Principles and Methods of Adapted Physical Education and Recreation

David Auxter Jean Pyfer Carol Huettig

A VALUABLE REFERENCE FOR YEARS TO COME

for Young Children with Special Needs This reference must be included for full refund

Principles and Methods of Adapted Physical Education and Recreation

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EIGHTH EDITION

with 265 illustration



Madison Dubuque, IA Guilford, CT Chicago Toronto London Caracas Mexico City Buenos Aires Madrid Bogota Sydney

Vice President and Publisher: James M. Smith Senior Acquisitions Editor: Vicki Malinee Developmental Editor: Brian Morovitz Project Manager: Deborah L. Vogel Production Editor: Judith Bange Layout Artist: Jeanne E. Genz Designer: Pati Pye/E. Rohne Rudder Manufacturing Supervisor: Linda Ierardi Cover Design: E. Rohne Rudder

EIGHTH EDITION

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Printed in the United States of America Composition by Clarinda Company Lithography by Clarinda Company Printing/binding by R.R. Donnelley & Sons Company

Library of Congress Cataloging in Publication Data

Auxter, David.

Principles and methods of adapted physical education and recreation / David Auxter, Jean Pyfer, Carol Huettig. -- 8th ed.

p. cm.

Includes bibliographical references and index.

ISBN 0-8151-0891-5

1. Physical education for handicapped children--Study and teaching--United States. 2. Handicapped children--Recreation--United States. I. Pyfer, Jean. II. Huettig, Carol. III. Title. GV445.A94 1996 371.9'04486--dc20 96-16198

CIP

97 98 99 00 / 9 8 7 6 5 4 3 2

To our families, students, and friends who understand and support our need to enable individuals with disabilities to take their rightful place in the mainstream of society

Preface

We approached the eighth edition of the text with excitement and with several questions. Professionals have committed their lives, or are planning to commit their energy, to enhancing the lives of infants, toddlers, youngsters, teenagers, young adults, and adults with disabilities by improving their ability to participate in play, games, leisure, recreation, sports, and physical fitness activities

There are many fine doctoral, master's, and undergraduate programs throughout the country training professional adapted physical educators, therapeutic recreators, and physical educators to serve individuals with disabilities. Medical and assistive technology exists that can significantly improve the quality of life of individuals with disabilities. More individuals with disabilities have the opportunity to participate in play, games, leisure, recreation, sports, and physical fitness activities than ever before in history.

However, adapted physical education specialists, physical educators, and therapeutic recreators face, perhaps, their greatest challenge since Section 504 of the Rehabilitation Act of 1973 and Public Law 94-142 (1975) became law. Almost 25 years after the "right" to a free and appropriate public education for *all* children and youth was affirmed, educators and recreators will be challenged with broad and systemic societal and educational changes that place in question the very existence of programs designed to meet the unique and specific needs of all individuals with disabilities, particularly those programs some deem nonessential, such as physical education and recreation. These systemic changes include economic policies that:

Place in question the future of programs for infants and children with disabilities who are in need of a jump start in life if they are going to succeed in school and society.

- Place in question equal access to quality education, social services, and medical and health care programs.
- Place increased emphasis on local control of education policy and reduction of state and federal standards regarding the education of all children and young adults, including those with disabilities (fine within a humanistic community—devastating in one that is not).
- Emphasize "inclusion" programs that may be a result of administrative expediency and misperception regarding the reduced cost of those programs, rather than being designed with a child in mind.
- Increase focus on academic activities—"ABCs" and "readin', writin' and 'rithmetic"—as opposed to quality-of-life issues essential to the lives of all children and adults, particularly those with disabilities—physical education, leisure and recreation, sex education, creative arts, music, and drama. Such an approach disregards entirely Gardner's potent and significant notion that there are eight diverse types of intelligence that should be taught and fostered in our country's schools.

We have tried to address these issues, and others, as honestly as possible and have suggested strategies for adapted physical education specialists, physical educators, and therapeutic recreators to deal with "real-world" issues that confront children and adults with disabilities and those who hope to serve them. It is vital that professionals committed to quality, individually designed, developmentally appropriate physical education and recreation programs for children and adults with disabilities rally and mobilize to ensure that those we serve receive the services they deserve.

Content Features

Content throughout the book has again been thoroughly researched, referenced, and updated. Two new chapters address contemporary issues in physical education and recreation programs for individuals with disabilities: Chapter 5, Delivering Services in the Most Inclusive Environment (including a matrix that considers seven components involved in decisions regarding the least restrictive environment); and Chapter 10, Infants, Toddlers, and Preschoolers.

- Part One: The Scope provides updated information regarding the law and litigation as it impacts the lives of individuals with disabilities.
- Part Two: Key Techniques includes an updated chapter addressing developmentally appropriate assessment in the psychomotor domain, with a classic explanation of the sensory-motor integrative process and the role of the adapted physical educator in intervention. In addition, the development of appropriate individual education programs is considered, which includes specific information on the individual transition plan and the "futures planning" process.
- Part Three: Generic Educational Needs addresses educational needs that can effectively be addressed in physical education settings and include motor, physical fitness, and psychosocial development. Strategies to determine developmental levels and intervention strategies to overcome delays are presented.
- Part Four: Needs of Specific Populations has been completely reworked so that in addition to new, "state of the art" information, it boasts a consistent framework that is easy to follow. Each chapter follows the same format and, as such, becomes a useful reference for the adapted physical educator, as well as the regular physical educator.
- Part Five: Organization and Administration has been completely revised and includes information key to contemporary school reform, including site-based management, multiculturalism, and family involvement.

Inclusive Coverage of Dynamic Issues

We have addressed specific issues of vital importance to the adapted physical education specialist, physical educator, and therapeutic recreator, including:

- Recent laws and litigation that affect programs for individuals with disabilities
- Strategies for interacting effectively with parents and their advocates
- Practical suggestions for providing quality physical education and recreation services for children and adults with disabilities and their families in the most inclusive environment
- The nature of the consultancy and the consultant's responsibilities in adapted physical education
- Strategies for dealing with professional, paraprofessional, and volunteer personnel in the schools
- The role of the professional in site-based management and in response to educational change (e.g., total quality management and multiculturalism)
- The educator/recreator as an advocate for children and adults with disabilities
- Assessment and the development of the IEP, with a new section dealing with portfolio assessments for young children with disabilities
- The individual family service plan and transition plan
- Strategies for using computer technology to enhance instruction

New to This Edition

- Chapter 5, Delivering Services in the Most Inclusive Environment, helps the regular physical educator serve the student with disabilities in the regular classroom setting. This chapter also serves as a valuable reference for the adapted physical educator to assist the regular physical educator with inclusion.
- Chapter 10, Infants, Toddlers, and Preschoolers, offers information that physical educators need to provide quality intervention for infants, toddlers, and preschoolers.
- A real example of the relationship between comprehensive assessment and intervention (a *real* child with a made-up name—Billy Bogg) is followed throughout the chapters that address "key techniques" and "generic educational needs" (i.e., Chapters 2 through 9).
- Scenarios describe *real* children and young adults at the beginning of each of the chapters that describe specific disabilities (i.e., Chapters 11 through 17). The reader is encouraged to consider material with the *real* student in mind. Reader tasks and activities refer to these scenarios.

- Chapters on specific disabilities are consistently organized to allow the student to find distinct information and identify the magnitude of severity.
- Key terms are in boldface type in the text and are defined in the expanded Glossary in the back of the book.
- New graphics and a more effective photo program enhance the visual appeal of the text.
- Appendix C, Sports Organizations for Persons with Disabilities, lists contact information for a number of national and international organizations offering unique activity opportunities.

Pedagogical Aids

- Scenarios open applicable chapters and guide the students to a real-world application of content.
- Tasks at the start of applicable chapters help students read the text from the perspective of how it can be directly applied to their future teaching experience.
- Key terms are printed in boldface type within each chapter and can be found in the expanded Glossary.
- Review Questions and Student Activities assist in fostering class discussion and introduce advanced topics for exploration.
- References and Suggested Readings have been thoroughly revised to include the most up-to-date documentation for students who wish to further research topics being discussed.

Ancillaries

Instructor's Manual

Extensively revised for this edition, this manual provides instructors with lecture outlines, teaching suggestions, new test questions, an alphabetical resource list of organizations that serve individuals with disabilities, and new transparency masters.

Computerized Test Bank

ESATEST Computerized Test Bank, with over 300 matching, true/false, listing, and essay questions, is available in IBM Windows and Macintosh formats to qualified adopters.

Gross Motor Activities for Young Children with Special Needs

With your purchase of this new textbook you will receive this excellent resource for students and instructors

looking for activities to use in the classroom. This pocket guide includes 210 games and activities designed to promote equilibrium, sensory stimulation/discrimination, body image, locomotor skills, cross-lateral integration, aerobic fitness, and relaxation, as well as entertaining cooperative and "animal action" games.

Acknowledgments

Many contributed their efforts, wisdom, and support in the preparation of this eighth edition of the text. We wish to acknowledge their contributions. In particular, we would like to acknowledge Cole and Molly, who gave up many camping trips and "ball at the lake" days to allow their moms time to work on this edition.

We would like to thank the following individuals for their exceptional commitment to individuals with disabilities and for their willingness to share photographs and program information with us.

- Maureen Dowd, Director, Manitoba (Canada) Special Olympics
- Ron Davis, Associate Professor, Adapted Physical Education, Ball State University, Muncie, Indiana
- The Achilles Track Club, New York City
- The San Diego Parks and Recreation Department
- Wilderness Inquiry
- Barbara Brandis, President, Research Institute for Independent Living
- George Smith, Director of Unified Sports, Special Olympics International
- Tom Songster, Sports Director, Special Olympics International
- Joe Natale, Texas Woman's University, with special thanks for his comprehensive, creative, computer-assisted library searches . . . he saved us hours in the library

We would also like to express our thanks to the following individuals in the Dallas Public Schools for their support and assistance:

- Alberta Pingel, the "constant" leadership within the Special Education Program
- Angela Pittman, Specialist, Birth-to-Five, for her innovative leadership in programs designed to serve infants and young children and their families
- Judy Achilles, Specialist, Speech and Language, for honoring and respecting the essential relationship between language, movement, and play development

- Carol Powell, Instructional Specialist, Preschool Programs for Children with Disabilities, who knows more about gently facilitating the learning of young children than anyone we know
- Virginia Nelson, Specialist, Autism, for her continued dedication to students with autism and their families
- Arlene Stein and Diane Garner, for their incredible personal and professional commitment to the deaf and hearing impaired
- Joanne Hughes, Principal, Walnut Hill Elementary School, and Dick Knox, Principal, Seagoville Middle School, for their vision and leadership in the development of quality inclusion/developmentally appropriate educational programs for preschoolers

Comments and criticisms from users of the seventh edition were carefully considered for this edition. A panel of reviewers currently teaching adapted physical education courses in colleges and universities was selected to assist with the revised manuscript to meet the needs of the instructors and their students. There was close scrutiny of the book to verify that content was ex-

cellent and usable. To these colleagues, we would like to express our sincere appreciation:

Robert W. Arnhold, Ph.D., Slippery Rock University, Slippery Rock, Pennsylvania

Martin E. Block, Ph.D., University of Virginia, Charlottesville, Virginia

William B. Karper, Ed.D., University of North Carolina at Greensboro, Greensboro, North Carolina

Christine Stopka, Ph.D., and David George Suro, M.S., University of Florida, Gainesville, Florida

Finally, at Mosby we would like to thank Judi Bange, our production editor, for her assistance in streamlining and improving the text. And, perhaps most important, we would like to extend our thanks and appreciation to Brian Morovitz, our developmental editor, for his zeal, enthusiasm, and excitement. His interest in our work helped us respond with zeal, enthusiasm, and excitement—the mark of a great editor.

David Auxter Jean Pyfer Carol Huettig

Contents

Part One The Scope

1 Educating People with Disabilities, 3

Prevalence, 4

Historical implications, 5

Definitions of disabling conditions, 7

Physical education for persons with disabilities, 8

Recreational sport opportunities for persons with disabilities, 10

Legislation for individuals with disabilities, 11

Transition, 20

Accommodating the student with disabilities in integrated settings, 21

Most appropriate placement, 21

Role of the adapted physical educator, 22

Community-based programming, 22

Normalization, 23

Educational accountability, 24

Current status of adapted physical education, 25

Part Two Key Techniques

2 Determining Educational Needs Through Assessment, 31

Purposes of assessment, 32

Matching type of assessment to purpose, 32

Test selection criteria, 33

Assessment tools, 40

The testing process, 50

Using assessment for classification, 56

3 Developing the Individual Education Program, 61

Content of the IEP, 62

Description of each component of the IEP, 62

Parent/guardian rights, 68
Participants of the IEP meeting, 68
Discipline concerns, 69
The IEP meeting agenda, 70
Encouraging and maximizing parent participation in the IEP process, 72
Encouraging and maximizing student participation in the IEP process, 73
Concerns regarding the IEP process, 74
The individual transition plan, 75
Personal futures planning, 75
Professional personnel who may be involved in the IEP, ITP, or PFP process, 77

4 Selecting an Intervention Strategy, 89

Levels of function, 90
Incidental versus planned learning, 91
Facilitating skill development, 91
Functional adaptations, 97
Programmed instruction, 101
Reporting the results to parents, 105

5 Delivering Services in the Most Inclusive Environment, 108

Least restrictive environment and inclusion—federal interpretation and explanation, 109

National standards for physical education, 111

Preparing for inclusion—a proactive approach, 112

Evaluating the physical education environment for inclusion, 117

Lease restrictive environment alternatives on a continuum of services, 118

Determination of appropriate physical education placement, 128

Specific strategies for including learners with disabilities, 134

Enhancing instruction in inclusive settings through computer technology, 139

Grading (marking) children with disabilities in an inclusive setting, 141

Collaboration and inclusion, 141

The consultancy and inclusion, 143

Transition, 149

Inclusion in leisure, recreation, and sports, 151

Facilitating Learning, 156

Behavioral technology, 157

Identifying behaviors that need to be learned or changed, 157

Selecting an intervention strategy to facilitate learning, 160

Reinforcement, 164

Intervention strategies to control disruptive behaviors, 165

Consistent management techniques, 170

Techniques to ensure persistence of learning or change, 172

Part Three Generic Educational Needs

Motor Development Delays, 179

Facilitating motor development, 180

Physical Fitness Deficiencies, 197

Definition of physical fitness, 198

Physical fitness in the United States, 198

Causes of poor physical fitness, 199

Evaluating physical fitness, 200

Types of physical fitness tests, 200

Programming for physical fitness, 201

Principles of training, 202

Developing training programs, 203

Modification of the physical fitness training system, 206

Accommodating for specific types of disabilities, 207

Selected fitness problems, 208

Family involvement in active lifestyles, 212

Implications for physical education, 213

Psychosocial Delays, 215

At-risk infants, children, and adolescents, 216 Psychosocial deficits of children and youth with disabilities, 225

Psychosocial assessment, 226

Psychosocial delays and their implications for physical education for at-risk children and youth, including those with disabilities, 228

Model physical education and recreation programs for at-risk children and youth, 230

Psychosocial skills necessary for successful participation in play, games, and leisure, recreation, and sport activities, 231

Hierarchy of incentives for demonstrating socially appropriate behavior, 233

Psychosocial goals and objectives of the IEP, 235

Needs of Specific Populations Part Four

Infants, Toddlers, and Preschoolers, 241 10

The eight types of intelligence—the philosophical foundation of early intervention, 242

Developmentally appropriate assessment of infants, toddlers, and preschoolers, 244

Ages and stages—understanding typical and atypical development, 253

Early childhood intervention programs—birth to age 3 years, 253

Early childhood intervention in natural settings, 262

The preschool program for children ages 3 to 5 years, 272

Quality movement/play experiences in preschool programs, 274

The indoor active learning center, 279

The outdoor active learning center, 281

Preschool inclusion programs, 286

Role of the preschool adapted physical educator in inclusion programs, 289

11 Mental Retardation, 298

Definition, 299

Incidence, 301

Causes, 301

Characteristics, 301

Testing to determine functioning levels, 303

Special considerations, 304

Teaching strategies, 307

The physical education program, 309

Modifications, adaptations, and inclusion techniques, 311

Community-based opportunities, 316

12 Autism, 323

Definition, 324

Incidence, 324

Causes, 324

Cognitive, motor, physical, behavioral, and psychosocial characteristics, 325

Testing, 328

Special considerations: facilitated

communication, 330

Teaching strategies, 330

The physical education program, 332

Modifications, adaptations, and inclusion techniques, 335

Community-based opportunities, 336

13 Specific Learning Disabilities, 339

Definition, 340

Incidence, 340

Causes, 340

Characteristics, 342

Testing to determine motor-functioning levels, 345

Special considerations, 346

Drug therapy, 347

Teaching strategies, 347

The physical education program, 348

Modifications, 349

Community-based opportunities, 350

14 Emotional Disturbances, 353

Definition, 354

Incidence, 354

Causes, 355

Characteristics, 355

Testing, 359

Special considerations, 359

Teaching strategies, 361

The physical education program, 363

Modifications, adaptations, and inclusion techniques, 363
Community-based opportunities, 368

15 Physically Disabling Conditions, 372

Definition and scope, 373

Neurological disorders, 373

Orthopedic disabilities, 386

Traumatic injuries, 394

Testing, 400

Modifications, adaptations, and inclusion

techniques, 401

Community-based opportunities, 411

16 Hearing Impairments, 419

Definition, 420

Incidence, 420

Causes, 420

Clues that indicate hearing loss, 421

Psychological and behavioral characteristics, 421

Motor characteristics of individuals who are

hearing impaired, 422

Deaf-blind children, 423

Testing, 423

Special considerations, 423

Teaching strategies, 425

The physical education program, 429

Integrating the student who is hearing

impaired, 429

Community-based activities, 431

17 Visual Impairments, 433

Definition, 434

Incidence, 434

Causes, 435

Characteristics, 436

Testing, 438

Special considerations, 439

Teaching strategies, 440

The physical education program, 443

Modifications, adaptations, and inclusion

techniques, 446

Community-based activities, 448

18 Other Conditions, 452

AIDS, 453

Anemia, 455

Contents

Asthma, 458
Child abuse and neglect, 461
Childhood cancer, 464
Cystic fibrosis, 468
Diabetes, 469
Prader-Willi syndrome, 474
Premenstrual syndrome and dysmenorrhea, 476
Tourette syndrome, 479
Traumatic head injuries, 481

Part Five Organization and Administration

19 Program Organization and Administration, 489

The education system, 490
Adapted physical education and the administrative hierarchy, 490

Basic components of the adapted physical education program, 492
Interaction with other special education personnel, 494
School reform initiatives, 499
Communication with parents, 505
Equipment, 507

Appendixes

- A Posture and Body Mechanics, 517
- **B** Stress Reduction Techniques, 559
- C Sports Organizations for Persons with Disabilities, 568

Glossary, 573

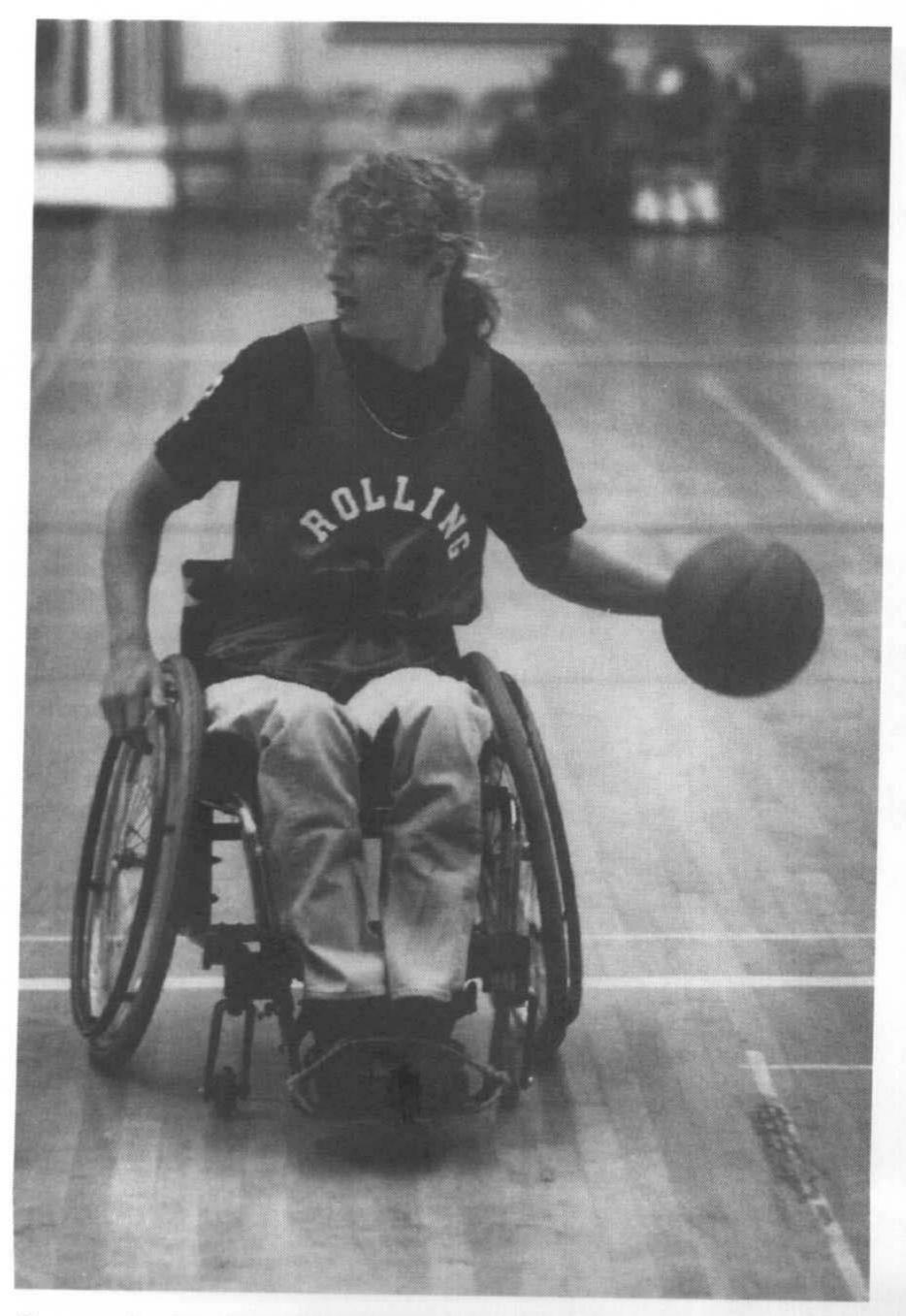
The Scope

In this section we provide a historical overview of societal attitudes toward individuals with disabilities. In the 1990s the United States is still attempting to implement the commitment to protecting individual and civil rights of persons with disabilities mandated by legislation of the 1970s. The mandates and detailed procedures to follow for compliance with the laws are presented in this section. Effective teaching methods and types of assessment to meet specific needs are discussed.



chapter on e

Educating People with Disabilities



Courtesy Dr. Ron Davis, Ball State University, Muncie, Ind.

Objectives

Describe the nature and prevalence of disabling conditions.

Explain the history of services to persons with disabilities.

Cite the impact of legislation for provision of physical education services to individuals with disabilities.

Describe the effects of disabling conditions as they relate to social forces during school and postschool years.

Explain the role of the physical education teacher within the context of a generic human delivery system.

Cite the significance of labeling on physical education programming for individuals with disabling conditions.

Trace the status of implementing physical education programs for individuals with disabling conditions with respect to conformance to federal legislation.

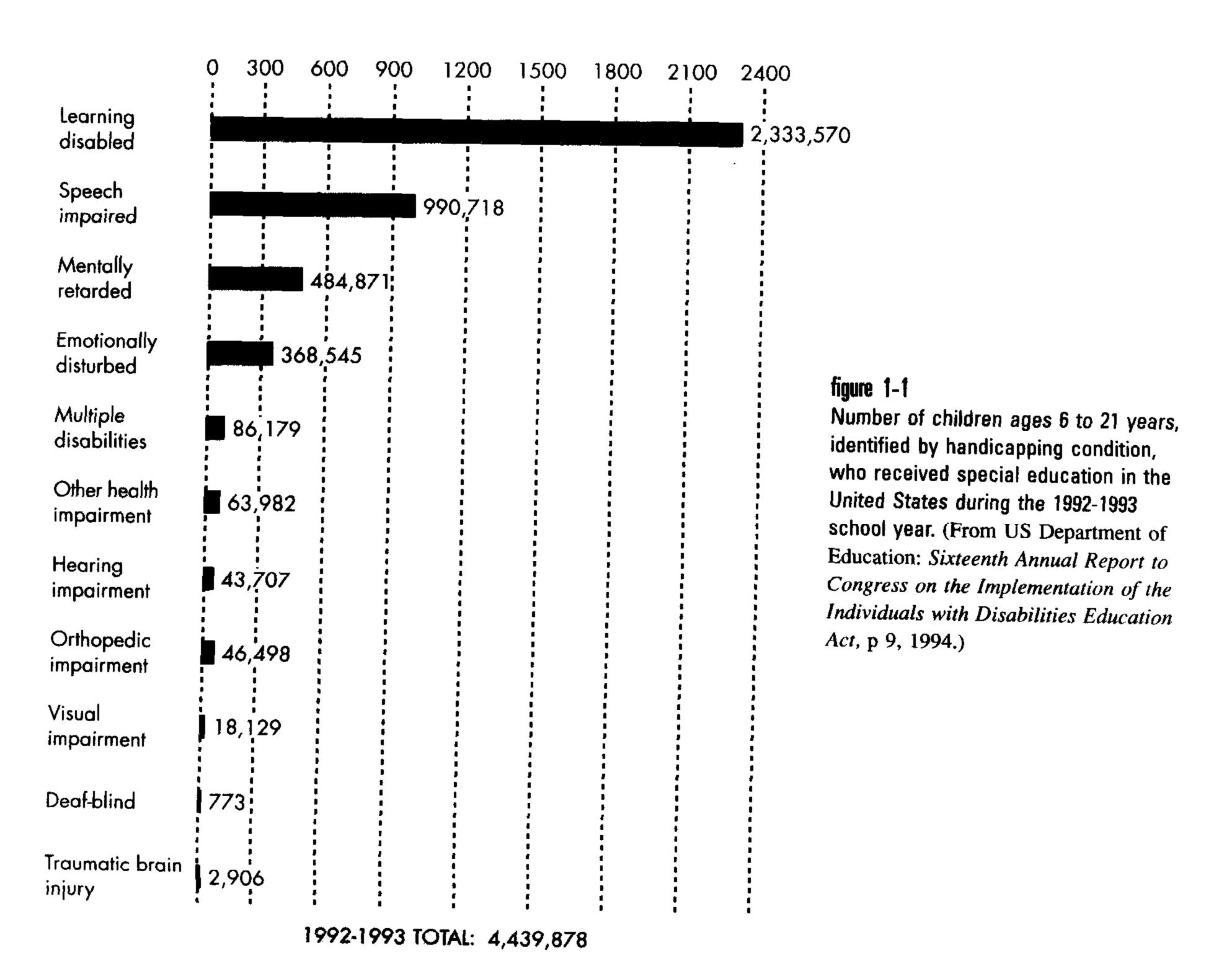
ssumptions about how persons with disabilities are to be physically educated are changing. To meet the needs of students with disabling conditions, physical educators must be prepared for the changing service patterns. When the Education of the Handicapped Act of 1975 (P.L. 94-142)⁶³ (originally known as the Education for All Handicapped Children Act) was enacted, physical education was the only educational curriculum specifically named. This singular identification has placed unique opportunities and responsibilities on the physical education profession to serve persons with disabilities.

Physical education teachers instruct children with a variety of disabling conditions in many different instructional settings. The mission of the physical education teacher is to promote the development of motor skills

and abilities so that children can live healthful and productive lives and engage in independent leisure, physical, and sport activities of their choosing. This chapter is concerned with the nature of disabling conditions, the legal mandates pertaining to the rights of persons with disabilities, and benefits that can be derived from appropriate physical education programs for these populations.

Prevalence

The number of children with disabling conditions is fundamental to knowledge of personnel demands and other resources needed to serve this population. Prevalence refers to the number of people in a given category in a population group during a specific time interval (i.e., the number of mentally retarded children who are of school age this year). The prevalence of school enrollment of children by disabling conditions during the 1992-1993 school year is shown in Figure 1-1. Each year the U.S. Department of Education, Office of Special Education and Rehabilitation Services (OSERS), reports to Congress pertinent facts about disabled populations. Some of the most recent facts are as follows: (1) there are over 4.4 million children 6 to 21 years of age with disabilities who receive special education services; (2) children with disabilities in special education represent approximately 11% of the entire school-age population; (3) about twice as many males as females receive special education; (4) approximately 90% of school-age children who receive special education services are mildly handicapped²⁹; and (5) the three largest categories of children



with disabilities are those with learning disabilities, those with speech and language impairment, and those with mental retardation.

The incidence of children with disabilities in the public schools does not represent the magnitude of the need of persons who can benefit from special physical activity designed to accommodate the needs of individuals. In addition to those conditions outlined in the Individuals with Disabilities Education Act (IDEA), other special needs may qualify a child for special physical education considerations.

The number of individuals with multiple disabilities also is increasing. The reasons are many, but the primary ones seem to be the growing numbers of infants affected by drug use and inadequate prenatal care of the mother during the pregnancy, the higher rate of survival among infants born prematurely, advanced techniques of medical science that are keeping children with one or more disabilities alive, and increasing poverty, as well as child abuse and neglect.

Historical Implications Early History

In highly developed countries the current level of concern for the well-being of the individual has evolved gradually over thousands of years. One characteristic of the typical early primitive cultures was their preoccupation with survival. Historians speculate that members of many early primitive societies who were unable to contribute to their own care were either put to death, allowed to succumb in a hostile environment, or forced to suffer a low social status. In some societies, persons displaying obvious behavioral deviations were considered from converse points of view—either filled with evil or touched by divine powers.

Humanitarianism

Great social and cultural progress occurred during the Renaissance. The seed of social consciousness had been planted. From this time on, a genuine concern for the individual developed, giving each person dignity. With a desire for social reform came a multitude of movements to improve life. Reforms dealing with peace, prison conditions, poverty, and insanity were organized, and many social and moral problems were attacked in the first decade of the nineteenth century.



Pinel unchains the insane. (Courtesy Parke, Davis, & Co, Detroit.)

During the latter part of the nineteenth century and the early part of the twentieth century, emphasis was placed on the development of instructional methodology to educate individuals with intellectual disabilities. This work had a significant impact on modern pedagogy. The Montessori approach was developed during the early part of the twentieth century for use with children with mental retardation. This was a didactic system in which learners used sequential materials consistent with their developmental level. The Montessori approach was a forerunner of individualized instructional programming, which is widely used at present.

Medical Approach to Disabling Conditions

World War I was a period that greatly advanced medical and surgical techniques designed to ameliorate many physically disabling conditions. In addition, individuals were restored to usefulness by vocational and workshop programs. During the interim between World War I and World War II, state and federal legislation was enacted to promote vocational rehabilitation for both civilians and the military disabled. The Smith-Sears Act of 1918 and the National Civilian Vocational Rehabilitation Act