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Influential impact of Adapted Physical Education in Rehabilitation among Disables

SANTOSH KUMAR B RATHOD
Mped, NET,K-SET

Physical education teacher

Govt High school KONKAL, Tq//Dist:: Yadgiri

ABSTRACT

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. The rehabilitation makes the process easy as it helps the participant to recover from an injury or illness through this process. This chapter describes the evolution of sport as a means of active training and performance in rehabilitation and its current applications within a comprehensive rehabilitation system. Terminological developments in the past and present are considered first and central issues of adapted physical activity and sport within a rehabilitation framework follow, including: (a) The international classification of function, disability and health as a unified conceptual framework; (b) APA and sport vs. physical therapy in rehabilitation; (c) adaptation theory as the core concept; (d) the inactivity epidemic as a major source for current professional concern; (e) the motivational nature embodied in sport; (f) obligation to self-determination and empowerment as the typical mode of engagement; and (g) classification as a unique instrument for equalizing opportunities in disability.

KEYWORDS- *Adapted physical education, disability, rehabilitation, comprehensive, development.*

1. INTRODUCTION

Adapted physical education is the proper term, used in federal and state guidelines and in all current major texts, journals, and Internet sites in the field. The basic idea is that service delivery is adapted, while behaviors are adaptive. The program is adapted to meet the needs of each student through modifications and accommodations. The student is not required to adapt to the conditions of the program as would be implied with adaptive physical education refers to adapted behaviors.

The general physical education program is adapted to meet the unique needs of a student with a disability through modifications and accommodations. Adapted Physical Education is a service not a setting. If a student with a disability requires specialized instruction in physical education to meet the student's unique needs, it is the responsibility of the student's Individualized Education Program (IEP) team to determine if the student requires specialized instruction in physical education.

Although the benefits of exercise and sports participation has been well documented for the general population, for children and youth with disabilities, there are various considerations that may affect their overall participation in such activities. It has been found that children and youth with disabilities have lower levels of physical activity and fitness compared to non-disabled peers. Children and adolescents with disabilities are also at higher risk of being physically inactive or participating in more sedentary activities. Additionally, it has been shown that children and youth with disabilities are also not as commonly members of sports teams. Only 29% of children with disabilities classify themselves s being physically active. Unfortunately this puts more children and adolescents at higher risk for obesity. In the United States, it is estimated there are approximately 49.7 million persons with a long lasting disability or chronic condition according to US Census 2000 data. There are about 5.5 million children and adolescents living with a disability and about 12% of this population are school age children.

Despite the number of children with disabilities, children with disabilities may be less likely to participate in physical activity due to physical, psychological and emotional barriers.

It is important to encourage physical activity and sports in children with disabilities, however there are special considerations in relation to various disease processes. Optimizing physical activity for people with disabilities may be even more important to their general welfare. Disabilities commonly cause "a cycle of deconditioning" in which physical functioning deteriorates, leading to further reduction in physical activity levels. Also participation in the rehabilitation would change the state of a child or adult and could help them to play any sport or activity.

2. REVIEW OF LITERATURE

In the context of rehabilitation, the relationship of sport and disability are particularly important, because the term to rehabilitate comes from the medieval Latin "habilitas", meaning "to make able" **(Merriam Webster Online Dictionary 2008)** and involves building bridges over disruptions that have occurred between the past and present, and with regard to control over one's life **(Norman, Sandvin & Thommesen 2004).** Rehabilitation is helping the individual achieve the highest level of functioning, independence, participation and quality of life possible **(DeLisa 2004).** The popular portrayal of sports in disability as "ability not disability counts" (e.g., Dallas Mavericks online), suggests that the aim of sport and rehabilitation are actually similar, only at different ends of the normal distribution curve. Thus, the methods of training, increasing motivation, and social conduct in sport may be of particular relevance to rehabilitation efforts and structures.

With regard to the personality traits of high and low creative physically handicapped **Sharma (1990)** found that among the physically handicapped students, boys were found to be more creative than girls. High-creative students achieved significantly higher mean scores on personality factors, interest, areas of fine arts, science and technical work, while the low-creative group had shown more interest in crafts. The study of the **Gurnani (1992)** reported that all the factors of creativity were highly correlated with each other and there was no significant difference between the two groups of physically handicapped persons concerning their scores on life values, personality factors and creativity. Similar trend was also found by the **Neelam (1997)** on creative potential of visually impaired students in relation to their self-concept and locus of control by reporting that no significant relationship was found between the originality factor of creativity and self-concept and flexibility factor of creativity and type of school as well as socio-economic status of visually impaired students. Thus it can be concluded that generally there is not much difference between the SwD and their normal counterparts in terms of their life values, personality factors and creativity.

With regard to the self-concept, **Upreti's (1988)** study reveals that self-concept of normal children was significantly better than that of the handicapped children while the study by **Khan (1988)** reveals that blind children showed positive self-concept. The results of the study of **Rader (2003)** indicated that students with physical disabilities had higher levels of internal locus of control beliefs, greater opportunity for self-determination and higher levels of social self-efficacy. Based on the review of researches, Sharma (1988) reported that maladjustment in society, family, school, and unsuitable school settings are the most prominent factors which lead to academic retardation of the visually handicapped. Based on this finding, he suggested that after completion of primary education at special institutions, emphasis should be laid on placing the visually handicapped in integrated settings.

Shepherd (1991) stated that an increase of physical activity is commonly recommended to those with physical disability, but it is necessary to distinguish competitive sport from fitness programmes, remedial gymnastics and active recreation. Potential benefits of enhanced activity are reviewed. Likely psychological gains include an improvement of mood-state, with a reduction of anxiety and depression, an increase of self-esteem and feelings of greater self-efficacy. Sociological gains include new experiences, new friendships, and a countering of

stigmatization. Perceived health is improved, and in a more long-term perspective there is a reduced risk of many chronic diseases. Finally, there is a greater likelihood of employment, with less absenteeism and enhanced productivity. Both the health and the industrial benefits have a potential to yield cost savings that could make an important contribution toward the expense of suitably adapted physical activity programmes. It is concluded that the physically disabled should be encouraged to engage in physical activity, although further large-scale longitudinal studies are needed to determine the optimal type of programme for such individuals.

programme for such individuals.

Dash (1997) indicated that most of the children with disabilities can play a number of games without any support or special effort. Little effort is needed to make the games adapted to children with visual and multiple disabilities and children with orthopaedic disabilities could also do the yoga Sans (yogic postures/exercises).

Hardman (1999) reported in the World Health Organization that in many Indian schools, lack of qualified teachers and facilities, inadequate inspection, perception of physical education as a non-educational fun activity and inferiority to academic subjects, collectively contribute to either minimal provision or to not even being a feature of the curriculum. Girls are discouraged from participating in physical education clubs in many rural areas especially because of what it will do to their bodies. The Indian sub-continent generally has minimal provision for disabled students. In India, physical education lecturer asserts “there is no special provision of physical education lesson of the students with disabilities in the school. The percentage of students with disabilities in the schools is very negligible”.

Singh (2001) reported the differences in the educational needs of children with special educational needs. The excessive textual burden and the bulk of exercises in most of the subjects were also found to be irrelevant. The components of extra-curricular and co-curricular activities, such as, games and sports, drawing and painting, craft and cultural activities should be an essential part of the curriculum.

Nancy et al (2008) mentioned that the benefits of physical activity are universal for all children, including those with disabilities. The participation of children with disabilities in sports and recreational activities promotes inclusion, minimizes deconditioning, optimizes physical functioning, and enhances overall well-being. Despite these benefits, children with disabilities are more restricted in their participation, have lower levels of fitness, and have higher levels of obesity than their peers without disabilities.

3. OBJECTIVES

1. To analyze the role of physical activity in promoting health and fitness among people with disabilities.
2. To explain the concept of adapted physical education and rehabilitation.
3. To enlighten the importance and need of rehabilitation.

4. METHODOLOGY

This Research paper is based on secondary data like Reference book, Reports-economic survey and websites.

5. FINDINGS OF THE STUDY

5.1 PHYSICAL EDUCATION: ADAPTED PHYSICAL EDUCATION OVERVIEW

Adapted physical education, or educational programming that focuses on the motor and physical development of students with disabilities, is rooted in 19th century medicine that was focused on attempting to correct disabilities **(Davis.).** This focus on correction was the impetus for a plethora of scientific research in the area. In the 20th century there was a revolution in how society viewed people with disabilities, which was reflective of a change in the way individuals with disabilities viewed themselves (Davis). Individuals with disabilities began to be viewed as "individuals who possess a different set of abilities than the majority of the population…they constitute a minority, one with a rich perspective and diverse set of capabilities" (Davis). This change in viewpoint from the focus on correcting disabilities to

inclusion and value is reflected in the principle of normalization that became popular in the 1960's.

The principle of normalization focuses on the belief that individuals with disabilities should have "full access to patterns and conditions of everyday society" **(Decker & Jansma, 1991, p.193).** Legislation related to educational programming and services initiated change in public school education. Legislation PL 90-170, Title V (1967) mandated funding in physical education teacher education programs for education related to working with students with disabilities **(Hardin, 2005).** This legislation allowed for government agencies to offer grants to institutions of higher education for their teacher preparation and research programs (Hardin, 2005). This legislation led the way for the Education for All Handicapped Children Act of 1975 (PL-142), which was the catalyst for the integration of students with disabilities into education in what is referred to as the least restrictive environment **(Decker & Jansma, 1991).** The education of students with disabilities in the least restrictive environment indicates that the student is being educated to the maximum extent possible with their non-disabled peers (Decker & Jansma, 1991). Later the Individuals with Disabilities Education Act (1990)(IDEA) was passed, which mandated that public school physical education programs must provide physical education programming to students that offers opportunities to develop physical and motor skills, fundamental motor skills and motor patterns, as well as skills related to dance, aquatics, and individual and group sports and games (Davis).

5.2 DISABILITY AND REHABILITATION IN CONTEXT TO INDIA

Any restriction or lack of ability to perform an activity in a manner or within the range considered normal for the human beings, resulting from impairment is termed as disability. Impairment concerns the physical aspects of health; disability is the loss of functional capacity resulting from an impairment organ; handicap is a measure of the social and cultural consequences of an impairment or disability. The types of disability include loco-motor, hearing, speech, visual and mental disability. Recent development is the International Classification of Functioning, Disability and Health developed by **WHO in 2000** which has been used in the Multi-Country Survey Study during 2000 and 2001 and the World Health Survey Program in 2002 and 2003 to measure health status of the general population in 71 countries. The domains here are classified into body, individual, and societal perspectives by the conceptual components that includes body functions and structure, activity and participation along with contextual factors that includes a list of environmental and personal factors. The ICF considers that every human being can experience some degree of disability and it is a continuous process from attainable level of health.

6. CONCLUSION:

Physical education is an important component to all the disabled children and adults as well. Educational institutions should provide appropriate adapted games and sports to students with disabilities to develop physical fitness. Students/ persons with disabilities must utilize the sport opportunities given by the government and private organizations. In addition, because of federal laws, advocacy groups, and education of the public, more individuals with disabilities are participating in aquatic programs. To date, very little systematic research has been conducted in adapted physical education and rehabilitation to identify best-practice techniques. As the adapted physical education has emerged as a defined profession, administrators, instructors, and professionals need to support its expansion with quantifiable results and increase research evidence for appropriate delivery of aquatic services.

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