



## Adapted Physical Education

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While significant contributions toward the fitness of the total individual have been made through daily required programs, intramural sports, and competitive athletics on the secondary school level, a service which has not quite kept pace with these programs is developmental and adapted physical education. Certain considerations and practices share the responsibility for this inadequacy. It suffices to cite a few of the pertinent ones:

1. During and after the two world wars, therapeutic and rehabilitative services for "post-combatants" became largely the domain of Veteran Administration hospitals. The effect of this was that educational emphasis became secondary to the medical influence.
2. Colleges developed a "corrective physical education" curriculum as a specialty, but the medical centers attracted most of the qualified personnel, and left the few who entered secondary

schools to inculcate a program of adapted physical education. This amounted to a noble attempt, but hardly impressive.

3. The term "corrective physical education" (a term now regarded as old and out-of-date) tended to be largely remedial or corrective in philosophy and function. It left a significant gap between the *corrective* concept and the concept of a greater *developmental or preventive* concern.
4. In the schools, "physical educators quite generally became engrossed in coaching athletic teams, teaching sports activities, and developing leisure skills."<sup>1</sup> This dedication, though vital, often clouded the need for the broadest possible adaptation of program content and methodology to suit all individuals. Indeed, our democratic educational philosophy has increasingly justified this need. Recently, two Presidents of the

United States, Dwight D. Eisenhower and the late John F. Kennedy provided unprecedented leadership and support toward a national fitness movement aiming at physical education in the schools. Consequently, our secondary schools and colleges have begun to provide programs in the improvement of the relatively fit and the unfit through developmental and adapted services.

This aspect of physical education might best be described as a "diversified program of developmental activities, games, sports, and rhythms suited to the interests, capacities, and limitations of students with disabilities who may not safely or successfully engage in unrestricted participation in the vigorous activities of the general physical education program."<sup>2</sup>

As defined, the nature and scope of the program is intended for those who could, through an established period of individualized, developmental and adapted activities, regain his rightful place in unrestricted,

vigorous physical education. Specific reference is made to those who are timid, obese, of poor postural alignment, weak, of low vitality, the cardinals, the convalescents. In a more general sense, those who are entitled to an improved self-concept which accrue from learning and achieving some degree of success through physical-recreation experiences are served by this program. In considering a particular role of this service, patients following certain illnesses, accidents, and operations can well be helped through school physical education after major medical aid is rendered; that is, certain advanced convalescent cases require very little direct medical care save periodic check-ups.

Developmental and adapted physical education should become a vital component of the total program because it is compatible with the goals of physical education. Clarke<sup>3</sup> examines three objectives as major justifications for its emergence:

1. *Physical Fitness*: The physical educator can contribute toward the correction of, say, postural problems, increase body suppleness, and improve the general fitness condition of those with handicaps.
2. *Social Efficiency*: For handicapped individuals, resocialization and personal-emotional improvement can be aided through this service.
3. *Culture*: The program has definite values which emerge from participation in recreational, avocational and leisure time activities. Illustrations here might be, creative, expressive rhythms, appreciation for graceful and excellent physical performance, and skills in artistic and original drama.

Further justification for this service rests on the fact that physical fitness is specific and must be sought in an activity specifically designed

for that outcome. This is contrary to the generalization far too commonly held by general educators that improvement of physical fitness is concomitant through an activity designed mainly to attain other educational goals.

Another tenable consideration is directed to the fact that if handicapped youngsters are neglected, they tend to become victims of "hypokinetic disease" which is defined by Kraus and Raab as the "whole spectrum of inactivity-induced somatic and mental derangements."<sup>4</sup>

Defensible also is a rationale offered by *Youth Fitness-Hawaii*,<sup>5</sup> a guidebook for secondary physical education, that if a youngster is in any way capable of attending school, he is capable of benefiting from a "well-designed, individualized program" suited to his needs and condition. Oberteuffer<sup>6</sup> exerts strong support to this point of view. Such a youngster should not be denied the right to his physical education, nor should he be neglected via the blanket excuse system. It is no longer defensible to tolerate the misconception that modern physical education is only for the healthy, strong, and the athletic.

Thus, physical education is, and must be, intended to serve all students including the "atypical" in any sized educational setting. Simply stated, the therapeutic potentialities are ideally possible in both large and small schools; for, are there not in all schools a number of youngsters whose fitness needs are individual and immediate? Mackie and Dunn<sup>7</sup> support this premise when they reported that in 1954, the percentage of "atypical" children enrolled in the schools of America stood at 12.7 or over 4,000,000 youngsters.

The need for this developmental fitness program is presented in another light. Generally speaking, educators recognize that man is not divis-

ible, but is a whole being and can function most efficiently only when all the organs and basic powers are interacting in harmony. Deficiency in any one component will affect the efficiency levels in the others. Hence, physical education is committed to the task of providing for the fitness of the total individual.

### *Specific Applications*

The specific functions of the developmental and adapted program in school physical education must rely upon other sources such as school health services, local medical associations, teachers and counselors, principals, and local dental associations. All must interact functionally within their professional limitations to provide complete developmental and remedial services to those individuals who need adapted physical education.

Based on this concept of involvement, certain specific procedures and directions become apparent:

1. Screen or identify, through the school health service, teachers, parents, physicians, public health services, and testing programs in physical education, all individuals who need immediate attention to exercises and remedial programs.
2. Obtain medical approval on tentatively constructed programs of developmental and adapted physical education for each selectee.
3. Counsel each student on the extent of his capacities, needs, interests, and limitations and what arrangements have been made to provide him with an appropriate physical education program.
4. Orient parents and obtain their approval and cooperation in the remediation of functional inadequacies of their children.

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