



CANADIAN SKI COACHES FEDERATION  
FÉDÉRATION DES ENTRAÎNEURS DE SKI DU CANADA

## *Alpine Ski Racing*

# *Athletes with a Disability*

*an introduction*

*You can't deny participation to someone*



National  
Coaching  
Certification  
Program



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## **Preface**

The following document provides the active alpine ski coach with information that will assist them in their role in coaching athletes with a disability (AWAD).

The document is written for the alpine coach who has never had the opportunity to work with athletes with a disability and is intended to create a professional and conscientious coach/athlete relationship.

This document is not intended as a technical manual on coaching alpine athletes with a disability, but rather is intended as an awareness and sensitivity process through which an alpine coach can apply their skills when working with an athlete with a disability.

The document is also focused on athletes with physical disabilities only. The Canadian Ski Coaches Federation (CSCF) also provides a similar document for coaches working with alpine athletes with intellectual disabilities.

The foundation of this document was provided through the work of the “Coaching Athletes with a Disability Task Force”, directed by Alain Marion. The work produced for a multi-sport context was invaluable in the creation of a document that is more specific to alpine needs.

It is also critical to acknowledge the input from many coaches and athletes involved in alpine disabled sport both in Canada and internationally.

## **History of Alpine Skiing with a Disability**

### **The Development of Disabled Skiing**

Skiing as a means of moving with two wood planks has existed for several thousand years. Stone carvings of people on skis were discovered in Rodoy, Norway and on the White Sea in Russia. Fragments of skis that were found in Sweden, can be dated as much as 4000 years. However, skiing as a sport was only developed in the 19<sup>th</sup> century in the Scandinavian countries (Norway) and since 1870 spread into the Alps.

It is assumed that disabled people already tried independently before the First World War to ski as an adventure. But after the Second World War, there were hundreds of young and athletic war amputees in Austria and Germany, who, prior to their injuries were good skiers, did not want despite their injuries to give up the white sport they loved. Thigh amputees tried to ski with three skis and subsequently developed a completely new form of skiing. With a normal ski on the remaining good leg and with two short skis mounted on two crutches, so-called ski crutches, modern disabled skiing was born.

Below-the-knee amputees had problems with unstable prostheses and the continuous tendency to fall on their backs. Wedges under the ski boot, and even using a “come-along” to keep the knee joint in a crouch position were tried. Inventors and pioneers of

disabled sport exchanged their experiences and findings as much as the turbulence of the war permitted.

Not until after the war in 1947 did there come to be a systematic development of disabled skiing, and in 1948 the first workshops for disabled skiers were offered. From that point on, the development and technique of disabled skiing progressed quickly. The war amputees were soon joined by the victims of work-related and other accidents, as well as those with disabilities caused by illness. Besides war amputees, there were people who were blinded or seriously visually impaired in the war. With unimaginable energy and the help of experienced guides it became possible for the blind and visually impaired skiers to safely negotiate downhill slopes, and even to train for competitions.

Up to the start of the seventies, only amputees and visually impaired people, despite their disabilities, practiced the sport of skiing. At that time those who used wheelchairs (paraplegic and two-legged amputees) were also trying to participate in the winter sport. The first ski sleds constructed with two skis proved to be prone to accidents. The introduction of the monoski facilitated the breakthrough for those who used wheelchairs. These so-called skibobs consist of a spring-loaded Kevlar sitplatter, mounted with a binding to a conventional ski. The disabled person can ski with the skibob, using two short ski riggers and shifting their balance. Experienced practitioners are able to descend down a powdery slope in elegant turns.

Today technology plays an important part in disabled skiing. Modern, below-the-knee prostheses permit the experience of skiing to become almost normal for some disabled people, whereas for others it is still an adventure with considerable risk.

The ski-crutches (outriggers) are now hollowed out and monoskis have recently acquired adjustable springs that have revolutionized the technique. Racing techniques have been continuously refined over the years and further improved by talented skiers. Today it is possible for a disabled skier to confidently and elegantly descend a slope, or to expertly participate in a slalom race between the gates.

## **Disabled Sport and Its Beginnings**

The first ski race for able-bodied skiers took place in 1850, outside Christiania, today's Oslo, Norway. Germany organized its first ski race in 1879, and the first Swiss Ski Club was established in Glaris, in 1893. Other countries followed establishing their first ski clubs: Russia (1896), Czechoslovakia (1903), U.S.A. (1904), Austria and Germany (1905), Norway, Finland and Sweden (1908). In 1910, the International Ski Commission was established. The International Ski Federation (FIS), a follow-up organization, was established on the occasion of the first Winter Olympic Games in 1924 in Chamonix, France. But the Alpine disciplines were not included until their introduction into the Olympic program in 1936. In the 1948 Winter Olympics held in St. Moritz, the slalom and downhill disciplines were introduced. The Giant Slalom was introduced in Oslo in 1952, and the combination was eliminated. However, the combination was reintroduced in 1988, and for the first time a Super-G race took place at these Winter Olympic Games.

In 1948, the first documented disabled competition took place in Badgastein, Austria. 17 disabled athletes participated. In the same year, the English neurologist Sir Ludwig Guttmann organized the Stoke-Mandeville Wheelchair Games, parallel to the Olympic Summer Games in England, and so laid the foundation for the Paralympics. Since 1950 disabled skiing is being pursued worldwide. The first official Paralympic Summer Games took place in Rome, in 1960. It wasn't until 16 years later, in 1976, that the first Paralympic Winter Games were held in Ornskodsvik, Sweden (see tables below). In 1982, various organizations for the disabled established the International Coordinating Committee (ICC), which from then on coordinated the already existing Paralympic Games. A further milestone in disabled sport was the establishment of the International Paralympic Committee (IPC) on September 21, 1989 in Dusseldorf. Since 1992, in Albertville, France the Paralympic Winter Games are held in the same location as the regular Olympic Games. The Paralympics take place after the regular Summer and Winter Olympics. At the VI Paralympics held in Lillehammer in 1994, for the first time disabled Olympians were able to stay at the Olympic Village and were able to profit from sponsorships. The integration of the disabled into the regular Olympics is now in full process. Since 1976, participation at the Winter Paralympics has climbed from 350 athletes from 18 countries to 1200 participants from 32 countries at Nagano. Participation in the Paralympics reached a high point in both Barcelona and Atlanta. At the Summer Paralympics in Atlanta over 3500 athletes from 121 countries participated, making it one of the largest sporting events worldwide.

<b>Year</b>	<b>Winter Paralympics</b>	<b>Olympic Winter Games</b>
1976	I. Oerndkoesvik, Sweden	XII. Innsbruck, Austria
1980	II. Geilo, Norway	XIII. Lake Placid, USA
1984	III. Innsbruck, Austria	XIV. Sarajevo, Yugoslavia
1988	IV. Innsbruck, Austria	XV. Calgary, Canada
1992	V. Tignes, Albertville, France	XVI. Albertville, France
1994	VI. Lillehammer, Norway	XVII. Lillehammer, Norway
1998	VII. Nagano, Japan	XVIII. Nagano, Japan
2002	VIII. Salt Lake City, USA	XIX. Salt Lake City, USA

Since 1982 the World Alpine Ski Championships for the Disabled take place between the Winter Paralympics (see table). Already at the 1984 World Championships, and in 1988 in Innsbruck, but especially at the World Championships in Lech, disabled skiing reached extraordinary popularity in Austria.

#### **Year World Alpine Ski Championships for the Disabled**

1982	Les Diablerets, Switzerland
1986	Fsallen, Sweden
1990	Winterpark, USA
1996	Lech, Austria
2000	Crans Montana/Anzere, Switzerland
2004	Wildschonau/Tirol, Austria

## **Introduction: Key Messages**

### **Philosophical Baseline**

To best introduce working with athletes with a disability in an alpine context, it is worth considering the philosophical baseline from which a coach can approach the situation. Three key statements that you should consider prior to entering an AWAD coaching scenario are:

- As is the case for any other participant or athlete, sport represents a vehicle for personal achievement, development, health, enjoyment, etc. for persons with disability.
- You are a coach and they are athletes; do not change your coaching philosophy or the way you deal with the athletes or their parents because you are now coaching athlete(s) with a disability.
- You are not alone! There are many experienced people and groups who can help you, and quality resources that are available through a variety of organizations.

### **Predictable Stages**

#### **Part 1: Stages coaches may go through when working for the first time with an athlete with a disability**

##### **General remarks**

Just like any athlete, the best way for people with a disability to develop sport skills is under the direction of a qualified coach. As will be emphasized throughout this document, coaching athletes or participants with a disability is fundamentally no different from coaching able-bodied people.

Initially, however, it is not unusual for coaches who have never worked with people with a disability to worry about whether they can provide the right type of support, be it at the grassroots or at more advanced competitive levels. There may be situations where coaches may not yet be totally confident with their own knowledge or abilities; there may also be questions about the safety of the people with a disability and concerns about how to communicate properly with someone with a disability.

The purpose of this section is to briefly outline some stages that coaches may go through when working with athletes with a disability for the first time. Coaches should know that it is normal to experience some unease initially, but that they can go fairly quickly beyond these first reactions to do what they do best: COACHING.

## **Stage 1 – Shock, doubts, worry**

When the occasion presents itself to coach an athlete with a disability for the first time, the first reactions can be fear of the unknown, or worry about speaking in terms that might be offensive or insulting to the person with a disability. It is also a natural reaction to focus too much on the disability at first, and to question how much a person with a disability can accomplish in the playing field. Some coaches may also be asking themselves what they can do, and have doubts about their own ability to provide adequate coaching support.

## **Stage 2 – Making assumptions**

Beyond the first reactions, many coaches may make various assumptions about what people with a disability can or cannot do.

Rather than speculating about the athlete's capabilities, coaches should engage into a frank dialogue. Communication is a key component in any successful coach–athlete relationship, perhaps even more when athletes with a disability are involved. The good news is that athletes with a disability are generally open-minded about discussing personal issues and concerns, and this can help coaches better understand their abilities and motivations.

When people with a disability decide to join organized sport, most have accepted their disability. They are at a stage where they have addressed many of the initial issues facing a person with a disability. Sport can present a new and fun challenge and also serve as an opportunity to widen their social circle with both able-bodied people and people with a disability.

## **Stage 3 - Making accommodations with the situation**

Once the coach overcomes those initial assumptions and learns more about the person with a disability, the general conclusion is that there is not much difference in the same basic skills used for able-bodied athletes.

## **Stage 4 – Getting into the technical aspects of coaching athletes with a disability**

After experiencing the previous stages, most coaches become curious about the technical aspects of coaching athletes with a disability and reach a degree of comfort in the process.

When this occurs, coaches seek and usually find answers to questions such as: *how can the performance of this athlete be improved?* They say that reaching this stage is a major victory. The disability is no longer a factor, and the focus is on coaching and on helping the person improve.

## **Part 2: Disability must knows**

### **General considerations**

Disabilities can be grouped into broad categories such as a mobility impairment or sensory. Each category may include specific types of disabilities. Disabilities can also be congenital (i.e. present at birth.) or acquired (i.e. not present at birth, but acquired through a traumatic injury or a illness).

Coaches should aim at developing a reasonably thorough understanding of the disability or disabilities the athletes they coach have.

The purpose of this section is to provide basic information about the broad categories of disabilities, and to clarify certain terms and conditions.

### **Mobility Impairment**

#### **Spinal Cord Injury (SCI)**

Disruption of the spinal cord prevents transmission of nerve signals from the brain to the muscles, keeping muscles below the level of injury from functioning. Spinal cord injury is most often acquired through traumatic injury. The level of disability is related to where in the spinal cord injury occurs. The nearer the injury is to the head (higher up the spinal cord), the greater the disability. *Quadriplegia* means that arms, trunk, and legs are affected. *Paraplegia* means that the trunk and legs are affected. Following the initial body changes in the months after the injury, disability remains the same over time, with little progression.

In alpine skiing, only individuals with *paraplegia* can compete to an international level. Those individuals with *quadriplegia* are often involved at a recreational level of alpine sport.

#### **Amputees**

*Amputees* - Loss of a limb can be either congenital or acquired, and with the use of a prosthesis (artificial limb) many athletes can compete in both able-bodied sport and Paralympic sport.

#### **Cerebral Palsy (CP)**

Injury to different parts of the developing brain during gestation, birth, or early infancy results in muscle weakness, paralysis, poor coordination, and uncontrolled limb movements. CP may affect the arms, legs, trunk, or head, and may affect one side of the body more than the other, or some limbs more than others.

Some people with CP can walk and talk, some are in wheelchairs, and others have speech difficulties. The person's disability can range from very mild to very severe. In alpine skiing, those individuals typically involved include those who have an ability to

walk, and in some cases those who use a wheelchair as an aid, although they still have mobility and strength in their upper body.

## **Sensory Impairment**

In sport terms, the two most prominent sensory impairments are *loss of sight* and *loss of hearing*.

### **Blind/Low vision**

Loss of sight may be total or partial, and with some conditions, vision may be progressively lost. Blindness may be congenital or acquired. Individuals born blind, or who lose their vision before fundamental skills have been learned, need to learn differently (and take much longer to learn sport skills) than people who learned the fundamental running, jumping, catching, and kicking skills before losing their sight.

### **Deaf/Hearing impaired**

Many individuals who are deaf do not consider themselves to be disabled, but rather consider themselves to be members of an alternate culture – one that uses a different language (usually American Sign Language) for communication. Many individuals with hearing impairments use a hearing aid.

In alpine skiing, the differentiation is seen at the competitive international level, in which the physically disabled and the deaf/hearing impaired do not compete together. At the National level in Canada, both groups are typically involved from the club level through to the provincial level for AWAD. Generally, the deaf/hearing impaired tend to remain in the able-bodied competitive stream.

### **Coaches should also know that ...**

- There is no need to be any more concerned about liability issues when working with alpine AWAD individuals, than when working with any other athletes.
- Athlete with disability may compete with main stream athletes *OR* within a disability-specific classification system, such as that offered through Alpine Skiing in which there are options to athletes with disability to compete in certain age groups with main stream athletes, or with masters. Likewise, able body individuals can also train in alpine activities for persons with disabilities. This integrated approach typically provides a very positive training environment for both the AWAD and able-bodied athletes.
- Sport for persons with a disability is organized into classes. This concept of “classification” should be viewed in the same manner as the weight class system used in combative sports. For more specific details, see **Appendix 1**. It is important for coaches to ensure their athletes are “classified” appropriately, and early in their training and competition process.

- People with a disability can sometimes be behind in their motor skills or in some of the sport-specific skills that are being taught. That's usually because one of those motor skills may not yet be as developed as it needs to be. This is often reflected in AWAD possessing CP.
- Some athletes with a disability may need medication. Generally the medication issues for people with a disability are the same as with able-body persons. For example medication may be required for diabetes, asthma, heart condition, etc.

### **Part 3: First contact**

The purpose of this section is to offer coaches practical suggestions for establishing a positive first contact with athletes with a disability, and for effectively initiating the more technically oriented work.

The following themes will be developed:

- Welcoming the person with a disability to the program
- Finding out more about the disability
- Assessing fitness, coordination and skill level

#### **Welcoming the person with a disability to the program**

- First impressions must be positive
  - First impressions can influence anyone who joins a sport program. Even able-bodied people may ask themselves whether they'll fit in or have enough basic skills not to be a total disruption to the coach and the group. Those questions also run through the minds of many people with a disability. However, people with a disability who join a sport program are generally moving into a new phase of their lives — ready to explore new challenges and eager to develop new skills.
- Introduce the person with a disability and create conditions for successful integration
  - In integrated programs, it is essential for the coach to communicate to the other participants that everyone — able or disabled — has the right to participate in sport programs. This commentary should only be provided if the coach finds it necessary.
  - It is also a good idea to advise the group that a person with a disability is joining the program. The coach should receive the information from the person with a disability of what they can and can't do in terms of mobility. Make the team or group aware of the fundamental considerations by involving the athlete in any discussions.

- It should be recognized that a lot of people with a disability are very independent and don't necessarily want or need specific assistance. If they need it, they'll typically ask for it.
- Coaches need to introduce the person with a disability to the sport environment and initiate an interaction. Explain what your program is about and what you'll be doing with the person with a disability. Also get to know the athlete as a person and learn about the disability by doing research on your own or talking to the athlete directly. (See the list of resources in Appendix 4.)
- In an integrated program, a youngster with a disability may initially be the centre of attention. In this case, the personality of the youngster with a disability can be a primary factor in whether she or he will have a positive first experience. Some may be shy and won't enjoy being in the spotlight, even if ever so briefly. Others who are more extroverted may be keen and determined to show that they can keep pace with their able-bodied counterparts. In other cases, the young person with a disability may lack sport experience and need additional time to catch up.
- **Challenges and initial misconceptions can be overcome**
  - Parents of able-bodied children may sometimes balk at the inclusion of people with a disability in their child's sport program. The feeling is that the person with a disability can slow down the progress of the able-bodied group. However, there are enough integration success stories to ease any parental worries. And the bottom line is that everyone has the right to participate in sport programs.
  - In fact, in the alpine skiing realm, inclusion of athletes with a disability has been viewed as a motivational positive within a mixed group.

### **Finding out more about the disability**

- **Get information that concerns the person's ability to perform in sport**
  - Generally, children with a disability have limitations from congenital conditions such as spina bifida, cerebral palsy, blindness or other physical disabilities, while those who became disabled as adults were involved in accidents or were afflicted with a major illness. For the coach, it can be important to know whether a disability was acquired or congenital. A person who acquired a disability in an accident may possess skills from previous sporting experience and may know about training but now need to relearn some skills. Someone born with a disability has usually had time to adjust and get used to how his or her body operates, but the opportunity in sport may have been limited, and the person may not have the same skills.
- **Be with them, observe, and ask what they feel they can and cannot do**

- **Establish realistic goals and objectives**

- People with a disability will have goals and expectations when they enter a sport program for the first time. Goals have to be realistic and achievable but not limiting for the individual. The slogan “See the potential, not the limitations” should apply. Everybody has the right to take risks and to fail, and this applies to people with a disability as well as to any other athlete. It is important for the coach to discuss with the person how those goals will be established.

## **Assessing fitness, coordination and skill level**

- **General remarks**

- Coaches encounter people with various disabilities and benefit from having a basic knowledge of the major disabilities: visual impairment, paraplegia and cerebral palsy. An assessment of the physical, cognitive, and social aspects of athletes with disabilities is also essential in order to provide them with adequate support and sound programming.
- An athlete with a physical disability may have difficulty with movements, a low fitness level or hyperactivity. Social aspects of athletes with disabilities are similar to those of able-bodied athletes, such as resistance to change, difficulty with transition and routines, difficulty following standard behaviours, frustration, and fear of failure.

- **Use a similar process to that with able-bodied athletes, but be creative**

- One of the first challenges a coach can face with an athlete with a disability is determining the person’s fitness level, coordination skills, and natural sport instincts. As with other matters, the process is similar to that with able-bodied athletes. The coach must be creative in assuring a measuring test that is compatible for the various groups and levels of disabilities.
- The visually impaired athlete should be assessed based on the demands of the sport. The speed, quickness and agility of the alpine athlete must be a consideration in assessing the visually impaired athlete. The actual impairment is secondary to the core attributes that must be assessed.

## **Coaching tips**

- Bring the athlete on a tour of the surroundings where practice and competitions will take place and explain the function of the equipment that the athlete may use.
- If there is another practice going on let the athlete eavesdrop into that session so that he or she gets a sensory, auditory, or visual feeling.

- Encourage the athletes to educate you about what they can and cannot do and work slowly to extend the intensity, duration, and complexity of their athletic activities.
- Like able-bodied people, people with a disability may learn faster or may be motivated by watching videos of others or themselves.
- The visually impaired may require a more tactile teaching method.

## **Part 4: Communication And Interaction With Athletes With A Disability**

- **Get to know the person first**
  - Head-to-head dialogue is encouraged from the start as both coach and athlete get to know each other better. The coach can communicate a feeling of enthusiasm that this athlete has joined the group and how much the individual will benefit the program. Perhaps the athlete has had past sporting or academic success. It helps if the coach can display knowledge of the athlete's talents. Of course, the usual questions about why a person chose a certain sport, what the short- and long-term goals are, and what the commitment is to the program are all important.
- **Establish trust early in the process**
  - Open communication is vital, and coaches can ask a question that may be assumed to be offensive. The best question for coaches to ask themselves is what they would ask of able-bodied athletes.

### **Dos and don'ts**

- **Do not be scared to ask questions**
  - The dos and don'ts for communicating with people with a disability vary from person to person and disability to disability. Ultimately, most coaches learn as they go along what is out of bounds with their athletes. (A glossary of proper and accepted terms is available in Appendix 3).
- **Ensure equal treatment**
- **Sit down when talking to a person in a wheelchair**

### **Parental involvement**

- **General remarks**
  - When people dream of becoming parents, they never think that their child could have a disability. The parents of healthy children are challenged every

day, but when the disability factor comes into play, both the child and the parents must face emotionally charged issues such as access and acceptance.

- **Dealing with overprotective parents**
  - Coaches who encounter over-protective parents may communicate that their child has the same rights as anybody else to participate in sport and enjoy its challenges and risks. Once the child is on the playing field, the goal is for the parents to discover the values of sport in social development — the increased discipline, teamwork, self-esteem, social interaction, and social responsibility of the child.
- **Disability or not, the overall picture with parents is similar**
  - The overall picture with parents of children with a disability is much the same as with the parents of able-bodied children. Some parents drop their children off at practice and return later to pick them up. Others are keen to get involved in various facets of volunteering.
- **Parents should be encouraged to help, but must not become barriers**
  - In sports for people with a disability, parents should be aware that if they can spare the time, their services could also be extremely valuable to a coach. A visually impaired swimmer, for example, will need a guide. Parents can also assist in training drills and transportation issues.
  - The need for volunteers may increase when athletes with a disability are involved. Tasks can include helping with transfers, loading and unloading equipment from a car, and help in a change room. Such tasks are not necessarily the coach's responsibility, and by doing them, the coach might be sacrificing time that should be devoted to other athletes. These extra needs should be discussed by coach and athlete and a strategy or support to provide for these needs should be developed.

## **Part 5 – Inclusion and integration**

### **Integration - general remarks**

- Sport programs that integrate able-bodied athletes and athletes with a disability are more common today. Sports such as swimming, weightlifting, rowing, and triathlon now hold integrated national championships, and national team athletes — both able bodied and with a disability — train alongside each other.
- Coaches may be concerned about integrating athletes with a disability into their sport practices. Is it easy for able-bodied athletes to accept? Are there worries that the program or the athletes' development may be slowed?

Athletes with a disability may require more space in a swimming pool or gym, thus reducing the total number of athletes who can be accommodated in a practice session. Coaches worry whether attention to the disabled athletes will have a negative impact on coaching the non-disabled athletes. Coaches also worry about the safety of both able-bodied athletes and those with a disability

- A discussion with the able-bodied athletes could be necessary to tell them about such issues as equity and access in sport. You can't deny participation to someone. Everybody, able or disabled, is coached differently anyway. **It's also important for the coach that the support and resources be available to provide assistance for coaching a person with a disability.**

## **Adapting the sport or the activity**

- **Key principles**

- In some instances, some adaptation of a sport may be necessary to enable participants with a disability to fully enjoy the activity.
- Whether adaptation occurs on a recreational or competitive level, a key principle to keep in mind is to adapt only if necessary. Needless to say, it must always be the sport or the activity that is adapted, not the person with a disability. If a sport or an activity must be adapted, it should also be kept as close as possible to its traditional counterpart. This is important in order to maintain the integrity of the sport for everyone involved: the person with a disability and the other participants/athletes.
- Key parameters that can be used to adapt an activity include:
  - Space
  - Time
  - Speed of execution
  - Equipment/environment
  - Rules
- In summary:
  - Adapt only if necessary
  - Adapt the environment/situation/activity not the person.
  - Be creative using one of the variables listed above.
  - Keep the activity as close as possible to its traditional counterpart.
  - Ensure the challenge remains adequate/reasonable for everyone.

## **Part 6: Accessibility**

### **Accessibility is a multi-faceted issue**

Accessibility for people with a disability is still a bubbling issue in today's society. There are so many facets to the issue, so many improvements still to be made and recognized by governments, building operators, and the population in general.

There are 3.6 million Canadians who have a disability and 2.8 million more who provide direct support to these individuals. Those numbers total more than 20 per cent of the population, or one person in five. **Improved accessibility can benefit everyone.**

Accessibility can benefit everyone, not only people with a disability. For example, people traveling with children in strollers or with heavy luggage probably prefer an elevator to an escalator. People with a temporary leg injury may benefit from a railing on an access ramp. It should be noted that the term accessibility not only means easy to reach, but also easy to use.

### **Transportation**

Transportation is an accessibility issue for people with a disability in sport right across the board. Whether an athlete is in a wheelchair or lives with cerebral palsy, transportation to facilities and to events is an issue, particularly for adults. The cost of accessible vehicles and the availability of those vehicles are other major concerns.

Coaches should be aware of and sensitive to transportation issues and could assist in exploring options. Perhaps another athlete in the program lives close to the athlete with a transportation need, and can help.

People in wheelchairs generally face the biggest transportation issues. Some can require adaptable vans and special buses; however, those buses don't go by the front door every 10 minutes. They must be reserved. Most other people with a disability generally can manage with the same transportation options as anybody, such as city buses, but in smaller communities drivers could be needed for assistance.

In big cities, the local transportation systems provide a service for people with a disability, but they are generally swamped with demands. In smaller communities, those kinds of services are not always available.

### **Buildings, facilities, and outdoors venues**

In Canada, most facilities, whether schools or community centres, are accessible. That's good news, because access to the playing field can be a major barrier for anyone wanting to pursue a sport. Still, there are other facility concerns, including accessible change rooms and washrooms. However, most modern facilities can at least be modified to be accessible.

## **But sports are not only played indoors**

Canadian alpine skiing clubs and outlets have a strong reputation for providing excellent services to people with a disability in order to assure access to the hills. "Washroom access is still a noticeable problem at some ski hills," says alpine skiing coach Ozzie Sawicki. "But relative to Europe, it is great in Canada. There can be some tough spots, though, where a person may need help, and that is often weather related. For example, a snowfall can create a lot of slush for a person in a wheelchair. The sooner you can get the person out of the wheelchair and into the sit ski, the better."

Sawicki says that a coach should scout a new area beforehand to determine the easiest drop-off location for wheelchair-bound skiers. For ski lifts, T-bars can be challenging at first for sit skiers, but chair lifts are easier to access. However, for chair lifts, some ski areas require that a specialized harness be mounted on the sit ski in case the lift breaks down. If that should happen, the harness allows them to be tethered off the lift. "Few coaches are aware of that requirement," says Sawicki.

## **Traveling**

One of the lures of organized competitive sport is the possibility of travel. There is nothing more exciting for a team or for individual athletes than to test their skills against athletes from another school, city, province, or country. And the team bonding and memories from sport trips last a lifetime.

There are a few tricks to managing team travel with athletes with a disability. The key words are *organization* and *preparation*. Athletes with a disability often travel with additional equipment, which can include wheelchairs for paraplegics and additional limbs for amputees. In airports, for example, a wheelchair repair kit may not be popular with security officials these days, but it's just an accessory of everyday life for a person in a wheelchair.

For overseas trips, it should be noted that some international airlines require that each person in a wheelchair has an able-bodied assistant on the plane.

There are potentially some additional accessibility logistics in hotels. While accessing the hotel itself is not a problem in most Canadian cities, inside the rooms, bathroom doors may not be wide enough for wheelchair access and the free floor area may be cramped, especially at two per room. Therefore, on road trips, the appropriate needs of able-bodied support and care may be needed. The experienced athletes also tend to help the novices.

## **Part 7: The value of participation and inclusion of people with a disability in sport programs**

### **General remarks**

When asked for their opinion, both coaches and disability experts quickly point out that sport can open a new world of access for people with a disability: they become stronger,

gain more endurance, and are generally healthier and more confident outside the playing field. But these benefits are not limited to the participants themselves. Ultimately, everyone gains from the inclusion of people with a disability in sport programs.

### **The value of participation for people with a disability**

Most coaches agree that, initially, many parents tend to be nervous about registering a child with a disability in sports. Concerns include social integration, safety, access, and needs. The viewpoint from coaches is that the parents are generally overprotective. Coaches should be armed with information at the start to show some basic knowledge about sports for people with a disability. That can provide a comfort zone for parents.

# Appendix 1 - International Paralympic Committee Classification in Disabled Alpine Skiing

## Classifications in Disabled Alpine Skiing

In the 70's and 80's, Disabled Alpine Skiing integrated all the disabled in the competitions, with the exception of the deaf and the mentally challenged. The 3 to 6 different disability classifications that existed then gradually evolved into 13 classifications for each gender. That necessitated 26 victory celebrations with 26 first-placed, 26 second-placed and 26 third-placed medal winners. In order to put this medal abundance into a more manageable position, a handicap system has evolved in the past few years. This entailed that all the classes in the three categories: blind, standing, and sitting were combined and are now separated only by gender. This way there is only one winner in each category and not a winner in each class/classification.

The **category for the blind** is subdivided, according to degree of blindness, into three classes B1 to B3. The blind are guided or followed by a guide, who through either verbally called or wireless directions guides the racer down the course. The mutual trust between the racer and the guide is very important. The category of the standing, arm and leg amputees are subdivided into eight classes LW1 to LW9/2 (Locomotor Winter). These disabled athletes travel either on one ski and 2 ski crutches, or below-the-knee amputees with one joint prosthesis on two skis, arm amputees travel on two skis and one or no ski pole. The category of the sitting, with the four classes LW10 to LW12/2, and also the paraplegic and the double-leg amputees travel with the so-called skibob on a spring-loaded sitplatter and short ski crutches.

### Blind Category With 3 Classes

Class B1	Completely Blind
Class B2	Visually Impaired – Limited Sight
Class B3	Visually Impaired – More Sight

### Standing Category With 8 Classes

Class LW1	Double-leg Amputee
Class LW2	Single-leg Amputee (Crutch Skier)
Class LW3	
LW3/1	Double Below-the Knee Amputee or Partial Paralysis
LW3/2	Cerebral Palsy
Class LW4	Single Below-the-Knee Amputee (Prosthesis Skier)
Class LW5/7	Disability – Both Arms
Class LW 6/8	Disability – One Arm (Single Pole Skier)
Class LW9	
LW9/1	Arm Disability and Leg Amputee or serious to moderate paralysis
LW9/2	Arm Disability and Below-the-Knee Amputee or light paraplegic

## **Sitting Category With 4 Classes**

Class LW10/1	Mono Skier (With no muscles in lower body)
Class LW10/2	Mono Skier (With limited muscles in lower body)
Class LW 11	Mono Skier (With muscles in lower body)
Class LW 12	
LW 12/1	Mono Skier (Lower incomplete paralysis)
LW 12/2	Mono Skier (Double Leg Amputee)

These classes are adjusted from time to time based on findings and experiences from actual races. That's how at the World Cup Technical Meeting in July 97 the LW9 and LW12 classes were subdivided into two further classes each: LW9/1, LW9/2 and LW12/1, LW12/2. The differences of the disabilities in these classes were too large to provide a fair factor for the calculation of the handicaps.

The deaf, who have balancing problems and only a limited perception of their surroundings, are holding their own competitions for historic and organizational reasons. The mentally challenged also have their own organization and hold their own "Special Olympics".

## **Classification**

Before his/her first race, each disabled athlete must submit to a medical examination by a doctor or an IPC – recognized physiotherapist in order to obtain a classification. This means being placed according to his/her disability into one of the aforementioned categories and classes. The nature and means of classification has in recent times been subject to changes based on new insights, and most of all, due to constant changes in performance levels. Today most of the disabled are functionally classified, that is, testing the bodily ability that allows the person to use that ability in competition. For the wheelchair athlete it is the neurological cancellation that is of most importance, that is, which body functions can be controlled and which cannot. The extent of a sight disability has to be diagnosed by an eye doctor and classified accordingly. The totally blind (B1) are required to wear totally dark ski glasses during a race. Borderline disabilities are mostly classified through observation at the races. Therefore, exact observations of the various movements during the course of events are important to the classifier. The visual classification points to the importance of assigning classes. Physiotherapists are always present at races and examine the racers at regular intervals for any changes to their disabilities.

## **The Handicap System**

The RHC-KREK System (Realistic Handicap Competition and Kreative Renn Ergebnis Kontrolle), or in short, the Handicap System is a factor system which has the objective to adjudicate as fairly as possible the various disability classes in the categories: blind, standing, and sitting and to ascertain a winner in each category. That way, even with different disabilities, a race within a category can take place. The Handicap System was adopted in 1990/91 by the then newly constituted Alpine Cup Committee, combining the two already existing systems and developing improvements of them. Through it the goals of manageable and fair evaluations and rankings were made possible. Today, the

Handicap System has received worldwide praise. The following examples will clarify the calculation of such handicaps.

Currently the fastest class of males in Slalom is the Crutch Skier (Class LW2) who therefore obtains a factor of 1.0. The double leg amputee (Class LW1) in the same category of the standing skier, requires considerably more time and obtains a factor of 0.7999898. Therefore, if a racer in Class LW2 obtains a time of 1min. 40 sec., a racer in Class LW1 must obtain a time of 2 min. 5 sec. to win the race, because his handicap is larger by his factor (125 sec. x 0.7999898 = 99.99 sec.) The factors of all classes are calculated to eight decimal points and rounded to seven. Should the result or the factor of the actual race show a variation of plus 5% or minus 3% then no new factor will be calculated so as not to include extreme results in the consideration. Should the factor lie within the two extremes, with a positive deviation only 30% of the difference will be added to the old factor, and with a negative difference only 5% subtracted.

## Appendix 2 - Glossary

### Excerpt from “Sport For People With Disability - Final Report COACHING”

**Access** – the availability of programs, services and facilities to persons with a disability. It also refers to attitudes and support systems that ensure that persons with a disability can be participating and contributing members.

**Accessibility** – promotion of the functional independence of individuals through the elimination of disadvantages.

**Accommodation** – the providing of the supports necessary for a person with a disability to participate.

**Adapt** – to change something (the activity or environment, not the individual) to make it more suitable.

**Acquired** – not present at birth.

**Adventitious** – a loss of ability acquired through accident or disease.

**Barrier** – an obstruction which prohibits movement, personal growth, or access to activities, services or resources. Barriers can be attitudinal, physical, or systemic.

**Classification** – a system whereby athletes are divided according to degree of disability, to promote competition against peers in level of ability.

**Congenital** – present at birth.

**Disability** – reduction of functional ability resulting from impairment.

**Divisioning** - The fundamental difference which sets Special Olympics competitions apart from those of other sport organizations is that athletes of all ability levels are encouraged to participate and every athlete is recognized for his or her performance. Competitions are structured so that athletes compete with other athletes of similar ability in equitable divisions.

**Dysmelia** - Congenital abnormality characterized by missing or foreshortened limbs, sometimes with associated spine abnormalities; caused by metabolic disturbance at the time of limb development.

**Equality** – treating people the same despite their differences, or treating them as equals by accommodating their differences.

**Equity** – rules and principles based on fairness, justice, and equality of outcome.

**Impairment** – anatomic, physiological, or functional loss, which may or may not result in a disability.

**Inclusive** – everyone can participate equitably.

**Inclusion** – the inclusive process whereby everyone is included in a regular or mainstream program, service, or other component of society. The key word is include.

**Integration** – the process whereby individuals participate in a full continuum of experiences, for example in sport.

**Intervener** – an individual who provides a communication link between a person who is deaf-blind and a sighted, hearing person, and in specific circumstances, between a person who is deaf-blind and their environment.

**Invisible Disability** – a disability which is not immediately apparent upon meeting an individual.

**Mainstream** – the group or groups which comprise the majority of people, control the majority of resources, or make the majority of the decisions.

**Sign Language Interpreter** - an individual who facilitates communication between a person who is deaf and a hearing person.

## Appendix 3 - Recommended Terminology

People with a disability should be described in words and expressions that portray them with dignity. The following guidelines and terms are supported by some 200 organizations that represent or are associated with Canadians with a disability.

In general, remember to:

- describe the person, not the disability
- refer to a person's disability only when it is relevant
- avoid images designed to evoke pity or guilt

Use...	Instead of...
Person(s) with a disability	Disabled, handicapped, crippled
Person who has...or, Person with...	Crippled by, afflicted with, suffering from, victim of, deformed
Person who is mobility impaired	Lame
Person who uses a wheelchair	Confined, bound, restricted to or dependent on a wheelchair
Person who is Deaf, hard of hearing	Deaf and dumb, deaf mute, hearing impaired
Person with a developmental or intellectual disability	Retarded, mentally retarded
Person with Cerebral Palsy	Spastic (as a noun)
Person with a physical disability	Physically challenged
Person with a mental illness, Person who has schizophrenia, Person who has...	Mental patient, mentally ill, mental, insane
Person with a learning disability	Learning disabled, learning difficulty
Persons who are visually impaired, blind	Visually impaired (as a collective noun)

If in doubt, ask. Most people with a disability will be more than willing to help you.

## Appendix 4 - Organizations that can help

Organization	Address	Telephone/fax	Internet site
Active Living Alliance for Canadians with a Disability	720 Belfast Rd. Suite 104 Ottawa, ON K1G 0Z5	1-800-771-0663 Tel: (613)244-0052 Fax:(613)244-4857	<a href="http://www.ala.ca/">http://www.ala.ca/</a>
Canadian Association For Disabled Skiing	27 Beechwood Avenue, Ste. 310 Ottawa, ON. K1M 1M2	Tel: 613-842-5223 Fax: 613-842-7533	<a href="http://www.disabledskiing.ca">www.disabledskiing.ca</a>
Canadian Association of Physical Health Education Recreation and Dance	403- 2197 Riverside Drive Ottawa, On K1H 7X3	Tel: (613) 523-1348 or 1-800-663-8708 Fax: (613) 523-1206	<a href="http://www.cahperd.ca/eng/index.cfm">http://www.cahperd.ca/eng/index.cfm</a>
Canadian Blind Sports Association			<a href="http://www.canadianblindsports.org/">http://www.canadianblindsports.org/</a>
Canadian Cerebral Palsy Sports Association	305-1376 Bank Street Ottawa, Ontario K1H 7Y3	Toll Free: 1-866-247-9934 Phone: (613) 748-1430 Fax: (613) 748-1355	<a href="http://www.ccpsa.ca/">http://www.ccpsa.ca/</a>
Canadian Paralympic Committee	83 Albert St. Suite 1401 Ottawa, ON K1P 6A4	Tel: (613) 569-4333 Fax: (613) 569-2777	<a href="http://www.paralympic.ca/">http://www.paralympic.ca/</a>
Canadian Wheelchair Sports Association	#200-2460 Lancaster Rd. Ottawa, ON K1B 4S5	Tel: (613) 523-0004 Fax: (613) 523--149	<a href="http://www.cwsa.ca/">http://www.cwsa.ca/</a>
Coaching Association of Canada	141 Laurier Ave West, Suite 300 Ottawa, ON K1P 5J3	Tel: (613) 235-5000 Fax: (613) 235-9500	<a href="http://www.coach.ca/">http://www.coach.ca/</a>
Directory of National Sport Federations			<a href="http://www.coach.ca/e/partners/nsf.htm">http://www.coach.ca/e/partners/nsf.htm</a>
Special Olympics Canada	60 St-Clair Avenue East Suite 700 Toronto, ON M4T 2N5	Tel: (416) 927-9050 Fax: (416) 927-8475	<a href="http://www.specialolympics.ca">http://www.specialolympics.ca</a>
Sport Canada	16th Floor, 15 Eddy Gatineau, Quebec K1A 0M5	Tel. (819) 956-8003 Toll free. 1 (866) 811-0055 Fax. (819) 956-8006	<a href="http://www.pch.gc.ca/sportcanada/">http://www.pch.gc.ca/sportcanada/</a>