

ROLE OF ADAPTIVE PHYSICAL EDUCATION FOR HOLISTIC DEVELOPMENT OF CHILDREN WITH SPECIAL NEEDS

Abstract

A personalized approach to education is necessary for children with special needs due to the particular difficulties they face in their physical, cognitive, social, and emotional growth. This chapter emphasizes how Adaptive Physical Education (APE) contributes to the overall growth of these children by using methods that improve fitness and social relationships. This study explores the necessity for APE and illustrates the numerous approaches to include APE in kids with particular requirements to enhance their physical health, confidence, communication, and social skills.

Keywords: Children with Special Needs (CWSN), Holistic Development, and Adaptive Physical Education (APE).

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I. INTRODUCTION

A person's physical and mental well-being, health education and physical education are two connected topics of study. Both speak to the habits of working out, sleeping, relaxing, and having fun. Despite the fact that a person's physical well-being is only one aspect of their overall health, physical education is typically seen as a part of health education. Learning the abilities and information required to support the growth of the body, mind, and spirit in order to promote health and wellness can be characterised as physical and health education.

II. MEANING

The name "physical education" combines the words "physical" and "education." The first part of the phrase, physical, relates to a person's physical characteristics, including their physical power, physical stamina, physical beauty, physical fitness, and physical health. The second definition of education is the practise of formally or informally instructing and re-instructing someone in order to change their behaviours.

Physical education is a type of education that makes use of physical activities to provide children the knowledge, skills, and fitness they need to grow and thrive.

III. AIMS OF PHYSICAL EDUCATION

1. Physical development is aided by physical education, which uses a variety of carefully chosen and scheduled exercises.
2. During group activities, child pick up positive social attitudes that help with their social development. Better social adjustment results from these attitudes.
3. Cerebral Development: By learning the rules of the many activities and sports, students in physical education are able to further develop their cerebral capacity.
4. Emotional Development: Physical activity teaches child how to be humble in success, keep their tempers in check when playing sports, and gracefully accept failure.

IV. NEED AND IMPORTANCE OF PHYSICAL EDUCATION

The goal of physical education is to develop a child body, mind, and behaviour. The planned physical education including the following:

1. Increased capacity for learning.
2. An increase in physical fitness.
3. Increases body composition, flexibility, mobility, muscular strength and endurance, and cardiovascular endurance.
4. Enhances strength, flexibility, quickness of reaction, balance, and coordination.
5. Development of skills.

V. ADAPTIVE PHYSICAL EDUCATION

Adaptive physical education typically refers to school-based initiatives, particularly for children between the ages of 3 and 12. A specialised approach to physical education called "adaptive physical education" creates workouts and activities that are specific to the

requirements and capabilities of each student with a disability. In order for a student to participate in all parts of physical education, adaptive physical education instructors offer planning and assessment, consulting for regular physical education teachers, specially planned training, and adaptations or modifications to the curriculum task, equipment, and environment. Teachers of conventional physical education and adaptive physical education collaborate to create engaging and helpful lessons for all children.

VI. HISTORICAL BACKGROUND OF ADAPTIVE PHYSICAL EDUCATION

At Boston's Perkins School for pupils with vision impairments, physical activity started getting special focus in 1838. The students engaged in swimming and gymnastic activities. This was the first physical education course offered to blind pupils in the nation. Health promotion and disease prevention were the goals. The American Association for Health, Physical Education and Recreation (AAHPER) established a committee in 1952 to define adaptive physical education and offer assistance to teachers. This committee defines adapted physical education as a "diversified programme of developmental activities, games, sports, and rhythms suited to the interests, capacities, and limitations of students with disabilities who may not be able to safely or successfully engage in unrestricted participation in the rigorous activities of the regular physical education programme."

The Special Olympics were established in 1968 by the Kennedy Foundation as well. This programme swiftly grew and today offers tournaments at the local, state, national, and international levels in a wide range of sports.

VII. CERTIFICATES AND ORGANISATIONS

1. **Special Olympic Bharat:** This organisation was founded in 2001. This organisation transforms the lives of child and persons with intellectual disability through sports. At the state and national levels, this organisation coordinates sporting events. They receive training from India's sports authority to compete in 24 individual and team competitions on a national level.
2. **Paralympic Games:** Athletes with a variety of disabilities, such as cerebral palsy, amputation, blindness, and mobility limitations, the Paralympic Games are significant international multisport championships. The headquarters are in Germany's Bonn. There are currently 176 National Paralympic Committees in it.
3. **Deaflympics:** The global games for the deaf and the international games for the deaf are additional names for the Deaflympics. Once every four years, this multisport competition is held. The first-ever international athletic competition for athletes with impairments took place in Paris in 1924.

VIII. THE PURPOSE AND GOALS OF ADAPTED PHYSICAL EDUCATION

1. To routinely engage the children in age-appropriate movements to aid in the development of motor skills.
2. To develop a healthy level of coordination, flexibility, muscle strength, body composition, and respiratory endurance.

3. To familiarise oneself with new games and their rules and to correctly apply them in comparable situations.
4. To acquire and practise suitable social skills while engaging in physical activity.
5. To improve motor abilities and become aware of the advantages of regular exercise.

IX. SUPPORT TO THE CWSN

Early intervention can help if a child is diagnosed with a developmental delay. Early intervention helps children gain the skills they need to participate in daily activities through therapies, support education, and other methods. Children who get early intervention may occasionally require less or no support as they get older. Depending on the needs of the child, a child with a developmental delay may work with some or all of the specialists listed below, along with their parents or guardians: occupational therapists, psychologists, social workers, special education teachers, physiotherapists, and speech therapists.

X. THE BENEFITS OF PHYSICAL ACTIVITY FOR CWSN

Physical education programmes can significantly improve the quality of life for children with special needs. They can also assist to reduce obesity, foster social and emotional development, encourage an active lifestyle, and keep children motivated in a variety of areas of their lives.

- 1. Physical Improvements:** Children with Special Needs may experience a range of physical impairments, which might cause them to perform their motor skills below their chronological age. Many special needs kids notice improvements in their hand-eye coordination, muscle strength, endurance, and even cardiovascular efficiency when encouraged to participate in regular fitness programmes. Additionally, it aids people in their fight against issues like obesity and other health challenges.
- 2. Mental Improvements:** Physical activity helps mental patients with anxiety and depressive disorders feel better about themselves overall. Giving pupils a physical outlet may help them deal with their anxiety and despair, and interacting with other students will boost their self-esteem.
- 3. Behavioural Improvements:** Physical activity helps children with special needs think more clearly, which helps them learn to regulate their emotions, pay attention for longer periods of time, and make better decisions.

XI. METHODS FOR INCLUDING SPECIALLY NEEDED CHILDREN IN PHYSICAL ACTIVITY

1. Children with weaker levels of fitness, shorten the duration and slow down the pace of the activities.
2. To accommodate pupils with limited movement or inadequate mobility fitness, the activity should be slowed down.
3. Children who are more mobile on a higher level, repetitions can be helpful.
4. Use a smaller playing area for physical activities to accommodate less mobile students.

5. Utilise various balls and rackets that are simpler to grasp, throw, or see. Goal balls with bells for students who are blind.

XII. CONCLUSION

In order to sum up, a physical activity programme that has been modified for people with special needs is essential for encouraging physical activity and general well-being. A person's strengths will be maximised and any unique problems they confront will be reduced through carefully designed physical activities with adjusted activities, equipment, surroundings, rules, and the overall physical education curriculum. For those with exceptional needs, adaptive physical education offers opportunity to engage in physical activity that will foster socialisation, boost self-esteem, and enhance health outcomes.

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