

体育多媒体教材

残疾人体育 英汉双语教程



CAN JI REN TI YU YING HAN SHUANG YU JIAO CHENG

杨进进 戴维·波雷塔 著

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前 言

随着我国高等教育事业的飞速发展，对残疾人的教育引起越来越多的注意。由于残奥会和特奥会的发展，残疾人向社会显示出大大超出人们意料的能力。在体育和运动方面，他们表现出难以置信的力量和勇气。除此之外，更多的家长、教练、医疗工作者、教育者、和其他职业工作者认识到体育和运动对残疾人的价值。

此书的设计可作为《残疾人体育》双语教材，同时也可作为残疾人体育运动的参考资料，为体育专业和其它专业的学生及残疾人教育的职业工作者（如：教练、娱乐、运动管理、特殊教育、运动医学）提供必要的知识和教学方法。

本书着重于残疾人体育的基本原则，共分十二章：1) 残疾人体育教育的发展历史和现状；2) 残疾人体育运动的社会学基础；3) 哲学基础；4) 生理学基础；5) 残疾人的身体素质训练；6) 残疾人体育教育的国际展望；7) 学习障碍和注意力涣散症；8) 智力障碍；9) 听力损伤；10) 视力障碍；11) 脊髓损伤；12) 脑瘫、脑创伤、截肢和其他伤残者。

本书的作者都是从事和研究残疾人体育运动的博士，在美国大学中长期从事残疾人体育的教学工作。我们希望此书能帮助教授、体育教师、体育娱乐专业人员、教练、家长、管理人员、和其他职业工作者为中国的残疾人事业提供优质服务。

本书的出版得到了北京体育大学的大力支持，在此深表感谢。另外感谢所有的专家、教师，和同事们在教材的编写过程中对本书提出的建议和帮助。然我们已对此书进行了多次讨论和反复修改，但错误与问题在所难免，恳请专家们和广大读者批评指正。

杨进进，戴维·波雷塔

2005 年 12 月于北京

Preface

Following the rapid development of higher education in China, greater attention has been given to educating individual with disabilities. With increased attention to the Paralympics and Special Olympics, individuals with disabilities are capable of much more than society has ever given to them. In physical education and sport, these persons have demonstrated unbelievable strength and courage. In addition, more parents, coaches, medical professionals, educators, and other professionals recognize the value of physical education and sport for persons with disabilities.

This book has designed as an English – Chinese textbook of "Adapted Physical Education" as well as a resource in adapted physical education and sport. The book provides necessary knowledge and teaching methods for physical education majors as well as other types of students and professionals (e. g. , coaches, recreation specialists, sports management, special education, athletic training).

The book focuses on fundamental principles in physical activity and sport for individuals with disabilities. There are twelve chapters. They are: 1) historical and contemporary perspectives of adapted physical education; 2) sociological concepts adapted physical sport; 3) philosophical concepts; 4) physiological concepts of adapted physical education; 5) physical fitness for people with disabilities; 6) international perspective of adapted physical education; 7) learning disabilities and attention deficits; 8) mental retardation; 9) hearing impairments; 10) visual impairments; 11) spinal cord injuries; and 12) cerebral palsy, traumatic brain injury, amputations, & other orthopedic impairments.

Authors of this book have earned doctoral degrees and have worked in adapted physical education field for many years in American universities. We hope this book will help instructors, physical education teachers, recreation specialists, coaches, parents, administrators, and other professionals to provide quality services to individuals with disabilities in China.

We would like to thank Beijing Sport University for its support in publishing this book. [Recognition goes to all of the experts, teachers, and colleagues for their help and suggestions.] Although we have been reading and editing this book for many times, the errors may still be unavoidable. We would welcome for any comments and suggestions.

Jinjin Yang & David L. Porretta
2005, Beijing, China

作者简介

作者戴维·波雷塔，在尼亚加拉（Niagara）大学获得本科学位、艾撒卡（Ithaca）大学获得硕士学位，在坦创（Temple）大学获得博士学位，现任俄亥俄洲立大学正教授和“残疾人体育季刊”的主编。波雷塔博士是美国运动和体育学学会的会员并获得由全国残疾人体育和娱乐协会颁发的霍利斯·费特（Hollis Fait）学术贡献奖和2003年劳伦斯·诺瑞克（Lawrence Rarick）科研奖，并在1996-1998年间任全国残疾人体育和娱乐协会主席。在2004年，他获得美国健康、体育、娱乐和舞蹈联合会（AAHPERD）中残疾人体育理事会的专业优秀奖。波雷塔博士的学术研究范围广泛，重点在应用体育和运动领域中心理变量对有智力障碍和其他认知发育障碍者的运动行为的影响。

作者杨进进，在北京体育大学获得体育学士和硕士学位，继而赴美国俄亥俄洲立大学学习，获得特殊教育硕士学位及残疾人体育博士学位。现任南康涅迪克（Southern Connecticut）洲立大学副教授。她的科研重点在学习的方法和策略对有智力障碍者的有效性及身残运动员心理素质的变化和对运动表现的影响。杨博士一直关心和从事特殊奥林匹克运动，参与在她所居住的美国的康涅迪克洲和中国的特奥会的工作。她参与了“特殊奥林匹克运动会大学体育教材”的构思和编著工作，此教材已被翻译成中文。在2003年，她和其他学者一起在亚洲地区和中国特殊奥林匹克运动会联合在上海体育学院举办的第一届大专院校进修班上参与授课。

About the Authors

David L. Porretta received his bachelor's degree in physical education from Niagara University, his master's from Ithaca College, and his doctorate from Temple University. He is a full professor at The Ohio State University. He currently serves as editor of the Adapted Physical Activity Quarterly. Dr. Porretta is a Fellow in the American Academy of Kinesiology and Physical Education (AAKPE) and the 1999 recipient of the Hollis Fain Scholarly Contribution Award and the 2003 G. Lawrence Rarick Research Award both presented by the National Consortium for Physical Education and Recreation for Individuals with Disabilities (NCPERID). He served as President of NCPERID from 1996 – 1998. In 2004, he received the Adapted Physical Activity Council's (AAHPERD) Professional Recognition Award. Broadly conceived, Dr. Porretta's scholarship focuses on psychological variables that ultimately affect the motor behavior of individuals with mental retardation and other developmental disabilities in applied physical education and sport settings.

Jinjin Yang received her bachelor's and master's degrees in physical education from Beijing Sport University, her second master's degree (in Special Education) and doctorate degree from The Ohio State University. She is an associate professor at Southern Connecticut State University. Her research focuses on the effectiveness of learning strategies for individuals with mental retardation as well as psychological variables that affect the performance of athletes with physical disabilities. Dr. Yang has been involved in Special Olympics both in the State of Connecticut where she resides and China. She co-authored the Special Olympic University Curriculum which has been published and translated in Chinese. In 2003, she joined other scholars in conducting the First Special Olympics Training Seminar which held by South Asia Special Olympics and Special Olympics of China in Shanghai Institute of Physical Education.

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Chapter 1: Historical and Contemporary Perspectives of Adapted Physical Education in the United States

Chapter Objectives

After reading this chapter you should be able to:

1. understand the influence of medical gymnastics on the initial development of adapted physical education in the United States.
2. understand the implications of the Individuals with Disabilities Act (IDEA) on physical education for children with disabilities.
3. know the major adapted physical educational professional organizations in the United States.
4. Understand and appreciate the concept of integration.

Attitudes regarding people with disabilities have evolved over the centuries. Initially, societal attitudes toward people with disabilities were negative. It was once thought that people with disabilities were a burden on society. These negative attitudes were held for centuries. However, today, the attitudes toward people with disabilities are changing and in the 20th century significant positive changes in societal attitudes toward people with disabilities have taken place. When given opportunities to succeed, people with disabilities are now contributing in areas such as education, business, politics, and sport. In the United States and in other countries around the world, people with disabilities who have excelled, for example in physical education and sport, are now serving as role models to children and youth with disabilities. However, more role models are needed.

Historical Considerations

In early societies great emphasis was placed on physical ability. This, in part, was due to the need for hunting, farming, and protecting oneself from aggressors. Therefore, the capacity to attain and maintain ones physical capabilities was important. Persons who where not physically or mentally capable of performing these activities were looked upon as burdens to their societies. In addition, children with disabilities were even thought to possess evil spirits. In these primitive societies, children born with disabilities were generally neglected. In early Greek and Roman societies, these children were permitted to die at a young age. While the therapeutic and medical value of exercise and physical activity can be traced to ancient societies, little to no attention was given to those persons who possessed disabilities.

Even though the attitudes began to change in Europe during what is called the Renaissance Period, treatment and education were virtually non – existent, and people with disabilities were still looked upon by many with fear and superstition. This was especially true for persons with mental disabilities.

It was not until the 20th century that significant gains in the understanding and treatment of persons with disabilities took place, especially in the United States. While special educational programs for persons with disabilities began in the 19th century they were not widely incorporated into the educational system in the U.

S. Two prime examples of special schools are the Ohio State School for the Deaf (Columbus, Ohio) and the Perkins School for Persons with Blindness (Boston, Massachusetts). During the early years, students took part in physical education (most notably swimming and gymnastic exercises) because the School's Director understood the health benefits of physical activity. At the turn of the century public schools in the U. S. began serving children with orthopedic disabilities. However, educational programs for persons with mental retardation and emotional disorders in the United States did not take hold until the middle of the 20th century.

During the latter part of the 19th century and early part of the 20th century the Montessori approach to education (which originated in Europe) began having an impact on instructional methodology for persons with mental retardation. The Montessori Method emphasizes the use of educational materials to accommodate various ability levels of students. Individualized instruction that is widely accepted and used today in special education and adapted physical education in the United States today can be said to have its roots in the Montessori approach.

Influence of the World Wars

In the United States, both World War I and World War II gave impetus to rehabilitating those persons who were injured as a result of war. Especially following World War II, hospitals began using recreational activities as part of rehabilitation programs. Persons who were permanently disabled had more free time than persons who were fully rehabilitated. Fully rehabilitated veterans had the opportunity to obtain employment, whereas veterans who were permanently disabled were not generally employed. It was during this post war period (1945 - 1950) that sports such as wheelchair basketball and sport organizations, such as the National Wheelchair Athletic Association came into existence.

Influence of Medicine

In the early 20th century university physical educators were generally medical doctors who applied principles of medicine to exercise and physical activity. Thus, physical education in the early 20th century had a strong medical orientation that was preventative, rehabilitative, and corrective in nature. These physicians were the first to organize the professional physical education organizations that are in existence today (e. g., The American Alliance for Health, Physical Education, Recreation and Dance - AAHPERD) in the United States. It was during the early 20th century that physical education/teacher education programs in colleges and universities focused on a medical orientation to exercise. In order to serve students who exhibited postural or mechanical problems, physical education teachers received training (usually one course) in corrective physical education.

In the U. S. during the early to middle part of the 20th century, it was determined that many persons enlisting in the military during both World Wars were considered physically unfit for military duty. Many authorities considered poor school physical education programs, which up to this point were not mandatory, to be responsible. Therefore, the focus of teacher training programs in the U. S. changed from a medical and corrective orientation to that of a physical fitness and training orientation. This new type of teaching training also focused on sport activities and the needs of the whole child (physical, mental, emotional, and social). During this period, compulsory physical education programs in public schools increased significantly because of state legislation. Two main factors accounted for this change: 1) the application of sociological and psychologi-

cal theory to education, and 2) the introduction of sport into American culture.

Roots of Adapted Physical Education

Compulsory physical education brought additional challenges. What would be done for those students who were ill, lacked the physical stamina, or possessed some type of physical disability so that participation in a regular physical education was difficult or impossible? The answer was to separate physical education into regular and corrective.

It was between the 1930s and the 1950s, that both regular and corrective physical education served what are known today as normal or nondisabled students. Students were assigned to either regular or corrective physical education classes through a medical examination by a physician. Corrective classes consisted mainly of limited, restricted, and modified activities related to posture or fitness problems. While regular physical education programs consisted of games, sports, rhythmic activities and calisthenics. In most schools, where corrective classes were not offered, students were excused from regular physical education. During this period it was typical for the regular physical education teacher taught several regular physical education classes and one corrective physical education class.

Foundational Elements of Adapted Physical Education

Significant development for adapted physical education in the United States took place from about 1950 – 1975. During this period adapted physical education evolved from corrective physical education programs. Because rehabilitative programs were so successful in treating soldiers with spinal cord injuries, amputations and other physical disabilities during World War II, corrective physical education classes began serving children with various physical disabilities in public school settings. Also, with the movement away from serving children with disabilities in residential schools, more children with disabilities, especially mental retardation were starting to be served in public schools across the country. Thus, a variety of children with various disabilities were now beginning to be served in public schools.

It was during the late 1960s that the first professional preparation programs at colleges and universities in the U. S. emerged in adapted physical education. It is accepted that the first masters level program was established in 1968 by Dr. Joseph Winnick at the State University of New York, College at Brockport. Doctoral training programs in adapted physical education were initiated soon after at several universities with the help of funding from the U. S. government. A specific course of study in adapted physical education was beginning to emerge in colleges and universities in the United States.

Definition of Adapted Physical Education

During the period between 1950 and 1970, corrective physical education was also known by other terms. These terms consisted of remedial physical education, modified physical education and adapted physical education, among others. In order to better define the physical education services that children with disabilities were receiving in public schools, a task force of professionals was assembled in the late 1940s by the American Association for Health, Physical Education and Recreation (now known as the American Alliance for Health,

Physical Education, Recreation and Dance – AAHPERD) to formulate a definition. In 1952, AAHPERD formally endorsed the term adapted physical education. Adapted Physical Education was defined 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 (Committee on Adapted Physical Education, 1952, p. 15).

This definition focused on a wide – range of physical education activities and designed to serve students with a wide range of disabilities (e. g. , mental retardation, orthopedic disabilities, sensory disabilities, emotional disabilities, and learning disabilities). As adapted physical education was beginning to be offered in public schools, it was still a program that was separate from regular physical education. Few if any students with disabilities received physical education in regular physical education classes. Readers are referred a book chapter by Sherrill and DePauw (1997) for a more detailed presentation and discussion of adapted physical education and sport in the U. S.

Federal Legislation Related to Adapted Physical Education

Americans with Disabilities Act (ADA)

In 1973, the United States Congress passed major civil rights legislation (The Rehabilitation Act) for people with disabilities. This legislation is based on the United States Constitution. Of special interest is Section 504 of The Rehabilitation Act which states:

No otherwise qualified handicapped person in the United States... shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

The Rehabilitation Act also addressed the elimination of architectural barriers, among others. This legislation was updated by the United States Congress in 1990 and is now known as the Americans with Disabilities Act (ADA). The current legislation maintains the wording of Section 504 and extends coverage to include school and non – school settings irrespective of federal financial assistance. According to the Rules and Regulations relative to ADA, school districts cannot discriminate against students with disabilities by excluding them from participation in school programs (such as physical education).

In addition, once students are participating in the program, the school district must provide “reasonable accommodations”. Reasonable accommodations may require modifications of policies, practices, or procedures. However, when accommodations for inclusion into regular programs alter the nature of the activity, or result in an undue hardship to the organization or agency, such accommodations do not need to be made. As such, persons with disabilities are not guaranteed inclusion into regular programs.

With regard to physical education, students with disabilities are to be provided with alternative programs (e. g. adapted physical education) when they are unable to safely and effectively participate in regular physi-

cal education. The school must offer adapted physical education equipment, interpreters for students with deafness, and activity and sport rule modifications, among others when needed. ADA legislation also extends to sport and athletic programs offered both within and outside of the school setting. For example, persons with disabilities cannot be denied the opportunity to try out for sport teams such as those sponsored by community agencies. And, persons with disabilities should be offered the opportunity to participate in sport as long as “reasonable accommodations can be made”.

Individuals with Disabilities Education Act (IDEA)

In 1975, the United States Congress passed the Education for All Handicapped Children’s Act. Since 1975 this law has been reauthorized a number of times. It was recently updated and reauthorized in 1997 and is now known as the Individuals with Disabilities Education Act (IDEA). Historically, this Act is considered the landmark education legislation in the United States. In the U. S., each State is ultimately responsible for the education of its citizens. For the first time, the Federal Government has mandated that certain rules and regulations be followed by all States relative to the education of children with disabilities. In essence, this legislation provides for a free and appropriate public education, at no cost to parents/guardians, to meet the educational needs of children with disabilities. Until the passage of this law, many parents of children with disabilities had to pay for their children to attend public schools. They had to rent space, hire special education teachers, and/or purchase special educational materials. Before this law was passed, schools had no obligation to educate these children.

In order to assure that an appropriate education is taking place, each student with a disability must have a written individualized education plan (IEP). This plan has a number of elements which include:

- the identification of present performance levels;
- annual goals;
- short term instructional objectives to meet the goals;
- the extent to which the student will participate in regular education;
- the dates when the plan will be in operation;
- any special services/equipment needed by the student;
- an evaluation plan to determine whether or not the goals and objectives are met.

In addition to the IEP, the law has a number of added safeguard elements. These are that : 1) parents/guardians are involved in the development of their child’s IEP; 2) the Federal government will provide funds to assist school districts in providing a free and appropriate public education; 3) parents/guardians have specific due process rights under the law, (that is they can appeal education – related decisions made by the school district to local, state and Federal levels if needed), and; 4) states must develop a comprehensive system of personnel development (teacher preservice and inservice training).

In order to receive educational services to meet their needs, children must be diagnosed and labeled as having a disability. The following disability categories are identified in IDEA:

Mental Retardation, Specific Learning Disability, Deaf and Hard of Hearing, Blind and Visually Impaired, Seriously Emotionally Disturbed, Orthopedically Impaired, Speech Impaired, Multiply Handicapped, Autistic, Traumatic Brain Injury.

One new focus of IDEA is the use of person first terminology. The emphasis is placed on person first and

disability second. For example, use person/individual with visual impairment, rather than “blind person”.

Physical Education and IDEA

In order to implement the law effectively, rules and regulations were needed to specify and clarify terms and conditions. The definition of special education for children 3 through 21 years of age appears in the rules and regulations of IDEA as follows:

Specially designed instruction, at no cost to parents or guardian, to meet the unique needs of a child with a disability, including instruction in the classroom, in the home, in hospitals and institutions, in other settings and in physical education.

Physical education is the only curriculum area specified in this definition of special education. As such, according to law, children with disabilities must receive physical education services. And, physical education cannot be substituted for other services such as physical therapy, or recreation. In order to further clarify its meaning, physical education is defined in the law as “the development of physical and motor fitness, fundamental motor skills and patterns, skills in aquatics, dance and individual and group games and sport (including intramural and lifetime sports).”

Integration and the Least Restrictive Environment

Until the initial passage of The Education for All Handicapped Children's Act in 1975, most if not all students with disabilities in the United States were taught in separate schools. It was uncommon for students with disabilities, especially those with severe disabilities to be taught in public schools. There were occasions, however, when students with more mild forms of disabilities were taught in public schools. However, they were taught in a separate part of the school building with no interaction with nondisabled students.

This separation began to significantly change once the law was passed. According to the law's rules and regulations, children with disabilities must be educated to the maximum extent possible with nondisabled children. This is called “the least restrictive educational environment” and it also applies to physical education. No longer can children with disabilities be educated separately from their nondisabled peers just because they have a disability. To the extent possible, the most normal/integrated setting must be provided. The most integrated setting, of course, would be for the child with a disability to participate in regular physical education class, and the least integrated setting would be for the student to participate in physical education in special schools or treatment centers. Placement into the least restrictive environment is made on an individual basis depending on the student's physical education needs and abilities. The placement decision is made by a group of people who consist of school personnel (teachers and administrators), the student's parents/guardians, and when appropriate, the student. This group is called the IEP Planning Team and must meet at least once per year to revise the IEP and with it review and revise (if appropriate) placement decisions.

There are a number of placement options that should be made available in public school settings. The range of placement options is detailed below. These placement options are modeled after those suggested by Block (2000), Winnick (2000) and others. The first placement level option represents the most integrated setting while the last level represents the most segregated setting. The first three levels are provided in the pub-

lic school setting whereas the fourth level is a special school (outside of the public school setting). When placing students within the least restrictive educational environment, educators should begin with the most normal setting possible (general physical education class). If the student is unable to safely and effectively participate (with modifications, and/or support service personnel) then the student should be placed in a more segregated (less integrated) setting, such as a full – time adapted physical education class. However, whenever a child with a disability is placed in a more segregated class, it is expected that the child be returned to a less segregated setting (i. e. , general physical education) as soon as the child can safely and effectively participate.

Suggested Placement Options

Level I – General Physical Education Class (Most Integrated)

A – no support services needed

B – support assistance such as a teacher aide

C – supplementary time for adapted physical education

Level II – Part – time Placement in General Physical Education and Part – time Placement in Adapted Physical Education

Level III – Full – time Placement in Adapted Physical Education

Level IV – Full – time Placement in Physical Education at a Special School for Persons with Disabilities (Least Integrated)

Unfortunately, even with the law in effect, over the past two decades children with disabilities have been at times automatically placed in more segregated classes. This is now changing because IDEA (the newest revision of the law), requires that the child's IEP must include a statement on the extent to which the child participates in the regular program. Today, more and more students with disabilities are participating in regular physical education programs because regular physical education teachers are better trained and, support help in the form of co – teachers/teacher aides, and consultants are available to assist with integration. Adapted physical education specialists are not only teaching separate adapted physical education classes when appropriate, but are now serving as co – teachers and consultants to regular physical education teacher who have children with disabilities in their classes.

While most educators and parents adhere to the least restrictive philosophy, there are other persons who believe that all children with disabilities, regardless of their severity should be placed into regular classes. This philosophy is known as total inclusion and has been met with some opposition by teachers, administrators, and parents of nondisabled children. This movement was initially begun by a professional organization for children with severe disabilities and supported by parents of these seriously impaired children. While this philosophy is not the most popular with most educators in the U. S. , it has raised the awareness level of all those involved in public education with regard to educating children with disabilities in the most normal setting possible. Today, more and more children with severe disabilities are being served in regular classes safely and effectively. The debate on full inclusion versus least restrictive environment is ongoing. However, most professionals advocate the least restrictive environment philosophy.

Professional Organizations/Affiliations

There are two national level professional organizations related to adapted physical education in the United States that have evolved over the years. These two organizations are the American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD) and the National Consortium for Physical Education and Recreation for Individuals with Disabilities (NCPERID). In addition to these two national level organizations, the United States is part of the North American Federation of Adapted Physical Activity (NAFAPA). NAFAPA is a member of the International Federation of Adapted Physical Activity (IFAPA). More will be said about the contributions of both NAFAPA and IFAPA to adapted physical education in Chapter 6.

AAHPERD

The American Alliance for Health, Physical Education, Recreation and Dance (formally known as the American Association for Health, Physical Education and Recreation), is an important and influential professional organization which promotes programs for persons with disabilities. There are many adapted physical education professionals who are members of AAHPERD. AAHPERD sponsors annual professional conventions at state, district, and national levels of which certain portions of these conventions are devoted to entirely to adapted physical education. In addition, AAHPERD has a number of publications dealing with adapted physical education.

In the early 1950s, Therapeutics Council within AAHPERD was established to promote the rehabilitative needs of persons with disabilities. It later broadened its mission to physical education and recreation for persons with disabilities. It was during this same time period, that the first nationally recognized definition of adapted physical education was established by AAHPERD.

In 1965, AAHPERD secured a grant from the Joseph P. Kennedy Jr. , Foundation to promote recreation and fitness for persons with *mental retardation*. Significant interest in this grant led to the establishment of the Unit on Programs for the Handicapped in 1968. The Unit became a structure separate from the Therapeutics Council within AAHPERD. The Unit's Director was Dr. Julian Stein a professional with national and international acclaim. Dr. Stein is now retired. During Dr. Stein's directorship, numerous publications and resource materials were developed and distributed nationwide to physical education teachers, recreation leaders and adapted physical education specialists.

In addition to the Therapeutics Council and the Unit on Programs for the Handicapped, The Adapted Physical Education Academy was formed in 1975. Its mission was to focus primarily on school - age children with disabilities. The academy was successful in establishing program guidelines and teacher competencies in adapted physical education.

APAC

Over the years, it was found that The Therapeutics Council, The Unit on Programs for the Handicapped and The Adapted Physical Education Academy duplicated many services. Therefore, in 1985, AAHPERD abolished these three organizations and established the Adapted Physical Activity Council (APAC). The primary mission of APAC is to advocate, promote, stimulate, and encourage physical activity programs for special

populations. APAC meets formally during the annual AAHPERD National Convention and formally recognizes professionals for their work in the area physical activity for persons with disabilities through various awards. Through AAHPERD, APAC publishes a newsletter. For more information regarding APAC, write to AAHPERD, 1900 Association Dr. , Reston, VA, 22091, USA.

NCPERID

In 1973, a small group of professionals with expertise in adapted physical education and therapeutic recreation met to share ideas and discuss the possibility of establishing a new professional organization devoted exclusively to physical education and recreation for individuals with disabilities. By 1975, the organization was fully established with its mission to promote, encourage, and stimulate professional preparation and research. The organization publishes a quarterly newsletter called the Advocate. The Advocate focuses on grant – related activities, federal and state legislation, credentialing, research, and lobbying. The NCPERID formally recognizes professionals through various awards for excellence in research/scholarship, service, and advocacy. The organization holds an annual meeting. However, over the years, its membership has evolved to mostly adapted physical education professionals. Since its beginning, the NCPERID continues to provide leadership on a national scale in areas such as: 1) the development of IDEA and its rules and regulations; 2) research and professional development, and; 3) projects and initiatives funded by the United States Government. NCPERID is also an advocacy organization lobbying for the quality programs and legislation for persons with disabilities.

Table1. 1 Former Presidents of the National Consortium for Physical Education and Recreation for Individuals with Disabilities (NCPERID) and the college/university with which they were affiliated while in office

Name	College/University
Leon Johnson *	University of Missouri
John Nesbitt *	University of Iowa
Claudine Sherrill	Texas Woman's University
Dennis Vinton	University of Kentucky
Joseph Winnick	State University of New York College at Brockport
David Compton	University of Missouri
John Dunn	The University of Utah
Fred Humphrey *	University of Maryland
Ernie Bundschuh *	University of Georgia
Louis Bowers	University of South Florida
Charles Bullock	University of North Carolina at Chapel Hill
Michael Churton	Appalachian State University
Gene Hayes	University of Tennessee
John Hall	University of Kentucky
Luke Kelly	University of Virginia
Jeff McCubbin	Oregon State University
Gail Webster	Kennesaw State University
David Porretta	Ohio State University

* Retired (已退休)