# ADAPTED PHYSICAL ACTIVITY AND INCLUSIVE PHYSICAL EDUCATION

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## Contents



## Summary

This chapter is aimed at drawing the attention of the reader to the field of adapted physical activity and inclusion in physical education. For those who are not familiar with this term the introduction and the first chapter gives an overview on the terminology. Some recommendations what could be done to use sensitive terminology in the context of disability are proposed. The complex concept of adapted physical activity (APA) and adapted physical education (APE) is explained in the following. Some historical traditions, multidisciplinary roots and applications are mentioned as well scientific developments which try to keep contact to their respective 'mother'-disciplines and refer to the specified WHO framework of disability, functioning and health (ICF).

With the intention to make quality requirements evident for professionals in the United States the Adapted Physical Education National Standards (APENS) had been published. Motivated by similar goals European Standards have been developed recently in Europe as well. A remarkable difference to APENS was that the European Standards in APA (EUSAPA) aimed to contribute to 'more social inclusion by setting up standards for training professionals who will be responsible for inclusion in the areas of physical activities' (Kudlacek et al., 2010, p. 10).

In the following the concepts of inclusion in general education as well as in physical education are elaborated – referring to many quotes because of actual discussion which

are still going on. Finally some fundamental principles, models of good practice, and further ideas of inclusive thinking are proposed in order to contribute to a worldwide dissemination of these concepts.

## 1. Introduction

In order to introduce the term "adapted physical activity" (APA) it is necessary to know that it is a notion of wide comprehension. There is not only one answer to the question "What is adapted physical activity?" It seems difficult to give an exact definition. In that sense I like Greg Reid's introduction in chapter 2 of his textbook (Reid, 2003):

> (…) the difficulty lies with the word *adapted*. Most of us have some idea of what is meant by physical activity, but the word *adapted* is problematic. So, our immediate response is often, "It is about physical activity for people with a disability." (…) To describe APA in terms of people with a disability is not a huge error; it simply is not the complete story, or a too restricted view (Reid, 2003, p. 11).

The evolution of APA as a provision for people with a disability began in early (historical) time and went through various stages of application and paradigms. This will be displayed in chapter 2 and 3. As the term and its concept is preferably used in the English-speaking world but found its way to an international multilingual understanding in recent time it is a difficult task to provide a common definition. Some of the meanings and explanations were given on different places at the same or at different moments with individual variations of influence in the field (Sherrill & Hutzler, 2008; Hutzler, 2007; Hutzler & Sherrill, 2007; Sherrill, 2004; De Potter, 2003; Reid & Stanish, 2003).

This contribution strives to draw the picture of APA from multiple perspectives. Additionally, the concepts of inclusive physical education (IPE) will be elaborated – as they have close relationship to adapted physical education (APE). IPE has been introduced into the educational system by European legislation only since the 1990s. The term "special (educational) needs" is more familiar to most of the institutions who educate schoolchildren. Their aim is to provide personal and academic development in the frame of mainstream education, including the subject of physical education.

Many textbooks for university students have been written and many definitions have been discussed (Válková, 2009; Sherrill & Hutzler, 2008; Hutzler, 2007; Hutzler & Sherrill, 2007; Sherrill, 2004; De Potter, 2003; Reid & Stanish, 2003). This text will add to this body of knowledge in order to disseminate a respectful view on people with diverse background and needs according to age, ability, ethnic roots and religious orientation. Thus, we may talk about adaptation in a multidimensional and cross-disciplinary sense.

## 2. People First Terminology = Sensitive Terminology

The terminology of APA and of the multistranded field of *disability* is different in different languages. All ongoing attempts for a globally accepted definition as well as for an appropriate description of its meanings, domains, and fields must be seen as patchwork efforts. In 1980, the International Classification of Impairment, Disability

and Handicap – ICIDH, published by the World Health Organization (WHO) had provided a conceptual framework for disability which was described in the three dimensions — Impairment, Disability and Handicap:

- *Impairment*: In the context of health experience an impairment is any loss or abnormality of psychological, physiological or anatomical structure or function.
- *Disability*: In the context of health experience a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.
- *Handicap*: In the context of health experience a handicap is a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfillment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual (see http://www.who.int/inf-pr-1999/en/note99-19.html: WHO 1980, this classification, originally developed in 1980 as a manual for consequences of disease).

The International Health Organization (WHO) has achieved in its recent edition of the International Classification of Functioning, Disability and Health (ICF) (WHO, 2001) a common terminology – now accepted in large part, and widely used in the social welfare and medical systems worldwide. It is accepted as *the international standard for describing and measuring health and disability* (see http://www.unescap.org/stat/disability/manual/Chapter2-Disability-Statistics.asp#2_3) and aims to draw a sensitive picture on persons whose *activity* and *participation* in social life might need adaptation.

The International Classification of Functioning, Disability and Health, known more commonly as ICF, is a classification of health and health-related domains. These domains are classified from body, individual and societal perspectives by means of two lists: a list of *body functions* and *structure*, and a list of domains of *activity* and *participation*. Since an individual's functioning and disability occurs in a context, the ICF also includes a list of environmental factors.

The ICF puts the notions of '*health'* and '*disability'* in a new light. It acknowledges that every human being can experience a decrement in health and thereby experience some degree of disability. Disability is not something that only happens to a minority of humanity. The ICF thus 'mainstreams' the experience of disability and recognizes it as a universal human experience. By shifting the focus from cause to impact it places all health conditions on an equal footing allowing them to be compared using a common metric – the ruler of health and disability. Furthermore ICF takes into account the social aspects of disability and does not see disability only as a 'medical' or 'biological' dysfunction. By including Contextual Factors, in which environmental factors are listed ICF allows to records the impact of the environment on the person's functioning (WHO, 2001).

The ICF classification system uses, to the extent possible, neutral language to name its components and categories. For example, you will find in the ICF:

- *Vision functions* instead of *blindness*
- *Intellectual functions, complete impairment* instead of *totally dull*
- *Participation restriction* instead of *handicap*

- *Persons with disabilities* instead of *disabled person*

Before sketching those characteristics in more details later on some considerations shall be given to use the ICF concept as a framework to assist conceptualizing APA services (Hutzler & Sherrill, 2007, p. 10). The authors provide examples of how adaptations and changes of physical activities and related offers (sports, recreation, dance, fitness, physical education, and rehabilitation) could be implemented in accordance with the ICF components. (See Fig. 1)

**Table 1 Specific Example for APA Practices Using Across ICF Categories in APA Planning**

| ICF Category | Significance to participant | APA practices | Service provider, level; track accent | Examples of activity goals |
|---|---|---|---|---|
| Body structure | Have physical foundation & acceptable appearance | Prevent from deterioration, enhance or improve | APA specialist; accent on rehabilitation (European perspective) | Reduce weight; align posture; Increase bone density |
| Body function | Be able to perform | Prevent from deterioration, develop, improve | APA specialist; accent on rehabilitation (European perspective). In USA, this could be fitness training. | Restore range of motion; increase power; lose weight |
| Activity or task performance, related to physical activity | Doing meaningful tasks | Teach, train, coach | APA specialist teacher; General PE teacher / Instructor / Coach, each with additional APA knowledge; accent on education, recreation, & sport | Reach for the ball; finish 10 laps in swimming; maintain position; cross the road; enter a bus |
| Participation in physical activity for enjoyment | Being accepted as part of a reference group | Educate, reflect, empower, | APA specialist co-working with Class teacher / Social worker / Psychologist / important significant others; accent on education & recreation | Participate in ball games; be assertive; be accepted among peers; achieve leadership |
| Elimination of barriers to goal achievement | Having no restrictions, or opposition to participation (Equity) | APA practices | APA practitioner across levels together with social worker, volunteer community activist; accent on recreation & sport | Change attitudes, set rules for; use law and affirmative action |

Figure 1. Specific Examples for APA Practicing (Hutzler & Sherrill, 2007, p.12)

Sensitive terminology is appropriate; regardless whatever area –physical activity, sport, education, social support or medical system – we are talking about.

*More people are blinded by definition than by any other cause- Jahoda* (Dattilo, 2002, p. 89).
Language and words may cause more severe handicaps for people with a disability than their self-reported perception of their situation. Inspired by a chapter of the book of Dattilo (2002) about sensitive terminology we shall ask the following questions:

## 2.1. Why is it Helpful to use Sensitive Terminology?

The way of speaking to and about a person reveals one's personal attitudes towards a situation or towards an individual. Typically people want to express acceptable attitudes in daily life or social contacts. "Terminology should reflect equality of all citizens and sensitivity to the situation. An important aspect of selecting terminology is to ensure that respect toward members of the group is communicated (Luckasson & Reeve, 2001,

as cited in Dattilo, 2002, p. 91). (…) it is critical to project a positive attitude through the use of sensitive terminology. (Dattilo, 2001, p. 91)

The use of neutral language is a helpful challenge in the practice of using discriminatory and offensive language sometimes found in questionnaires or other data collection instruments, and which directly affects refusal rates.

### 2.2. What can be done to help us to Use Words that are Sensitive?

Dattilos'(2002) instructions suggest how leisure service providers (among them APA experts, but not only them) can find ways to use terminology that communicates positive attitudes toward people with disabilities:

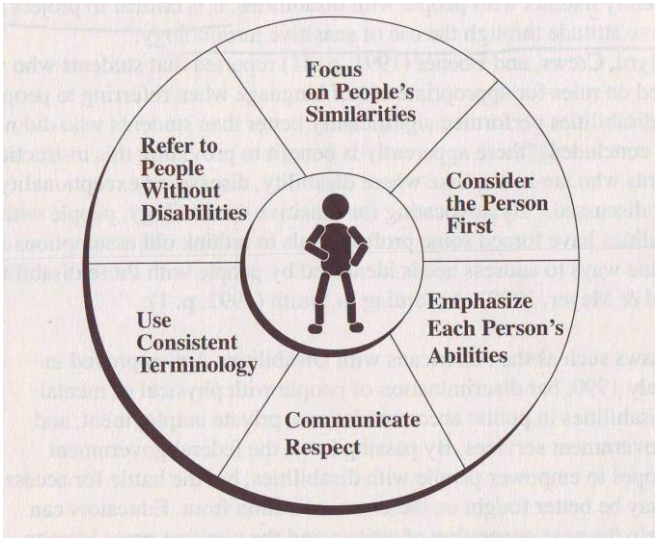


Figure 2. Ways to use sensitive terminology (Dattilo, 2002, p. 92)

The suggestions include:

#### 2.2.1. Focus on People's Similarities

Depending on the context of interaction it might be necessary to appreciate differences in appearance, ability, or specific habits. But in most of the cases of communication we should avoid identifying individuals as a member of a "special populations" or a "special child" so as not to encourage different treatment. Although we will emphasize a person's uniqueness it seems easier and more appropriate to interact with a person if we initially concentrate on shared similarities. "Emphasizing the worth of all people, rather than differences between people, will encourage portrayal of people with disabilities in a positive fashion." (2002, p. 94)

#### 2.2.2. Consider the Person First

In any context – personal conversation, oral lecture, or written article – it is recommended to talk to or write about persons, individuals, participants, etc. rather than about a group or a certain "case" or "patient". If a description of characteristics seems

relevant use the label as noun referring to a certain condition (e.g. “a person with a physical impairment” rather than “a disabled/handicapped person”).

### 2.2.3. Emphasize Each Individual’s Abilities

Some expressions of which the general population and the more journalists or scientist should have forgotten about since long keep being used inappropriately. Phrases like “confined to a wheelchair” or “wheelchair bound”. It is important to talk about the abilities of a person rather than about her/his limitations. Although the emphasis on sensational achievements should be concentrated on e.g. the excellence in sporting performance instead of phrases like “although dreadfully stroke by fate he survived ….” Words or phrases such as "afflicted with", "suffers from", "a victim of", "stricken with", should be avoided because they sensationalize the disability and evoke sympathy. It would be more appropriate to say ""the person has..." "the condition is caused by..." or "a disability resulting from..." (2002, p. 97).

### 2.2.4. Communicate Dignity and Respect For Each Individual

Many labels have been given to people with disabilities which did not communicate dignity and respect for the human being. They evoked deviancy, helplessness, and dependency. Adult persons with mental or learning difficulties had to accept to been taken as childlike or kids. So, nowadays we avoid such description according “mental age” or any comparison with a typology which indicates a specific racist or ethnic disregard (e.g. use “person with Down Syndrome” instead of “mongoloid”).

Referring to an example in the frame of physical activity and sport The Paralympic School Day (PSD) can be cited. PSD is an educational program initiated by the International Paralympic Committee (IPC) which aims to create awareness and understanding in schools about persons with a disability. The IPC created a PSD kit containing a set of activities and background information, which can be used to educate children and youth about Paralympic sport, individual differences and disability issues in a fun and playful environment See: http://www.paralympic.org/TheIPC/WWD/ParalympicSchoolDay ).

### 2.2.5. Use Consistent Terminology to Enhance Understanding

The consistency of neutral, sensitive, and non-discriminating terminology is a subject to change by the time. Historically, words with strong negative vibrations (like imbecile, lunatic, moron, or dummy) had been used because people didn’t know better. Different communities and/or language users often have different comprehension of the same words. Therefore, it is not possible to give a universal definition of terms which differ slightly in their meanings. The main terms “*impairment", "disability",* and *"handicap"* are extensively defined by the WHO (see above) but anyway, they are not always used consistently.

The word *impairment* means to diminish in strength and refers to identifiable organic or functional conditions that may be permanent (e.g., amputation) or temporary (e.g., sprain). The actual condition is in the focus of attention, not the person.

While *able* defines the power or skill to accomplish a task *dis-ability* – describes the reduction or deprivation of a skill or power. This reduced ability is a result of an impairment. Using the word "disability" focuses the attention on the interaction of the visual impairment with the functioning ability of the individual

*Handicap* – initially was used (and is still used) to denote a disadvantage in sports (a race or contest in which an artificial advantage is given or disadvantage imposed on a contestant to equalize chances of winning) and the origin of the word comes from "a game in which forfeit money was held in a cap, from *hand in cap;* first known use: 1754" (see Merriam Webster Dictionary).

Labeling of people as "handicapped" infers that these individuals are dependent on others. Indeed they are, but their handicap and dependency vary from one situation to the other. It is connected to interaction with the environment and social context.

Several surveys have been conducted in various countries on terminology (*The Disability Rag*, 1986; Shapiro, 1993 as cited in Dattilo, 2002, p. 101; Dinold et al., 2005; Hametner, 2006) which term would be appropriate to use respectfully. From the different results it can be concluded that the acceptance and use of the terms are dependent on the country's language, the age group, and on the fact if the person is concerned her/himself or is familiar with those concerned. The development of usage will certainly alter again by the time but currently the notion "disabled" and "people with a disability" are to prefer against the word "handicapped".

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**Biographical Sketch**

**Maria Dinold** is Assistant Professor, Department of Sports Pedagogy, at the University of Vienna, Centre for Sports Sciences and University Sports. Her research focus and publications are in the fields of adapted physical education/ activity (theory and practical application); socio-psychological dimensions of disability in sport, recreation and physical education; inclusion of people with disabilities through physical activities, and inclusive pedagogy. She graduated from the university of Vienna in 1987 (MA) and 2000 (PhD).

Her sportive career was devoted to Volleyball (women's' first league and national team) as well as dance and creative movement. As vice-chairperson of "Ich bin O.K." – cultural and educational association for people with and without disabilities (from 1983) she continues teaching and performing creative dance for people with and without disabilities. Her international professional leadership positions are: Vice President of International Federation of Adapted Physical Activity – IFAPA (from 2009), Past President of European Federation of Adapted Physical Activity – EUFAPA (since 2006), Board member of International Association for Physical Education and Sport for Girls and Women – IAPESGW (from 2009), Chair of the International Committee for Sport Pedagogy (ICSP) (2004 – 2008) and Executive Board Member of International Council of Sport Science and Physical Education – ICSSPE) (from 2011).