



PHYSICAL EDUCATION
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Title:
Adapted Physical Education B. P. Ed. 3rd Year

TOPIC NO. 1
Introduction to Adapted Physical Education

Lecture - 49
Brief historical review of adapted physical education

Introduction

Adapted physical education (APE) as we know is the art and science of developing, implementing and monitoring a carefully designed physical education (knowledge regarding the body) instructional program 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.

Although significant progress concerning educational services for individuals with disabilities has been relatively recent, the use of physical activity or exercise for medical treatment and therapy is not new. Therapeutic exercise can be traced to 3000 BC in china. It is known that the ancient Greeks and Romans also recognized the medical and therapeutic value of exercise. However, the idea of physical education or physical activity to meet the unique educational needs of individuals with disabilities is a recent phenomenon. Efforts to serve these populations through physical education and sport have been given significant attention only during the 20th century, although efforts began in the United States in the 19th century.

Beginning of adapted physical activity

In 1838, physical activity began receiving special attention at the Perkins School for students with visual disabilities in Boston. According to Charles E. Buell (1983), a noted physical educator with a visual impairment, this special attention resulted from the fact that Samuel Gridley Howe, the school director advocated the health benefits of physical activity. For the first eight year, physical education consisted of compulsory recreation in the open air. In 1840, when the school was moved to south Boston, boys participated in gymnastic exercises and swimming. This was the first physical education program in the United States for students who were blind, and by Buell's account, it was far ahead of the physical education in public schools.

Medical orientation

Although physical education was provided in the early 1800s to people with visual impairments, as well as people with other disabilities, medically oriented gymnastics and drills began in the latter part of the century as the forerunner of modern adapted physical education in the United States. Sherrill (2004) states that physical education prior to 1900 was medically oriented and preventive, developmental, or corrective in nature. Its purpose was to prevent illness and promote the health and vigor of the mind and body. Strongly influencing this orientation was a system of medical gymnastics developed in Sweden by Pehr Henrik Ling and introduced to the United States in 1884.

Shift to sport and the whole person

From the end of the 19th century into the 1930s, programs began to shift from medically oriented physical training to sport-centered physical education, and concern for the whole child emerged. Compulsory physical education in public schools increased dramatically, and training of physical education teachers (rather than medical training) was developed for the promotion of physical education (Sherrill, 2004). This transition resulted in broad mandatory programs consisting of games, sports, rhythmic activities and calisthenics designed to meet the needs of the whole person. Individuals unable to participate in regular activities were provided corrective or remedial physical education. According to Sherrill, physical education programs between the 1930s and the 1950s consisted of regular or corrective classes for students who today would be considered "normal." Sherrill (2004) has succinctly described adapted physical education during this period in the United States.

Assignment to physical education was based upon a thorough medical examination by a physician who determined whether a student should participate in the regular or corrective program. Corrective classes comprised primarily of limited, restricted, or modified activities related to health, posture, or fitness problems. In many schools students were excluded from physical education. In others, the physical educator typically taught several sections of regular physical education and one section of corrective physical education each day. Leaders in corrective physical education continued to have strong backgrounds in medicine and/or physical therapy. Persons preparing to be physical education teachers generally completed one university course in corrective physical education.

The Emerging Comprehensive Sub-discipline

During the 1950s, more and more pupils described as handicapped were being served in public schools, and the outlook toward them was becoming increasingly humanistic. With a greater diversity in pupils came a greater diversity in programs to meet their needs. In 1952, the American Association for Health, Physical Education and Recreation (AAHPER) formed a committee to define the sub-discipline and gave direction and guidance to professionals. This committee defined adapted physical education as "a diversified program of developmental activities, games, sports, rhythms suited to the interests, capacities, and limitations of students with disabilities who may not safely or successfully engage in unrestricted participation in the rigorous activities of the regular physical education program" (Committee on Adapted Physical Education, 1952). The definition retained the evolving diversity of physical education and specifically included students with disabilities. Adapted physical education serves today as the comprehensive term for this sub-discipline.

Recent and current status

With the impetus provided by a more humanistic, more informed, and less discriminatory society, major advances continued in the 1960s. Many of these advances were associated with the Joseph P. Kennedy family. In 1965, the Joseph P. Kennedy Jr. Foundation awarded a grant to AAHPERD to launch the Project on Recreation and Fitness for the Mentally Retarded. The project grew to encompass all special populations, and its name was changed in 1968 to the unit on programs for the Handicapped. As director of the unit, Dr. Julian Stein dramatically influenced adapted physical education at every level throughout the United States.

In 1968, the Kennedy Foundation exhibited further concern for individuals with mental retardation by establishing the Special Olympics. This program grew rapidly, with competition held at local, state, national, and international levels in an ever-increasing range of sports. During the mid- 1960s, concern for people with emotional or learning disabilities had a significant effect on adapted physical education in the United States. The importance of physical activity for the well-being of those with emotional problems was explicitly recognized by the National Institute of Mental Health (NIMH) of the U.S. Department of Health and Human Services (DHHS) when it funded the Buttonwood Farms Project. The project, conducted at Buttonwood Farms, Pennsylvania, included a physical recreation component. This project was valuable for the recognizing the importance of physical activity in the lives of individuals with disabilities, bringing the problems of seriously disturbed youths to the attention of the educators, and developing curricular materials to prepare professionals in physical education and recreation for work with this population.

During the same era, adapted physical education gained much attention with the use of perceptual-motor activities as a modality for academic and intellectual development, particularly for students with learning disabilities. The contention that movement experiences serve as a basis for intellectual abilities has lost support in recent years. However, the use of movement experiences including active games for the development and reinforcement of academic abilities appears to be regaining popularity and research-based support.

Historical background

- Primitive societies:

Children born with defects generally perished at an early age as a consequence of their inability to withstand the rigour of primitive man's strenuous existence, 'the survivor of the fittest'.

- Spartan, the early civilized society Greek:

The Spartans placed a lot of importance on physical perfection and hence when a child was born with a defect or disability then they were thrown down from mount Tegyus to perish.

- Athenians:

The people of Athens were also believers of physical and military perfection and hence when a child was deformed by birth they were permitted to die of neglect.

- Roman Empire:

Babies born with birth defects suffered a like fate.

- Middle ages:

Those with disabilities were believed to have been caused by Satan. Hence they are sinful and evil and treated harshly and carefully avoided.

-Renaissance:

Gained understanding of their problem but did not extent to include treatment, care, and education.

- 1900s:

Social awareness of the problems gained momentum in this country with the opening of schools for them and centers for treatment.

- World War I and II

Gave impetus to the providing vocational rehabilitation to the civilians injured in industrial accidents.

- Government Assistance

- a) 1920, First law providing vocational rehabilitation to the civilians injured in industrial accidents.
- b) 1943, a law passed to provide for the rehabilitation of soldiers with war disabilities.
- c) 1940s, Federal sponsored programs established for disabled individuals such as Institution for mentally ill and emotionally disturbed, schools for blind, deaf and mentally retarded.
- d) 1960s, the office of Special Education and Rehabilitation Services established.
- e) 1973, Rehabilitation Act, summarized by explaining that individuals may not be discriminated against because of their disabilities.
- f) 1975, PL 94-142. The Education for All Handicapped Children Act. Special Education specially designed instruction at no cost to the parents, to meet individual needs of a handicapped child, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions.
- g) 1985, PL 99-457, amendment to PL 94-142, extends special education services to preschool students with disabilities and encourages state through a discretionary grant program to provide early prevention services to infants with disabilities, birth to age thirty-six months, and their family.
- h) 1990s, PL 101-476. Individuals with Disabilities Education Act (IDEA)
- i) 1990s, American Disability Act (ADA).

Evolution of adapted physical education :

- > 3000 years ago, in china depicting therapeutic use of gymnastics for individuals with disabilities.
- > 1879, corrective physical education established at Harvard for correcting certain Pathological conditions.
- > WW I and II, development of physical therapy and adapted sports.
- > 1940s, fundamental changes were initiated in physical education in some universities, public schools, and special schools. Calisthenics, gymnastics, and corrective physical education supplanted in the course contents by game, sports, and rhythmic modified to meet the individual needs of the students.

History of Adapted Physical Education in the 21st century

The past century has seen a revolution in the way society views people with disabilities and in the way that people with disabilities see themselves. The 21st Century is the beginning of an era where people with disabilities are considered to be individuals who possess a different set of abilities than the majority of the population. As such, they constitute a minority, one with a rich perspective and diverse capabilities which they are ready, willing and able to share with society at large.

A person's readiness to share is fundamentally connected to one's sense of self-esteem. A major component of that self-esteem is derived from how comfortable one is about. One's self-one's ability to set goals and achieve them, to share common interests with friends and acquaintances and to have a sense of being "alive".

It has long been known that involvement in physical activity contributes to a person's sense of well-being and so Physical Education has long been a component of the American education system. For almost a century, Physical Education for people with disabilities consisted of medically inspired efforts toward remediation of their "condition". However, during the second half of the last Century, driven primarily by returning casualties of war, society began to view people with disabilities as having a modified set of abilities. This required a different approach to Physical Education so that the specialty of Adapted Physical Education emerged to address the needs of people with disabilities.

People with disabilities constitute a minority in the truest sense of the word, and in the spirit 'of the times, the Federal Government enacted legislation mandating equal opportunity in education for this group. In 1990, the individual with Disabilities Education Act (IDEA) was passed, requiring that all people with disabilities, of school age, have access to Physical Education in a normal school environment. It further required that each student with a disability have an Individualized Education Program (IEP) drawn up which would include a program of adapted physical education appropriate to the individual.

A problem within this legislation is that each State is left to define what Adapted Physical Education means with respect to complying with the legislation. It is easy to see, however, that the requirement that all students with disabilities have access to Adapted Physical Education and an IEP could overtax the skills and capabilities of the regular Physical Education teachers who are saddled with that responsibility.

Faced with this problem in the Spring of 1991, the National Consortium for Physical Education and Recreation for Individuals with Disabilities (NCPERID) in conjunction with the National Association of State Directors of Special Education (NASDSE) and Special Olympics International conducted an "Action Seminar" on adapted physical education for state directors of special education and leaders of advocacy groups for individuals with disabilities. This conference had two goals: (a) identify the barriers that were preventing full provision of appropriate physical education services to individuals with disabilities; and (b) establish an action agenda for addressing and resolving these problems.

Although numerous barriers were identified by the group, the most significant for state education leaders were that they did not know what adapted physical education was, how individuals with disabilities could benefit from appropriate physical education programming or what competencies teachers needed to deliver appropriate physical education services to students with disabilities. In response to this need, it was recommended that the NCPERID develop professional standards and a means for evaluating these standards. These products could then be used by state and school administrators as well as parents to communicate the need for adapted physical education and to evaluate who was qualified to provide physical education services to students with disabilities.

The "Action Seminar" recommendations were presented to the NCPERID Board which voted unanimously to assume responsibility for developing national standards for the field. A proposal was submitted to the United States Department of Education (USDE) which then provided funding for five years to develop national standards and a national certification examination for the profession.

The first year, 1992, was devoted to conducting a national job analysis to determine what roles and responsibilities adapted physical educators were being asked to address in their jobs. The second year focused on developing and validating content standards based upon these roles and responsibilities. The third year involved developing and evaluating a database of over 2,000 test questions from which to develop a set of certification exams. The fourth year was devoted to conducting a national validation study on the test items. Finally, the fifth year focused on creating and administering the first national certification exam which was conducted at 46 sites across the country on May 10, 1997.

Conclusion

People who pursue a career of teaching physical education and coaching sports typically enjoy physical activity and are active participants in physical education and athletics. Often, however, they do not become knowledgeable about adapted physical education and sports until they prepare for their careers. With increased awareness, they realize that people with unique needs might exhibit abilities ranging from very low to extremely high. As they gain experience, students begin to appreciate that people with a variety of unique needs are involved in adapted physical education and sport. They learn that those with unique needs include people with and without disabilities. Being involved in disability awareness activities and having an opportunity to function as if one has a disability provides important insights and values to prospective teachers. Although significant progress concerning educational services for individuals with disabilities has been relatively recent, the use of physical activity or exercise for medical treatment and therapy is not new.