

History of Adapted Physical Education: Priorities in Professional Preparation

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This presentation traces and reviews past and contemporary concerns, issues, or priorities relating to professional preparation with special emphasis on the identification of people who have had a significant impact upon professional preparation, and the graduates of our programs, who will provide leadership in the future.

In the mid-1960s there were few quality programs offering degrees, concentrations, or specializations in adapted physical education, and of course none were receiving federal assistance. Major texts published in the mid-1960s were authored by Clarke and Clarke (1963), Daniels and Davies (1965), Fait (1966), Kelly (1965), Logan (1964), and Rathbone and Hunt (1965). Before 1960 much of the attention in adapted physical education was on programs for the physically handicapped.

By the mid-1960s increasing attention was being given to the mentally retarded, the emotionally disturbed, and the learning disabled. The Kennedy Foundation drew attention to the mentally retarded by sponsoring a series of workshops throughout the United States, by establishing the Project on Recreation and Fitness for the Mentally Retarded within AAHPER, and other activities. Concern for the emotionally disturbed was stimulated by Temple University's Buttonwood Farms Project sponsored by the National Institute of Mental Health. The writings of Barsch (1965), Frostig and Horne (1964), Kephart (1960), and others drew attention to perceptual motor development and the learning disabled pupil.

In 1967 the federal government provided funds for professional preparation, research, and demonstration projects in physical education and recreation for the handicapped. The first funded projects reflected a preference for graduate programs in colleges and universities that had resources to combine physical education, recreation, and special education in their preparation programs. In the 1981 edition of her text, Sherrill points out that since legislation encompassed physical education for the handicapped in special education laws, this period can be generalized as the beginning of the merger of physical education and special education, and thus the beginning of multidisciplinary physical education.

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In 1969, 15 colleges and universities were awarded \$20,000 each by the Bureau of Education for the Handicapped (BEH) to develop model professional preparation programs in adapted physical education and/or recreation. The following year the same schools were given continuation funds. By 1971, additional colleges and universities were awarded funds, and by 1984 some 71 grant applications in adapted physical education and therapeutic recreation from 33 states were awarded over \$3.4 million (Bokee, 1984). By 1975, adapted physical educators involved with funded projects included Dan Arnheim, Larry Rarick, Jack Keogh, Hollis Fait, Lou Bowers, Ernie Bundschuh, Jim Little, Delores Geddes, Evelyn Davies, Jean Pyfer, Walt Cooper, Leon Johnson, Ray Weiss, Joe Winnick, Leroy Walker, Ernie Lange, Dave Auxter, Cecil Morgan, Claudine Sherrill, Bill Chasey, Joan Moran, Pat Bird, and Lane Goodwin.

One of the concerns in the late 1960s and early 1970s was the funding level for programs by BEH. Although physical education projects were increasing in number, the level of funding relative to other areas of special education was not high. Another concern was to ensure that review panels included physical educators. In the first years of funding, review panels primarily included persons in special education, physical education, and recreation. Panelists in the early years included Bob Holland, Lou Bowers, Joe Winnick, Larry Neal, John Nesbitt, Burton Blatt, and Robert Decker. Bobby Palk and Bill Hillman from BEH worked with the panels.

Also in the late 1960s and early 1970s there was considerable debate about the appropriate level of preparation in adapted physical education, that is, graduate versus undergraduate level. Individuals favoring graduate level preparation felt that teachers of handicapped pupils should have successful experience with nonhandicapped children before they embark on careers in adapted physical education. Those advocating preparation at the undergraduate level criticized beginning preparation at the graduate level because they felt an important source of potential teachers would be lost to the field. They also pointed out that graduates of undergraduate programs were actually employed in adapted physical education. These proponents of undergraduate preparation argued that undergraduate programs would result in better preparation because students could select more relevant courses in a 120-semester hour program than in a master's degree program of 30 to 60 hours. In the final analysis, graduate level preparation predominated because BEH decreed that it was limiting its program assistance money to graduate level programs. Interestingly, there appears to be some renewed interest in undergraduate preparation.

During this time there was also an attempt to move away from developing programs based upon medical pathological categories. More and more programs were developed on the basis of categories relevant to physical education and/or upon generic functions or competencies. Field-based competency programs came into vogue. Roles, competencies, behavioral objectives, functions, and tasks became common terms in our vocabulary.

In cooperation with BEH, AAHPER in 1973 published guidelines for competency-based professional preparation programs. For the role of specialist in adapted physical education, three functions were identified: assess and evaluate the physical and motor status of individuals with a variety of handicapping conditions; develop (design, plan), implement (conduct), and evaluate diversified programs of physical education for individuals and groups with any of a var-

iety of handicapping conditions; and participate in interprofessional situations providing special programs or services for individuals or groups, including coordination of such services for a program. Those involved in these efforts included Dave Auxter, Barney Anooshian, Dan Arnheim, Charles Buell, Robert Carlson, William Chasey, Ernest Davis, Walt Ersing, Hollis Fait, Delores Geddes, Robert Holland, Harold Jack, Leon Johnson, Ellen Kelly, Jack Keogh, Steve Klesius, Cecil Morgan, Richard Schild, Honey Nashman, Claudine Sherrill, Mat Sullivan, Margaret Thompson, Tom Vodola, Ray Weiss, Janet Wessell, Joe Winnick, Pete Wisher, and Edna Wooten.

In 1981 an Adapted Physical Education Task Force within AAHPERD also developed competencies necessary for the adapted physical education specialist (Hurley, 1981). Under these guidelines, the task force presented and grouped 57 competencies within six areas: biological foundations, sociological foundations, psychological foundations, historical-philosophical foundations, assessment and evaluation, and curriculum planning, organization, and implementation. Persons important to the 1981 efforts included Leon Johnson, Lane Goodwin, G. Robert Roice, Karen DePauw, Ernie Bundschuh, Diane Hurley, John Dunn, Ellen Lubin, Robert Holland, Sue Grosse, and Julian Stein.

With the advent of PL 94-142, mainstreaming and inservice education became an important priority in professional preparation. It was believed that regular physical educators had to be prepared for the integration of handicapped pupils, and it became a federal responsibility to do so. As many of us added components dealing with inservice in grant programs, others initiated new projects dealing with inservice. Many individuals throughout the United States were also providing inservice education without the benefit of federal funding. Eventually it would be the latter of these approaches that would survive since federal funding was soon phased out because it became obvious that federally sponsored programs could never reach the masses of regular educators to a significant extent.

In the 1980s funding is as much a concern as ever. With regard to special education programs, we have to be on the vigil for disproportionate funding decreases. If they occur, we need to study panel membership and other review procedures to ensure that cuts were not made inadvertently or deliberately because of these factors. This is particularly important because we no longer have specifically targeted money for physical education. Federal program assistance must be continued because physical education services have not been met in accord with PL 94-142, and equal opportunity goals relative to intramural and athletic programs have only begun to receive attention.

There is also reason to be concerned about hard money commitment in adapted physical education in colleges and universities. For example, doctoral programs at the University of Connecticut and Berkeley were recently discontinued following separation by adapted physical education professionals. We need to be concerned about staffing new faculty lines with individuals who will assure the offering of quality programs in adapted physical education for many years. We should expect that the program at Texas Woman's University will last a long time because Claudine Sherrill, Jean Pyfer, and Ron French are on "hard money" university lines. With Walt Ersing and Paul Jansma on hard money tenure positions at Ohio State, continued involvement and leadership in adapted physical education there is anticipated and expected. In this regard, we can enhance employment on hard money positions if we develop individuals from "protected"

classes and prepare doctoral level graduates who have a high level of expertise in at least two areas. For example, competency in adapted physical education may be combined with exercise physiology, motor learning, biomechanics, psychology of sport, special education, and so forth. Such an approach will not only enhance employability but may advance research efforts in the field.

PL 94-142 and Section 504 continue to have great impact upon professional preparation programs. Because of these laws much more attention is being given to individualized programming, assessment and placement, prescriptive teaching, the roles of physical education and adapted physical education, special sport programs, the relationship of school and out-of-school programs, task and behavioral analysis, and the development of curriculum materials. Because more severely and profoundly affected persons are receiving services, more attention is being given to the preparation of teachers to work with these populations. Because of the ever increasing knowledge in adapted physical education and other forces, more and more states are requiring a credential, endorsement, or certification to teach adapted physical education. Schools preparing specialists have had to keep abreast of these requirements as they have planned programs. Today support appears to be increasing for a nationwide approach to certification and credentialing.

In regard to preparing regular physical educators for their role in teaching pupils with unique needs, the infusion concept is one that needs careful examination. Infusion is an attempt to improve the preservice training of all physical educators by introducing into physical education preparation courses the knowledges and skills related to the handicapped pupil. In November of 1978 John Hall and Jim Stiehl planned an excellent symposium dealing with infusion at the University of Colorado. At that conference and others it was predicted that infusion would be the way of the future. Those who support this concept feel that in the future better colleges and universities will not have specific undergraduate courses in adapted physical education. Units or modules typically taught in these courses will be integrated into regular undergraduate physical education courses.

Of course, units or modules can and should be integrated into regular undergraduate physical education courses in certain instances. For example, as students are learning about the functioning of the cardiovascular system, it is appropriate that they also learn about defects and their impact on participation in physical activity. However, if the concept of infusion is adopted, the pupil with unique needs is never of priority concern—and that may be what is needed. There is a danger that failure to specifically earmark courses in adapted physical education may severely hamper the field because too often unmotivated and unprepared teachers using inadequate textbooks will be teaching the courses.

The relationship of adapted physical education and the medical profession is still evolving and needs refinement. We may find it necessary and desirable to end our dependence on the medical profession and assume the leadership in determining nontherapeutic student programs in adapted physical education. Special physical education and sport programs have matured to the extent that they can no longer be planned simply by asking physicians to check off sport and motor activities in which a person can participate.

In 1983 the American Academy of Orthopedic Surgeons invited recreation leaders and physical educators to Winter Park, Colorado, to seek advice regarding appropriate physical activity for handicapped pupils. By inviting recreation

leaders and physical educators to help them become better informed, the orthopedic surgeons were implicitly recognizing the needs for multidisciplinary cooperation. One of the interesting outcomes of this meeting was the reality that long-term exemption from physical activity is seldom justified, and only rarely may a youngster not participate in a particular sport or activity if it is appropriately modified. Yet many "able-bodied" youngsters are excused from physical education throughout the United States.

The ability to participate in a physical activity depends on the parents, the youngster, a knowledge of the demands of an activity, and upon medical considerations. This is why the decision about participation should be made by a committee involving the parent, physical educator, physician, and youngster (if appropriate). Our preparation programs must prepare graduates for their role in these efforts.

Professional preparation has come a long way but there is room for plenty of improvement. Well written textbooks help. The texts we have today are far better than those of 25 years ago. Even so, our texts and other literature need to continue this improvement in several areas. We need to suggest teaching hints based on medical or educational characteristics, but within well developed models of instruction. The PREP program developed by Watkinson and Wall in Edmonton, Canada, is one example of a starting point. We need to communicate comprehensive behavioral management systems if we are to adequately prepare individuals for educational positions in varied settings.

Future literature must help us design curricular approaches that integrate developmental and community-based models which give careful attention to each model at every developmental level of the pupil. We need to help public school teachers and administrators with management and organizational problems they encounter in providing adapted physical education programs along the mainstreaming continuum. If physical educators fail to implement programs in adapted physical education in the local school, there will be no need for professional preparation programs.

There is little doubt that we can and should be proud of our progress. Professional development has advanced greatly in the past 20 years, and there are several excellent professional preparation programs throughout the United States. We are receiving some federal assistance to finance programs. We are graduating teachers who are getting positions in which they teach adapted physical education and, because of their positive efforts, there is a demand for additional qualified persons like them. More and more handicapped pupils are receiving physical education in mainstreamed settings, and there are more sport programs today than ever before.

Through our programs an impressive list of graduates is prepared for the next decades' development. Short, Tymeson, Kelly, DePape, Porretta, Chalmers, Curtis-Pierce, Knowles, McQuillan, Rimmer, Rich, Loovis, Craft, Horvat, Cowden, Ryan, Brunt, DePauw, Karper, McClenaghan, Gavron, Jackson, Webster, Beuter, Dummer, Aufmesser, Kaylor-Krebs, Rizzo, DiRocco, Hall, Davis, Ulrich, Huber, Lavay, and Surburg are some of the names associated with our doctoral programs and/or from whom we can expect leadership. These people are the keys to the future of adapted physical education. With a list like this we can be confident that we did many things right, and we can take pride in that. Our future is in good hands.

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