

PROPOSED PROGRAM FOR HANDICAPPED STUDENTS AT
MANHATTAN JUNIOR HIGH SCHOOL

by 4589

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CHAPTER I

INTRODUCTION

Little emphasis has been placed on the physically disabled student of today. Much is written and heard about the gifted child. From its infancy, physical education has shown interest in the gifted child who is an outstanding athlete. Academicians are currently attempting by research and various educational techniques to provide for the gifted child. Many advances have been made by the medical profession and the teaching profession to aid the subnormal child. If it is the present task of teachers to make provisions for all children--the dull, normal, and bright--it is certainly the task of physical educators to consider the welfare of the physically handicapped child.

THE PROBLEM

Statement of the Problem. The purpose of this study was to illustrate how specific physical activities, i.e., adaptive physical education measures as work on correctional training equipment and body conditioning units, may be employed as rehabilitative devices for the physically handicapped child, especially the junior high school student.

Importance of the Study. It is the function of educators to educate the whole child. In the majority of cases, too little has been done for the physically handicapped child in the area of physical education activities. The disabled child, because of his handicap, has

been forgotten. It is of immediate importance that corrective measures be employed to aid in the improvement of the physical coordination of these handicapped youth.

Limitations. This study was limited to the physically handicapped student at Manhattan Junior High School. The material in this area is limited mainly to the information found in textbooks and articles devoted to rehabilitative programs. Valuable information can be gained through the few physical education programs that have already been set up for the handicapped. The most outstanding program exists at the University of Wisconsin.

DEFINITIONS OF TERMS USED

Physical education activities. Those activities including individual sports as table tennis, shuffleboard, and bowling and team sports as volleyball, basketball, and softball, which are being employed as rehabilitative devices for the development and care of the body in rehabilitation programs.

Rehabilitation. The restoration of physically handicapped children to a condition of useful and constructive activity.

Physical coordination. The state of bringing the body into a common action, movement, or condition so as to act in a smooth, concerted manner.

Physically handicapped. Having a physical defect serious enough to interfere with or render more difficult normal progress in the area of physical activities.

Adapted physical education. The adaption of a program in physical education to meet the needs and interests of children who are unable to participate adequately in regular physical education programs.

Orthopedic. Pertaining to the correction of skeletal deformities in children.

The low physical ability student. This student is below average in physical capacity but still capable of participation in an adaptive physical education class.

The physically disabled student. This student is capable of participation in an adaptive physical education class on a limited basis.

CHARACTERISTICS OF THE PHYSICALLY HANDICAPPED

Among the characteristics of the physically handicapped youth are poor body mechanics, low vitality, social and emotional deficiencies, poor motor coordination, poor functioning of the sensory receptors and low motivation.

METHOD OF RESEARCH

The specific purpose of this research was to investigate the possibilities of designing a rehabilitation program for the physically handicapped student within the present Manhattan Junior High School Physical Education curriculum. Since most of the academic needs of the students are being provided for in Special Education classes, it seems that provisions should be made whereby a rehabilitation program in physical education could serve the needs of the physically handicapped

student. This research, thus, was designed to set up and analyze such a program. This analysis was preceded by a review of the relevant literature.

CHAPTER II

REVIEW OF THE LITERATURE

There are certain strategic landmarks in the history of the utilization of physical education for therapeutic purposes. This use of exercise as therapy to increase physical coordination dates back from antiquity in the preparation of men for battle.

The Greeks held the theory that physical development was closely linked with mental powers. Education took place in both areas-- physical and mental. Similar theories were expressed by European philosophers as Basedow and GutsMuths in the seventeenth and eighteenth centuries.

Today, educators are working toward the development of the whole man. Deficiencies in any of the areas of development (mental, physical, social, or emotional) will affect the individual's performance in others.

After the turn of the twentieth century a favorable change took place in the attitude of Americans toward the physically handicapped. Many more people had to recognize physical barriers, because so many returned handicapped from the War. This change has continued to gain momentum.

In 1900, the day school program for the exceptional child was developed. The impact of World War II also had a great effect on the attitude of the people of the United States. Again, great numbers of men were physically disabled.

The changing attitude of parents toward physical disabilities has been another gradual development. Parent groups have grown into national organizations, as the National Society for the Blind, concerned with the welfare of the handicapped.

Many new developments have been implemented because of relevant research. Prosthetic devices have enabled handicapped children to be ambulatory and have, therefore, upgraded the attitudes of this group. New vaccines, such as poliomyelitis vaccine, have been discovered. These, among many other medical efforts, have enabled many handicapped children to survive.

Numerous technological advances have provided for a broader understanding of the exceptional child. Many specialized agencies for the exceptional child have contributed to the progress of this group. In 1919, the National Society for Crippled Children and Adults was organized and has contributed greatly to the physical improvement of this group.

In some public schools, the rehabilitation program has been broadened to include students with physical disabilities.

Our American society has made great strides in establishing better attitudes toward the handicapped. This is easily seen in legislative provisions, special education centers, and specialized agencies. It is also evident that educators are beginning to recognize the responsibility of educating both mind and body.

Janet Pomeroy, leading author and educator in the field of physical education, has designed certain general and specific objectives to be met in the recreation programs for the physically handicapped.

General Objectives

1. It should be understood that the handicapped have the same basic needs, desires, and rights as all other people. Therefore, they are entitled to have the same opportunities for recreation.

2. The physically handicapped should have the opportunity to participate in recreational activities with the nonhandicapped as often as possible.

3. Activities should be as nearly like those for the nonhandicapped as possible.

Specific Objectives

1. To provide opportunities for creative use of leisure time for those handicapped individuals who are physically unable to participate in recreational activities with nonhandicapped groups.

2. To provide activities that enable each individual, regardless of his handicap, to participate actively, thereby encouraging him to accept his handicap and establish a potential capacity for social integration in his own neighborhood or community.

3. To provide a variety of opportunities for investigation and continued application of learning experiences.

4. To encourage various means of self-expression through adaptive recreational activities; and to provide instruction in the techniques and skills necessary for each individual to find satisfaction in recreation.

5. To foster the growth of independence and self-direction in each individual regardless of his limitations, and to enlarge and deepen his personal interests so that he may have a more richly satisfying life.¹

William Hughes and Esther French indicate that physical education activities are a must in the total development of the individual. It is of immediate importance that school physical education programs and

¹Janet Pomeroy, Recreation for the Physically Handicapped (New York: Macmillan Company, 1964), pp. 20-21.

rehabilitation programs be revamped to cater to the needs of this disabled group. The National Society for Crippled Children has estimated that twenty-five to fifty percent of the handicapped children in schools could be aided by participation in physical education.²

William Braverman notes that it is well known that proper exercise aids greatly in the improvement and correction of many defects. Rehabilitation experts say, for example, that better progress is made when patients are given levers to pull, pedals to push, and things to handle, than when directed in the movements alone.³ This has also been the experience of teachers in the schools where devices for remedial physical activity are used. Where there are devices in the remedial room, the pupils seem drawn to them and they exercise voluntarily. On the other hand, very few will do their exercises voluntarily and regularly without direct instructions by the teacher.⁴

Clarke and Clarke have outlined the following principles of exercise for fitness:

1. Exercise should be adapted to the individual's exercise tolerance.
2. Overloading should be applied to induce a higher level of performance.
3. The exercise plan should provide for progression.
4. The type of body exercised should be considered.

²William L. Hughes and Esther French, The Administration of Physical Education (New York: The Ronald Press Company, 1922), p. 18.

³William Braverman, "Motivating Devices for the Remedial Physical Education," Journal of Health, Physical Education, and Recreation, March, 1958, p. 18.

⁴Ibid.

5. Consideration should be given to the individual's relative maturity.

6. Individuals must desire to improve.

7. Advance the unfit individual's psychological limits of effort.

8. Physical development should be tested and recorded at set times.⁵

Interestingly, a number of sports programs have been adapted to meet the needs of disabled children. The individual sports that are used should be recreational in nature and should not aggravate the physical defect. Examples of these adapted sports are swimming, bowling, and skating.

Swimming is an enjoyable and challenging recreation for the handicapped. It does not have to be competitive, and is physically rewarding as well as stimulating. It offers all people satisfactory achievement with a minimum amount of effort and skill. The principles of swimming--relaxation, slow and easy movements, and conservation of one's strength--make it a highly desirable choice for the handicapped.⁶

Skating is social fun for the whole family. It is also good exercise. Bowling is popular with most teen and adult groups and offers a challenge for noncompetitive score improvement.⁷

Strong emphasis has been placed on adapting regulation sports for the handicapped rather than modifying the rules and techniques. The

⁵H. Harrison Clarke and David H. Clarke, Developmental and Adapted Physical Education (Englewood Cliffs, New Jersey: Prentice-Hall, 1969), pp. 159-163.

⁶"Physical Rehabilitation and Recreation," Recreation, 54:74:102, February, 1961.

⁷Ibid., p. 74.

term "adapted" as applied to sports for the handicapped has come to have a meaning implying the adaption of sports without modification.⁸

Wheeler and Hooley have set up guides for modifying activities to enable exceptional persons to take part without apology and with a sense of achievement through equal participation with others. These are:

1. Shorten time periods.
2. Shorten distances.
3. Change the type of signals.
4. Use guide wires, ground surfaces with different sounding textures, hand rails and similar devices.
5. Soften landing spots with mats.
6. Allow two hands instead of one where accuracy or power are involved.
7. Change the rules so they do not include as many limiting conditions which lessen chances for success.
8. Lower nets, baskets.
9. Increase the size of the striking implement and the targets.
10. Increase or decrease the size of the projectile, such as, the ball, discus, or javelin.
11. Permit body positions as sitting which increase stability in games usually played in a standing position.⁹

Pomeroy stated that if a person can think, feel, and move, he can dance. This broad concept of one's ability to dance is particularly

⁸Leslie W. Irwin, The Curriculum in Health and Physical Education. (St. Louis: C. V. Mosby Company, 1944), p. 321.

⁹Agnes M. Hooley and Ruth H. Wheeler, Physical Education for the Handicapped (Philadelphia: Lea and Febiger, 1969), p. 241.

applicable to the severely handicapped person who can "dance" on his crutches, in his wheel chair, or even in his bed.¹⁰

Chapman holds that dancing is an activity that does much to encourage socialization and enjoyment in a group situation. An atmosphere of music, gaiety, and rhythm is rewarding for handicapped minds and bodies. As a physical exercise and psychological release, it is beneficial for men and women. This type of wholesome social contact is necessary in an institutional setting for both sexes. Dancing helps develop not only physical coordination, but fellowship, social satisfaction, and creative expression as well.¹¹

Children express themselves through body movement. This free form of expression should be encouraged for all persons and particularly for the severely handicapped. All too often they become spectators. Because the body is designed for many different types of movement, severely disabled persons are capable of a wide variety of movement. Movement should be utilized as a means of body expression and not for exhibitional purposes, especially where the handicapped are concerned.

Pomeroy contends also that, because the only instrument needed for dances is the human body, dance can be utilized more frequently than all other activities to increase physical coordination in crippled children. Among the types which can be introduced in rehabilitative programs are social and modern dance, folk and square dancing, creative

¹⁰Pomeroy, op. cit., p. 257.

¹¹Frederick M. Chapman, Recreation Activities for the Handicapped (New York: The Ronald Press Company, 1960), p. 88.

rhythms, ritual dancing, and tap, clog, and character dancing. Modifications in these activities are necessary for many disabled persons.¹²

Schools for crippled children have become more numerous since 1900. The trend in our educational programs has been toward orthopedic divisions in the regular school programs of public schools. More state aid is available for programs of the handicapped in our present day schools. Although much more aid and many more changes are needed, there seems to be a slow but steady development of programs and facilities for the physically handicapped.

Several of the previously mentioned authors have made outstanding contributions in the area of program planning for the physically deficient. Pomeroy has listed program planning principles that appeared in The Recreation Program. They are:

1. Program planning should include a consideration of the diversified recreational interests and desires of the people to be served.
2. Program planning should take into account the age, sex, racial background, and economic status of all the people to be served.
3. Program participants, paid or volunteer workers and leaders, and governing bodies of the public or private agency sponsoring the program, should share in the process of program planning.
4. Program planning should be related to the physical, mental, social, and emotional characteristics of the people to be served.
5. Program planning should provide an opportunity for participants of varying levels of proficiency and for instruction in recreational skills.

¹²Pomeroy, loc. cit.

6. In program planning use should be made of standards developed by national agencies, with such modifications as may be expedient to meet the needs of the group or community.

7. Long-range planning for programming is a prerequisite to planning for organization, finance, leadership, areas and facilities.

8. Planning should provide for the use of all available resources that can provide variety and enrich the program.

9. Continuous evaluative measurement and modification, where advisable, should be recognized as essential in program planning.¹³

George T. Stafford has outlined excellent programs for the elementary and secondary levels. These could also be incorporated into rehabilitation programs. Included on the primary level (grades one to three) are: rhythmic activities, mimetics and story plays, relays, stunts, and self-testing activities, and athletic games of low organization.

Listed as activities for the elementary level (grades four to six) are: athletic games of low organization, rhythmic activities, individual athletic events, mimetics and free exercise, relays, and tumbling stunts.

Included on the junior and senior high school levels are many individual and team sports. Examples of these are basketball, volleyball, and dancing.¹⁴

All exceptional children should be encouraged and required to take part in physical activities. Vannier and Foster have summarized points to be remembered in this type of program. These are:

¹³Pomeroy, op. cit., pp. 71-74.

¹⁴George T. Stafford, Sports for the Handicapped (New York: Prentice-Hall, 1939), pp. 92-95.

1. The program must be conducted under the supervision and direction of a recognized medical authority.
2. The teacher should have specialized training to enable her to do this work successfully.
3. Parents' cooperation must be secured.
4. Classes for the severely handicapped must be kept small.
5. Complete records should be kept on each child.¹⁵

Care should be taken in the selection of measurement and other evaluative procedures for the developmental and adaptive physical education. Tests should be selected which are appropriate for the type of physical education activity whether it is in the school or the rehabilitation center.

In selecting evaluative measures, Clarke and Clarke have written that the following factors should be kept in mind in the selection of evaluative measures to be used in local developmental and adapted programs:

1. The examinations and tests should be related to the function of developmental and adapted physical education.
2. The evaluative process should include and reflect the particular emphasis of local developmental and adaptive physical education programs.
3. Where local programs must be limited in scope, the selection of examinations and tests may be based upon primary and secondary functions.

¹⁵Maryhelen Vannier and Mildred Foster, Teaching Physical Education in Elementary Schools (Philadelphia: W. B. Saunders Company, 1957), p. 306.

4. Once the type of test needed is determined, the tests with the best scientific bases should be chosen.¹⁶

Evaluation of student progress is concerned with the student's achievement in terms of improvement or adjustment. It also provides for marking or grading in the physical education class. The first purpose is most important to the individual because it is in terms of progress.

Physical educators with a special interest in rehabilitation have joined with therapists to set up physical education training centers; an outstanding one is located at the University of Wisconsin. This program was developed by two physicians, Bruno Balke and John M. Grindrod, who implemented it with the assistance of Karl G. Stoedefalke. Students with various physical difficulties enrolled in the adaptive physical education class and served as volunteers for the center.¹⁷

Of the twenty-five states studied in a national cooperative survey of health and physical education, Bookwalter reported that only 4% of the high schools included corrective physical education classes in their programs.

The prevalence of corrective physical education for boys in high school in Pennsylvania is considerably greater according to Gross. Of 844 high schools, 220 or 26% maintained a corrective physical education program. Approximately 40% of the larger schools with five hundred or more students provided corrective physical education for their atypical students.¹⁸

¹⁶Clarke and Clarke, loc. cit., pp. 159-163.

¹⁷Hookey and Wheeler, loc. cit., p. 222.

¹⁸Clarke and Clarke, loc. cit., p. 15.

Developmental and adaptive physical education in schools has not kept pace with the new understandings and practices available to physical educators today. This is currently the biggest challenge physical education has to face.

It can be observed that these handicapped children can find their places in our present educational programs. They are able to perform. It is the present task of educators to realize this point. It is certainly true that some sports are too dangerous or strenuous, as in the case of field hockey, but provisions should be made to include this individual wherever possible. It will take great sacrifices on the part of all teachers and therapists to spend a little more time, have a little more patience, and rearrange the present programs, to help a deserving individual tremendously.

CHAPTER III

DESCRIPTION OF THE PROPOSED PROGRAM

Upon investigation of the total enrollment at Manhattan Junior High School, Manhattan, Kansas, it was found that thirty-one students because of medical reasons were not scheduled for physical education classes. Furthermore, a survey of the six physical education instructors at this school indicated an additional ninety-nine students presently enrolled in physical education who were unable to participate fully because of below-average motor ability. The level of motor ability was determined in part by the AAHPER Physical Fitness Test and to a certain extent by teachers' subjective judgment.

Table 1

The Number of Manhattan Junior High School Students
Qualifying for an Adaptive Physical Education Program

Class	Total Enrollment	Below-average Motor Ability	Physically Disabled
7th Grade Girls Physical Education	187	19	5
7th Grade Boys Physical Education	230	17	7
8th Grade Girls Physical Education	214	18	3
8th Grade Boys Physical Education	190	22	6
9th Grade Girls Physical Education	180	9	5
9th Grade Boys Physical Education	239	14	5
Totals	1,240*	99	31

*The total enrollment is 1,278. Some students are excused from Physical Education to work at their own request. These are not considered in any of the above categories.

One hundred thirty students, therefore, of the 1,278 enrolled (9.8%) fall into the categories of the physically disabled or below-average motor ability and would qualify for an adaptive program in physical education. Of the thirty-one students excused from physical education for medical reasons, the following conditions were recorded: the allergic, the anemic, the partially-sighted, the hard of hearing, the diabetic, the epileptic, and the obese.

Presently, Manhattan Junior High School employs six full-time physical education instructors. There is a male and a female teacher for each of the three grades.

These six teachers share the following facilities: one regulation gymnasium, two balconies which extend the length of the gymnasium, one large playground area, two tennis courts, and two classrooms. Only four stations are available in the gymnasium at one time. During the second and third nine weeks of the school year, Health and First Aid are taught. All six classes receive this instruction in two three-week sessions. This permits four classes to use the four stations in the gymnasium. In the fall and spring semesters, the tennis courts and the playground area are available and provide marginal space for all six classes. In some cases, adaptive classes and regular classes would be integrated. Students will meet with regular classes in Folk and Square dance and Social dance to further social and emotional growth. First Aid and Health classes will also be integrated.

To supplement the already existing equipment, the recommended equipment is added because of its adaptability for the handicapped and

low-motor ability student. Its design is of such nature that none of the equipment would extend far enough into the exercise room to prohibit any other activities. In the further expansion of the program, such as, gymnastics and tumbling, more equipment will be needed.

It is recommended that the present program be expanded in the following manner:

1. Hiring an additional staff member to head an adaptive program. The staff member would teach six corrective physical education classes daily--one for boys and one for girls at each grade level.

2. Enlarge the present gymnasium by adding an adaptive room at the south end of the gymnasium. (See Figure 1)

3. Expand the present curriculum to provide a program of studies for these students. Units as volleyball and basketball would be re-designed to adapt normal activities to the handicapped with the purpose of bringing them as near to the normal as possible. (See Table II)

4. Order the following equipment for an adaptive exercise room:

- a. weight caddy with weights
- b. horizontal ladder
- c. adjustable sitting stool for posture purposes
- d. posture grid screen and evaluation kit
- e. stall bars
- f. floor and chest pulley weights
- g. wall pulley weights

Drawing of Gymnasium Showing Proposed Adaptive Room

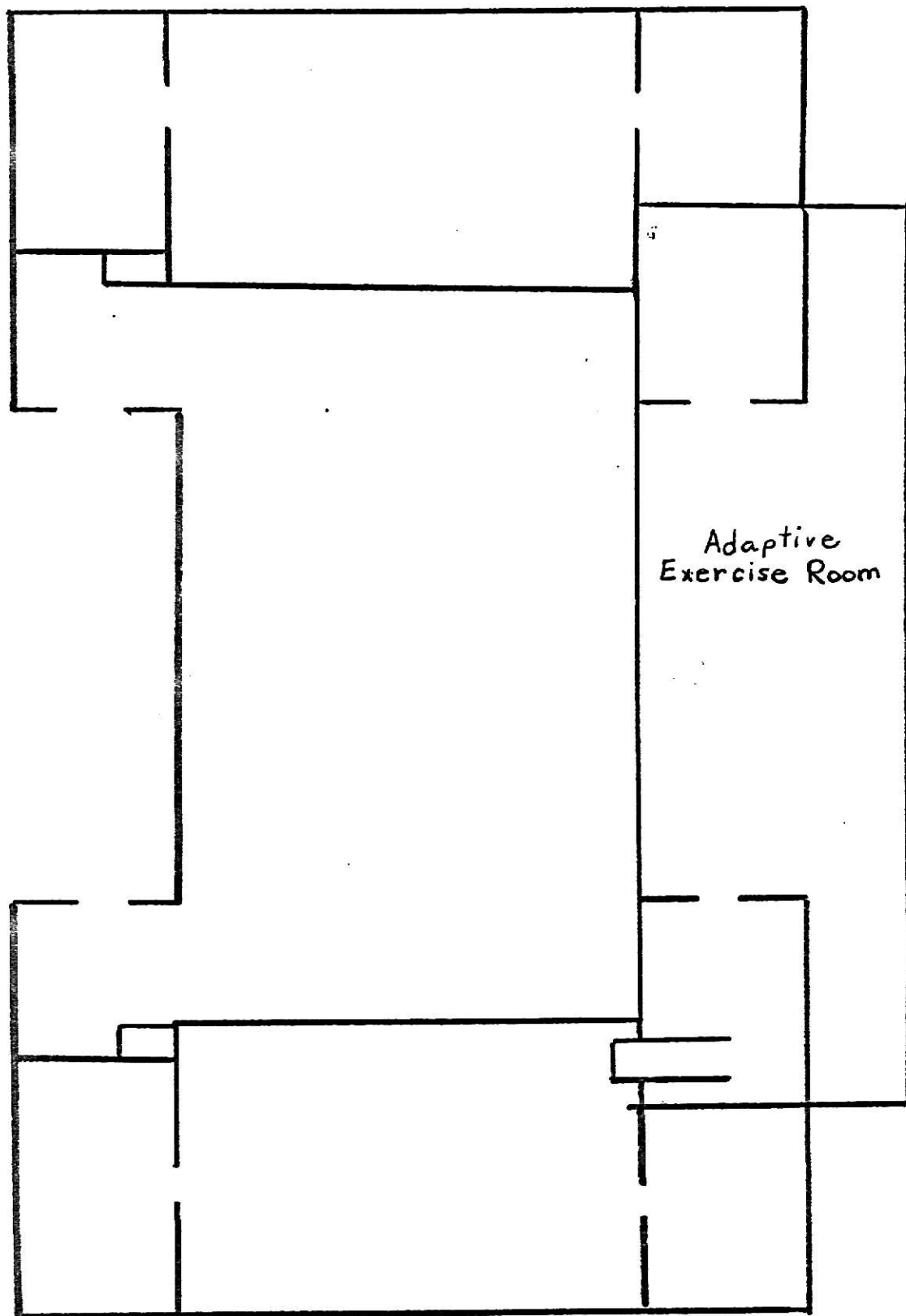


Table 2
Proposed Physical Education Curriculum

7th Gr. Girls 7th Gr. Boys 8th Gr. Girls 8th Gr. Boys 9th Gr. Girls 9th Gr. Boys 7th Gr. Ad. 8th Gr. Ad. 9th Gr. Ad.									
Week	Physical Ed.	Physical Ed.	Physical Ed.	Physical Ed.	Physical Ed.	Physical Ed.	P.E.	P.E.	P.E.
1	Orientation	Orientation	Orientation	Orientation	Orientation	Orientation	Or.-Phy.Fit	Or.-Phy.	Or.-Phy.Fit.
2	Kickball #6	Phy.Fit. #7	Volleyball #7	Phy.Fit. #8	Phy.Fit. #7	Kickball #6	Phy.Fit. #7	Tests #5	Tests #5
3	Bowling #2 #4	Rec. Sports #1	Speedway #6						
Voll.Tenn. Voll.- Ball #8 Voll.Ball #8									
4	Football #7	Speedball #6	Speedball #7	Volleyball #8					
5	Soccer #6	Bowling #2 #4	Archery #1	Gatorball #7	Bowling #5	Rec.Spts. #5	Rec.Spt./ Arch. #5		
6									
7									
8									
9									
10	Volleyball #4	9thGr. Bas.B.#2	First Aid	First Aid	7th Gr. Wrest.#1				
11									
12									
13	Health	Health	Basketball #2	Basketball #4	Social Dance #3	Health.w/reg. classes	First Aid #5	SocialDance #5	Reg.clas.#3
14									
15									
16	Dodgeball #1	7th Gr. B.B. #4	Rec.Spts. #3	Health	Health	Var.Mass Games #5	Var.Mass Games #5	Health.w/reg. classes	
17	Tumbling #1	Dodgeball #2				Tumbling #5	B.B. Lead-ups #5		
18									

Table 2 (cont.)

7th Gr. Girls	7th Gr. Boys	8th Gr. Girls	8th Gr. Boys	9th Gr. Girls	9th Gr. Boys	7th Gr. Ad.	8th Gr. Ad.	9th Gr. Ad.
Week Physical Ed.	Physical Ed.	Physical Ed.	Physical Ed.	Physical Ed.	Physical Ed.	P.E.	P.E.	P.E.
Tumbling	Volleyball	First Aid	First Aid	Volleyball	Tumb.&Gym.	Tumbling	F.A.w/reg. classes	Tumb.& Gym. #5
19 cont. #3	#4	#3	#4	#4	#3	cont.		
20								
21								
22	Health	Sq.&Folk Dance #3	Tumbling #2	RhythmBalls #4	Wrestling #1	Hlth.w/reg classes	Folk&Sq. D.w/8th co-ed #3	Var.Mass Games#5
23								
24								
25	FolkDance #2	Gymnastics #1	Tumbling #3	Angling & V.B. #4	Health	Fk.&Sq. Dance #2	Gym.&Tum. #5	Hlth.w/reg classes
26								
27								
28	Basketball Leadups #4	#3	#1	Camping #9	Basketball #2	Softball	B.B.Lead-ups #5	B.B. Mod. Court #5
29	Track& Field #6	Gun Safety #8	Track& Field #6	Water Safety #9	#7	Tinikling Rope Jump.		
30								
31	Bait #2 #4 Casting			Track&Field #6	Track&Field #7	Tr.&Fld. #6 #7	Tr.&Fld. #6 #7	Tr.&Fld. #6 #7
32				Tr.&Fld.#7				
33	Phy.Fit. #7	Archery #1	Phy.F. #7	Phy.Fit. #7				
34	Voll.Tenn.			Softball#6				
35								
36								
Stations: #1--one-half gym floor #3--east balcony #5--adaptive P.E. room #7--playground area								
#2--one-half gym floor #4--west balcony #6--playground area #8--tennis courts								

CHAPTER IV

RECOMMENDATIONS

The findings in this study indicate that one of every ten students or 9.8% enrolled at Manhattan Junior High School, Manhattan, Kansas, need an adaptive physical education program. Therefore, the writer is making the following recommendations:

1. The Board of Education should hire an additional staff member in physical education to head an adaptive program.
2. Enlarge the present gymnasium to include a corrective exercise room at the south end of the gymnasium. (See Figure 1)
3. Expand the present physical education curriculum to facilitate these students in the same way it meets the needs and interests of the other students.
4. Provide the necessary corrective equipment for an adaptive exercise room mentioned in the preceding chapter and also order additional equipment for gymnastics.

CHAPTER V

SUMMARY

This study was designed to propose an adaptive physical education program for physically handicapped students at Manhattan Junior High School, Manhattan, Kansas. A survey was taken which indicated one hundred thirty students or 9.8% of the student body at Manhattan Junior High needed an adaptive physical education program. The present curriculum was expanded to include adaptive physical education classes on all grade levels and recommendations were made.

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PROPOSED PROGRAM FOR HANDICAPPED STUDENTS AT
MANHATTAN JUNIOR HIGH SCHOOL

by

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B. S., Marymount College, 1968

AN ABSTRACT OF A MASTER'S REPORT

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This study was designed to propose an adaptive physical education program for physically handicapped students at Manhattan Junior High School, Manhattan, Kansas.

A survey was taken to determine the number of students who needed corrective physical education. The nurse indicated that there were thirty-one students who were not enrolled in physical education classes because of medical reasons. A survey of the six teachers in the physical education department showed an additional ninety-nine students who, although presently enrolled in regular physical education classes, were only capable of participating on a limited basis because of low motor ability. Therefore, one hundred thirty students of the 1,278 enrolled or 9.8% of the student body at Manhattan Junior High School need corrective physical education.

The writer recommended expansion of the present curriculum to include an adaptive physical education class for boys and girls at each grade level. This addition is devised to include rhythms, body-building activities, and individual and team sports on an adaptive basis.

The writer made the following recommendations:

1. The Board of Education should hire an additional staff member in physical education to head an adaptive program.

2. Enlarge the present gymnasium to include an adaptive exercise room at the south end of the gymnasium.

3. Expand the present physical education curriculum to facilitate these students in the same way it meets the needs and interests of the other students.

4. Provide the necessary equipment for an adaptive exercise room and order additional equipment where shortages arise.