

TEAM UP PROJECT

IO2

CHAPTER 1

INTRODUCTION, SPECIAL OLYMPICS, PARALYMPICS & INTELLECTUAL DISABILITY

INTRODUCTION

Reading this introduction, you will understand:

- The importance of physical education (PE) and sports in the life of people with intellectual disability (PWID).
- The meaning of inclusion in PE and sport settings.
- The basic knowledge requirements analyzed in the following chapters of Team Up - IO2, that will help you succeed in your role to teach participants with intellectual disabilities (ID) in sport and PE settings.

During the last decade, the European Declaration on the Health of Children and Young People with Intellectual Disabilities (PWID) and their Families¹ of the World Health Organization (WHO) in partnership with UNICEF, the European Commission, the Council of Europe and other social and educational providers and representatives, acknowledged that PWID are often disadvantaged in their health care and access to relative services from childhood onwards, children and young PWID and their families are at risk of discrimination and their health and quality of life are strongly influenced by poverty and inequality in our societies. Since then, joined efforts of these international organizations have been intensified with a purpose to promote health and well-being of children and young PWID and their families, to eliminate inequalities, prevent discrimination and provide support in the development of their fullest potential and successful transitions through life.

Overall, the representatives of member states in the WHO European Region first identified ten priority areas¹ that need to be addressed as a matter of urgency, including identifying the needs of children and young PWID, protect them from harm and abuse and enable them to grow in a family environment, ensure the coordination of good quality mental and physical health care provided, empower children and young PWID

to contribute to decision-making about their lives, assure service quality and invest to provide equal opportunities for all.

Next, they called upon all member states and invited all international organizations and providers to adopt and implement all policies that are relative to these priority objectives in an integrated and effective way and common action. Since it was recognized that families of children and young PWID often receive little or no support from responsible agencies, all representatives emphasized the need for the development and expansion of community-based services to improve health and well-being of PWID, eliminate institutionalization and promote inclusion.

Inclusion as a term endorsing the Convention on the Rights of Persons with Disabilities (UN, 2006) is primarily discussed in education emphasizing the right of all children to benefit from an education without discrimination², and has also been discussed in various contexts including community, employment and work, cultural life and leisure, recreation and sports.

The value of sports and physical exercise in improving health, wellbeing, and quality of everyone's life and promote inclusion is acknowledged by the World Health Organization (WHO) and is even more important in the case of participants with ID. For this reason, the European Disability Strategy 2010-2020³ recognised the need to encourage participation to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels, although difficulties in practicing inclusive sports do continue to exist.

Nevertheless, the main point of reference regarding inclusion still remains education, which is the reason why inclusive physical education (PE) is often connected with the related concept of participation in disability sports. Although PE and sports as terms are relative but different, since sports refer to the individual preference of each child or young person with ID to participate in an inclusive environment of his choice rather than being placed in a specific inclusion context by other education professionals, from a comparative inclusive PE point of view, PE and sports both include the meanings of access, participation and achievement in PE settings, so they are presented together to sport coaches as relative inclusion terms.

Inclusion in PE and Sports

Since the late 70s, inclusion, meaning educating students with disabilities in general educational settings –including physical education (PE) - has started to emerge

as a movement first in US and then worldwide. Inclusion assumes that separate education is not an equal education and it is guided by the fundamental principles of valuing diversity, acceptance, sense of belonging and equal support for all individuals, with and without disabilities, first in schools and later in workplace and life.

Inclusion movement is linked and is compatible with the equally strong concept of least restrictive environment (LRE), a continuum of alternative environments provided for the education of every individual with disabilities, ranging from the general PE classroom without adaptations to full time adapted PE in special schools and units, that reflect the nature and severity of the disability and the ability of the each individual to perform in related sports.

With inclusion, there is no LRE continuum, the student has to be placed in the general PE class and such assessment LRE practices can only occur after the student has been placed in general PE settings. Nevertheless, “full inclusion” as a unified approach to PE programming has not yet been fully realized due to differences concerning available resources and support services, learning opportunities provided and the ability of the sport coach/physical educator to use developmentally appropriate practices and adaptations.

Quite clearly, equal participation within the same environment with necessary support and individualized instruction provided when needed, has been proven a difficult task to accomplish, since an obvious gap between theory and real application of inclusion in practice has been noticed in previous years to a less or to a greater extent in all countries.

Nowadays, inclusion philosophy has been generalized to exercise and sport settings outside the schools. Thus, in this transitory period toward full inclusion in sport and PE practice, sport coaches approaching the educational material of TeamUp project – IO2 for participants with ID, should initially understand that knowledge concerning adapted PE and sports constitutes a necessary requirement for a skillful PE educator who is in position to provide equal sport opportunities and satisfy the educational needs of all participants in his sport team or PE class, with or without ID.

Placing individuals with ID into general PE settings and/or sports settings only as a “physical presence” is not enough as a standard practice and can only make things worse if there is no careful planning of the exercise, teaching and environment adaptations required to additionally achieve instructional inclusion that refers to equal involvement of the participant with disability in the sport team or PE class as well as

social inclusion referring to positive social interactions with peers during sports and exercise.

Thus, the purpose of the TeamUp project – IO2 is to present in a simple way to sport coaches who are not necessarily familiarized with ID, adapted PE and sports, the following basic knowledge requirements so as to help them succeed in their role to teach participants with intellectual disabilities in sport and PE settings:

- Knowledge concerning intellectual disability conditions, causes, severity, classification and main ID syndromes.
- Knowledge concerning adaptations in teaching, exercise and environment according to ID condition and individual characteristics of participants.
- Inclusion strategies for participants with ID.
- Design and implementation of the Individualized Education Program (I.E.P.) for persons with ID, following a holistic evaluation approach of psychomotor skills and development followed by lesson planning structure and application with short, middle and long term objectives specified.
- Knowledge concerning Special Olympics and Paralympics Sports for athletes with ID.

Providing an overall picture of the basic knowledge and skills that every sport coach should possess to succeed when working with participants with ID, the crucial objective is not only to provide knowledge but to help sport coaches to act as facilitators in their own country and local community transmitting this knowledge and promoting the values of World Health Organization (WHO) and UNICEF for the most benefit of participants with ID and their families.

References

UN (United Nations). (2006). *Convention on the Rights of Persons with Disabilities*.
New York: United Nations.

Links

¹http://www.euro.who.int/data/assets/pdf_file/0015/121263/e94506.pdf

²http://www.ibe.unesco.org/fileadmin/user_upload/Policy_Dialogue/48th_ICE/General_Presentation-48CIE-English.pdf

³<https://eurlex.europa.eu/LexUriServ/LexUriServ.do?uri=COM%3A2010%3A0636%3AFIN%3Aen%3APDF>

INTELLECTUAL DISABILITY

Reading this section, you will learn about:

- Definition and severity classification of intellectual disability (ID).
- Causes, prevalence, characteristics and main ID syndromes.

Definition and Severity Classification

Persons with intellectual disabilities constitute one of the largest and most representative disability groups, with approximately 2 – 3 percent of the global population -as many as 200 million people- having an intellectual disability.

According to the American Association on Intellectual and Developmental Disabilities (AAIDD) definition and other similar ones, intellectual disability (ID) is a disability characterized by significant limitations in cognitive functioning a) that is two or more standard deviations below the mean of a standardized IQ test b) has an onset prior the age of 18 and c) coexists with adaptive behavior difficulties as expressed in conceptual, social and daily living adaptive skills that adversely affect an individual's education and integration into society.

Many systems exist for classifying the severity of intellectual disability based on IQ scoring, as this is determined mainly through the application of the most extensively used IQ tests worldwide, that is, the newest editions of the Stanford-Binet Test (SB5) and the Wechler Intelligence Scale for Children (WISC-V) Test.

Nevertheless, although classification systems are necessary for research purposes, provision of services and a common language needed among professionals to communicate, labeling an individual according to skills and social expectations remains an issue. Consequently, severity classification during the last years has started to shift from a “deficit level” within the individual as previously described by DSM-IV, to the relation between the functionality level of the individual and the environment, as recently described by DSM-5 and AAIDD.

The DSM-5 has placed more emphasis on adaptive functioning and daily living skills whereas AAIDD criteria mainly focus on the intensity of support needed in daily situations, allowing in this way a more comprehensive view of each individual with ID. The purpose was to a) identify strengths and limitations of each person in terms of intellectual ability, physical and mental health, adaptive behavior, participation in daily

activities and the family, social and culture conditions within PWID live in, and b) develop an overall profile of supports and resources needed to promote education, health, behavioral and social functioning, personal well-being and independence in home, community and employment living settings of each person with ID.

Overall, a full profile of intellectual disability as described by Boat et al (2015) that is useful for coaches, presents in brief the severity classification of ID throughout recent years (Table 1).

Table 1. Severity Classification of Intellectual Disability

Severity Category	Approximate Percent Distribution	DSM-IV criteria Approximate IQ Range	DSM-5 criteria Severity based on daily living skills	AAIDD criteria Severity based on the intensity of support needed
Mild	85%	50-69	Independent living with minimum levels of support	Intermittent support during transitions of periods of uncertainty
Moderate	10%	36-49	Independent living with moderate levels of support (e.g. those available in group homes)	Limited support in daily situations
Severe	3.5%	20-35	Daily assistance with self-care activities and safety supervision	Extensive support for daily activities
Profound	1.5%	<20	24-hour care	Pervasive support for every aspect of daily routines

Regardless of changes in formal definition and terms used to describe ID over the years, what may also be of practical interest to PE teachers and sport coaches is the educational classification of students with ID, developed to help the specification of teaching expectations. Thus, in terms of educational classification, individuals with ID were previously classified into educable, trainable and dependent.

Educable, refers to students of mild to moderate ID with IQ ranging from 50 to 75 who have limited potential in terms of writing, reading, spelling, arithmetic and other academic skills, but they have the capacity to progress academically with minimum support to a late elementary level, to adjust socially up to a point where they can live independently in the community and to support themselves occupationally during adulthood. *Trainable*, refers to students with IQ that fall below 50 who are not in position to profit from the education program of educable students with ID, but they have the potential to develop self-help and personal hygiene skills as well as living skills in close settings such as home and neighborhood and to learn economic value in sheltered settings of home, workshops and institutions. Finally, *dependent* refer to students with profound ID that it is rare to meet in any educational environment, since due to their lack of mental, motor and social skills they need constant supervision and help to take care of their personal needs. Nowadays, these terms have been replaced by the use of terms such as “moderate” and “severe” ID, nevertheless, their practical meaning remains the same and it is good for sport coaches to know these terms if they come across them during PE practice.

Causes of ID

Intellectual disability can be caused by multiple factors related to when they occur a) prenatally (e.g. genetic conditions such as Down syndrome and fragile X syndrome, environmental influences such as fetal alcohol syndrome and malnutrition, metabolism errors e.g. phenylketonuria and brain formation disorders e.g., spina bifida and hydrocephalus) b) perinatally (e.g. head trauma or oxygen deprivation at birth, infections, nutritional and late-onset metabolic disorders) or c) postnatally (e.g. infections such as meningitis, head injuries, toxins, environmental deprivation).

The most common conditions of intellectual disabilities are fetal alcohol syndrome, fragile X Syndrome and Down Syndrome. Fetal alcohol syndrome is one of the prevalent causes of ID with its incidence ranging about 35 % of women who drink heavily during pregnancy. Fragile – X syndrome that refers to a gap or break in the long-arm of the X chromosome is the leading inherited cause of ID. Other known chromosome disorders causing ID include Turner Syndrome (females only), Noonan syndrome, XYY and Klinefelter syndrome (males only) Williams syndrome and Down syndrome.

Down syndrome (DS) with its three types (trisomy 21, translocation and mosaicism) of chromosomal condition is of particular mention, since chromosomal abnormality mainly caused by failure of chromosome pair 21 to separate properly before or during fertilization (trisomy 21), results not only in specific physical characteristics that are well known to everyone (short stature and limbs with broad hands and feet, flattened back of skull and facial features including bridge of nose, short neck, almond-shaped eyes and small oral cavity) but also to other characteristics directly related to the additional exercise adaptations needed during PE lessons and sports compared to other cases of ID without DS (Sherrill, 2004)..

In general, syndromes causing ID are named after the person who first discovered them (e.g. Down, Apert and Prader-Willi syndrome), or the distinguished features (tuberous sclerosis) or the causative factor (fetal alcohol). Each syndrome may possess certain physical -facial, stature and weight- characteristics, behavior features, developmental delays, health and sensory issues that should additionally be taken into account when designing the exercise program. Thus, every sport coach should seek every time additional sources of knowledge related to the specific ID condition and the relative adaptations of exercise according to individual case.

Characteristics of Individuals with ID

Intellectual disability affects all aspects of a person's life. Individuals with ID are more likely to react to external stimuli at a slower rate, as well as to understand directions, to follow instructions, to generalize information, to think in abstract terms, and to draw conclusions. Consequently, their learning progress is slower and they do not benefit from "traditional schooling" without support. Furthermore, they more frequently demonstrate poor short term memory and concentration as well as attention and behavior deficits with inappropriate responses to emotional and social situations. Their delayed motor development and skills and poor physical fitness are often due to the disability itself and health issues that often accompanying it, along with the lack of opportunities of individuals with ID to participate in motor activities as compared to participants without ID, which in turn lead to obesity trends and lower fitness levels and motor performance. As a result, persons with intellectual disabilities exhibit the following:

Table 2: Physical and Psychomotor Characteristics of Individuals with ID

Performance Level of Individuals with ID		
<p>Lower fitness levels concerning:</p> <ul style="list-style-type: none"> • aerobic power • muscle strength • flexibility • speed 	<p>Immature manifestation of basic motor skills:</p> <ul style="list-style-type: none"> • walking • running • jumping • catching • throwing • kicking 	<p>Deficits in one or more of the following psychomotor domains:</p> <ul style="list-style-type: none"> • Knowledge of various parts of the body, self and others. • Knowledge of various positions of body in space (seating, standing, prone, supine, on fours). • Balance ability (static and dynamic). • Laterality (ability to discriminate left from right). • Directionality of body in space (ability to understand left and right, up and down, in and out, top and bottom, front and back in relation to space and where things are). • Knowledge and control of breathing.

Generally, the greater the intellectual disability, the greater is the delay in the learning process and language development, adaptive/social behaviors and emotional responses, as well as the physical and motor characteristics that persons with ID often exhibit.

References

- Kokaridas, D. (2016). *Exercise and Disability: Individualization, Adaptations and Inclusion Issues*. Thessaloniki: Kyriakidis Publications.
- Sherrill, C. (2004). *Adapted Physical Activity, Recreation and Sport: Crossdisciplinary and Lifespan*. WCB/McGraw Hill: Dubuque, IA.
- Winnick, J., & Porretta, D. L. (2016). *Adapted physical education and sport*. Human Kinetics: Champaign, IL.

SPECIAL OLYMPICS & PARALYMPIC GAMES

Reading this section, you will be informed about:

- The two major sport events organized for athletes with intellectual and other disabilities.
- The similarities and differences between the Special Olympics and the Paralympic Games.
- The history and relative information of each major sport event.
- The disability type, eligibility and divisioning/classification process of athletes participating in Special Olympics and Paralympics respectively.
- The Special Olympics and Paralympic sports available for athletes with disabilities along with relative coaching resources.

Organized sport for athletes with disabilities along with the number of participants with disabilities involved in sport and recreation is gradually increasing throughout the world with the two major disability sporting organizations including the Special Olympics and the Paralympic Games along with the Deaflympics as a fast growing sport event.

The Special Olympics and the Paralympic Games are similar in that they both a) focus on sports for athletes with disabilities, b) they are separate sport organizations recognized by the International Olympic Committee (IOC) and c) they are run by international non-profit organizations. Other than that, they are very different and completely separated associations that should not be confused with each other, since they differ in the following three key areas:

The disability of athletes

In Special Olympics, the athletes (ages 8 and older) must be identified as having an intellectual disability. Paralympic Games include athletes from six main disability categories, that is, amputee, cerebral palsy, intellectual disability, visual disabilities, spinal cord injuries and 'les autres' conditions, with no age minimum of athletes but at a reasonable young adult age (usually between 18 to 30 years) to compete at elite level.

Philosophy and participation criteria

In Special Olympics, all athletes with intellectual disabilities of all ability levels are welcome, with no clear distinction between elite and recreational sport and with an

overall purpose to achieve acceptance, inclusion and dignity for all through sports. Special Olympics emphasize participation and sport excellence is considered as a personal achievement that reflects the maximum potential of each athlete with intellectual disability. In Paralympics, elite performance sport requires years of training to achieve high level performance and athletes have to fulfill certain criteria and meet certain qualification standards to become eligible to compete and represent their countries in the Paralympic Games.

Structure of the organizations

The Special Olympics is a worldwide movement for PWID that happens year-round in 170 countries, with a goal to promote acceptance and inclusion for all and reach as many as 200 million PWID around the world through participation in 32 Olympics-types sports and a wide range of 220 programs operating on a daily basis. Although there is no affiliation of Special Olympics with the Olympic Games, the Paralympics on the other hand are run by the International Paralympics Committee (IPC), with the IPC committee members chosen from 165 nations around the world to form the General Assembly as the highest body of IPC governance. Since the IPC has joined the International Olympic Committee, the country that is selected to host the Olympic Games is also committed to organize the Paralympic Games a week after the Olympics, with the same policies and rules applied both for athletes with and without disabilities, such as compulsory drug testing.

All differences between Special Olympics and Paralympics can be summarized as follows:

Table 1: Special Olympics and Paralympic Games differences

Special Olympics	Paralympic Games
Athletes with intellectual disability	Athletes from six main disability conditions, that is, amputee, cerebral palsy, intellectual disability, visual disabilities, spinal cord injuries and 'les autres' conditions
No clear distinction between elite and recreational sport, emphasis on participation	Elite level of competition

All athletes with intellectual disabilities are welcome (ages 8 and older) of all ability levels.	Participation is eligible only when athletes fulfill certain criteria and meet certain qualification standards
Divisioning, from three (3) to eight (8) athletes or teams set up according to gender, age and ability level	Classification, to define a) eligibility of athletes who are allowed to compete according to disability type that is severe enough to have an impact on performance and b) sport class allocation for dividing eligible athletes into sport classes that cause approximately the same amount of activity limitation in each sport.
All athletes or teams are awarded, from the 1 st through the 8 th place in each event.	Medals are awarded only to the first, second and third-place winners.

SPECIAL OLYMPICS

History

Special Olympics is a global non-profit organization that was officially founded in 1968, shaped by the vision of its founder, Eunice Kennedy Shriver (1921-2009), sister of US President John F. Kennedy. It all began fifty years ago during the post-war years of the 1950s and early 1960s, when Eunice Kennedy Shriver saw how individuals with intellectual disabilities lived in the shadows of society and treated unjustly and unfairly, with no chance whatsoever to receive education, to work or even encouraged to become equal members of the community. Since many children with intellectual disabilities didn't even have a place to play, a vision was born in June 1962 at a summer camp at Eunice's home, where children and adults with intellectual disabilities were invited to explore their own potential in various sports activities.

Continuing the pioneering work, her vision grew from a summer camp for PWID to a World Movement and in the summer of 1968, the first Special Olympics Summer Games were held in Chicago, Illinois, with 1,000 athletes with intellectual disabilities from 26 US states and Canada. Since then, Special Olympics movement gained momentum, international acknowledgment and growth and evolved into the world's largest sports organization for children and adults with intellectual disabilities,

with other milestones including the first Special Olympics Winter Games held in 1977 in Steamboat Springs, Colorado and the recognition of Special Olympics in 1988 by the International Olympic Committee (IOC).

Nowadays, Special Olympics World Games are conducted annually, alternating between Summer and Winter Games, with more than 4.9 million athletes with intellectual disabilities from 172 countries participating in more than 30 summer and winter sports. As the Special Olympics movement continues to grow, building an inclusive world through the joy of Unified Sports program intensified during the last decade for people with and without intellectual disabilities and led to the increase of the number of athletes with intellectual disabilities and Unified Sports teammates of up to 5.7 million participants. Overall, Special Olympics mission remains the same since its foundation, that is, to promote acceptance and inclusion for all and reach as many as 200 million PWID and their families around the world through the power of sports and a wide range of competitions provided, that are currently held every day at local, regional and national level, adding up to more than 70,000 sport events every year.

Athletes & Participation

Special Olympics sports are available for athletes with intellectual disabilities free of charge, who are encouraged to join for the physical and psychological benefits derived from sports participation. To participate in Special Olympics, an individual must be at least 8 years old and identified by a health organization or professional as having *“intellectual disabilities, cognitive delays as measured by formal assessment, or significant learning or vocational problems due to cognitive delay that require or have required specially designed instruction¹”*. As also mentioned in previous chapter, ID can be defined as a disability characterized by significant limitations in cognitive functioning, a) that is two or more standard deviations below the mean of a standardized IQ test b) has an onset prior the age of 18 and c) coexists with adaptive behavior difficulties as expressed in conceptual, social and daily living adaptive skills that adversely affect an individual’s education and integration into society.

Participants having a closely related developmental disability defined as functional limitations in both general learning skills and adaptive skills are also eligible to participate in Special Olympics. However, persons having a closely related developmental disability *“whose functional limitations are based solely on a physical, behavioral, or emotional disability, or a specific learning or sensory disability, are not*

eligible to participate as Special Olympics athletes². Thus, some of the athletes with autism spectrum disorders (ASD) are eligible for Special Olympics, while others are not, for example, those with a higher level of ASD who may have an average, or above average intelligence. Such decisions are relied on professional assessment to determine eligibility for Special Olympics².

Nevertheless, even those who are not eligible to compete, they can still get involved as volunteers or partners in the “Unified Sports Program” that has been intensified during the last decade and brings together athletes with and without intellectual disabilities as teammates, with more than 1.4 million people worldwide nowadays taking part. Special Olympics also created a “Young Athlete Program” for children aged from 2 to 7 years old, aiming to develop gross motor skills, eye-hand coordination and foster socialization and learning process through inclusive sport and play.

Families of PWID can also get involved and encourage their athletes by attending or volunteering at sport events. Event volunteers, coaches, supporters, sponsors or donors and fans around the world play a crucial role that promotes growth of Special Olympics movement, whereas coaches have the opportunity to become partners with sport organizations and receive training through the “Coach Excellence Program”.

Divisioning

A key difference in competition level that is completely unique to Special Olympics compared to other sport organizations and events is divisioning. As a process, divisioning gives all athletes with intellectual disabilities the opportunity to compete in equitable divisions of similar ability. Divisioning is a two-stage process and every coach plays an important role in this regard.

In stage 1, the ability of an athlete with intellectual disability is determined by an entry score that coaches submit, namely, a time or distance for each athlete on individual sports. For team sports (e.g. football) that are not timed or measured as well as judged sports (e.g. gymnastics), coaches submit athlete or team ratings prior to competition, or there is an assessment of each athlete or team’s ability by a committee through a series of short games between the athletes or teams.

In stage 2, the divisions for athletes or teams are set up according to three criteria, that is, gender, age and ability level so that each set of contenders is closely

matched and no more than a 15% difference exists between the most highly skilled and the lowest skilled athlete or team in each division. Furthermore, each division have to include from a minimum of three (3) athletes or teams to a maximum of eight (8) athletes or teams, since medals are awarded to the first, second and third-place winners in each Special Olympics event, and ribbons are awarded to athletes or teams finish in 4th through 8th place.

In this way, athletes and teams have a fair chance to compete and achieve greater success within a more exciting and encouraging sport setting that provides meaningful competition and makes athletes do their best. As the Special Olympics athlete's oath since 1968 has stated, "Let me win. But if I cannot win, let me be brave in the attempt".

Sports

Since 1968 and the first three -track and field, swimming and floor hockey- sports that took place during the 1st Special Olympics, more sports were gradually introduced over the next decades first in training and then in Special Olympics competitions, leading to a 30-plus individual and team sports offered today to athletes with intellectual disabilities. These sports as currently mentioned in the official Special Olympics site (<https://www.specialolympics.org/>) along with online coaching guides, rules, and other useful materials available for coaches are:

Table 2: Special Olympics Sports and Coaching Resources

SPECIAL OLYMPICS	
Summer Sports	Coaching Resources
Athletics	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/athletics
Badminton	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/badminton
Basketball	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/basketball
Bocce	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/bocce
Bowling	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/bowling
Cricket	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/cricket

Cycling	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/cycling
Equestrian	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/equestrian
Football	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/football
Golf	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/golf
Gymnastics	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/gymnastics
Rhythmic Gymnastics	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/gymnastics/rhythmic-gymnastics
Handball	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/handball
Judo	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/judo
Kayaking	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/kayaking
Motor Activity Training Program	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/motor-activity-training-program
Netball	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/netball
Open Water Swimming	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/open-water-swimming
Powerlifting	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/power-lifting
Roller Skating	https://www.specialolympics.org/our-work/sports/roller-skating
Sailing	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/sailing

Softball	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/softball
Swimming	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/swimming
Table Tennis	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/table-tennis
Tennis	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/tennis
Triathlon	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/triathlon
Volleyball	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/volleyball
Winter Sports	Coaching Resources
Alpine Skiing	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/alpine-skiing
Cross-Country Skiing	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/cross-country-skiing
Figure Skating	https://resources.specialolympics.org/sports-essentials/figure-skating
Floorball	https://www.specialolympics.org/our-work/sports/floorball
Floor Hockey	https://www.specialolympics.org/our-work/sports/floor-hockey
Short Track Speed Skating	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/short-track-speed-skating
Snowboarding	https://www.specialolympics.org/our-work/sports/snowboarding
Snowshoeing	https://resources.specialolympics.org/sports-essentials/sports-and-coaching/snowshoeing

A particular mention should be made regarding the “Motor Activity Training Program (MATP)” that is designed for athletes with severe or profound intellectual

disability and significant physical disabilities, with activities that correspond to the official Special Olympics sports and provided as a starting point to develop individualized training programs for each participant. The overall, aim, is through individualized instruction to help the athlete perform these activities better and get closer towards participation in the official Special Olympics low competitions.

Special Olympics focus on what athletes with intellectual disabilities CAN do, not what they can't. In this mission to provide continuing opportunities to exercise and experience joy and fulfillment in sport settings and life, Special Olympics seek coaching excellence, that is, enthusiastic and committed sport coaches with positive attitude that can become role models and help athletes with intellectual disabilities to reach their fullest potential and personal best. Every sport coach who desires to experience life-changing moments can initiate the process of becoming a Special Olympics coach by getting in touch with the nearest Special Olympics organization in his country or region³.

Links

¹ <https://www.specialolympics.org/about/faq>, Retrieved 11/12/2019

² <https://specialolympicsflorida.org/wp-content/uploads/2013/08/AthleteEligibility.pdf>, Retrieved 11/12/2019

³ <https://origin.prod.dotorg.soi.psdops.com/programs>, Retrieved 11/12//2019

PARALYMPICS

History

World-War II caused large numbers of injured service members and civilians and created the need to introduce sports as a crucial part of their rehabilitation during post-war years. In general, sports for people with disabilities developed out of these post – war rehabilitation services provided to assist war veterans with disabilities, that later grew into recreational and competitive sports.

The pioneer was Ludwig Guttmann of the Stoke Mandeville Hospital who organized an archery competition for wheelchair athletes named the Stoke Mandeville Games, at the same day of the opening ceremony in 1948 while the Olympic Games were being held in London. The Stoke Mandeville Games as a milestone of Paralympic

history later became the first Paralympic Games that took place in Rome in 1960 including 400 athletes with disabilities from 23 countries.

Since then, the Paralympic Games took place every four years and along with the first Paralympic Winter Games held in Sweden in 1976, they have gradually grown greatly in size and scale in terms of the number of sports contested in the summer and winter Paralympics as well as the number of athletes with a diverse range of disabilities who are eligible to participate and represent their countries.

In 1989, the International Paralympic Committee (IPC) was founded to act as the global governing organization of Paralympics. Since the IPC has joined the International Olympic Committee (IOC), the country that is selected to host the Olympic Games is also committed to organize the Paralympic Games a week after the Olympics, with the same policies and rules applied both for athletes with and without disabilities.

This is exactly the etymology of the word ‘Paralympic’, since it derives from the Greek preposition “para” (beside or alongside) and the word “Olympics”, meaning that the Paralympics and the Olympics are parallel Games and global sport movements that exist side-by-side.

Nowadays, the Paralympics Games are an international non-profit organization and a major multi-sport event for athletes with physical, visual and intellectual disabilities that run under the supervision of the International Paralympics Committee (IPC) as the leading organization responsible, in cooperation with other international sports federations.

Table 3. International Federations of Paralympic Sports

PARALYMPICS		
Sports	Governing Body	
Athletics, Powerlifting, Shooting, Swimming Alpine skiing, Nordic Skking (Biathlon, Cross-country skiing), Para ice-hockey, Snowboard	IPC	International Paralympics Committee

Football 5-a-side, Goalball, Judo	IBSA	International Blind Sports Federation
Archery	WA	World Archery
Badminton	BWF	Badminton World Federation
Boccia	BISFed	Boccia International Sports Federation
Canoe	ICF	International Canoe Federation
Cycling	UCI	Union Cycliste Internationale
Equestrian	FEI	Fédération Équestre Internationale
Rowing	FISA	Fédération Internationale des Sociétés d’Aviron
Sitting Volleyball	WOVD	World ParaVolley Discipline
Table tennis	ITTF	International Table Tennis Federation
Taekwondo	WT	World Taekwondo
Triathlon	ITU	International Triathlon Union
Wheelchair basketball	IWBF	International Wheelchair Basketball Federation
Wheelchair fencing	IWAS	International Wheelchair & Amputee Sports Federation
Wheelchair rugby	IWRF	International Wheelchair Rugby Federation
Wheelchair tennis	ITF	International Tennis Federation
Wheelchair curling	WCF	World Curling Federation

The IPC committee members are chosen from 165 nations around the world to form the General Assembly as the highest body of IPC governance.

Sports

There are currently 28 Paralympic sports sanctioned by the IPC, that is, twenty two (22) sports for the summer Paralympics and six (6) for the winter Paralympics available for athletes with physical, visual or intellectual disabilities. Some sports include athletes of all disabilities (e.g. athletics, swimming), other sports are specific to one disability (e.g. goalball, judo) or a selection of disability types (e.g. cycling, equestrian).

The Paralympic sports that officially include athletes with ID are athletics (track and field events), swimming and table tennis, all representative sports involving many participating athletes. However, a wide range of disability conditions can lead to

intellectual disabilities. For example, in the case of individuals with cerebral palsy as athletes with a physical disability condition competing in most Paralympic Sports, the greater the level of athletes' physical disability the greater is also the chance to have an intellectual disability. Thus, knowledge of Paralympic sports is essential for coaches of athletes with intellectual disabilities that should not be limited only to Special Olympics.

The number of sport events may change from one Paralympic Games to another, since badminton and tae kwon are the two newest sports that will make their debut at the 2020 Paralympic Games in Tokyo. Current sports mentioned in the official Special Olympics site¹ along with online coaching resources and other useful materials available for coaches, are:

Table 4. Paralympic Sports & Coaching Resources

PARALYMPIC GAMES				
Summer Sports	Eligible Disabilities			Coaching Resources
	Physical	Visual	Intellectual	
Archery				https://www.paralympic.org/archery
Athletics				https://www.paralympic.org/athletics
Badminton				https://www.paralympic.org/badminton
Boccia				https://www.paralympic.org/boccia
Canoe				https://www.paralympic.org/canoe
Cycling				https://www.paralympic.org/cycling
Equestrian				https://www.paralympic.org/equestrian
Football 5-a-side				https://www.paralympic.org/football-5-a-side
Goalball				https://www.paralympic.org/goalball
Judo				https://www.paralympic.org/judo
Powerlifting				https://www.paralympic.org/powerlifting
Rowing				https://www.paralympic.org/rowing
Shooting				https://www.paralympic.org/shooting
Sitting Volleyball				https://www.paralympic.org/sitting-volleyball
Swimming				https://www.paralympic.org/swimming

Table tennis				https://www.paralympic.org/table-tennis
Taekwondo				https://www.paralympic.org/taekwondo
Triathlon				https://www.paralympic.org/triathlon
Wheelchair basketball				https://www.paralympic.org/wheelchair-basketball
Wheelchair fencing				https://www.paralympic.org/wheelchair-fencing
Wheelchair rugby				https://www.paralympic.org/wheelchair-rugby
Wheelchair tennis				https://www.paralympic.org/wheelchair-tennis
Winter Sports	Eligible Disabilities			Coaching Resources
	Physical	Visual	Intellectual	
Alpine skiing				https://www.paralympic.org/alpine-skiing
Nordic Skiing (<i>Biathlon</i> <i>Cross-country skiing</i>)				https://www.paralympic.org/nordic-skiing
Para ice hockey				https://www.paralympic.org/ice-hockey
Snowboard				https://www.paralympic.org/snowboard
Wheelchair curling				https://www.paralympic.org/wheelchair-curling

Disability of Athletes & Classification System

Elite level athletes who can participate in both summer or winter Paralympics come from six main disability conditions, that is, amputees, cerebral palsy, intellectual disability, visual disabilities, spinal cord injuries and 'les autres' conditions. Thus, although not every disability can participate in every –summer or winter- sport, athletes competing in Paralympic Games include those with a physical (amputees, cerebral palsy, spinal cord injuries, 'les autres' conditions), visual or intellectual disability.

Since there is always a threat that the athlete with less disability will predictably win in sports competition, the International Paralympics Committee (IPC) has established a classification system to determine which athletes are eligible to compete and how athletes are grouped together according to the degree of activity limitation

resulting from the disability. As different sports require different activities performed, the classification system established by IPC is consequently sport-specific to counterbalance the differ impact of disability conditions in each sport.

Athletes with disabilities are classified -before or in competitions- by a classification panel of two or three classifiers who are trained and certified by the international federation of sports recognized by IPC (see table 3). International federations also have the responsibility to provide authority and guidance of their sports during the Paralympic Games.

Overall, the IPC has adopted the definitions of eligible disability types described by the International Classification of Functioning, Disability and Health (ICF) of World Health Organization (WHO) and accordingly established ten categories of physical, visual and intellectual disability applied to both summer and winter Paralympics.

Table 5. Eligible Disability of Athletes in Paralympic Games²

Eligible Disability Types		
Disability	Type	Description
Physical Disability	Impaired muscle power	Reduced force generated by muscles or muscle groups, such as muscles of one limb or the lower half of the body, as caused, for example, by spinal cord injuries, spina bifida or polio.
	Impaired passive range of movement	Range of movement in one or more joints is reduced permanently, for example due to arthrogyryposis. Hypermobility of joints, joint instability, and acute conditions, such as arthritis, are not considered eligible impairments.
	Limb deficiency	Total or partial absence of bones or joints as a consequence of trauma (e.g. car accident), illness (e.g. bone cancer) or congenital limb deficiency (e.g. dysmelia).
	Leg length difference	Bone shortening in one leg due to congenital deficiency or trauma.
	Short stature	Reduced standing height due to abnormal dimensions of bones of upper and lower limbs or

		trunk, for example due to achondroplasia or growth hormone dysfunction.
	Hypertonia	Abnormal increase in muscle tension and a reduced ability of a muscle to stretch, due to a neurological condition, such as cerebral palsy, brain injury or multiple sclerosis.
	Ataxia	Lack of co-ordination of muscle movements due to a neurological condition, such as cerebral palsy, brain injury or multiple sclerosis
	Athetosis	Generally characterized by unbalanced, involuntary movements and a difficulty in maintaining a symmetrical posture, due to a neurological condition, such as cerebral palsy, brain injury or multiple sclerosis.
Visual Disability	Vision impacted by either an impairment of the eye structure, optical nerves or optical pathways, or the visual cortex (ranging from partial vision adequately judged as legally blind, to total blindness).	
Intellectual Disability	A limitation in intellectual functioning and adaptive behavior as expressed in conceptual, social and practical adaptive skills, which originates before the age of 18.	

In each Paralympic sport, classification rules: a) define which -present and permanent- eligible disabilities are entitled to participate b) set minimum disability criteria that describe how severe an eligible disability should be so the athletes are considered eligible to compete in each sport (e.g. amputation level for athletes with limb deficiency, maximum height for athletes with short stature).

Minimum disability criteria are sport-specific. Thus, in case an athlete is eligible to compete for a sport, the classification panel will assess in which sport class the athlete with compete in the specific sport. In other words, sport class represents the placement of athletes by the classification panel, within groups of athletes exhibiting similar activity limitations due to disability, to ensure equal competition.

Since some sports include athletes of all disabilities, other sports are specific to one disability or a selection of disability types and minimum disability criteria are

different in each sport, sport classes also differ by sport in terms of a) *number*, ranging from one sport class (e.g. para powerlifting) to 52 sport classes (e.g. athletics) and b) *disability type of athletes competing together* in case different disabilities cause similar activity limitations in a specific sport (e.g. wheelchair basketball with athletes with spinal cord injury and leg amputation competing together).

Eligible disabilities, the eligibility of athletes meeting the minimum disability criteria and sport class allocation of athletes, represent the three steps of the classification process that ensure equal opportunities for sport competition in Paralympic Games and enable athletes to achieve sporting excellence and promote inspiration, inclusion and social equality as the utmost value of the Paralympic movement.

Links

¹ <https://www.paralympic.org/>, Retrieved 11/12/2019

² <https://www.paralympic.org/classification>, Retrieved 11/12/2019