJURIES: IMPLICATIONS

Paraplegia



Upper Limbs



Lower Limbs



Core Area



Mobility

- **Mild/Moderate** restrictions on chair movement
 - Spinal rotation, back extension, lateral support

Stroke Technique

- **Mild/Moderate** restrictions on stroke technique
 - High balls, stretch balls, serve

Additional Considerations

- Overuse injuries & skin breakdown

SPINAL CORD INJURIES: IMPLICATIONS

Quadriplegia



Upper Limbs



Lower Limbs



Core Area



Mobility

- **Moderate/Severe** restrictions on chair movement
 - Spinal rotation, back extension, lateral support
 - Neck rotation, grip strength, push muscles

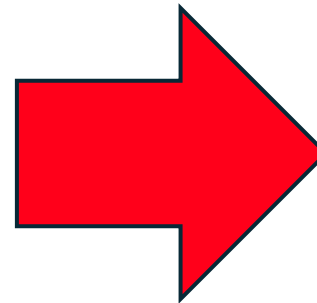
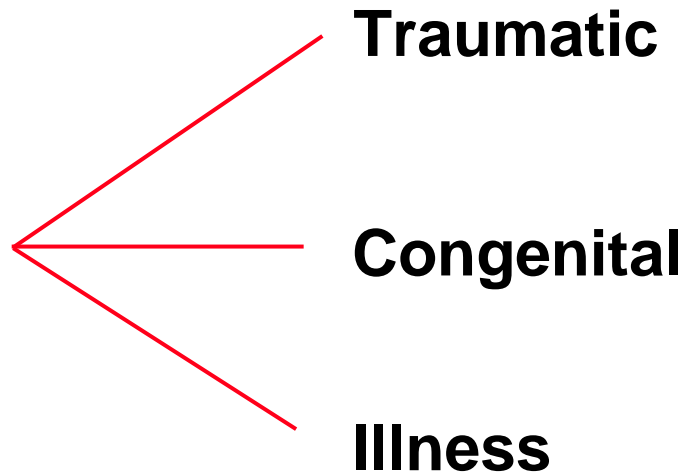
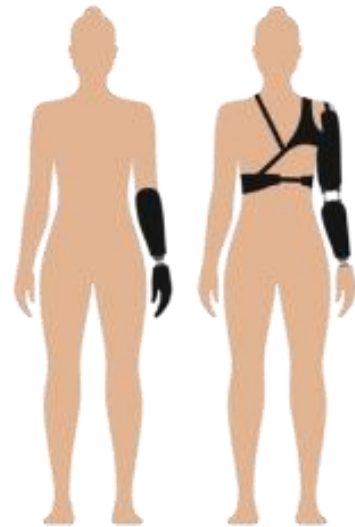
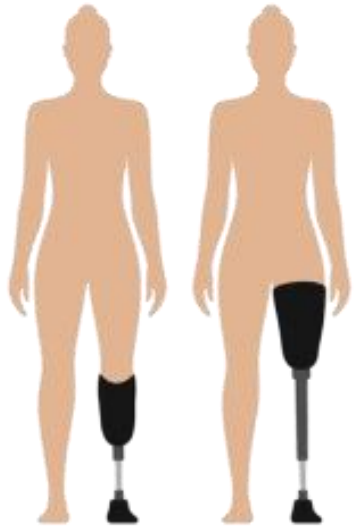
Stroke Technique

- **Moderate/Severe** restrictions on stroke technique
 - High balls, stretch balls, serve
 - Grip restrictions, “jam” balls,

Additional Considerations

- Overuse injuries & skin breakdown
- Overheating & blood pressure regulation

LIMB DEFICIENCIES: OVERVIEW



Single Leg



Double Leg



Multi Limb

LIMB DEFICIENCIES: CHALLENGES

Single+Double Leg

- Upper Limbs 
- Lower Limbs 
- Core Area 



Impaired Balance



Impaired Balance

Impaired Balance

Impaired Strength



Upper Limbs 

Lower Limbs 

Core Area 

Multi Limb

LIMB DEFICIENCIES: IMPLICATIONS

Single Leg



Upper Limbs



Lower Limbs



Core Area



Mobility

- Limited/no restrictions on chair movement

Stroke Technique

- Limited/no restrictions on stroke technique

Additional Considerations

- Overuse injuries & skin breakdown
- Phantom limb pain

LIMB DEFICIENCIES: IMPLICATIONS

Double Leg



Upper Limbs



Lower Limbs



Core Area



Mobility

- **Mild/Moderate** on chair movement
 - Lateral support, forward balance

Stroke Technique

- **Limited/no restrictions** on stroke technique

Additional Considerations

- Overuse injuries & skin breakdown
- Phantom limb pain

LIMB DEFICIENCIES: IMPLICATIONS

Multi-Limb



Upper Limbs



Lower Limbs



Core Area



Mobility

- **Mild/Moderate** on chair movement
 - Lateral support, forward balance
 - Grip strength, push muscles

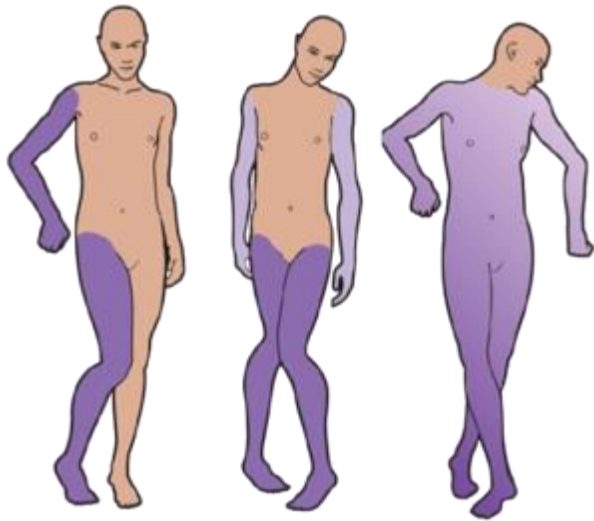
Stroke Technique

- **Mild/Moderate** on stroke technique
 - High balls, stretch balls
 - Grip restrictions, “jam” balls,

Additional Considerations

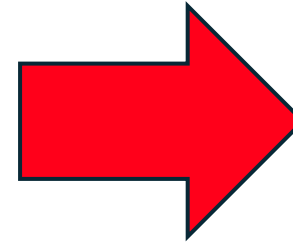
- Overuse injuries & skin breakdown
- Phantom limb pain

CEREBRAL PALSY: OVERVIEW



Congenital

Illness



Spastic



Dyskinetic



Ataxic

CEREBRAL PALSY: CHALLENGES

Spastic

- Upper Limbs —
- Lower Limbs —
- Core Area —



- Impaired Balance
- Impaired Coordination
- Impaired RoM

Impaired Balance

Impaired Coordination



- Upper Limbs —
- Lower Limbs —
- Core Area —

Ataxic

CEREBRAL PALSY: IMPLICATIONS

Spastic



Upper Limbs



Lower Limbs



Core Area



Mobility

- **Mild/Moderate** on chair movement
 - Lateral support, reduced arm extension

Stroke Technique

- **Moderate/Severe** on stroke technique
 - High/low balls, stretch balls, volleys, serve

Additional Considerations

- Daily changes in symptoms
- Fatigue easily

CEREBRAL PALSY: IMPLICATIONS

Ataxic



Upper Limbs



Lower Limbs



Core Area



Mobility

- **Moderate/Severe** on chair movement
 - Lateral support, forward balance, uncoordinated push muscles

Stroke Technique

- **Moderate/Severe** on stroke technique
 - High balls, stretch balls, volleys, serve
 - Uncontrolled racquet movements

Additional Considerations

- Daily changes in symptoms
- Fatigue easily

REGARDLESS OF DISABILITY TYPE

Spinal Cord Injury



Limb Deficiency



Cerebral Palsy

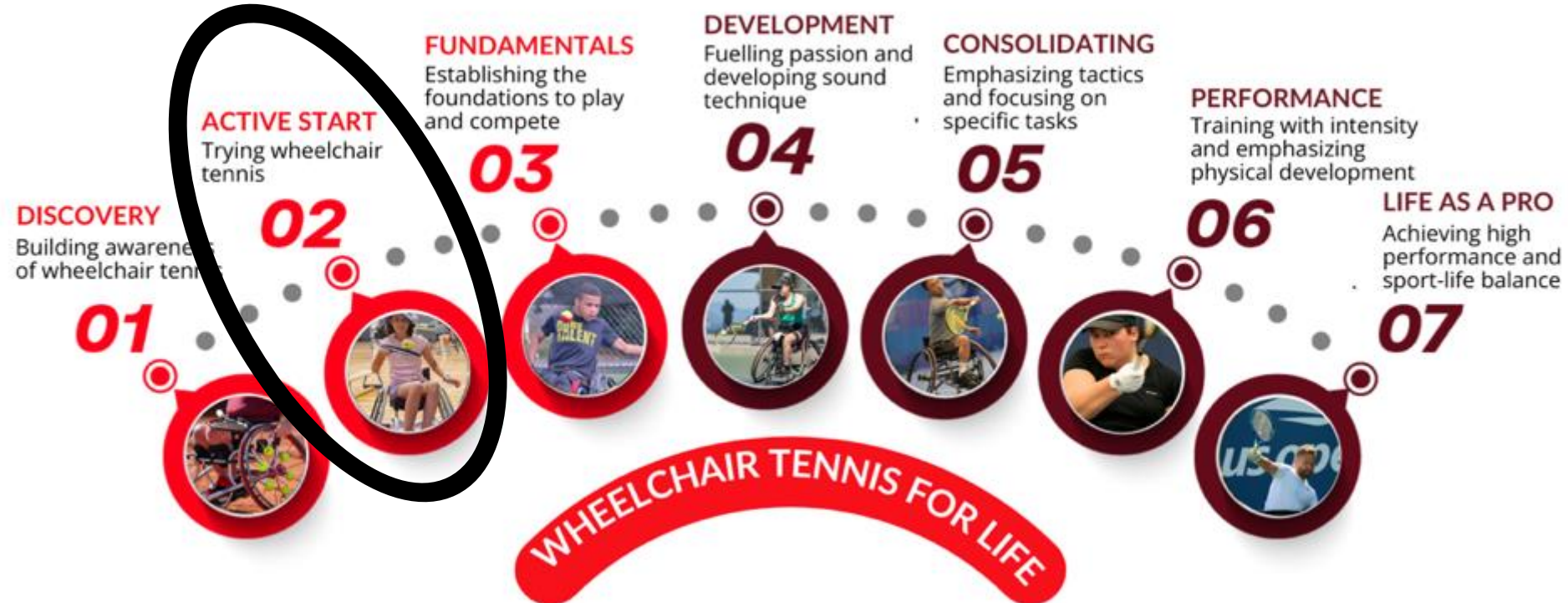


**Ask
Questions**

**Be
Creative**

**Make
Mistakes**

Q & A



Join us for the next webinar!

Stage 3: Fundamentals/Cycle of Mobility
Thursday, April 24th, 12pm EST/9am PST

