

Physical Exercise and Disability

People with any kind of disability can participate in sports, fitness, dance and recreation! We need to move our bodies just like everyone else and can enjoy and benefit from physical activity. Yes, there are barriers in the way. Yes, it may not seem easy, fun or even possible for everyone with a disability. This document offers some basic information to get us started. Be sure to watch the short video on WID's NEW DOOR page of the website, as well.

Living a Healthy Lifestyle

Service and health providers, family members and friends can make a significant contribution to the improved physical health of disabled people, as well as to their social inclusion and emotional well being by learning about and interacting with the disability sport, dance and fitness movement, and referring their patients to recreation and fitness. As we know, movement and physical activity helps reduce secondary conditions, obesity, hypertension, diabetes and other health challenges. Physical activity enables fun, enhances mental health, and community participation.

Disabled people can be healthy and get involved in healthy lifestyle activities. Virtually every person can participate in some kind of fitness and/or community recreation program. This includes people with quadriplegia, seniors, and disabled children of all ages.

Many providers seem to hold the same stereotypes that the general public does about disabled people being limited regarding physical activity. E.g., Lela's comment in the video about her grandson, born with a club foot, and the uneducated doctor saying to his parents at his birth, "He'll never be involved in sports." That child is now playing Little League. Studies document the lack of knowledge and training in medical education about disability and fitness.

Healthcare providers/services/HMOs, etc. need to become knowledgeable about local fitness resources to refer patients with disabilities and seniors and offer incentives. Healthy lifestyle brochures and videos about adaptive fitness resources should be available in all clinic and health center lobbies.

Medical exercises for injury or therapy are not enough, tend not to be very motivating or fun, and tend not to lead to active fitness and recreation. Fitness activities are enlivening, fun, socially interactive, community-family and friend-oriented to benefit general health and well-being.

Attitudinal barriers (limiting assumptions) *not disabled people's bodies*, are the key problem, along with architectural and programmatic barriers which result from attitudes.

The fitness industry is required by the *Americans with Disabilities Act* to provide programs, adaptations, and access for disabled customers. Secondary and post-secondary school programs are required by the ADA and the Rehab Act to provide adaptive sport programs and access for disabled students.

Real inclusion involves *disability cultural sensitivity*. Architectural access for wheelchair users is a good start and a positive attitude that “all are welcome” is helpful. We must also remember that disabled people and seniors must be involved in the design, implementation and evaluation of health and fitness programs to truly welcome the disability and senior communities.