

Adapted Physical Activity

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Adapted Physical Activity

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Abstract

The term adapted physical activity (APA) refers to a field of research, theory and practice associated with various forms of movement and physical activity most often related to disability and impairment. In this entry, we explore the field of APA by examining a select number of key topics, some of which have been part of APA since even before its inception, and others, while not new, are gaining momentum and providing important opportunities to rethink and reflect on the direction(s) the field has taken and may take in the future. Specifically, we discuss: 1. Understandings of APA, 2. Development of APA and Disability, 3. The Meaning of Adapted, 4. Service delivery and 5. Theoretical Approaches and Research Paradigms.

Keywords: assumptions, definition, inclusion, disability, research paradigms

The United Nations Convention on the Rights of Persons with Disabilities, Article 30 (2006), protects the right of people who experience disability to engage in “cultural life, recreation, leisure and sport...on an equal basis with others” (un.org). The need to protect this right emerges from a long history of marginalization and oppression of people who experience disability. Explicitly, people who experience disability have less access to healthcare, education and employment, and little to no inclusion in socioeconomic, religious and political communities (Groce, 2018). It is important to recognize that discrimination in all walks of life against people who live on the margins of society due to disability, ‘race’, sexuality, gender, social class etc., continues today (Felices-Luna, Kilty and Fabian 2014). Protecting peoples’ right to take part in cultural life, recreation, leisure and sport and, in doing so, to also advocate for and contribute to social change are of critical importance to creating a more socially just world. In keeping with this right, the field of Adapted Physical Activity (APA) specifically addresses a range of issues associated with access to physical activity, exercise, sport, recreation, and physical education in order to extend the participation possibilities for more people, and in particular those who experience disability.

1. What is APA?

APA is an international field of research, theory and practice. In numerous ways, APA and those who are part of the field, contribute to creating engagement opportunities for people who experience disability, in a range of physical activities, on a more equal basis. For example, APA researchers, through innovation in prosthetics, support athletes who compete in elite Paracanoeing (e.g., Ellis, Callaway and Dyer 2018). Scholars in APA examine discrimination from the perspectives of people who experience disability and challenge taken for granted assumptions that lead to their exclusion from recreation (e.g., Devine 2015). Kinesiologists, who specialize in exercise and disability, develop community-based fitness programs for people with

1 impairment diagnoses (e.g., Eng, Dawson, Marigold and Pang 2006). Finally, teachers, trained in
 2 adapted physical education (APE), work toward creating more welcoming environments to
 3 support the inclusion of students with diverse abilities in their classes (e.g., Petrie, Devcich and
 4 Fitzgerald 2018).

5
 6 Debates over how to define APA, in essence what APA is and what it purports to do, have
 7 always existed and continue as the field develops. Various definitions and understandings are
 8 apparent and continue to change over time in keeping with new knowledges and greater
 9 investments in equity, diversity and inclusion. According to IFAPAI, an international scientific
 10 organization comprised of students, practitioners, and scholars in the field, APA is defined as a

11
 12 “body of practical and theoretical knowledge directed toward impairments, activity
 13 limitations, and participation restrictions in physical activity. It is a service delivery
 14 profession and an academic field of study that supports an attitude of acceptance of
 15 individual differences, advocates access to active lifestyles and sport, and promotes
 16 innovative and cooperative service delivery, supports, and empowerment. Adapted
 17 physical activity includes, but is not limited to, physical education, sport, recreation,
 18 dance, creative arts, nutrition, medicine, and rehabilitation” (IFAPA 2014, para. 1).

19
 20 This definition focuses on a number of issues of social justice and captures a range of potential
 21 contexts where APA may be researched and practiced. As a result, APA is often viewed as an
 22 overarching or umbrella term. However, not all would agree with this definition. Some prefer
 23 definitions that are more or less precise. APA may be thought of as specifically for people who
 24 experience disability, while others may view it more broadly, proposing that APA is for anyone
 25 who can benefit from it. Some have pressed for the inclusion of specific contexts and questioned
 26 the inclusion of others. Scholars and practitioners continue to examine the definitions and
 27 meanings of APA and their implications for research and practice (for examples see Bouffard
 28 and Spencer-Cavaliere 2016; Hutzler and Sherrill 2007; Reid and Stanish 2003). The origins of
 29 many of these debates can be traced historically to the foundations of APA.

30
 31 In understanding what APA is, it is important to recognize the strong influences of the Western
 32 world in its ongoing development. The globalization of APA can be seen through the growth
 33 of IFAPA and its composition of regional organizations across North America, Europe/United
 34 Kingdom and Asia with delegates from over 50 countries attending some of its international
 35 symposia (Reid 2015). At the same time, IFAPA recognizes the ongoing underrepresentation of
 36 developing countries in its federation and is making efforts to extend its reach (Reid 2016).
 37 According to research trends within one of the field’s flagship academic journals, the Adapted
 38 Physical Activity Quarterly (APAQ), there were contributions by (first) authors from 23 different
 39 countries between the years of 2004-2013 (Haegele, Lee and Porretta 2015). While this was an
 40 increase over previous years, the vast majority of contributions were from Universities in the
 41 United States (44%), Canada (24%), and Europe/United Kingdom (21%).

42
 43 In North America and many European countries, APA finds its home within kinesiology and the
 44 sport and movement sciences, recreation and physical education. Rehabilitation sciences, such as
 45 physical therapy and recreation therapy, are also often part of APA research. Similarly, within
 46 practice settings, APA can be found within community exercise and recreation, physical

education in schools, sport ranging from recreation to high performance, and rehabilitation settings, among others. APA is considered a multidisciplinary or cross-disciplinary field with researchers and practitioners who study and work across a range of disciplines and areas (e.g., sociocultural, psychological, biological), informed by diverse philosophical, methodological and theoretical approaches (Bouffard and Spencer-Cavaliere 2016). Importantly, how APA is understood, researched and practiced, differs across histories, cultures, education, languages, countries (Hutzler and Sherrill 2007), settings, programs, activities, paradigms, and personal beliefs and values. While APA has made important contributions to creating more equal access to physical activity for people who experience disability, it is also a field with room to grow.

2. Development of APA and Disability

The history of APA is embedded within understandings of disability and physical activity. Physical activity has and continues to play different roles in the lives of people who experience disability “from curative to rehabilitative to APE [adapted physical education] and sport” (DePauw, 2020, p.7). Although the term APA was not introduced until the 1970’s, evidence of physical activity and sport in the lives of people who experience disability dates back to the nineteenth century. The practice of both sport and APE, for injured war veterans and children who experience disability, respectively, both of which have been foundational to the development of the field, were present in the mid twentieth century (Reid 2003).

The development of APA is often viewed in parallel with changing attitudes toward people who experience disability, how disability is understood, and progress in the areas of human rights and policy development. The medical model of disability, for example, has been prominent in APA research and practice since its inception. This model focuses on disability as something to be fixed or corrected. As a result, some APA researchers and practitioners use physical activity to ameliorate impairment and seek to make changes at the personal level. For example, an APA researcher or practitioner with expertise in motor learning may develop interventions that seek to improve how a person moves using various cognitive learning techniques so they may perform in ways similar to their peers. Quite differently, an APA scholar or practitioner whose work is guided by a social model of disability, where the emphasis is on removing socially and structurally produced barriers (e.g., inaccessible environments, negative attitudes), work to change forces outside of the individual (e.g., change policies in order to improve access to physical activity) rather than viewing the individual as needing to change.

Importantly, there are numerous disability models that differently inform APA research and practice beyond the medical and social model examples provided. The rights based model, biopsychosocial model, experiential model and social relational models, among others, have all had more or less impact on the field of APA and the people for whom the field is intended to serve (SEE ENTRY ON DISABILITY MODELS). Each of these models have different understandings and assumptions about what disability is and what it means in the context of our world. Recognizing the assumptions underlying these models can help inform why, what, for and with whom APA research and practice are carried out. Recognizing assumptions can also help us to question and rethink the ethics of our research and practice.

Disability models, their accompanying languages and resulting implications, remain key sources of discussion in the field. In understanding the meaning(s), purpose and relevance of APA,

differences in how researchers and practitioners think about and refer to disability have become more prevalent (e.g., Darcy, Lock and Taylor 2017; DePauw 2000; Grenier 2007; Peers, Spencer-Cavaliere and Eales 2014; Standal 2008). While there appears to be greater acceptance of a wider variety of ways to think, write, and talk about disability within APA, greater engagement with disability communities around the world can provide important directions to the field to ensure its relevance and progress in a world where issues of equity, diversity and social justice are at the fore. Given APA has a strong focus on differences associated with disability and impairment and creating access to physical activity, the term ‘adapted’ needs to be considered in parallel with how disability is understood.

3. The Meaning of Adapted

A central focus of APA research and practice is on the concept of adaptations. Adaptations can be understood as purposeful modifications or changes made to one or more aspects of physical activity in order to broaden the participation possibilities of individuals who may not otherwise be able to take part or take part fully. Critically, a number of assumptions are made when physical activity is adapted. For example, there are assumptions about the value of physical activity itself, the types of physical activities that are modified, as well as its relevance and purpose in peoples’ lives. A key aspect of adaptations is that they should be developed through a process of individualization with a person to meet not only their physical needs, in order to take part, but also their social, cognitive and emotional needs and desires (Sherrill 2004). This is an important component of adaptations. Adaptations may take various forms and may involve changes to the specific activity or task to be carried out, the environment in which participation occurs or be associated with the person level. This way of thinking about adaptations aligns categorically with the Ecological Task Analysis approach (Davis and Burton 1991). This approach presents a way to think about what could be adapted.

For example, para ice hockey, also known as sledge/sled hockey and is similar to what is commonly known as stand up hockey. Stand up hockey is considered a mainstream sport, as it was developed for individuals who do not experience disability. It can be played from recreational to elite levels. Para ice hockey can be thought of as an adapted sport or activity, modified from stand up hockey and designed specifically for people who experience disability and/or have a range of impairments. In line with stand up hockey, para ice hockey is played on a regular sheet of ice and utilizes the majority of the same rules, with a few exceptions, to meet the individual needs of players. Using the ecological task analysis model (Davis and Burton 1991) as a guide, some examples of changes to the task include equipment adaptations. In sledge hockey, players use two short sticks, rather than one longer stick, to simultaneously allow them to shoot and pass the puck with the blades on one end and to propel and manoeuvre themselves with the metal teeth/picks on the other end. Rather than skates, players sit strapped into a sledge. Depending on individual needs, the sledge may have one or two primary blades that may also differ in size. Rule changes also represent a type of task adaptation. Importantly individuals may also need and desire other modifications that result in changes to the environment. For example, ensuring the sledge/sled hockey arena is accessible to people who ambulate in diverse ways which may necessitate an adaptation to the physical environment. Determining whether the activity is competitive or non competitive and takes place in front of spectators are examples of considerations for the social environment. Lastly, person level variables such as motivation,

cognition, motor needs, and other individual differences and desires can also lead to adaptations. For example, whether a person chooses to take part in activity or not will be influenced by their motivation to engage, therefore ensuring this is taken into account in activity offerings is pivotal. While many aspects of an activity can be adapted, it is essential to consider adaptations as part of a holistic process.

Mainstream sport can be adapted, but so can other forms of physical activity. For example, a community exercise program may have a range of offerings that support people to choose the types of activities that best meet their needs, in an environment that helps to sustain their participation. In a physical education class, a teacher may adapt to the various learning styles of students in order to increase their chances of inclusive and meaningful engagement in class. For example, the use of peer tutors, where children take responsibility for supporting each others' learning, is an approach commonly used in APE. When considering the concept of adaptations, it is vital that alternate forms of participation, activities and participants are valued, accepted, and supported. Diversity should be welcomed and viewed as a key source of enriching physical activity culture within APA and beyond. New activities designed by and for the people who will benefit from them can also be generated. While APA tends to focus, in large part, on modifying mainstream activity, it is critical to imagine new possibilities that lead to transformation in creating more equitable, diverse and inclusive chances to participate. Service delivery is a key part of APA's growth and development, where adaptations continue to play a key role in the quality of participation opportunities and efforts to be more inclusive.

4. Service Delivery

APA has a history that has and continues to engage with research, theory and practice associated with segregation, integration and inclusion. While inclusion is now the most commonly promoted form of service delivery in APA, it is subject to debate, in particular with regard to its meaning and practice. In addition, segregated and integrated service delivery settings are still apparent.

Historically, segregation, as it relates to disability, emerged from the forced institutionalization and isolation of people with impairments, where reports of mistreatment, neglect and abuse were common (Reid 2003). Hospitals, schools and institutions have all been sites of segregation for people who experience disability. Beliefs underlying this type of segregation were based on the medical model's understandings of disability as something to be feared, eliminated or fixed. Within the context of APA, segregated settings, which today are sometimes termed separate or specialized settings, refer to environments comprised solely of participants who experience disability. Examples include parasports designed for people who experience disability who compete with and against each other (e.g., the Paralympics), APE in schools for students who experience disability and are sometimes referred to as self-contained classes, and other physical activity programs that are impairment focused (e.g., yoga for people diagnosed with multiple sclerosis). There are tensions in APA about the ongoing presence of segregated settings.

Integrated activity settings are ones where people with and without impairment share space (Haegele, 2019). The degree of sharing may vary significantly. For example, within the school setting all students may be in the same classroom, or students may be in the same school, but

children who do and do not experience disability occupy different classrooms. In the latter case, the broad locale (the school) represents a common physical space but the classrooms themselves may be separate (e.g., students who experience disability are grouped together in separate classes). In a physical activity focused integrated setting, whether within or outside of school, all participants may take part at the same time and in the same activity, yet there may be no meaningful interaction between participants and no sense of connectedness to others or to the activity. Importantly, integrated activity settings are not designed for people who experience disability, but primarily reflect mainstream activities, as a result, full participation is rare.

Recognizing the limitations of integration, inclusion became a key theme of APA in the 1980's preceded by its introduction into schools. Physical education, in particular, is one of the most commonly researched practice settings where inclusion is actively promoted. Inclusion was meant to go beyond integration, comprised of a merging of special and general education where individuals and their needs were supported (Reid 2003). Despite its prominence as a key service delivery model in the field, inclusion is subject to regular debate and many challenges have been identified. In part, this was due to questionable implementation at the outset. Additionally, through researching the experiences of people who experience disability, in what are intended to be inclusive settings, researchers and practitioners have learned of their ongoing exclusion. Similarly, practitioners (e.g., teachers, coaches, instructors) continue to report their struggles to be inclusive.

As a result of these struggles to create inclusive settings, understandings of inclusion have continued to be challenged and reimagined. Inclusion has been described as an attitude, process and approach to social justice where people with impairments have choices (DePauw and Doll-Tepner 2000). Inclusion also refers to the idea that everyone is invited into community settings where all people belong, contribute, and develop (Reid, 2003). Others have proposed that inclusion is a subjective experience (Haegele 2019) describing it as “a sense of belonging, acceptance and value, and a respectful response to diversity within a space of encounter” (Rubuliak and Spencer 2021, p.2). As definitions of inclusion continue to grow, so too do conceptualizations of what an inclusive setting may look like. For example, some separate settings and reverse integrated settings (where participants who do and do not experience disability compete together within parasport) have been referred to as inclusive when participants have choices and can express their feelings of belonging within them.

Inclusion does not solely occur in the practice of physical activity settings. It is also something that may or may not occur in APA when it comes to the ways in which the field grows and develops. Like many fields of research and practice, APA has some traditions when it comes to the types of theories and research that are most prominent, the ways in which disability is understood, and the role of people who experience disability in research. Opening possibilities for greater diversity in these areas is also to create a more inclusive environment for researchers and practitioners to study and teach. If inclusion is a value of APA, it needs to be reflected in all of its areas.

5. Theoretical Approaches and Research Paradigms

1 A range of theoretical frameworks and concepts are engaged in by both researchers and
 2 practitioners in APA. This breadth in ways of researching and practicing is part of what makes
 3 APA an interesting field and one that is well positioned to contribute to understanding complex,
 4 multifaceted issues. For the most part, however, these approaches are used in disciplinary silos or
 5 singular ways, hence the description of APA as a multidisciplinary field rather than an
 6 interdisciplinary one where people work in integrated ways across disciplines (Bouffard and
 7 Spencer-Cavaliere 2016).

8
 9 Theoretical frameworks and concepts can help us to understand and bring meaning to ourselves,
 10 each other and the world around us. In APA, the use of theory varies significantly. For example,
 11 researchers interested in motor skills among children with movement differences, engage with
 12 theories of motor competence in the development of physical activity interventions (e.g., Bremer
 13 and Lloyd 2016). Scholars interested in the inclusion of children who experience disability in
 14 physical activity, may draw from a collective of social cognitive theories to understand how
 15 people learn and develop competencies. An example is the theory of planned behaviour, which
 16 has often been applied to examine attitudes and beliefs of teachers, parents and students who do
 17 not experience disability toward those who do (e.g., Mihye, So-Yeun and Euihyung, 2015;
 18 Obrusnikova, Block and Dillon, 2010). Another collective of theories, known as motivational
 19 theories, researchers employ in a range of settings from sport to physical education to
 20 community recreation. One example is the work of Werner (2015) who discovered the
 21 importance of developing athletic identity among Special Olympics athletes. Examining the
 22 experiences of the body through movement is a growing area of research in APA. By engaging
 23 with the concept of (re)embodiment academics shed light on how people experience the world
 24 through their body and subsequently challenge normative thinking (Standal 2011). Finally, a
 25 small collective of researchers engage with critical theory in APA. An example is the work of
 26 Hodge, Kozub, Robinson and Hersman (2007) who questioned the reporting of race, gender,
 27 ethnicity, and sociometric status in APA research and practice. Importantly, the theories
 28 mentioned here represent only a small sample of the many theoretical approaches, frameworks
 29 and concepts researchers and practitioners employ in APA.

30
 31 Researchers who engage in theory also do so from different research paradigms with underlying
 32 assumptions about what exists in the world and how we come to know about it. A review of two
 33 key academic journals in the field identified the prevalent and emerging research paradigms used
 34 in APA and are described here (Spencer and Molnár 2022). Research in APA, has been
 35 dominated by positivist and post-positivist approaches since its inception. This body of research
 36 is primarily quantitative in nature and focuses on, for example, motor skills, interventions,
 37 instrument development, and psychological constructs. In this approach, the researcher is
 38 positioned as expert and decides what questions are important to ask and how to go about
 39 investigating them. Much of professional APA practice also reflects a top down approach, where
 40 the practitioner is viewed as the expert responsible for choosing, developing and implementing
 41 programs, curriculums and activities for people who experience disability.

42
 43 There has been significant growth in qualitative research in APA from a constructivist paradigm.
 44 In this approach, the perspectives of the people for whom APA is intended to support become
 45 more central to both the research and practice. Inclusion in physical education, experiences of
 46 disability and pedagogical processes, are some of the topics investigated in this paradigm. While

1 researchers continue to make decisions about what is relevant to investigate and how to approach
2 it, and practitioners remain responsible for developing and implementing APA, the thoughts and
3 perspectives of APA participants become more central to informing research and practice.
4

5 Despite its focus on inclusion, APA contains minimal critical theory work, participatory
6 approaches and other post-qualitative paradigms that inform its research and practice. As APA
7 evolves to recognize the ways in which the field is shaped by its scholars, practitioners,
8 participants, communities and the cultural, economic and socio-political contexts within which it
9 occurs (Felices-Luna, Kilty and Fabian 2014), frictions about ‘what counts as knowledge?’ and
10 ‘whose knowledge counts?’ are emerging. Of critical importance is how the knowledges of
11 disability communities do or do not inform APA research and practice and in what ways.
12 Currently, people who experience disability have limited roles in APA research other than as
13 participants (Spencer and Molnár, 2022). It appears rarely the case that scholars with emic
14 understandings of disability or people who are part of disability communities, are integral to
15 APA research. It also appears rare that practitioners in APA have an emic understanding of
16 disability or themselves experience it. It is essential that a field with the aim to serve and support
17 people who experience disability and to be inclusive, also has leadership from, and is deeply
18 informed by, disability communities. This is a necessary area of growth for APA.
19

20 **Conclusion**

21
22 As a field of research, theory, and practice focusing on inclusion, APA has and will continue to
23 play a key role in providing greater access to physical activity for people with diverse needs and
24 abilities. At the same time, APA has room to grow. In particular, understanding how disability
25 connects to other identities (e.g., gender, race, sexuality, class, among others), a concept known
26 as intersectionality, is an area only few APA researchers have engaged with. As Cho, Crenshaw
27 and McCall (2013) articulated, “examining the dynamics of difference and sameness
28 [intersectionality] has played a major role in facilitating consideration of ... axes of power in a
29 wide range of political discussions and academic disciplines” (p.787). Importantly, intersectional
30 work can lead to a more complex and nuanced understanding of discrimination and disparity
31 (Evans, 2022) which is of great relevance to the field of APA and the people for whom the field
32 is intended to support. In closing, researcher and practitioner reflexivity, being accountable to the
33 histories of marginalization and oppression of people who continue to live on the margins of
34 society are imperative. Questioning the assumptions that underlie APA research and practice are
35 necessary to the field moving forward and, ultimately, to contributing to more equitable, diverse,
36 and inclusive physical activity.

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