

ADAPTIVE SPORTS

GUIDE TO COMMON STUDENT DISABILITIES

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SUMMARY:

The purpose of this guide is to provide a summary of some of the more prevalent disabilities encountered in our students/customers. By its nature, it is a brief overview, and does not attempt to “type-cast” the student. Every individual is unique, and you will fail as an instructor if you do not use these generalities to help customize **your** lesson to **your** individual student, and then adapt your techniques as the lesson progresses.

This is a compilation of the thoughts of some of ASA’s most experienced instructors, and are offered as suggestions, not as absolutes. Use them to stimulate your thinking, but tailor your own lesson plan. Don’t be afraid to experiment with different techniques, and ask for advice if your approaches aren’t successful. Every instructor in this program runs into lessons that “aren’t working” with a particular student. For your student’s sake (and your own), solicit different thoughts and approaches from experienced instructors if things don’t seem to be working.

UPDATES:

Please be sure you have the most recent guide. It will be updated annually, and the latest version will be on file in the Dave Spencer Center. Feel free to suggest changes based on your own experiences.

GENERAL SUGGESTIONS

**Remember the priorities: Safety, Fun, then Learning!
You are ASA'S representative - our students should leave
wanting to return .**

Good teaching, regardless of disability, generally includes:

- 1.) Looking for clues to enhance communications**
- 2.) Keeping it simple and establishing routines**
- 3.) Keeping the lesson moving and FUN**

**Our name begins with the word ADAPTIVE. This is the key to
becoming a successful instructor. Try different
approaches to teaching and communicating.**

**Use all of the resources available to you – staff, other
instructors, printed materials, parents/group
leaders/teachers, etc.**

**Take off sunglasses when talking to your student. Eye contact
goes a long way in communicating with most students.**

**Don't be afraid to hold a student's face in your hands (when
appropriate) if other attempts to communicate aren't
working**

**Put gloves and hats on outside. Students don't need them
inside, and it sometimes sets up an avoidable
confrontation.**

**Don't be afraid of your student. Within reason, they won't break (or
break you).**

**Don't talk down to your student. Treat them like any other
person, and adapt your style to theirs.**

COGNITIVE - COGNITIVE DELAY: SUMMARY

DEFINITION: (Formerly known as mental retardation). Some common conditions include development from childhood at below average rate, and/or difficulty in learning and social adjustments. Ranges from mild to profound with vast majority being mild.

YOUR STUDENT **MAY** DEMONSTRATE SOME OR ALL OF THE FOLLOWING:

COGNITIVE/EMOTIONAL:

- May exhibit inappropriate behavior:
 - Explain lift line etiquette
 - Use firm behavior management
 - Consistent/firm direction - don't argue; you won't win
 - Time outs
 - Stop skiing - the ultimate

PHYSICAL:

- May ski better than they walk, have better balance and progress quickly
- May not be able to judge when too tired and/or too cold to continue

TEACHING:

- Keep tasks simple
- Use "follow me" techniques
- Usually visual and/or kinesthetic learners - may learn best by watching demos, then doing .

LESSON SUGGESTIONS:

→ DO NOT TALK DOWN TO YOUR STUDENT

- Start with regular terminology, simplify and repeat often only if needed
- Try different wording or demonstration techniques
- As with most cognitive disabilities, you will usually introduce **one** new concept per lesson - this may include several approaches to get at that one concept. → Keep it simple and **FUN**
- Break down action/progressions so each new component is learned separately, but in the proper sequence
- Have student verbalize instructions before performing the action to facilitate learning and ensure attention
- Use games as appropriate (see games section)
- Sprinkle success generously - avoid prolonged failure and build self confidence
- Tend to be "doers" – Limit talking and analysis...go for demo and doing
- Emphasize repetition, consistency, and routine.

COGNITIVE - TRAUMATIC BRAIN INJURY: SUMMARY

DEFINITION: Brain damage resulting from organic/closed cause (stroke, cerebral aneurysm, etc.) or inorganic/open cause (gun shot, auto accident, etc). May affect almost any aspect of movement, thought, and/or behavior. Wide range from minimally to profoundly disabled. Common to have more than one disability. Be especially sure to read student's intake form carefully.

YOUR STUDENT **MAY** DEMONSTRATE SOME OR ALL OF THE FOLLOWING:

COGNITIVE/EMOTIONAL:

- Disconnects in brain cause slow responses and lapses in memory/concentration
- May suddenly laugh, cry, or become angry with no apparent stimulus, especially first year after injury
- Low frustration tolerance may result in explosive outbursts
- Loss of impulse control may lead to rude or inappropriate comments or behavior of a sexual or violent nature. May need same sex instructor.
- May have inability to understand or utilize words & their meanings
- Any of these signs/behaviors may range from mild to severe

PHYSICAL: (See attachment for further detail)

- **Hemiplegia:** (right or left) **complete** loss of function or control on one side of body
- **Hemiparesis:** (right or left) **partial** loss of function or control on one side of body
- May be difficult to stand up, aversion to affected side, or to objects on that side
- May lack coordination
- May have visual deficit (double vision, reduced depth perception)
- **May be predisposed to seizures**

Be sure to ask about lift retention apparatus and methods if not familiar with them

TEACHING:

- May have shunt (device in head which drains excess fluid from brain; usually into abdomen). Ask before using helmet or tether. Generally same sex instructors are more successful.

LESSON SUGGESTIONS:

- May need to allow for wide berth for objects/skiers on the slopes
- Comments/instructions may be acted on initially, but forgotten by next run or lesson – may need to repeat often
- May need to resort to yes/no questions, or skiing with eye contact for security.
- May need reminders regarding appropriate behavior
- May have tendency to overstate ability/think they can perform to pre-injury level – be careful before taking to advanced terrain – may need to set limits. May get angry in this area.
- May get “spooked” by new experience. Introduce new environment/progressions slowly.
- Each day may be a “new experience,” so a warm-up on the beginner slope will provide insight into where the student is that day.

COGNITIVE - FETAL ALCOHOL SYNDROME: SUMMARY

DEFINITION: Children born to alcoholic mother – one of the leading causes of cognitive delay.

YOUR STUDENT **MAY** DEMONSTRATE SOME OR ALL OF THE FOLLOWING:

COGNITIVE/EMOTIONAL:

- Impaired brain function/cognitive delay – tends to be mild rather than severe
- Behavior may include extreme activity, easy distraction & impulsiveness
- Bad judgement and communication problems

PHYSICAL:

- Small head size, eyes, underdeveloped upper lips
- Heart, spine, and limbs may be affected

TEACHING:

- Keep it simple (see cognitive delay section)
- May have unexpected fears: boots, skis, lifts, mountain, etc
- Much depends on which drugs are involved and their influence. Discuss with teacher/parent/etc. May have only a short lesson window.

LESSON SUGGESTIONS:

- Set expectations carefully – may not improve much or be amazingly athletic – keep it simple and emphasize fun

See cognitive delay section

COGNITIVE - DOWN SYNDROME: SUMMARY

DEFINITION: Combination of birth defects, including cognitive delay, caused by an extra chromosome

YOUR STUDENT **MAY** DEMONSTRATE SOME OR ALL OF THE FOLLOWING:

COGNITIVE/EMOTIONAL:

- Cognitive delay varies from mild to severe
- May exhibit inappropriate behavior (touching, spitting, kissing, etc)
- Use firm behavior management
 - Explain lift line etiquette
 - Consistent/firm direction - don't argue; you won't win
 - Time outs
 - Stop skiing - the ultimate
 - Like to hug – if necessary reinforce that hugging has an appropriate time

PHYSICAL:

- May have very large head which changes center-of-gravity/balance
- Short in stature, neck
- May have weak neck/malformed spine - **helmets are not recommended (extra weight) unless x-ray has revealed no problems...ASK.**
- Oval shaped eyes, large tongue
- Hypotonicity of muscles and ligaments gives joints extraordinary flexibility and range of motion, but are also loose - be sensitive to risk of dislocating joints
 - Many have heart abnormalities & respiratory problems
- Tend to tire easily

TEACHING:

- Many have a stubborn streak - you must be firm & consistent on major issues, but should also reward good behavior
- Loose joints may affect two-point assist using their knees, or assist in getting up
- Due to different center-of-gravity, student may have abnormal skiing posture, but this may actually be the best way for them to ski - be careful with trying to change them to a "normal" posture.
- Attention span may be short - vary before potential "tantrum"

LESSON SUGGESTIONS:

- Focus on degree of joint flexibility, posture, and balance/center-of-gravity
- May have to periodically resort to non-skiing activities to maintain attention

COGNITIVE - AUTISM: SUMMARY

DEFINITION: Catch-all category for neurological disorders with no known cure. Defined by a collection of behaviors that includes a wide range of difficulties with communication and behavior. Symptoms may include slow development and/or lack of physical and/or learning skills. Can be self-injurious. Ranges from mild to severe.

YOUR STUDENT **MAY** DEMONSTRATE SOME OR ALL OF THE FOLLOWING CHARACTERISTICS:

COGNITIVE/EMOTIONAL:

- Shun interaction (tend to live in their own world)
- May seem to ignore or be oblivious of surroundings
- May demonstrate inappropriate social responses such as biting themselves or you, and/or emotional responses like screaming, pouting, running away

Consistency/routine very important, as is knowing what's coming next.

PHYSICAL:

- Problems with sensory system
- Hearing/language disorders
- May be sensitive to loud noises

TEACHING:

- Impaired ability to understand messages, easily overloaded. Try consistency/ repetition, and trial/error with small changes
- Hearing/language disorders - visual/motion usually more effective than verbal
- May not like to be touched - always ask before touching
- Body language often more indicative than speech
- Sometimes do not like the color red, hats, glasses, gloves, loud noises

LESSON SUGGESTIONS:

- May be totally uncommunicative - ask whoever escorted student for "tips": cues for bathroom needs, fatigue, hunger, best methods of communication, learning styles, suggestions, incentives, etc.
- If your student doesn't speak, he/she may answer "yes/no" questions
- Usually will avoid direct contact.....sometimes directions like "look at me" are not effective....try third person
- May turn (on skis) in order to avoid obstacle - try it if necessary
- Often kinesthetic/tactile learners. Try giving student an object to manipulate with their hands (like a koosh ball) which may increase attention level
- "Follow Me" may work well
- Changes in their routine, e.g. ski boots/skis, etc., may be traumatic enough that you have to quickly explain and establish the skiing "**routine**" of ride the chair (or swing) then ski (slide) down the hill. It may be necessary to skip or reduce the normal progression of walking/sliding/sidestepping, etc. and get the student quickly up the hill with a tether, etc.
- If you find something that works, stick with it - keep tasks simple and within a "routine" - jot down these "tricks" in folder for subsequent instructors

→Keep moving

CEREBRAL PALSY: SUMMARY

DEFINITION: Permanent impairment of motor functions. Usually results when brain receives insufficient oxygen before, during, or after birth. Result is that part of the brain is permanently destroyed or damaged. (Note that this theory of cause is currently under review by the medical profession as possibly genetic.)

YOUR STUDENT **MAY** DEMONSTRATE SOME OR ALL OF THE FOLLOWING:

COGNITIVE/EMOTIONAL

→Doesn't necessarily mean student has deficit in intellectual functions; in fact, **most** people with CP **do not** have cognitive deficits, and in many cases their IQ is above normal.

PHYSICAL:

→Impairment of voluntary muscular coordination resulting in:

- A. **Spastic:** contracted muscles, body movement that is tense; **rigid:** stiff or locked muscle tone; **flaccid:** has reduced or diminished muscle tone
- B. **Ataxic:** jerky, lack of balance, uncontrolled & uncoordinated movements
- C. **Athetoid:** involuntary purposeless movement of the limbs
- D. **Dystonic:** least common, usually includes extreme spasticity & cognitive delay.

(see Adaptive Manual for further details)

→May not be able to relax limbs in a fall

→May have shunt: in most cases this is located toward back of head. Use/non-use of helmet needs to be focused on - ask for guidance.

→May also have a feeding tube in stomach which may prevent some tethering techniques.

→Speech is very labored, difficult to understand. (Be Patient!)

→May not have full sensation in extremities, so check for cold hands/feet.

→Watch body for signs of fatigue to help in pacing. Frequently student does not recognize tiring until totally done-in. Once student is tired, the

lesson is

generally over.

TEACHING:

→Affects many of the body's muscles including those used in speech

→May be able to respond to yes or no questions

→May have delay in processing verbal input, so "seeing and doing" generally gets quicker results.

LESSON SUGGESTIONS:

→**DO NOT TALK DOWN OR PRETEND TO UNDERSTAND (ASK STUDENT TO REPEAT AND/OR REPHRASE).** Patience is the key. Give the student plenty of time to speak. Listen carefully - it gets easier with experience

- Abnormal postures are increased with higher level and more stressful activities.
- In more severe cases, limbs and other body parts may be locked in unusual positions. Do not force movements. Make student comfortable in **their** normal position. Boot adjustments (cants, etc) may be required.
- Stretching the muscles before and during skiing often helps. Stretching for problem muscles and relaxation exercises to increase blood flow may have been taught in physical therapy.....**ASK!**
- Be aware that the student may not have ability to relax limbs to absorb impact of a fall. Choose terrain and assistance techniques accordingly.