



UNIT-IV

PHYSICAL EDUCATION AND SPORTS FOR CHILDREN WITH SPECIAL NEEDS

Content

- Aims and objectives of Adaptive Physical Education
- Organization promoting Adaptive Sports (Special Olympics Bharat; Paralympics; Deaflympics)
- Concept of Inclusion, its need and Implementation
- Role of various professionals for children with special needs (Counselor, Occupational Therapist, Physiotherapist, Physical Education Teacher, Speech Therapist and Special Educator)

Learning Outcomes –

After completing the study of this unit, you will be able to:

- identify the factors that affect access to physical activity for CWSN.
- recognize the need of Physical Education and sports for CWSN.
- outline and describe the aim and objectives of Adapted Physical Education
- distinguish the role of Paralympics, Special Olympics and Deaflympics
- describe concept of inclusion, need of inclusion and its implementation
- explain strategies for increasing access and participation in sports.
- identify different professionals, their role and services for CWSN

Discussion

Every individual is different and therefore, has different capabilities and needs. Discuss in a group

- In what ways are the students in your class different from each other? (e.g., some may be short or tall, or have different abilities)
- In what way do their different needs impact their learning capabilities?
- How important is it to respect individual differences and strengths? Share your views with the class.

4.1.1 WHAT IS ADAPTED PHYSICAL EDUCATION.

With the introduction of the Right to Education, which makes education a fundamental right of every child between the ages of 6 and 14 all children – including those who are physically and mentally challenged, or afflicted with various types of disabilities and disorders – have the right to come to school to develop their abilities through the process of education.



Do you know

According to the WHO: **Disabilities** is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Disability is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person's body and feature soft society in which he or she lives.

It is, therefore, the duty of all schools to provide them with such opportunities that they develop their learning.

Do you know?

Autism— a developmental disorder of variables every that is characterized by difficulty in social interaction and communication and by restricted or repetitive patterns of thought and behaviour.

Cerebral Palsy— a condition marked by impaired muscle coordination (spastic paralysis) and/or other disabilities, typically caused by damage to the brain before or at birth.

Down Syndrome— a congenital disorder arising from a chromosomal defect, causing intellectual impairment and physical abnormalities including short stature and a broad facial profile.

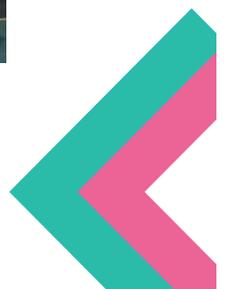
Dyslexia— disorders that involve difficulty in learning to read or interpret words, letters, and other symbols, but that do not affect general intelligence.

Muscular Dystrophy— a hereditary condition marked by progressive weakening and wasting of the muscles.

Spina Bifida— a congenital defect of the spine in which part of the spinal cord and its meninges are exposed through a gap in the backbone. It often causes paralysis of the lower limbs, and sometimes learning difficulties.

Children with Special Needs (CWSN) face different challenges in undertaking certain activities. So, in addition to the regular programmes of Physical Education (PE), the schools must provide Adapted Physical Education (APE) Programmes for children who may not receive benefits from regular Physical Education Programmes. Physical Education and sports are an integral part of a school routine. Regular PE sessions in school help develop a healthy lifestyle and attitude in school going students. It caters to their physical as well as social and emotional health. As you know, PE is important for

- development of gross motor and fine motor skills
- conditioning different systems in the body
- developing emotional health and wellbeing
- inculcating social values and obligations





To make PE accessible for all students has been a need as well as a challenge. Every child is different as per their ability and they might need different plans, resources, teaching strategies and environment to enhance their learning.

Discuss in your group

- Do you think everyone benefits from PE and Sports?
- In what way do students with special needs benefit through taking part in PE and Sports?

Children with special needs have less exposure to sports and physical activities. The very nature of their disability restricts the kind of physical activity that they can participate in. This exclusion from physical activity adds to the life style related challenges caused by their disabilities and they suffer from additional problems such as hyper activity, obesity, hyper tension, diabetes, and postural and movement deformities. This makes it imperative to adapt PE to their special needs.

When you picked up the ball in the Extension Activity using different methods, it reflected your body's modification to the challenge. By using a tool, or a modified tool, you adapted equipment to suit your task. Similarly, by asking a friend for help, you experienced inclusion in the activity.

Extension Activity

Take a paper and make a ball with it. Throw the ball on the floor. Try to pick up the ball in as many different ways as you can. You may use your right hand, your left hand, foot, or your mouth.

You could also use some equipment that may be available or take help from a friend.

You could also try to pick up the ball with your eyes closed. How did you feel while picking up the ball?

4.1.2. ORIGIN OF ADAPTED PHYSICAL EDUCATION

The first Physical Education Programme for students with disability started in 1838, at the Perkins School for students with visual disabilities in Boston because the Director of the school wanted the students to receive the health benefits that could accrue to them through physical activity. Students of the school participated in gymnastic exercises and swimming. However, until 1952, many schools excused students with disabilities from participating in the Physical Education Programme. It was in 1952 that the American Association for Health, Physical Education and Recreation (AAHPER) formed a committee to define Adapted



Physical Education and give direction for teachers. This committee defined Adapted Physical Education as “a diversified Programme of developmental activities, games, sports, and rhythms suited to the interests, capacities, and limitations of students with special needs who may not safely or successfully engage in unrestricted participation in the rigorous activities of the regular Physical Education Programme.”

4.1.3. MEANING OF ADAPTED PHYSICAL EDUCATION

Adapted Physical Education is the art and science of developing, implementing, and monitoring a carefully designed Physical Education instructional programme for a learner with a disability, based on a comprehensive assessment, to give the learner the skills necessary for a lifetime of rich leisure, recreation, and sport experiences to enhance physical



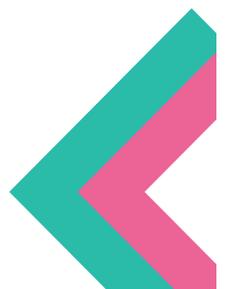
fitness and wellness. Adapted Physical Education (APE) generally refers to school-based Programmes for students aged 3–21 years. It is a structured way to make Physical Education and sports accessible to all with modified instruction, resources, space and environment for CWSN as per their ability.

According to Adapted Physical Education National Standards (APENS) Adapted Physical Education is Physical Education which has been adapted or modified, so that it is as appropriate for the person with a disability as it is for a person without a disability. In other words, Adaptive Physical Education (APE) is Physical Education which has been adapted or modified to make it as appropriate for a person who is differently-abled as it is for a person without disability. It is basically a Physical Education Programme specially designed for differently-abled students so that physical education activities are safe, achievable, enjoyable and, therefore, a successful experience. APE is safe and beneficial even for infants and toddlers who need early intervention services because of developmental delays in physical, cognitive, communication, social and emotional aspects. Moreover, APE is not only for differently-abled infants and students but also for the people of all ages.

4.1.4. IMPORTANCE OF ADAPTED PHYSICAL EDUCATION

Adapted Physical Education can be provided to students with special needs and leads to the development of

1. **Physical and motor skills** which include development of gross motor skills like sitting, standing, crawling, rolling and stretching and fine motor skills like holding, picking, pulling, pushing and pinching.
2. **Fundamental motor skills and patterns** including activities like throwing, catching, walking, running, and swinging.
3. **Skills** in aquatics, dance, and individual and group games and sports including intramural and life time sports.





Do you know?



Padma Shri & Arjuna Award winner Deepa Malik became India's first female para-athlete to win a medal at the Paralympics. She won silver medal in the shot put at the 2016 Paralympic Games in Rio. Deepa Malik has successfully proved that physical limitations can not deter a strong mind. She was diagnosed with a spinal tumour in 1999. Although she underwent three surgeries, she was left paralyzed from the waist down. Deepa did not let her physical impairment deter her and started her sports career at the age of 36. This all-rounder is the first paraplegic Indian woman biker, swimmer, rallyist, entrepreneur and social activist.

The Individuals with Disabilities Education Act (1990) uses the term disability as a diagnostic category that qualifies students for special services.

These categories include

1. **Physical disabilities** – A physical disability is a limitation on a person's physical functioning and mobility.

Physical disabilities include impairments which limit other facets of daily living.

- Amputation
- Arthritis
- Cerebral Palsy
- Clubfoot/hand
- Dwarfism
- Muscular Dystrophy
- Spina Bifida
- Spinal Cord Injuries





Do you know?



13-year-old autistic swimmer Yash Singh is the first Indian to win a medal at Special Olympics World Summer Games 2015 in Los Angeles. He won the bronze in the 25-metre backstroke swimming event.

2. **Intellectual disabilities** –Intellectual disabilities involve impairment of general mental abilities that impact adaptive functioning in three domains, or areas including conceptual, social and practical. These domains determine how well an individual copes with everyday tasks. Intellectual disabilities have multiple causes including biological, psychosocial, or a combination.

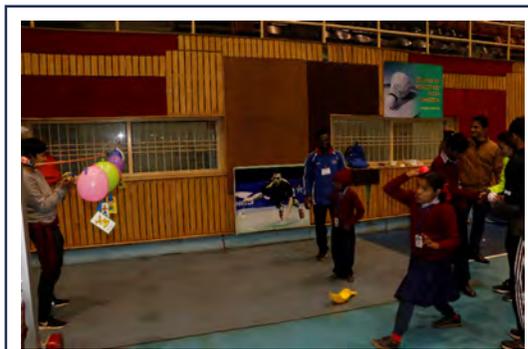
Extension Activity

Find out about Indian athletes who have won medals at the Paralympics and the Special Olympics.

What disability did they suffer from? In which game did they win the medal?

Developmental or inherited conditions include

- Down Syndrome



3. **Cognitive disabilities** – Neurological disorders which create hindrance in storing, processing and producing information are called Cognitive Disabilities. Cognitive disability affects ability to read, compute, speak and write.





- Dyscalculia
- Dysgraphia
- Dyslexia

4. **Affective disorders** – Affective Disorders, also known as mood disorders or psychiatric disorders, include depression, bipolar disorder, and anxiety disorder.



Symptoms of these disorders may vary from individual to individual and can range from mild to severe. Individuals with these disorders may require help from a psychiatrist or other trained mental health professionals. Treatment would include both medication and psychotherapy. To involve students with affective disorder in individual sports like trekking, swimming, badminton, squash, cycling, tennis and rafting ,starting from non-competitive format, will be beneficial. A trained APE teacher or a trained coach may use different ways to occupy these students gainfully to enhance their confidence and self-esteem.

The services provided by an APE teacher include (Adapted from Sherrill, 1998):

- Planning services
- Assessment of individuals
- Prescription/placement: the IEP
- Teaching/counselling/coaching
- Evaluation of services
- Coordination of resources and consulting
- Advocacy

Extension Activity

Specially Designed Equipment

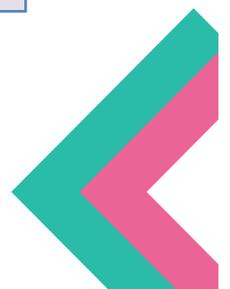
CWSN require equipment which is specially designed or modified to suit the irability. Look at some equipment and complete the table as shown.

Tennis	Forehand		A modified tennis racquet with a big head and has been fixed on rope. Ball is also	Ball will travel in linear motion to improve forehand movement.
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			fixed in rope	
Baffel Ball for tennis, cricket, hockey	Throwing, Hitting		A modified ball with____ _____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____		_____ _____ _____	_____ _____ _____

- I. Tick the correct options**
1. The Right to Education
 - i. makes education a fundamental right of every child between the ages of 6 and 14
 - ii. provides special facilities to children with various types of disabilities
 - iii. gives no special opportunities for children who are differently-abled
 - iv. enforces Adapted Physical Education programme for children with special needs
 2. The aim of Adapted Physical Education is
 - i. to enhance the potential of differently-abled students in physical education and sports
 - ii. to restrict the dangers and challenges faced by children with special needs on the field
 - iii. to provide equal opportunity to differently-abled students in physical education and sports
 - iv. to design special equipment for the use of differently-abled students and infants





3. Down syndrome is a condition that results in
 - i. Physical disability
 - ii. Cognitive disability
 - iii. Intellectual disability
 - iv. Affective disorders
4. A child who has difficulty in following directions related to basic spatial movements has
 - i. Physical disability
 - ii. Cognitive disability
 - iii. Intellectual disability
 - iv. Affective disorders
5. According to WHO, a disability is a
 - i. health problem
 - ii. activity limitation
 - iii. interaction between individual and society.
 - iv. participation restriction
6. To develop abilities of children with special needs, it is essential to have an educational set up that is
 - i. inclusive
 - ii. integrated
 - iii. regular mainstream
 - iv. special school

II. Answer the following questions.

1. Define Adapted Physical Education?
2. Write any two basic steps to modify sports or physical education for children with special needs?
3. Which diagnostic categories qualify a student for Adapted Physical Education?

III. Complete the following table listing disabilities that qualify students for special services.

Category	Physical disabilities	Intellectual disabilities	Cognitive disabilities
Definition			
Examples			



IV. Answer the following questions in 150-200 words.

1. Describe some of the impairments of CWSN with suitable examples.

4.2.1. AIM AND OBJECTIVES OF ADAPTED PHYSICAL EDUCATION

Aim

The chief aim of Adapted Physical Education (APE) is to provide every individual an opportunity to participate in Physical Education and sports and to make Physical Education accessible to all as per their need.

Objectives

The main objectives of adapted physical education include

1. **To build a Programme to meet the needs of CWSN**– Since APE is developed as per the needs of the individual, it is, therefore, more beneficial for the student. For this purpose, the student is assessed on the physical education parameters and an individual education plan is designed. e.g., for a student with autism a structured programme with clearly defined timings, day, trainer/coach, start and finish of activity and description of skill with visual cards is helpful for successful partnership.
2. **To build in CWSN the capacity to be functionally active for lifetime** – APE is a planned and structured Programme designed to fit the need of an individual. For Children with Special Needs, daily life skills become difficult due to restriction in movement, co-ordination challenges, life style issues, behavioural problems and cognitive challenges. APE conditions the brain, muscles and specific movements for different functional tasks, activities or sports/games skills. In this manner, APE stimulates activeness for life time with a regular Programme. e.g., a student with Cerebral Palsy crossing an elementary ladder hurdle where she/he needs physical help to accomplish the task though she/he tries to control her/his reflexes for lifting her/his knee up, judging the space to cross the hurdle and landing her/his foot appropriately to maintain and regain her/his balance to finish the task.
3. **To provide a safe and accessible PE and sports Programme as per the needs of the individual** – During PE Programme, safety must be a primary concern as PE is very dynamic and reactive in movements. For children with special needs, who suffer from different physical and psychological challenges, the safety issues may become magnified. Therefore, during an APE session, environment, instruction and equipment are modified to make PE safe and accessible. Specially designed Physical Education Programme is for those students who are not benefiting from general PE Programme or modified PE Programme. Here, special equipment and support is given to a student to access and enjoy sports and PE sessions. e.g., a guided or supported rope for a person with visual impairment for running or walking, using light equipment for students with lower action time, using a structured programme or behaviour management for hyper





or emotionally challenged students.

4. **To ensure active participation or transition towards the integrated or regular PE Programme (Inclusion)** – APE ensures transition of a student from specially designed PE to integrated PE. APE ensures active and passive participation of a student through a planned programme according to individual needs. This programme can be implemented for maintenance of basic functional fitness, motor movements, skill oriented activities, competitive sports, integration and inclusion. e.g., a person with severe intellectual disability will be involved in physical education activities passively or with physical help to give her/him basic fitness to accomplish daily functional tasks, or a person with mild disability can be given a skill oriented programme where her/his goal is to perform a single sports skill such as dribbling, shooting or floating in water.
5. **Helping to develop self-esteem in CWSN**– APE helps to enhance self-esteem and self-image of CWSN when they are able to access the activity or sports and participate successfully. Ability to perform these tasks and activities easily, and the recognition they derive from this, encourages them to move on to higher goals. Once the goals set are realistic and achievable by working on their motor skills, and students receive recognition, their self-esteem is enhanced and leads to a better self-image. e.g., when a student with cognitive disability achieves success in a physical activity or sport, the resulting recognition leads to enhanced self-image and behavioural change.
6. **To promote regularity and discipline** – Participation in physical activity and sports provides a feeling of wellbeing which in promotes regularity and discipline. It encourages the student to continue the activity/sport and adopt a healthy lifestyle which helps overcome the challenges and achieve greater success. e.g., a child with Attention Deficit Hyperactive Disorder (ADHD) may benefit even in cognitive fields with regular participation in sports as not only is her/his energy channelized gainfully but the increase in physical activity is also therapeutic.
7. **To promote sportsmanship** – The Collins dictionary defines sportsmanship as behaviour and attitudes that show respect for the rules of a game and for the other players. Sports include an element of fun and also discipline, where you try to achieve a target whether individually or as a team. When she/he learns and participate successfully in a particular sport, follows the simple rules such as regularity, waiting for her/his turn, listening to and implementing instructions, appreciating the efforts of others, accepting defeat, celebrating victory, feeling of oneness with the team, respecting authority and maintaining decorum on the field modifies her/his behaviour on as well as off the field.



I. Tick the correct options

1. The most important area catered to by Adapted Physical Education is
 - i. Physical health
 - ii. Mental health
 - iii. Social health
 - iv. Emotional health
2. Exclusion from physical activity adds to lifestyle related challenges. The most important is
 - i. Hyper activity
 - ii. obesity
 - iii. diabetes
 - iv. postural problems

II. Answer the following questions.

1. What is Adaptive Physical Education?
2. How does Adaptive Physical Education provide CWSN the capacity to be functionally active?
3. Why are safety issues important for CWSN during Physical Education?
4. How can safety standards be met for CWSN?
5. How does Adaptive Physical Education build self-esteem in CWSN?

III. Answer the following questions in 150-200 words.

1. Write a detailed note on the concept of Adaptive Physical Education.
2. What are the chief objectives of Adaptive Physical Education?

4.3.1. ORGANISATIONS PROMOTING ADAPTED PHYSICAL EDUCATION AND SPORTS

Disability refers to limitations in individual functioning, including physical impairment, intellectual impairment, cognitive impairment, sensory impairment, mental illness and various types of chronic diseases. A person with disability is not able to participate in sports and physical education due to her/his impairment, and attitudinal and environmental barriers.





Extension Activity

Find out the history of the following events:

1. Special Olympics Bharat
2. Special Olympics
3. Paralympics
4. Deaflympics

Encouraging participation in Physical Education and Sports

1. **Role of Family** – The role of family in encouraging a healthy, sports oriented lifestyle for a child with a disability is crucial. At times the family may find it difficult to accept reality, and may give up on the child. It is essential to promote awareness and to treat CWSN as equal in the family. CWSN may require a structured life routine where participation in recreational games and sports plays a very important role in developing a healthy mind and body of the child. Parents should observe certain different abilities of the child and take professional help to enable her/him to excel in the area.
2. **Role of School** – School gives a structured programme to a child or a group where co- scholastic activities and sports are a part of the regular routine. All schools must have trained APE teachers to give a specially-abled child access in games where movements are involved in a fun way for her/his holistic development. Here, a teacher or a coach helps a child to transit towards competitive sports under different organizations such as Special Olympics, Paralympics etc.. The school should take care to provide infrastructure that is compatible with the needs of CWSN e.g., a ramp along with stairs. Schools must run sensitization programmes so that CWSN are recognised for their efforts and organise intramural and extramural sports competitions or carnivals.
3. **Role of Organisations** – There are few organizations working at the grass root level to promote adapted sports. These organizations are responsible for training teachers and coaches for teaching, coaching and organizing sports events at Zonal, District, State, National and International levels.

Art Integration – CREATING ZERO COST MATERIAL FOR CWSN

CWSN are at times excluded from PE activities. As a result, they are likely to have poorer health, less education, and have to deal with greater inequalities than their peers.

One of your classmates is a child with special needs. You would like to include her/him in your Sports/Games.

Using the available material, design equipment for her/him that is safe and usable so that she/he is able to participate in Physical Exercise.



4.3.2. PARALYMPICS

The word “Paralympic” derives from the Greek preposition *para* meaning **beside** or **alongside** and the word *Olympic*. Thus, the word **Paralympics** refers to an International Games Competition that is parallel to the Olympics and illustrates how the two movements exist side-by-side.

Although sports clubs for the deaf were already in existence in Berlin since 1888, and some sports competitions for athletes with an impairment were being organised for more than 100 years, it was not until after World War II however, that they became widely accepted. The purpose at that time was to assist the large number of war veterans and civilians who had been injured during wartime.



Dr Ludwig Guttman opened a spinal injuries centre at the Stoke Mandeville Hospital in Great Britain in 1944, and in time, rehabilitation sport developed to recreational sport and then to competitive sport.

On 29 July 1948, during the Opening Ceremony of the London 1948 Olympic Games,

Dr Guttman organised the first competition for wheelchair athletes which he named the Stoke Mandeville Games where 16 injured servicemen and women who took part in archery. This was a milestone in Paralympics history. In 1952, Dutch ex-servicemen also joined the Movement and the International Stoke Mandeville Games were founded.

These Games later became the Paralympic Games which first took place in Rome, Italy in 1960 featuring 400 athletes from 23 countries. Paralympics is a major international multi sports event involving athletes with a range of disabilities. The first Paralympic games were held in Rome in the year 1960. The Games were initially open only to athletes in wheelchairs; at the 1976 Summer Games, athletes with different disabilities were included for the first time at the Summer Paralympics.

Till 1988, Winter and Summer Paralympic games were held as per a separate schedule. However, since the Summer Games of Seoul, Korea in 1988 and the Winter Games in Albertville, France in 1992 the Games have also taken part in the same cities and venues as the Olympics due to an agreement between the International Paralympic Committee (IPC) and the International Olympic Committee (IOC). All Paralympic games are governed by the IPC. There are twenty-two sports on the Summer Paralympic programme and five sports on the Winter Paralympics programme. Several events are organised within some of the sports to include various disabilities.

The vision of the IPC is, “To enable Paralympic athletes to achieve sporting excellence and to inspire and excite the world.” The Paralympic anthem is “Hymne de l’Avenir” or “Anthem of the Future”. It was composed by Thierry Darnis and adopted as the official anthem in March 1996.

Given the wide variety of disabilities that Paralympics athletes have, there are several categories in which the athletes compete. The allowable disabilities are broken down into ten eligible impairment types which vary from sports to sports.





Categories

A major challenge facing the organisers of para-sports is that the competition may become one sided and predictable, in which the least impaired athlete will always win. To prevent this, para-athletes are placed in categories for competition based on their impairment, these are called sport classes. Paralympic athletes have an impairment in body structure and functions that leads to a competitive disadvantage in sports. Consequently, criteria are put in place to ensure that winning is determined by skill, fitness, power, endurance, tactical ability and mental focus. When an athlete starts competing, she/he is allocated a class that may be reviewed throughout the athlete's career.

The purpose of the criteria

- Defining the impairment group in which an athlete can compete in the various sports.
- Grouping athletes in classes defined by the degree of activity-limitation related to the impairment and/or specific to the task in the sport.

The IPC has established ten disability categories, including physical, visual, and intellectual impairment. Athletes with one of these disabilities can compete in the Paralympics though not every sport can allow for every disability category. These categories apply to both Summer and Winter Paralympics.

1. **Physical Impairment** – There are eight different types of physical impairment:

- **Impaired muscle power** – With impairments in this category, the force generated by muscles, such as the muscles of one limb, one side of the body or the lower half of the body is reduced.e.g., spinal cord injury, spina bifida, post-polio syndrome.
- **Impaired passive range of movement**
– Range of movement in one or more joints is reduced in a systematic way. Acute conditions such as arthritis are not included in this category.
- **Loss of limb or limb deficiency** – A total or partial absence of bones or joints from partial or total loss due to illness, trauma, or congenital limb deficiency.e.g., amputation, dysmelia.
- **Leg-length difference** – Significant bone shortening occurs in one leg due to congenital deficiency or trauma.
- **Short stature** – Standing height is reduced due to shortened legs, arms and trunk, which are due to a musculo skeletal deficit of bone or cartilage structures. e.g., achondroplasia, growth hormone deficiency, osteogenesis imperfecta.





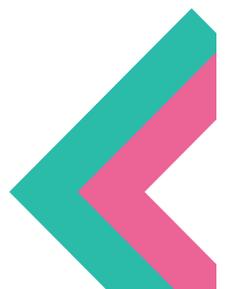
- **Hypertonia** – Hypertonia is marked by an abnormal increase in muscle tension and reduced ability of a muscle to stretch. Hypertonia may result from injury, disease, or conditions which involve damage to the central nervous system.e.g., cerebralpalsy.
 - **Ataxia** – Ataxia is an impairment that consists of a lack of coordination of muscle movements.e.g., cerebral palsy, Friedreich’s ataxia, multiplesclerosis.
 - **Athetosis** – Athetosis is generally characterized by unbalanced, involuntary movements and a difficulty maintaining a symmetrical posture (e.g. cerebral palsy,choreoathetosis).
2. **Visual Impairment** – Athletes with visual impairment ranging from partial vision, sufficient to be judged legally blind, to total blindness. This includes impairment of one or more component of the visual system – eye structure, receptors, optic nerve pathway, and visual cortex. The sighted guides for athletes with a visual impairment are such a close and essential part of the competition that the athlete with visual impairment and the guide are considered a team. Beginning in 2012, these guides, along with sighted goalkeepers in 5-a-side football, became eligible to receive medals of their own.
 3. **Intellectual Disability** – Athletes with a significant impairment in intellectual functioning and associated limitations in adaptive behaviour fall under the category of intellectual disability. The IPC primarily serves athletes with physical disabilities, but the Intellectual Disability group has been added to some Paralympic Games. This includes only athletes with exceptional athletic ability who have intellectual disabilities diagnosed before the age of 18. However, the IOC recognized Special Olympics World Games are open to all people with intellectual disabilities.

4.3.3. SPECIAL OLYMPICS

Special Olympics is the world's largest sports organization for children and adults with intellectual disabilities and physical disabilities. It provides year-round training and competitions to 5 million athletes and Unified Sports partners in 172 countries. Special Olympics competitions are held every day, all around the world—including local, national and regional competitions, adding up to more than 100,000 events a year. Like the IPC, the Special Olympics organization is recognized by the IOC; however, unlike the Paralympic Games, Special Olympics World Games are not held in the same year or in conjunction with the Olympic Games.

History of Special Olympics

In June 1962, Eunice Kennedy Shriver started a day camp called Camp Shriver for children with intellectual and physical disabilities at her home in Potomac, Maryland. The camp sought to address the concern that children with special needs had very little opportunity to participate in organised athletic events. With Camp Shriver as an example, Kennedy Shriver, head of the Joseph P. Kennedy, Jr. Foundation and a member of President John F. Kennedy's Panel on Mental Retardation, promoted the





concept of involvement in physical activity and other opportunities for people with intellectual disabilities. Camp Shriver became an annual event, and the Kennedy Foundation gave grants to universities, recreation departments, and community centres to hold similar camps. The first games were held on July 20, 1968 in Chicago, Illinois, with about 1000 athletes from the U.S. and Canada. International participation expanded in subsequent games. In 2003, the first Special Olympics Summer Games held outside the United States were in Dublin, Ireland with 7000 athletes from 150 countries. The first World Winter Games were held in 1977 in Steamboat Springs, Colorado. Austria hosted the first Winter Games outside the United States in 1993. The World Games alternate between Summer and Winter Games, in two-year cycles, recurring every fourth year.

Recognition Like the International Paralympic Committee, the Special Olympics organization is recognized by the International Olympic Committee; however, unlike the Paralympic Games, the Special Olympics World Games is a major event put on by the Special Olympics.

Logo and Oath

The Special Olympics logo is based on the sculpture “Joy and Happiness to All the Children of the World” by ZurabTsereteli. The logo is a symbol of growth, confidence and joy among children and adults with disabilities who are learning coordination, mastering skills, participating in competitions and preparing themselves for richer, more productive lives. The Special Olympics athlete's oath, which was first introduced by Eunice Kennedy Shriver at the inaugural Special Olympics international games in Chicago in 1968, is “Let me win. But if I cannot win, let me be brave in the attempt.”

Programmes run by Special Olympics around the world Young Athlete Programme

For young people with and without intellectual disabilities between the ages of 2–7, Special Olympics has a Young Athletes Programme — an inclusive sport and play Programme with a focus on activities that are important to mental and physical growth. Children engage in games and activities that develop motor skills and hand-eye co-ordination.

Unified Sports Programme

In recent years, Special Olympics has pioneered the concept of Unified Sports, bringing together athletes with and without intellectual disabilities as teammates. The basic concept is that training together and playing together can create a path to friendship and understanding. The programme has expanded beyond the U.S. and North America: more than 1.4 million people worldwide now take part in Special Olympics Unified Sports. The goal is to break down stereotypes about people with intellectual disabilities and promote unity.

Healthy Athletes Programme– This Programme offers health screenings to athletes in need. In 1997, Special Olympics began an initiative called Healthy Athletes that currently offers health screenings in seven areas: Fit Feet (podiatry), FUN fitness (physical therapy), Health Promotion (better health and well-being), Healthy Hearing (audiology), MedFest (sports physical exam), Opening Eyes (vision) and Special Smiles



(dentistry). Screenings educate athletes on health issues and also identify problems that may need additional follow-up. For example, the FUN fitness Programme assesses flexibility, strength, balance, and aerobic fitness of the athlete. Following the screen, the physical therapist would provide instructions on how to optimize their physical fitness in the areas screened.

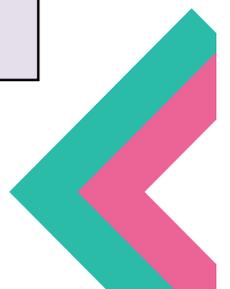
Special Olympic Sports Rules/Guidelines

- Athletes shall be divided into competition division based upon their ability, age and sex. Competition divisions are structured so that an athlete competes against another athlete of similar ability
- Special Olympics has more than 30 Olympic-type individual and team sports that provide meaningful training and competition opportunities for people with intellectual disabilities.
- At competitions, medals are awarded to the first, second and third-place winners in each event, and ribbons are awarded to athletes who finish in fourth through eighth place.

To participate in Special Olympics, a person must be at least 8 years old and identified by an agency or professional as having one of the following conditions: intellectual disabilities, cognitive delays as measured by formal assessment, or significant learning or vocational problems due to cognitive delay that requires or has required specially designed instruction.

I. Tick the correct options

1. The first Integrated Physical education Programme started in i. 1738
ii. 1838
iii. 1900
iv. 1938
2. The reason Paralympic Games got their name was because
i. they were meant for athletes suffering from paraplegia.
ii. they run alongside or parallel to the Olympic Games.
iii. the athletes are paragons of their sports.
iv. they are attended by a large number of paramedics.
3. Paralympic Games was a 1948 sporting competition held at Stoke Mandeville hospital in
i. England
ii. United States of America
iii. Germany
iv. Greece
4. The founder of Special Olympics was
i. Eunice Kennedy Shriver





- ii. John F. Kennedy
 - iii. Lyndon B. Johnson
 - iv. Donald Trump
5. The first Special Olympics Games were held in
- i. Chicago
 - ii. Paris
 - iii. New York
 - iv. Washington D.C.

II. Answer the following questions.

1. Define disability.
2. What is the role of school in encouraging participation of CWSN in PE?
3. When and where did Paralympics start? What was the purpose of these games?
4. What is the vision of the International Paralympic Committee?
5. What is the anthem of the Paralympics? What, according to you, is its relevance?
6. What do you understand by the term hypertonia?
7. Differentiate between Special Olympics and Paralympics.
8. What do you know about Deaflympics?

III. Answer the following questions in 150-200 words.

1. What was the major challenge facing the organisers of para-sports? How did they deal with this challenge?
2. Write a short note on Special Olympics.
3. List the Programmes run by Special Olympics around the world.

4.4.1. INCLUSION ITS NEEDS AND IMPLICATION

Each individual is different in terms of his physical, social, emotional and cognitive characteristics. This diversity is a reality, and everyone should respect the differences of each other. Inclusion is vast concept that implies including everyone in education without being judgmental about the abilities, appearance economic condition etc. Inclusion in education refers to a model wherein CWSN spend most or all of their time with students with non-special needs. It is based on the notion that Inclusive Education is more effective for students with special needs since they get mixed experience. This social interaction leads to success in later life.

Inclusion plays a big role to inculcate a safe, comfortable and emotionally secure environment in any educational institution. Inclusion is not a law to be forced on anyone. It is a process which enables a child smooth transition to understand, accept and implement the culture of inclusion in different situations. Physical education and sports play a very important role to promote inclusion in any educational institute.



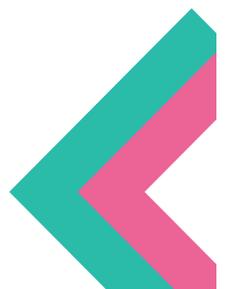
Need for Inclusive Education

Inclusive education provides a student training for real life situations as all students, with or without disabilities, learn to interact and work collectively.

1. **Builds Self Esteem** – Inclusive classrooms are filled with diverse learners. This lets kids observe and talk about diverse learning patterns and the manner in which everyone learns in their own way. CWSN may find that they have more in common with other students and this goes a long way in building self-esteem. It also helps reduce stigma faced by those who have learning and attention issues. Differently-abled individuals show marked improvement in self- confidence if they have studied in a regular school. It can also help students build and maintain friendships.
2. **Improves Social and Communication Skills:** Inclusive education provides ample opportunities for all students – students with disabilities and those without disabilities – to have better social relations amongst themselves. Since social skills are learnt properly through observation and imitation, students with special needs get a better understanding of the world around them by being part of a regular classroom. This is especially true of students with intellectual impairment like autistic students.
3. **Enhances Sensitivity** – It has been noted that students without disabilities become more sensitive if they study in a classroom where they have students with special needs. They understand and appreciate their emotions and feelings and become more sensitive and caring towards them. They learn how to be more patient and to empathise with others. When children are involved in helping their peers, they not only derive immense satisfaction out of it, but often strike life long friendships with them.
4. **Creates Better Understanding and Appreciation of others** –In an inclusive classroom, students with or without special needs understand and appreciate the strengths and weaknesses of their classmates. They learn to appreciate these differences.
5. **Creates a Sense of Belonging**– All children are able to be part of a community and develop a sense of belonging. This makes them better prepared for life as they learn to value each other despite their differences. CWSN enjoy the acceptance and develop a feeling of belonging to the group of students with or without special needs.
6. **Enhances Academic Performance** – Inclusive education leads to better academic performance than in exclusive education. It provides better opportunities for learning as children with varying abilities are often better motivated when they learn in classes surrounded by other children.
7. **Improves Performance** – Since the expectations of all the children are higher in a mixed abilities classroom, inclusion attempts to develop an individual's strengths and gifts by stretching each individual to optimal performance.

Implementation of Inclusive Education in India

In India, the number of children/persons with disabilities or special needs is really large. As a result, they have a number of problems in getting education, especially





inclusive education. It is important to implement inclusive education in India not only to provide benefits of inclusion to all individuals but also to ensure optimal utilisation of resources.

India should emphasize on the following measures for effective implementation of inclusive education.

1. Ensuring effective implementation of the Right to Education in all states so that no child is left out of the ambit of education so that we are able to take care of the needs of CWSN.
2. Equipping teachers, especially in rural areas, through appropriate training and in-service workshops to teach CWSN in an inclusive classroom.
3. Developing a support team through regular analysis of schools, curriculum and amenities in order to give access to the regular curriculum methods to children with difficulties in learning.
4. Encouraging a flexible approach towards curriculum transaction whereby teachers and students are able to diagnose and resolve the problems that they face during the teaching learning process.
5. Involving parents as partners and as a resource in the decision-making process for enhancing their child's learning so that a collaborative effort results in effective inclusive education.
6. Looking at all children at what they can do rather than what they cannot do. It is important for the student's self-esteem that a child with special needs is not looked at with sympathy, but is recognised for her/his talents, capabilities and abilities.
7. Designing schools and classes in ways that help children learn and achieve to their fullest potential. Enrolling of CWSN in regular schools requires a lot of adjustments in terms of classrooms, transport facilities and educational materials and assistive devices such as audio textbooks or Braille text books, etc.
8. Developing education goals according to each child's abilities. Curriculum experts should carefully design programmes so that curriculum is made parallel for all the children with or without special needs in inclusive education. This also means that children do not need to have the same education goals in order to learn together in regular classes and will require the designing of a suitable examination system and putting in place periodic evaluation of CWSN to meet the challenges and changing trends.
9. Making sincere efforts to develop good relations and understanding between families of students with disabilities and without disabilities. In this way, all students will also develop good relations among themselves and thereby create an appropriate environment for implementing inclusive education.
10. Providing students related materials like uniforms, books, stationery, transport allowance, stipend for girls, boarding and lodging facilities, therapeutic services, teaching and learning materials, assistive devices, etc., to CWSN from the school.
11. While Inclusive Education implies means that all children are educated in regular classrooms, it does not, however, mean that individual children cannot leave the classroom for specific reasons. For example, a child may require one-on-one assistance in a particular subject. This may or may not happen during



regular classtime. Once schools are inclusive, serious thought is given to how often a child may be out of regular classroom and the reasons that this may be happening. It does not mean that children with certain characteristics (for example, those who have disabilities) are grouped together in separate classrooms for all or part of the school day.

I. Tick the correct options

1. Inclusion is vast concept that implies
 - i. including learners with differing abilities, appearance and economic conditions in education
 - ii. including learners with an emotional or intellectual impairment in mainstream education
 - iii. integrating all children with intellectual disabilities into main stream schooling
 - iv. integrating all children with physical disabilities into mainstream schooling

II. Answer the following questions.

1. What do you understand by inclusion in education?
2. How does inclusion in PE help improve communication skills of learners?
3. What do you understand by inclusion in education?
4. What do you understand by inclusion in physical education?
5. How does inclusion in PE help improve communication skills of learners?
6. List two benefits of inclusive education.

III. Answer the following questions in 150-200 words.

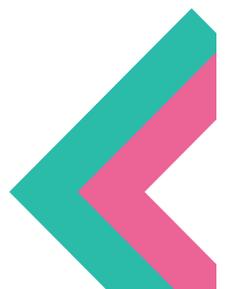
1. How does inclusion in Physical Education benefit CWSN?
2. How does inclusive education help integration of CWSN in society?
3. How can inclusive education be implemented in India?

4.5.1.ROLE OF VARIOUS PROFESSIONALS FOR CWSN

Keeping in view the fact that Children with Special Needs form one of the largest groups that are still outside the fold of the general education system, Inclusive Education provides them with an opportunity to enter formal education. This makes it necessary for the school to employ various professionals such as school counsellor, occupational therapist, physiotherapist, etc., for CWSN. These professionals help and support children in achieving their full potential physically as well as academically, improve their motor skills, enhance their communication skills and in promote their mental as well as physical health.

These professionals include

1. **School Counsellor** –The school counsellor is the specialist who works with students with special needs in schools and provides a comprehensive Programme that helps CWSN with their academic goals, their social, personal and career development. School Counsellors involve parents, teachers, other school





personnel, and members of the community in assisting students' development into effective members of the community. They work with the various members of the school community to create a positive school climate in which children can learn. It is their duty to assure a coordinated team effort to address the needs of all students and ensure student access to school and community resources.

More specifically, School Counsellors use individual and small-group counselling to help students develop aptitudes such as:

- skills in communicating, cooperating, and resolving conflict
 - the ability to engage in behaviours that foster good physical and mental health and to avoid behaviours that detract from good physical and mental health
 - skills in planning and making decisions, resulting in higher self-efficacy and a sense of personal responsibility
 - an awareness of resources about educational and vocational opportunities and ways to access those resources
 - positive attitudes towards one's self, as both a student and a potential worker
 - an awareness of and appreciation for both genders and the contributions of cultural diversity in society
 - a comprehensive plan for school and work experiences through high school and beyond
2. **Physiotherapist** – A physiotherapist is probably the best known of the therapists who works with CWSN. They use exercises to help their patients gain and keep the best possible use of their bodies. They also try to improve breathing, to prevent the development of deformities and to slow down the deterioration caused by some progressive diseases. The aim of a physiotherapist is to help the children with special needs to their full potential through providing physical intervention, advice and support. A physiotherapist evaluates bodily movement of CWSN with particular attention to physical mobility, balance, posture, fatigue and pain.

The role of a physiotherapist includes

- assessment of the mechanics of the body
- improvement the mobility in terms of joint movement, gross motor movement and fine motor movement
- management of children and young persons with movement disorders and disability.
- maintenance and conditioning of bones, joints and muscles to prevent degeneration
- rehabilitation through different therapies including massage manipulation, exercise and movement, electrotherapy, cryotherapy and hydro therapy



3. **Occupational Therapist** – An occupational therapist trains CWSN in performing assisted daily-life skills and self-care skills and activities related to fine motor skills and hand-eye coordination. An occupational therapist so helps children in participating and interacting with others in play.

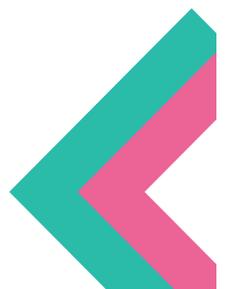
The role of an Occupational Therapist includes

- training for activities of daily living skills like toilet training, eating, dressing, bathing and grooming
- training for fine motor skills like buttoning shirts, tying shoelaces, handwriting, movement of fingers.
- helping children in writing and other classroom activities like grasping and releasing toys and other objects
- sensory intervention and sensory integration to help the child in coping with challenges caused by her/his sensory disorder e.g., using different techniques to minimise self-harm actions, sensory diet to fulfil her/his visual and vestibular needs
- improve skills such as hitting a ball or copying from black board.
- **Physical Education Teacher** – The Physical Education teachers need to determine the abilities of students with special needs. They also need to determine measures to support their participation in sports, games and fitness activities through general, modified and specially designed PE Programme.

The role of a physical education teacher is

- improving general movement, movement skills and movement patterns
- improving hand-eye coordination, flexibility, muscular strength, endurance
- developing different sports-specific skills such as in basketball, soccer, swimming etc.
- improving social skills such as listening, understanding, implementing, playing in small to large groups, taking responsibilities, leadership etc.
- providing psychological support by channelizing energy to reduce anxiety, hyperactivity, tension and depression, developing self-esteem, reducing feelings of isolation

4. **Speech Therapist** – A speech therapist in school provides treatment, support and care for students with special needs who have difficulties in communication. Speech therapists help students with special needs to gain ability to communicate through speech and language. They help and provide training for students who face difficulty in producing sounds or syllables or saying words incorrectly. They also help such students who have fluency disorders like stoppages, repetitions and prolonging sounds in words. They modify the ways of making two-way communication with different tools and strategies.
5. **Special Educator** – A special educator plays a critical role in weaving all together all the stakeholders in school and at home. The Special Educator is responsible for assessing the level of the child, observing her/his performance or behaviour





to bring improvement in different subject areas of special needs education.

The role of a special educator includes

- assessment of the child's abilities
- curriculum development as per abilities and suitability
- setting individual education plan (IEP)
- setting weekly, monthly, annual goals
- parent conferences or meetings
- pre- and post-performance observation
- reporting
- integration
- inclusion
- transition

I. Tick the correct option

1. The professional who works along with CWSN, parents, teachers, other school personnel, and members of the community in helping them become effective members of the community is
 - i. the Counsellor
 - ii. the Physiotherapist
 - iii. Occupational Therapist
 - iv. Physical Education Teacher

II. Answer the following questions.

1. What is the role of the School Counsellor in inclusive education?
2. Discuss the role of physiotherapist in integrated education.
3. What is the role of Educational Counsellor in inclusive education?
4. Discuss the role of Speech Therapist in inclusive education.

III. Answer the following questions in 150-200 words.

1. Describe the role of Special Educator in inclusive education.
2. In what ways does the Physical Education Teacher help CWSN get integrated in mainstream schooling?

Weblinks

1. https://en.wikipedia.org/wiki/Adapted_physical_education
2. <https://blog.firstcrayon.com/the-essential-guide-to-special-needs-education-in-india-47769fc4d234>
3. <http://www.ymcacollege.ac.in/special-school.html>