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A PHILOSOPHY OF PHYSICAL EDUCATION
APPLIED TO THE FIELD OF ADAPTED
PHYSICAL EDUCATION

by

Anita Tedford

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OF ADAPTED PHYSICAL EDUCATION

by

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Advisor

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PREFACE

The formulation of a philosophy of physical education, and its application to an adapted program, stems from a need to relate physical education aims and objectives to those of general education. In any specialized area of education, it is necessary to develop principles to guide the organization of a sound program. Those principles then must have their foundation in the aims of general education.

In a democracy we accept some basic tenets which help determine whom and what we teach. We have accepted the belief in the supreme worth of the individual and that every child should have an equal educational opportunity. If we support these beliefs in physical education, we must offer a phase of our program which will meet the needs of the atypical child. The type of physical education concerned with the education of the atypical child is termed "adapted."

As the result of an adapted program, a child should gain self confidence and an added sense of security through increased use of his physical abilities. He should benefit socially through proper acceptance and adjustment to his situation. He should benefit psychologically from being a part of a group where he is an equal. This sense of being a part should be carried over into other activities through an increased sense of being

accepted by the group.

The stress put upon social and psychological development in an adapted program, as opposed to strict exercises, makes it a valuable and irreplaceable part of the physical education program.

The material used in this paper will not be new but rather a compilation of ideas and impressions gleaned from reading and experience. Through these ideas and impressions, I hope to formulate a philosophy which will guide the selection of activities for the atypical child.

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WHAT IS EDUCATION?

Education, as many people see it, begins when the child enters the first grade and ends with the termination of formal training. This conception of education includes only schooling and not education in a general sense. The school is merely the agency upon whose shoulders the community or society has placed the responsibility of organized education. Actually, education is much broader than this concept. The educational process begins and continues from the moment a child is born until he draws his last breath.

In a democratic society we maintain that there should be equal educational opportunity for all. This does not imply that all children should be educated equally but rather that each child should be able to develop his innate abilities to the degree to which his capacity permits. The fundamental principles of democracy dictate that a child should have an education that is adapted to his particular needs, interests, and capacities. In return, democracy demands of students the recognition of the interests and welfare of the community. These conceptions of education, which indicate that it is a process of successful living in a democratic society, help to formulate a general aim of education, as-- "Education in a democracy, both within and without the school, should develop in each individual the knowledges, interests,

ideals, habits, and powers whereby he will find his place and use that place to shape both himself and society toward ever nobler ends." ¹

The steps projected for attaining the aims of education are called objectives. Objectives are more specific, and smaller, working units. It would be difficult to relate to a student the manner in which he would "shape both himself and society toward ever nobler ends." ² However, it is not difficult for him to learn activities which would be of value during leisure time.

In 1918 a Commission on the Reorganization of Secondary Education met and formulated what is now commonly referred to as the "Cardinal Principles" of secondary education. These principles have been the guiding factors in the determination of curriculum development and content. The "Cardinal Principles" list the seven primary objectives of education as, (1) health, (2) command of fundamental processes, (3) worthy home membership, (4) vocation, (5) citizenship, (6) worthy use of leisure, and (7) ethical character. ³

These objectives of education were instrumental in a widespread curriculum re-organization program. If these seven objectives were to be the principal goals of educa-

1. Sharman, Jackson R. Introduction to Physical Education p. 61

2. loc. cit.

3. National Education Association, Commission on the Reorganization of Secondary Education, Cardinal Principles of Secondary Education, p. 9

tion, a program had to be developed which would give the students an opportunity to develop these characteristics. If these characteristics are the ones we most want to develop in children through our educational system, what does education include?

John Dewey defined education as " a continuous process in which experience is constantly being reconstructed with a two-fold purpose, that of enlarging its social content while at the same time it influences the individual so that he more and more becomes master of the methods involved in educational experience." ⁴ Dr. Kilpatrick believes that "education is the process by which the individual comes into continually increasing possession of himself and his powers through continually increased participation in the race achievement." ⁵ Dr. Hetherington tells us that "education is a process of acting and the results of acting." ⁶

From these definitions, and for the purpose of this paper, education will be considered as a process whereby an individual broadens social concepts and acquires greater understanding of himself and his powers through redirected experiences.

4. Wayman, Agnes R. A Modern Philosophy of Physical Education
p. 32

5. loc. cit.

6. loc. cit.

PHYSICAL EDUCATION IN RELATION TO EDUCATION

Any specialized area of education must find the basis for its principles, aims, and objectives in the aims and objectives of general education. In formulating a program of physical education, we must first consider what aims of education we are fulfilling in offering a particular activity or class. We cannot be concerned with activity alone; we must also be concerned with concomitant learnings. Activity should not be an end in itself but rather a means to an end, the end being the education of the child to the degree that his capacity permits, not only physically, but mentally and emotionally as well.

In order to increase the status of their profession, physical education teachers have been striving to be recognized as equally important members of the faculty. The relative newness of the program, and the fact that the unique contribution to general education is through physical activity, caused some people, in so-called "academic" areas of education, to frown upon physical education's entry into the curriculum. Eventually, the values derived from active participation in a physical education program are being recognized, and the modern physical education instructor is considered as well-educated, ethical, and important as any other faculty member.

Just as the teacher of physical education has been

striving to become recognized as a competent and equal member of the faculty, physical education has been striving to do the more commonplace: to develop all children and to raise their moral, mental and physical standards so as to make them assets, socially. This point of view is in contrast to the concept of physical education formerly held by many people. Once physical education was thought of as predominately perspiration and gymnastics.

Before 1900, and even until the National Education Association accepted the cardinal principles of secondary education, it was unusual to find a school offering classes of physical education in its curriculum. For too long the criteria for judging the success of a physical education program were the winning teams produced, records that were set or broken, the money taken in at the gate, or the size of the team's following. We now try to evaluate a program of physical education in terms of aims, objectives, and outcomes.

Outcomes are results and by-products of a program. They are the hoped-for end which we realize if our aims and objectives are met. These outcomes may be capacities, accomplishments, habits, attitudes or appreciations, depending upon where the emphasis is placed. When we are teaching physical education for outcomes and by-products, these must become criteria for accomplishment or success of the program.

One of the general aims of education is to help

the individual function with satisfaction to himself and to enable him better to serve in the democracy in which he is living. If this is the general function of education, what can a program of physical education state in its aims and objectives which will specifically lead to this goal? The basic aims should be the same, with the more specific objectives of physical education being increased psychological, sociological, physiological, and economic development. Even so, these objectives should lead ultimately toward the aim of general education.

If the aims of education and physical education lead to the same end, how does physical education differ from general education? Actually there is no difference; physical education is a branch of education, but is unique in that its contribution to the fulfillment of educational aims and objectives is through participation in, and association with, physical activities.

Physical education has been defined by many people in many ways. Just as education can be conceived of as schooling and not the whole process of learning, so can physical education be conceived of as instruction in a physical education class, but it is more than the skills and attitudes learned in an activity class. When considered as a part of education, physical education takes on a new meaning. Physical refers to body, so that when education is added to physical, it refers to the process of education which goes on through bodily activities.

This education which comes about through physical activity may be conducive to the increased quality of life, or it may be detrimental. Either accepted social behavior or anti-social outcomes may result from the individuals' participation in activities. Whether or not educational aims and objectives are gained through participation in physical activities depends to a great extent upon the type of leadership given to the program.

THE HEALTH EXAMINATION

Before any child is permitted to participate in a program of physical activity, he should be required to have a thorough physical examination. Through this examination health status should be determined so that, if there are any abnormalities which would restrict an individual's participation in activities, they will be noted. An examination which will discover these abnormalities and recommend remedial or helpful procedures cannot be a routine or superficial one. Needless to say, even an examination which is complete in its diagnosis will be useless unless a follow up program initiates the action needed to correct the indicated defects.

The health examination is really the most important factor used to determine the correct placement of students in physical education. Many other methods are employed to classify students, such as age, sex, grade level, and interests. Some elementary schools have found that age, height, and weight factors are more effective in placing students in appropriate classes than strict grade level classifications. Regardless of age, grade, or skill level, a child's participation in a program of physical education should be dependent upon the result of the medical examination.

Each doctor who is giving pre-school examinations should be made aware of the various classifications or

degrees of physical activity offered by the school. Each category should be described in detail so that it will be easy for the doctor to choose a phase of the program which will best fit the need of each particular student. For the convenience of the doctor, and to simplify and clarify records, each child should have a physical education classification card, which states the degree to which he can participate in the program.* The student also needs a health record card which indicates complete health history and status.*

If, for any reason, a student cannot participate in a regular program of physical education, he should have a program adapted for him. If this adaptation is to be effective, the teacher of physical education must gain the confidence of the medical profession. When the medical examiner indicates that the child should be placed in an area of physical education which will restrict or inhibit his activity, he must know that the student will not be pushed beyond his limitations but will gain beneficial experiences from having participated in the program.

* Examples of these cards can be found in the appendix.

THE NEED FOR ADAPTING THE PROGRAM OF PHYSICAL EDUCATION
FOR THE ATYPICAL CHILD

In a democratic society, we believe that all children should be given an equal opportunity to become educated. Actually this is often only a belief and not practiced. This principle of equal educational opportunity is often violated in respect to the child who deviates from what we have come to consider average. We often deny these children the opportunity of actively participating in a program of activities designed to meet their needs. There are hundreds of thousands of children attending our public schools who fall above or below the average. These children have been classed as handicapped, crippled, disabled, retarded, deviant, atypical or exceptional. Children who have special educational needs will be called either exceptional or atypical, the two being used interchangeably.

A. S. Daniels says: "Children are classed as exceptional when they are so different in mental, physical, emotional, or behavior characteristics that in the interests of equality of educational opportunity, special provisions must be made for their proper education."⁷ The special provisions made for these individuals is called "special education".

It has been estimated that there are four million

7. Daniels, A. S. Adapted Physical Education, p.5-6

exceptional children of school age in the United States today. Of those four million, eighty nine per cent attend public schools, and eleven per cent are cared for in special schools or special classes.⁸

Oberteuffer,⁹ in School Health Education, used data from the twentieth Yearbook of the American Association of School Administrators for 1942 to conclude: for every school system of three thousand there will probably be ten with impaired hearing, two partially sighted, ten crippled, twenty with heart impairments, and three epileptics.

If we accept the democratic belief in the supreme worth of the individual, we cannot neglect any phase of his education. The atypical child must be offered an opportunity to minimize or overcome his disability, as well as to acquire a general education. Excusing the child from participation in a physical education class, or even worse excusing him from the entire educational program, will not help him; nevertheless, many educators feel that the safe way out is to excuse the child rather than adapt an educational program for him. Who needs help more than the child who has been rejected by a group or has willingly withdrawn from an activity or game because of his handicap?

8. loc. cit.

9. Oberteuffer, Delbert, School Health Education

All of the specific areas of general education must be concerned with the education of one hundred per cent of the child, as well as one hundred per cent of the children. In physical education, we too must concern ourselves with the atypical child. In all fairness to the individual, he must have an opportunity to develop even his limited skills to the degree where he finds satisfaction in joyous participation in wholesome physical activity.

"The formation of social attitudes and aesthetic appreciations must not be left to chance. Provisions for learning experiences wherein the student acquires social and aesthetic competences of value to himself and to the group deserve a place beside the experiences arranged to develop skill and to acquire knowledge. Taking turns, abiding by the rules, striving to win, losing with honor, cooperating with teammates, respecting opponents, thrilling at the joy of wholesome participation; appreciating the vastness of nature and the great out-of-doors--all pertain directly to physical education. They also characterize the person with a zest for living and the good citizen in a community. " 10

These values derived from physical education are important to every student, not just the physically fit. If the atypical child is to grow into a well-integrated individual, we must give him an opportunity to participate in a program of physical education fitted to his needs. This phase of physical education, which is concerned with the atypical or exceptional child, may be termed corrective, remedial, protective, modified, or adapted. The term adapted has generally been accepted to denote this type of physical education.

10. Brownell, Clifford Lee, and Hagsman, E. Patricia, Physical Education Foundations and Principles, p. 211

WHAT IS ADAPTED PHYSICAL EDUCATION?

A physical education program of diversified activities adapted to the capacities, limitations, and interests of the students involved, is what we mean by adapted physical education. There are some services essential to the proper functioning of an adequate program of adapted physical education; some of them have been discussed but will bear repeating. As has been pointed out, every student who is participating in a program of physical education should have a yearly health examination, whereas the atypical should have more frequent periodic checkups. It has already been shown that the student should be classified for physical education from the results of his physical examination. Along with appropriate placement in an activity class, the student in the adapted program requires guidance in many areas, namely: general health practices; limitations as far as physical activity is concerned; profitable recreational pursuits; and planning for a successful vocational future.

If an adapted program of physical education is to be effective, it must have the co-operation of the doctor, parents, administrator, and teacher, as well as of the student. Through observation and evaluation of progress, the student, his physician, and parents should be aware of the improvement he is making.

The initial difficulty, as well as the progress achieved, should be listed on a comprehensive cumulative record for each student so that it may be referred to at any time. In case a student transfers from one school to another, his record should be brought up to date and transferred with him.

Teachers of adapted physical education have a great responsibility, but they should not attempt to fulfill that responsibility without the diagnosis, recommendation, and supervision of a medical doctor. It is important that the individual who teaches adapted physical education should have the necessary training which will fit him for his job. A successful job in teaching the atypical child requires that the teacher, in addition to his technical skill, be enthusiastic in his work and have the ability to carry on harmonious relations with his students, especially those who experience difficulty in adjusting socially to their disability. The teacher must have an intense respect for the importance of total student development if he is to find satisfaction in the often slow progress of the atypical child.

The addition of an adapted program to the curriculum of physical education necessitates acquiring an increased number of trained faculty members, as well as special equipment. Often a school board rebels at this increased expenditure for such a small number of

individuals. The school board must be made to realize that the student with a disability has a dual problem, that of gaining an education and that of overcoming or minimizing his disability. The atypical child is entitled to an opportunity to gain the type of education which will enable him to take his place as a respected citizen in our society. If we fail to educate the exceptional child, we sharply curtail his growth and development. The teaching of adapted physical education is fulfilling a basic democratic tenet of equal educational opportunity. Attitudes of defeat and insecurity are often prevented or alleviated through increased physical functioning and psychological adjustment to a handicap. When the school board member becomes educated to the needs and interests of the atypical child, he will be more willing to allocate funds for the increased educational requirements.

In discussing activities for the atypical child, the type and degree of disability, as well as the attitude of the individual toward his handicap, must be considered. Adapted physical education must be an individualized program. However, I do not mean to imply that every atypical child should be placed in a class with only exceptionals. There are many students who deviate from the normal physically but can participate in a regular program with some modifications. In reality the activities are not modified, but the

student's participation in them is adjusted so that he performs to the limit of his capacity in a position where he will be most beneficial to the team or group. These activities often encourage more development because they give the child a chance to participate with the regular class and an opportunity to achieve recognition as a part of the so-called normal group.

Principles underlying a program of adapted physical education do not differ from those applied to the teaching of regular classes. More emphasis must be given to individual differences and to the study of the child in the light of his handicap, but essentially the principles are the same. Activities should be taught so that the child emerges from a self-concerned individual into one who not only is able to adjust to his condition and to his present environment but also develops the ability to adjust to new situations which may face him in the future.

ADAPTING THE PROGRAM TO MEET INDIVIDUAL NEEDS

Education, in order to meet its obligation of equal educational opportunity, must provide adequately-trained staff with necessary equipment to carry on a worthwhile program of physical education, geared to the atypical child. The scope of activities in the adapted program is essentially the same as in the general program. The difference lies in the care that must be used in the selection of activities and in the prescription of special exercises in cases where they are needed to improve body strength and use. In every instance, the differences between the student in the adapted program and those in the regular classes should be reduced. Whenever possible, the atypical and the typical should participate in the same type of program, using the same facilities and equipment. There will be some instances where special exercises and facilities will be needed to meet the needs of an individual, but generally speaking there is little need for elaborate equipment.

There are almost as many kinds and degrees of handicaps in an adapted program as there are students participating. Each child's treatment will depend upon both his adjustment to his situation and his physical condition. There are numerous major and minor diseases and injuries which permanently or temporarily cause a child to be unable to participate actively in

games. We as teachers of physical education must devise a means whereby these students have an opportunity to gain needed values from participation with students of equal ability.

Medical guidance should be sought for the initial planning of each new phase of the student's program. As the result of properly guided activities, the atypical should be able to meet developmental and rehabilitation needs. Through increased physical functions, he should gain needed confidence and independence.

PRINCIPLES TO GUIDE THE SELECTION OF ACTIVITIES
FOR THE ATYPICAL CHILD

A. Every Child Should Have The Opportunity To Participate.

We have some accepted principles in physical education which should help us to determine the content of a good program. First, we have come to believe that every child should have an opportunity to participate in a program of physical education which takes into consideration individual interests and limitations. If for any reason a child cannot participate fully in the regularly scheduled program, he should be given the opportunity to participate, to the limit of his capacity in the sports or activities of the regular group or be placed in an adapted class. Through this special consideration or placement, the student should gain satisfaction from actively participating in a program designed to meet his needs.

With ingenuity and patience, the physical education teacher can either devise activities for the atypical child; arrange his program so that he is scheduled for activities in which he can participate; or adapt his participation within an active game. Devised activities may be individual exercises which will strengthen a particular area or areas of the body, or games especially designed for a special group of atypical children whereby they gain needed muscular strength and find

enjoyment in activity with other students.

Arranging a students program, so that he can participate in activities with regular students, is of more psychological value than separating the atypical from the typical. For instance, if a child with a leg injury can still compete or take part in such sports as archery, flycasting, or table tennis, with equal or even greater skill than a child without a handicap, his feeling of achievement is greater than if he had been competing with physical equals. The student with an arm injury may still develop skill in bowling, tennis, badminton, or shuffle board. Even though an individual with an arm impairment may still participate, his adjustment to his condition may be difficult. His handicap is more noticeable than a leg injury; and also, if he happens to lose the hand or arm on which he had depended, his adjustment in learning to use the other arm is often long and tedious.

If the degree of disability or injury is minor, the student may gain more beneficial effects from participating in a program with regular classes. The activity is not adapted for the individual in this case; his participation in the sport is modified. If a person cannot participate fully, he is given a position which will allow him to play to the limits of his capacity while contributing his share to the success of the team. For instance, if a student is not permitted to run excessively and the class is playing a fall sport

he may be taught to play the goalkeeper's position so that he does not have to run but can contribute to the welfare of the team.

The atypical student should be helped to become aware of his limitations, but he should also realize that his participation in sports is not necessarily limited to the point of inactivity. He may be limited in the types of activities in which he can participate; but through greater perfection in a few selected activities, he can still gain satisfaction from participation.

B. Through Participation In a Program of Physical Activities Each Individual Should Develop a Sense of Security By Feeling a Part of a Group.

The second principle which we have accepted is that, through participation in a program of physical activities, each individual should develop a sense of security by feeling a part of a group. The atypical individual often has difficulty in becoming a part of a group because he is different, either mentally or physically, from his associates. Every child must earn the right to belong by showing a degree of skill or achievement often in physical activities. When a student is placed in an adapted class with other atypical children, he has an opportunity to belong and gain status because he is competing or participating with students of his own ability. Through this sense of belonging, with a small group, a child should gain more confidence that will help him develop a feeling of security with other people. Often in an adapted class, each student's activity is peculiar to him; therefore social development must be encouraged by the teacher. The students should be given an opportunity to talk both with their classmates and with their instructor. Interest and participation in campus and current affairs should be encouraged. If a student is hesitant to enter into conversation, the instructor should make every possible effort to find an area of like interests and encourage him to join

the group. As often as possible the group should have an opportunity to play together. Occasionally a game can be devised which will give beneficial physical development to each child while at the same time they gain valuable social experiences. If the areas of disability and the degree of restrictions are so varied that, for the most part, each student takes individual exercises it is often advisable to set aside a portion of each day or perhaps a full period once a week for informal games, contests or parties. In this way students in the adapted classes have an opportunity to develop their physical skills and also learn social skills and attitudes with a group. These newly acquired skills are not possible when the student is isolated in individual practice.

In summing up, through increased use of physical abilities a child should gain self confidence and an added sense of security. Socially he should benefit through proper acceptance and adjustment to his situation. Psychologically he should begin to feel more a part of a group where he is an equal. This sense of being a part should be carried over into other activities not directly connected with any one group.

C. Each Student in The Adapted Program of Physical Education Should Overcome or Minimize his Disability.

Every student who participates in a program of adapted physical education should overcome or minimize his disability through a planned program of physical exercise suited to him. This is a third principle we have accepted to guide our program.

Each child's participation in activity is dependent upon the extent of his handicap. Every student should have exercises which will strengthen or re-educate his muscles. Normal muscles must have a minimum of exercise in order to maintain healthy status and be an aid rather than a detriment in overcoming the handicap. If muscles are to be strengthened, they must be slightly taxed, but not to the extent of overloading. The exercises must not be done carelessly without supervision for fear of resulting in undesirable consequences. Special developmental exercises may be designed to improve strength, endurance, balance, flexibility, and coordination. Through these exercises many activities used in every day living may be taught which will be of benefit to the atypical child. Such movements as: proper walking; changing bodily positions from lying, sitting, or standing; opening doors; getting into heavy clothing; or carrying heavy objects, can do much to give a feeling of independence and increased physical efficiency. The easiest and most efficient way of doing

routine movements is taught as a skill; this will do much to offset fatigue.

Regaining or developing physical efficiency is only one of the ways to overcome or minimize a disability. Recreational sports which can be carried over into adult life are important also. Among the recreational activities are various degrees of active and passive games. The more passive activities, in which an individual who is very limited in ability may engage, are shuffleboard, table tennis, darts, deck tennis, archery golf, bowling, and the various forms of fishing activities. Students who are only slightly handicapped may meet their needs through such activities as those which interest the average sports fan. Another phase of activity, which has great value as a mild form of exercise and contributes to a feeling of belonging and minimized disability is rhythms. Through the various forms of dancing, if advisable for the individual, a sense of timing and co-ordination may be learned which can be utilized in other areas. Square and social dance contribute a great deal to poise and social development as well as having value as a desirable form of adult recreation.

D. Developing an Increased Appreciation in Sports.

To develop an increased appreciation in the field of sports is the fourth principle that should be developed in adapted physical education. The atypical child should be encouraged to keep the same sports interest as the rest of his age group even though he cannot actively participate in the games. As a part of his physical education program the exceptional child should be taught attitudes, interests, and appreciations of skills even though he may never be able to perform them.

Often a child can gain status with a group, which is interested in sports, by having quite a lot of knowledge of the games and perhaps some statistics about batting averages, percentages of baskets scored, or bowling averages. As a nation, we have become spectators in greater numbers than we have become participants. The atypical individual can learn to appreciate the skill and technique involved in becoming a good player as readily as can the healthy individual. Many leisure hours may be spent in an enjoyable way by watching sports activities. The interest in these activities gives a basis for common likes and appreciations which can lead to a broader range of friendship and associations.

CARDIACS

Even though the four principles that have been stated apply also to cardiac cases, their participation in a program of physical education is somewhat different from that of other physically handicapped people. Since they have no apparent defects, their social and psychological adjustments are necessarily less than those of the student with an obvious limitation, unless the child has been coddled and is afraid to participate for fear of added injury.

Generally speaking we find the cardiacs in three general groups. The first group includes those who are afraid of their condition and who have been led to believe that they can engage in little or no physical activity. Occasionally this is true, but very often the child has been pampered when actually he could have participated more actively. The problem in this case becomes one of educating both the parents and the student to the need for activity within his limitations and of helping him work up to his capacity. This education process will not occur overnight but for the child's sake it cannot be neglected.

The second group understand their problems and limitations and accept them realistically. They are willing to work up to their capacity but also know when to stop. The problem of the physical education

teacher in this case is one of selecting suitable activities. ~~rather than~~

The third group consists of those who may or may not be fully aware of their condition but insist upon doing too much. It is true that very often the individual knows better than anyone else how much activity he can engage in. However, he must be made aware of the dangers of not obeying warning signs and over exerting. The student in this category must be counseled so that he limits his activity, but maintains his interest in participating within his newly defined limitations.

Very often cardiacs are ignored in the physical education program when they could do many of the same activities or modified activities with the regular class. The heart is a muscle and the only way a muscle can be strengthened is through exercise.

CONCLUSIONS

It is possible, through the application of these principles to conduct a program of activities which will meet the needs of any child. Every school system should include adapted physical education in their physical education curriculum. No program can be considered complete when it ignores those who need physical development as much as or more than those considered normal and focuses its attention on those in the regular program capable of performing intricate skills. To carry out a vital program of adapted physical education the instructor should have both an interest in the welfare of the atypical students and specialized training in the area. If there is only one member of the physical education staff he will necessarily be charged with developing and maintaining a program of physical education for all. Nevertheless he should not neglect the few in favor of the many. If necessary he should obtain additional training so that he can either integrate the atypical into the regular program or provide a special class or activity for him.

Adapted physical education is not a "frill" it is a necessary part of any good physical education plan if we are to maintain the democratic standards of equal educational opportunities and the supreme worth of the individual.

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TYPES OF CLASSIFICATION CARDS FOR PHYSICAL EDUCATION

EASTERN ILLINOIS STATE COLLEGE
Physical Education Classification

Name

Regular	()	Restricted	()
Adapted	()	Rest	()
Observation	()	Excused	()

Cause for restriction, observation or excuse:

.....

.....

Date Signature

PHYSICAL EDUCATION

_____ 19 _____

Miss McAfee
Miss Stripp
Miss Daves
Mr.

Is _____ to be on

Restricted
Observation
Rest

Physical Education

program for _____
because _____

M. Bland
Nurse

TYPES OF HEALTH RECORD BLANKS WHICH CAN BE USED ON
THE HIGH SCHOOL LEVEL AS WELL AS COLLEGE AND ELEMENTARY

SCHOOL HEALTH RECORD

Pupil's Name _____

School _____

Date of Birth _____

Sex _____

Color _____

Family Physician _____

Parent's Name _____

Address _____

Occupation _____

Disease History (Yes or No)	Preventive Procedures (Year)	Corrections Following Examinations	Year
Chickenpox	Diphtheria Immunization		
Chorea			
Diphtheria	Smallpox Vaccination		
Encephalitis			
Erysipelas	Typhoid Vaccination		
German Measles			
Infantile Paralysis	Whooping Cough		
Malaria			
Measles	Scarlet Fever		
Meningitis			
Mumps	Tests:		
Pneumonia	Schick pos <input type="checkbox"/> neg <input type="checkbox"/>		
Rheumatic Fever	Dick pos <input type="checkbox"/> neg <input type="checkbox"/>		
Scarlet Fever	Tuberculin pos <input type="checkbox"/> neg <input type="checkbox"/>		
Smallpox	Specify Test		
Typhoid			
Tularemia	X-ray		
Undulant Fever			
Whooping Cough			

PHYSICAL EXAMINATION:

Code: 1x-Slight defect; 2x-Attention desired; 3x-Immediate attention urged.

Medical Examination: Date									
Nervous									
Posture									
Nutrition									
Skin—Scalp									
Eyes	R L	R L	R L	R L	R L	R L	R L	R L	R L
Vision									
Ears	R L	R L	R L	R L	R L	R L	R L	R L	R L
Hearing									
Nose									
Throat									
Thyroid									
Lymph Glands									
Heart									
Lungs									
Orthopedic									
Other findings									
Parent present									
Doctor's Signature									
Dental Examination: Date									
Cavities									
Malocclusion									
Gums									
Care needed									
Dentist's Signature									

Record only measurements and abnormalities.

EASTERN ILLINOIS STATE COLLEGE

Health Record

Date _____ Address { Home _____ Tel. No. _____
Local _____ Tel. No. _____

Name _____

1. Previous illnesses, injuries and physical defects, operations _____

2. Family history of physical or mental illnesses _____

3. Extra-curricular work _____

4. Immunizations and tuberculosis examinations:

Typhoid _____ Year _____ Tetanus _____ Year _____

Tuberculin Test _____ Result _____ Chest X-Ray _____ Result _____

Smallpox _____ Year _____

5. Age _____ Height _____ Weight _____ General Development _____

6. Temperature _____ Pulse _____ Exercise Reaction _____

7. Posture: Good _____ Fair _____ Poor _____

8. Eyes: Vision R. _____ L. _____ Corrected: R. _____ L. _____

Abnormalities _____

9. Ears: Hearing R. _____ L. _____ Audiometer: R. _____ L. _____

Abnormalities _____

10. Skin _____

11. Skull _____ Nose _____ Throat _____ Neck _____

12. Teeth: Upper: 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 Lower: 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

(Code: • Filled Cavity o Cavity x Absent — Bridge)

Abnormalities _____

13. Upper extremities _____

14. Chest _____ Breast _____

15. Lungs _____

16. Heart _____ Blood Pressure: Systolic _____ Diastolic _____

17. Abdomen _____ Hernia _____

18. Gastro-intestinal _____ Hemorrhoids _____

19. Genitalia _____

20. Lower extremities _____ Feet _____

21. Urinalysis _____ Hemoglobin _____

22. Remarks: _____

P. E. Classification: Regular _____ Adapted _____ Rest _____ Restricted _____

Examination by _____

NAME