ADAPTED PHYSICAL EDUCATION AS A MEANS OF ECONOMIC AND SOCIAL RECONSTRUCTION

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Abstract
Education generally is a tool that wipes away ignorance and the handicapped children are not left out. Adapted Physical Education is the education fashioned out to suit various levels of disabilities. It does not only offer knowledge to the disabled but it is also a corrective measure thereby reducing the degree of their impairment/disability. It gives them acceptance and equally makes them productive in the society. Introduction

Education is the most important instrument of economic and social Reconstruction. The 1981 National Policy on Education stated the general aims of education as:

** The provision of minimum skill to men and woman to enable them take their place in the society.
** The provision of vocational training to enable them to be self supporting
** To make them think critically.
** To awaken an interest and thirst for knowledge.
** To put them in touch to appreciate the moral and cultural development of man kind.

Moreover the 1998 Education Reform Act placed statutory responsibility upon schools to provide a broad and balanced curriculum which promotes the spiritual, moral, cultural, mental, and physical development of school pupils and members of the society. In view of this Physical Education is an aspect of the general education programme that enhances physical fitness, mental alertness and the beauty of the culture. Puflaa (2000) opined that physical education is an integral part of the total education process that has as its aim, the social, mental, physical and emotional development of the individual. Pangrazi and Dauera (1995) summed up the definition of physical education as being part of the total education programme that contributes primarily through movement experience, to the total growth of all children. According to the author, it should be defined as an instructional programme that gives attention to all learning domains- psychomotor, cognitive and affective. However, adapted physical education according to Okunrotifa (1995) is an extension of regular physical education programme modified and adjusted to enable individual persons who are handicapped to perform to their optimal level; the areas of modification include rules and regulations, facilities and equipment, programme, content and of motion. Here Okunrotifa deducted adapted physical programme from other phases of physical education programmes-instructional, intra and extramural, and inter scholastic. Bolt (1986) defined adapted physical education as an extension of the regular physical education as an extension of the regular physical education programme to meet the need of individuals with functional defects and physical inadequacy capable of being improved through physical activities.

From this definition, it is obvious that the handicapped are functionally defective hence the need for economic reconstruction, they are physically or psychologically inadequate that is abnormal which makes them social misfit hence the need for social reconstruction. As a result of the needs in the lives of the disabled children adapted physical education does not only offer corrective measures but also make the children accepted and integrated into the society thereby improving and increasing their productive abilities.

What Adapted Physical Education Entails
Adapted Physical Education can be referred to as:

A. Corrective Physical Education: Corrective or remedial physical education are terms used for programmes that emphasize the change or improvement in function or structure by means of selected exercises. They involved scientific movement. They emphasize the need to restore strength for an example after surgical operation; you put the patient into activity programmes to restore strength. Particular emphasis is put in identification of proper movement to restore him. There are no fundamental games for these.

B. Developmental Physical Education: This emphasizes the development of motor ability and physical fitness in those who are below the desired level. It has a lot to do with strength, cardio-respiratory fitness and flexibility. The programme can be done in any particular stage and can be applied particular to any body. For example when you ascertain the physical fitness of the mentally retarded, development physical activities can be utilized in physical
conditioning for the physical fitness.

C. **Therapeutic Physical Education**: This deals with a special branch of medicine which concerns with using physical activities to treat or improve conditions of handicapped individuals. It is usually prescribed. Some of the therapeutic exercises offered to the handicapped are:

Q. **Passive Exercise**: In using passive exercise, the patient remains passive and relaxed when the therapist gives the desired movement. The thrust of passive exercises are to prevent contractures and the formation of adhesion. The exercises are employed when the patient cannot perform them himself and motion is usually to the point of pain.

a. **Active Assertive Exercises**: They are used to mobilize joints with muscle weakness. Assistant is needed from the beginning to the end of movement. They are designed to develop the normal range of active movement.

b. **Active Exercise**: It involve voluntary contraction and relaxation of muscles responsible for that particular motion. The postural exercises are in this category as exercises for scoliosis, lordosis and kyphosis.

c. **Progressive Resistive Exercises**: These exercises require repetition e.g. weight training.

There is the need to increase the load to increase progressively muscle strength.

a. **Occupational Therapy**: They are some medically prescribed physical, mental and social activities which uses specific movement or situational reaction of an activity as therapeutic bases for treatment of certain diseases or injuries e.g. training the disabled to make use of fingers and hand to perform necessary daily living activities.

b. **Rehabilitation**: Adapted physical education recommend rehabilitation for some of the disabled people. Rehabilitation is the restoration of patient in terms of physical, mental, social, vocational and economic which they are capable.

**Kinds of Disability**

This is the clinical and scientific method in grouping disabled children.

i. Children with sensory, motor and physical differences: including hearing and speech disabilities, visual impairment and physical health disorders,

ii. Children with learning and cognitive differences: including mental retardation and learning differences.

iii. Children with behavioural and emotional differences: including personality problem, conduct disorders and delinquency and severe emotional problems. (Suran and Rizzo 1997).

**Adapted Physical Education Eradicates Anti-social Behaviour and Enhances Economic Growth**

Some people think that being handicapped they are useless, in terms of participation in social life. Ademujiwa (1998) said, selected social activities for leisure may lead to general desirable group relationship, such as formation of volleyball clubs, tennis clubs e.t.c. Within these associations people know others, advice and assist them, relate to them not only on the games and sports but also in several other social problems and situations. In line with the above Adapted Physical Education is designed to socialize handicapped within their own environment. For example a creation of a school or a department for the disabled bring them together to interact among them selves. This creates in them a sense of usefulness and acceptance into the society. Adapted Physical Education gives the handicapped the opportunity to engage in physical activities there by utilizing their leisure time judiciously than indulging themselves in the habit that constitute health hazard or other anti-social behaviour. Participating in physical activities help in combating the social problems like isolation, aggressiveness, hostility and total rejection by the community. Nwankwo (1988) stated that healthy recreational pursuit enhances the socialization of the individual through comradeship, group involvement, cooperation, healthy competition, rivalry, services to others e.t.c. It further makes them capable of sharing and participating with others. In support of the above, adapted physical education, on a serious note, will attract some social and inter personal interactions which tend to have favourable social benefit and lead to greater social adjustment by the handicapped.

However, most handicapped persons in our society were regarded as unproductive about 20 years ago. Their handicapping condition got them demoralized and a lot of them resorted to begging for alms. By this, their condition deteriorated the more, thereby making them permanent dependents and parasites on their relations and the society at large. They could not take care of themselves let alone contribute to the economic growth of the society. With adapted physical education, the disability in the disabled reduced or corrected thereby improving on the health condition of the
handicapped; an adage says that health is wealth.

Moreover adapted physical education enlightens and exposes the disabled persons through their involvement in sports. Some of them make their living through sport. The courage needed by the disabled to face life challenges is guaranteed. In recent times, they no longer go into hiding and begging but are out to contribute their own quota towards the economic growth of the society. Some of them have achieved success in their various fields of endeavour.

**Importance of Adapted Physical Education**

- Adapted Physical Education builds confidence into the lives of the disabled.
- It gives them the feeling of acceptance and integrates them into the society.
- It improves on their health by reducing their disability level because it offer corrective measures.
- Acquisition of lasting recreational skills.
- It prevents the condition from aggravation by acquainting the handicapped with limitations and capacities and arranging appropriate programme (Olufemi, 1998)
- It provides the disabled people with an opportunity for the development of organic power within the limit of his disability.
- Make disabled individuals have fun and feel happy.

**Economically**

- It builds into them potentials that enhance their productivity level.
- It creates awareness of the society.
- It enhances the discovery of themselves and their abilities.
- It enhances the achievement of the aim of educations for all citizenry.
- It contributes to security through improved formation and increased ability to meet the physical demands of daily living (Adegbesan Olufemi, 1998)
- It increases work performance level.

**Conclusion**

Disability imposes potential limitation on its victims but with the advent of adapted physical education such disability is reduced or corrected, ignorance is wiped out thereby liberating the economic and social potentials inherent in the lives of the disabled because in every disability there is ability (Igboanugo, 1998). The handicapped is trained through adapted physical education to maximise such potentials and be useful to him/herself and to the society at large.