SHORT COMMUNICATION

THE HANDICAPPED ATHLETE

* A. A. Kamal

In a society where the able-bodied do not have enough playing fields and facilities for recreation, why worry about the handicapped, one may rightly ask. But, WHY NOT? Our concept of games for the disabled does not go beyond "Balloon Races" at present. It is important to create awareness of the handicapped and their need for recreation and that is what this paper is about.

But, first let me tell you of days when we lived in Birmingham, England, many years ago. A young neighbour of ours was seen tinkering with his sports car every Sunday morning, a car that he was very proud of. I could not help noticing that he walked with a slight limp, but I did not make any enquiries. It was only after we had been living there for over a year that a neighbour remarked. "Do you know doctor, that Brian (the young man in question) has an artificial leg." Apparently, Brian had lost a leg some years back during a motor racing accident but that had not stopped him from taking part in Cross Country Rallies. And what was more remarkable, artificial leg or no artificial leg, no one was bothered. They accepted him for what he was. A keen sportsman and a cheerful personality.

IMAGINE him in Karachi. Here, the whole neighborhood would call him "LANGRA" or "ONE-LEGGED" & laugh at him and even ask him if he has learnt any lesson from the accident and if so, then why does he persist with car racing. And that is the DIFFERENCE between West and us. There, no body looks down on anyone else's disability.

Recreation is the primary purpose of sport and may include anything from a gentle walk in the park to the pleasures of training and taking part in international sports. The second purpose of sport is striving for and achieving physical fitness.

All of these aims are as much applicable to the handicapped as they are to the able-bodied. And that brings us to the question. Who is handicapped? Any body with a mental or physical disability, be it paralysis, mental retardation, loss of a limb or limbs, hearing or sight or some one with a chronic medical illness.

OATH of the Handicapped Athlete says it all "Let me Win, But if! Cannot, Let Me be Brave in the Attempt."

SPORT for the Handicapped is recreational, motivational & therapeutic or medicinal. Self respect, self discipline and a spirit of competition improve the athlete's quality of life. Training improves the physical fitness of these handicapped people and enhances their potential for achievement and a better life.

Handicapped athletes with a wide range of individual differences and degrees of disability are encouraged to compete against one another and get recognized for their performance.

Disabilities are as varied as the persons or the athletes and include abnormal reflex activity, varying sensory loss & muscle tone, mental retardation and rudimentary or amputated limbs. Sport for the Handicapped, graded according to the level of skill and type of disability, offers a chance to continue learning and acquiring new skills out-side the hospital, apart from social & psychological benefits. Most of the sports involved have been adapted to suit the disabled athlete.

* Director, Baqai Institute of Physiotherapy & Rehabilitation Medicine, Baqai Medical University, Karachi.
Handicaps may be classified as follows:

Disability:
- Amputation
- Paralysis (include birth injuries, back injuries and injuries to the nervous system)

Defects:
- Sight
- Hearing
- Mind
- Respiration
- Hormones (e.g. Diabetes)
- Blood (Haemophilia)

INJURIES IN THE HANDICAPPED ATHLETE are no different to those suffered by the able-bodied. The disabled athletes' chances of avoiding injury depend upon the nature of the disability. Athletes with handicaps such as wasted muscles with impaired muscular strength or paralysis with loss of sensation are at a greater risk than others.

Common or every day problems in the handicapped athlete include injuries to the soft tissues, over-use injuries, back problems, medical problems, pressure sores in the wheel-chair bound, blisters, contusions, crush injuries in users of wheel chair and urinary problems.

Preventive Measures:

Include strength & conditioning exercises, orthoses and devices to correct structural deformities and reduce stress. Choice of certain sports by the disabled reflects taste of the individual, Type and Degree of Disability, Motivation and Determination.

Value of Sport for the Disabled:

Sport for the handicapped & the disabled has a very significant role in rehabilitation. But it differs from other means of treatment in being fun. If not enjoyable, it becomes a burden. Take the case of a paraplegic whose shoulder musculature must be developed in order to make him mobile on crutches. Replace the chest expander with a bow and arrow and the patient happily undertakes the appropriate exercises with similar benefits and a great deal of fun. Solo ventures like learning to swim or ride are a source of self-confidence for the handicapped.

Competitive Activities:

Like table tennis, net ball and field activities, provide the individual an opportunity to be normal in a different environment, besides providing social contact and an uplift of morale,

Which Sport is Desirable for the Handicapped?

Any sport that leads to physical & mental benefit and does not adversely affect the disability, is desirable.

Choice of Sports for the disabled individual will depend on the degree to which the demands of training and the establishment of fitness coincide with the patient's requirements: for example

1) Archery for patients who have to use crutches
2) Rowing for the blind who must achieve balance and co-ordination

There is no point in specifying certain sports as being particularly suitable for this or that type of disability. Obviously, certain sports will be unsuitable for people with certain disabilities.

Sport in Rehabilitation:

Recreational element of sport comes into play in the role of sports and games in various programmes of rehabilitation.

Exercise is of fundamental importance in recovery of both local and general fitness. The great value of sport as part of the rehabilitation process is the demand of compound movements. Existing games and sports can be modified to serve the two purposes of rehabilitation, exercises and enjoyment.

Principles of training a healthy person and
rehabilitating the handicapped are identical i.e. the development of strength, speed, flexibility, endurance and skill and of course mental fitness. Today, there is simply no handicap which can deter a person keen on sport from taking part.

One is reminded of the blind runner in the New York Marathon. Nearer home, blind cricketers are a tribute to the determination of the handicapped. Today, amputees, so heroically following the example set by World war two hero Doughlas Bader, take part in almost all sports.

Those who are temporarily handicapped can practice an old recreational sport or learn a new one. This provides a stimulus to Hope of Recovery and also speeds up the process of recovery by increasing Endurance, Strength & Co-ordination.

The permanently handicapped, say from birth, add a new dimension to living. Visualize the delight of a paralysed child swimming with his arms or even just the hands.

**Historical Reference:**

Sir Ludwing Guttmann pioneered sports for the paraplegics and other physically handicapped individuals. The first wheel-chair sports for war veterans were organised by him at Stoke Mandeville Hospital in England back in 1944. It remained a regular feature for many years till the attendance out-grew the capacity of the sports field at Stoke Mandeville.

The first Paralympic Games were held in 1960 & by 1968, the special Olympics for the disabled had arrived. International Olympic Games for the disabled in 1976 had a record attendance of 1500 handicapped athletes from 38 countries and was cheered on by over 1000,000 spectators.

**CONCLUSION:**

The disabled and the handicapped have as much need for regular physical activity, if not more, than those blessed with good health. Sport for the disabled helps improve general health & fitness, improves muscle strength & function and builds self confidence and self-respect.

But, most of all, it gives hope. To paraphrase an old saying.

> "YOU ARE AS FIT AS YOUR HOPES AND AS HANDICAPPED AS YOUR DESPAIR"

**FURTHER READING:**

1. Medical Aspects of sport & Physical fitness by JGP Williams.

2. SPORTS MEDICINE for the Primary Care Physician. By Richard B. Birrer.

3. SPORTS INJURIES & THEIR TREATMENT. By Basil Helal, John King & William Grange.

4. SPORTS MEDICINE, Health & Medication. By Bengt o Eriksson et al.

5. SPORTS INJURIES. By Lars Peterson & Per Renstrom.
INSTRUCTIONS TO AUTHORS

The Journal of Baqai Medical University is a biannual journal of medical and related sciences published by the Baqai Medical University. The journal is intended as a vehicle for the young medical scientist, research workers as well as senior scholars, for the exchange of information and publication of their research findings.

The manuscript prepared, according to specifications, given below, should be submitted to the Editor, Journal of Baqai Medical University. The Journal will be published twice a year (January and July) and the following categories will be included:

a. Original scientific articles.
b. Review articles on important medical topics.
c. Case report of educational value.
d. Short communication for quick dissemination of information.
e. Letters to Editor.
f. Book review.
g. Announcement regarding important meetings, workshops, seminars and other events relating to Health Sciences at national and International level.

1. Two complete copies of the manuscript, typed in double space on one side of the paper, with clear margin of atleast one inch on both sides, are to be submitted for consideration. All words that are meant to be italicized should be underlined.

2. The manuscript should be based on an original work, which has not been submitted or published elsewhere.

3. All papers submitted for publication are subject to review by experts in the area of specialization.

4. (a) The responsibility for the scientific contents and statement made by the author(s) of the accepted paper, lies solely on the author(s).

(b) Written consent of all the authors on a prescribed proforma is essential.

(c) Copyright of the paper should be transferred to the Journal.

5. Manuscript with language deficiencies, error in syntax and typing mistakes may be returned back or may cause unnecessary delay in publication and therefore requires a thorough examination before submission.

6. The title page should contain, in addition to the article, Title, Author(s) Name(s) and Address, Key word and Abstract of the paper of up to 200 words. The name of the corresponding author should be properly indicated.

7. Tables, Photographs (on glossy paper) and illustrations to be submitted in duplicate, separately. Legends of the illustration, tables etc. should be typed on separate sheet. Formulae to be written by hand. Photograph(s) should be submitted only when extremely necessary and data can not be expressed in any other form.

8. The manuscript should be divided into the following sections for uniformity's sake.

Abstract, Introduction
Materials and Methods, Results
Discussion
Observation (if applicable) Conclusion
References

9. References to be numbered as they appear in the text and listed serially at the end.
