

Advocate

NATIONAL CONSORTIUM FOR PHYSICAL EDUCATION AND
RECREATION FOR INDIVIDUALS WITH DISABILITIES

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NCPERID

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2000 NCPERID Summer Conference

2000 Conference Summary of Presentations

Recruiting and Retaining Well-Qualified Special Educators and Related Services Professionals: The Role of the National Clearinghouse for Professionals in Special Education

Part I Presented by: Lynn Boyer, PhD

Lynn Boyer shared with Consortium members the mission and current activities of the National Clearinghouse for Professionals in Special Education (NCPSE). The clearinghouse assists with recruiting, preparing, and retaining well-qualified educators and related service providers for children with disabilities. Current projects include: National Recruitment Campaign, Technology for Information Dissemination, and maintenance of national databases and publications along with collaboration in support of national issues. Lynn informed the Consortium that the Clearinghouse currently has a "Career Profile" for adapted physical education and that a "Career Profile" for therapeutic recreation is being developed. To subscribe to the online newsletter, obtain resources, locate data appropriate for grant proposals, and find state contact information visit the Clearinghouse website at www.special-ed-careers.org. The Clearinghouse can also supply single state supply/demand analysis, specific IHE characteristics, unique program searches of the IHE database, and fiscal information and categorization of OSEP preparation grants. NCPERID can assist the Clearinghouse by continuing to provide representation on the Clearinghouse Advisory Committee (Peter Ellery currently represents NCPERID), accessing the Clearinghouse writers' funds to prepare publications for the field, writing articles for the newsletter, reviewing drafts of relevant products, and linking our website with the Clearinghouse website. Consortium members discussed with Dr. Boyer the possibility of having a NCPERID representative at the National Symposium: Policy and Practice to Ensure Highly Qualified Teachers for Children and Youth with Disabilities, tentatively scheduled for Spring 2001.

*Part II - Presented by: Bill East, PhD,
Executive Director, National Association of State
Directors in Special Education*

Bill East provided Consortium members with information about the National Association of State Directors in Special Education (NASDSE) and current topics within NASDSE. The organization hosts yearly satellite conferences by topic, produces a newsletter and bulletin for administrators and teachers, and hosts a Professional Development Academy. Topics to be addressed by NASDSE this year include: personnel quality/supply issues, standards/accountability, adequate resources, implementation of IDEA (i.e., effective and efficient paperwork), accessibility to states' testing assessment programs and reporting of assessment data, accessing and assessing the general curriculum, technology, and transition. Dr. East presented several ideas regarding advocacy for adapted physical education. These suggestions included: (1) defining our message, (2) linking with groups who can carry our message (e.g., NASDSE, CEC, PACER), (3) connecting transition and school to work with adapted physical education and therapeutic recreation, (4) working with State Directors of Special Education, (5) requesting membership on steering committees for State Improvement Grants, (6) submitting articles to the NASDSE Counter Point Newspaper and other NASDSE publications, and (7) communicating with OSEP regarding the identification and reporting of data that represents our current status and needs.

Kristi Sayers, University of Montevallo

The Brockport Physical Fitness Test

The Brockport Physical Fitness Test (BPFT) is a health-related, criterion-referenced physical fitness test designed for use with youngsters (aged 10-17) with disabilities. It is a product of Project Target, a federally-funded research project conducted at SUNY, College at Brockport from 1993-98 under the direction of Joe Winnick and the coordination of Frank Short. The BPFT has been published by Human Kinetics as part of the American Fitness Alliance, a cooperative enterprise among AAHPERD, Cooper Institute, and Human Kinetics. Other AFA products include FITNESSGRAM, the Physical Best materials, and FitSmart. The BPFT is published as a kit that includes a 168-page test manual, a 135-page training guide, a 33-minute videotape, and a computer software package called Fitness Challenge.

The BPFT test manual is the central component of the kit and provides background information on the test including a description of target populations (mental retardation, spinal cord injuries, cerebral palsy, visual impairments, and congenital anomalies and amputations) and relevant classification systems. The conceptual framework for the test is explained and includes the definitions of, and the relationships among, physical activity, health, and health-related physical fitness, as well as a description of a "personalized approach" to fitness testing that can be used to make a testing program more relevant to a particular student and can expand the use of the test beyond the target populations. Much of the manual is devoted to descriptions of the 27 test items which are available to testers; test selection guides which typically recommend 4-6 test items for a youngster with a particular disability; and the available criterion-referenced standards for the various test items categorized by age, gender, and, as appropriate, disability. "General" standards are those that are not adjusted in any way and are appropriate for the general (i.e., non-disabled) population, while "specific" standards are those that have been adjusted for the effects of a specific disability.

The BPFT training guide focuses on the latest techniques and principles for developing physical fitness in youth with disabilities. Contributing authors include Pat

DiRocco, Paul Surburg, Jeff McCubbin, and Georgia Frey. Chapters include Cardiorespiratory Endurance and Body Composition, Muscular Strength and Endurance, and Flexibility/Range of Motion. The BPFT video summarizes some of the background information contained in the test manual and, more importantly, provides explanations and correct demonstrations for the administration of each of the tests in the battery.

The Fitness Challenge software provides an important management tool for practitioners. Teachers can enter the names of students (and other relevant information) into a database and use that database to record, interpret, and present results. Fitness Challenge recommends test items to the teacher in accord with the test item selection guides in the test manual, but teachers have the option of modifying the list of test items as they see fit. Once the items have been selected and administered, scores and personal goals for the student are entered on the standardized score sheet provided by the computer. The score sheet prints out the names of the test items previously selected for the student as well as the relevant standards (general and specific) for the student's gender and age. Once the scores are recorded a report card can be generated by the computer. Among other things the report card shows the student's current scores in graphic form compared to a) the student's previous score on the same items, b) the personal goals the teacher established, and c) two criterion-referenced standards that help to define a "healthy fitness level" for the student. Fitness Challenge also can provide teachers with a test score analysis for all members of a class which can be useful for program evaluation purposes. Contained within Fitness Challenge is the BPFT technical manual which provides detailed information on test development including validity, reliability, and attainability.

The BPFT test kit seeks to expand the notion of health-related, criterion-referenced fitness testing to youngsters with disabilities. Hopefully researchers, teachers and other professionals will find these tools helpful.

Joseph P. Winnick & Francis X. Short, SUNY, College at Brockport

The Physical Activity For All DVD NOW AVAILABLE

The Physical Activity For All: Professional Enhancement Program (PAFA) digital video disc (DVD) is available for use in professional preparation programs. Information for requesting copies and using the PAFA DVD is available on the PAFA website (<http://pe.usf.edu/pafa>) or by contacting Louis Bowers at 813-974-4619. The PAFA DVD requires a multimedia PC with a DVD-ROM drive. The PAFA DVD file "_startup" is selected to initiate the start-up process and to access the program contents. The PAFA DVD uses over 3000 programmed pages, 900 full motion video clips and includes 1250 single frame images. A total of 4.1 gigabytes of a DVD's capacity of 4.3 gigabytes was used for the program. The topic headings and pages of the 12 instructional modules can be accessed using the module index or module table of contents as well as the keyword index. Information about PAFA program, especially how to generate a custom presentation, is presented on the PAFA website. Additionally, an information sharing bulletin board is active to enable users to communicate with each other and to post ideas for how to use the PAFA DVD.

POSTER PRESENTATIONS

A Comparison of Static and Stretching Techniques on the Sit-and-Reach Performance in Youth and Adults

Stopka C, Siders R, Reagan K, Morley K: University of Florida; Stopka, S: Howard Bishop Middle School, Gainesville, FL

The purpose of this study was to see if either the traditional static stretching flexibility technique, or the proprioceptive neuromuscular facilitation (PNF) hold-relax technique, was effective in improving sit-and-reach performance. Stretching ability was measured on two groups using a standard sit-and-reach box. The first group studied ($n = 15$) had an age range of 9 to 14. The resulting means were; starting point ($M = 21.6$), 10 s static stretch ($M = 23.8$), and 10 s PNF stretch ($M = 26.3$). Scheffe post hoc tests revealed: (1) static stretching technique resulted in a significant improvement in stretching ability from the starting point ($F = 17.649$); (2) PNF technique resulted in a significant improvement in stretching distance as compared to the starting point ($F = 82.853$), and (3) PNF technique resulted in a significant improvement in stretching distance as compared to the static stretching technique ($F = 24.023$). The second group studied ($n = 44$) had an age range of 20 to 50. This group was tested using the same procedure as above, except that the ruler on the flexibility box was reversed, so decreasing numbers meant a farther stretch. The resulting means were; starting point ($M = 25.1$), static stretch ($M = 22.5$), and PNF ($M = 19.5$). Scheffe post hoc tests revealed: (1) static stretching technique resulted in a significant improvement in stretching ability from the starting point ($F = 43.051$); (2) PNF technique resulted in a significant improvement in stretching distance as compared to the starting point ($F = 202.374$), and (3) PNF technique resulted in a significant improvement in stretching distance as compared to the static stretching technique ($F = 58.745$). In conclusion, even though the traditional static stretching technique was effective in improving stretching distance, the PNF technique appeared to be even more effective.

A Comparison of the Static and PNF Stretching Techniques on Improving Sit-and-Reach Performance in Youth with Mental Retardation as Compared to Youth and Young Adult Control Groups

Stopka C, Siders R, Reagan K, Houck A, Morley K: University of Florida; Stopka, S: Howard Bishop Middle School, Gainesville, FL

The purpose of this study was to see if either the traditional static stretching flexibility technique, or the proprioceptive neuromuscular facilitation (PNF) hold-relax technique, was effective in improving sit-and-reach performance. Eighteen participants, aged 15-22 with mild-to-moderate mental retardation (MR) were studied along with two control groups, a younger group ($n = 15$; $M = 10.5$ yr) selected to address developmental age and an older group ($n = 44$; $M = 22.2$ yr). Stretching ability was measured by using a standard sit-and-reach box. Results for the experimental group (MR) were starting point ($M = 38.2$ cm), static stretch held 10s ($M = 35.8$ cm) and a PNF stretch held 10s ($M = 33.63$ cm). ANOVAs were significant, $p < .05$ for all three means. Scheffe post hoc comparisons revealed: (1) static stretching technique resulted in a significant improvement in stretching ability from the starting point ($F = 14.063$); (2) PNF technique resulted in a significant improvement in stretching distance as compared to the starting point ($F = 52.351$), and (3) PNF technique resulted in a significant improvement in stretching distance as compared to the static stretching technique ($F = 12.148$). The two control groups revealed similar findings. The younger, developmentally similar group revealed significant ($p < .05$) ANOVA tests and Scheffe post hoc tests: $F = 17.649$; $F = 82.853$; and $F = 24.023$, respectively. The older, age-matched group revealed significant ($p < .05$) ANOVA tests and Scheffe post hoc tests: $F = 43.051$, $F = 202.374$, and $F = 58.745$, respectively. These results demonstrate that either technique is effective in participants with mild to moderate MR; but that the PNF technique appears to be more effective; thus the PNF technique may not be as complicated to use as once thought. Since the PNF technique is also painless, it seems that these results merit further consideration for research and applications to even more diverse populations; including and especially, those with disabilities due to its gentle, pain free approach.

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*Poster Presentation Summaries
are continued on the next page...*

A Comparison of the Order of Administration of Static and PNF Stretching Techniques on Improving Sit-and-Reach Performance in Youth with Mental Retardation

Stopka C, Siders R, Reagan K, McCowan L, Morley K; University of Florida; Stopka, K: Gainesville High School, Gainesville, FL

The purpose of this study was to see whether the order of administration of the traditional static stretching and the proprioceptive neuromuscular facilitation (PNF) hold-relax techniques affects improvement in flexibility in participants with mental retardation (MR). Eighteen participants, aged 15-22, with mild-to-moderate mental retardation (MR) were studied along with an age-matched control group ($n = 44$; $M = 22.2$ yr). Stretching ability was measured by using a standard sit-and-reach box. Two stretching orders: static first, then PNF (Static/PNF) and PNF first, then static (PNF/Static) were studied. For the Static/PNF order, the MR group results were starting ($M = 38.2$ cm), static ($M = 35.8$ cm), and PNF ($M = 33.63$ cm). Control group results were starting ($M = 25.1$ cm), static ($M = 22.5$ cm), and PNF ($M = 19.5$ cm). For both groups ANOVAs were significant ($p < .05$). Scheffe post hoc comparisons revealed that: (1) static stretching resulted in a significant improvement from the starting point ($F = 14.063$ and 43.051); (2) PNF resulted in a significant improvement as compared to the starting point ($F = 52.351$ and 202.374), and (3) PNF resulted in a significant improvement as compared to the static stretching technique ($F = 12.148$ and 58.745) respectively, for the MR and control groups. For the PNF/Static order, the MR group results were starting ($M = 39.0$ cm), static ($M = 37.0$ cm), and PNF ($M = 35.3$ cm). Control group results were starting ($M = 24.3$ cm), static ($M = 20.3$ cm), and PNF ($M = 20.2$ cm). For the MR group, all three means were significant ($p < 0.05$, ANOVAs). Scheffe post hoc tests for treatments further revealed that: (1) Starting-to-PNF comparisons resulted in a significant improvement from the starting point ($F = 18.738$; 43.051); (2) baseline-to-static comparisons resulted in a significant improvement as compared to the starting point ($F = 5.458$; 202.374) respectively, for the MR and control groups; (3) static stretching after PNF stretching resulted in a significant loss of stretching ability for the MR group ($F = 3.971$); however, the control group revealed no significance difference between the PNF and static stretching techniques ($F = 0.071$; $p = 0.9313$) when administered in this order (PNF/Static). These results demonstrate that for both groups, either order of technique appears to be effective in improving flexibility over baseline, however, the Static/PNF order showed gains even after the static stretch was performed. In contrast, the PNF/Static order was found to be ineffective for both groups; when the static stretch was performed after the PNF stretch, the control group showed no change and the MR group actually decreased in flexibility.

Project Prepare

Paul R. Surburg, Indiana University-Bloomington; Ronald W. Davis, Ball State University, Katie A. Stanton, Indiana University Purdue University-Indianapolis, Rebecca J. Woodard, Ball State University

"Project Prepare" is a five-year grant project conducted by the Departments of Physical Education and Kinesiology at Ball State University, Indiana University-Bloomington, and Indiana University Purdue University-Indianapolis in the area of adapted physical education. The intent of Project Prepare is to prepare personnel to serve children with high incidence disabilities. Two key elements in this grant provide evidence for this designation. The first element is the development of a model for the State of Indiana encompassing a comprehensive collaborative and comprehensive program for the training of adapted physical educators. The division of Personnel Preparation (U.S. Department of Education, OSER), funds the first three years (1998-2001) while the remaining two years preparation will be funded by the Indiana Department of Education as part of the state initiative. The three universities target specific groups of students or teachers and share certain learning experiences with students from the other universities. Ball State University prepares undergraduate students ($n = 15$ per year) to be certified adapted physical educators (meeting state and national standards). Ball State University also provides additional preparation for students at the other two locations in the area of sports activities for persons with high incidence disabilities. Indiana University-Bloomington prepares adapted physical education teachers ($n = 5$ per year) at the master's degree level, including appropriate certifications. This university also provides collaborative learning experiences in the area of students with physical disabilities and early childhood intervention. Indiana University Purdue University-Indianapolis helps post baccalaureate physical education teachers ($n = 10$ per year) acquire adapted physical education certifications. This site provides learning experiences for the other two universities in the areas of parent advocacy and inner city challenges. This poster presented highlights of the learning experiences and outcomes during the first two years of the grant administration.



Using a Prevalence-Based Model to Estimate the Need for Adapted Physical Education Teachers

Jiabei Zhang, *Western Michigan University*, Luke Kelly, *University of Virginia*, Debra Berkey, *Western Michigan University*, Daniel Joseph, *Coppin State College*, Shihui Chen, *The University of Texas-Pan American*

The national need for adapted physical education (APE) teachers has historically been estimated using a market-based model. In this model, the number of APE teachers needed is determined by subtracting the number of fully certified APE teachers hired from the number of funded positions left vacant or filled by staff who are not fully certified. The use of this model, however, may depress the actual need for additional APE teachers since this model is confounded by funding for positions which does not account for the number of students with disabilities requiring APE services. For example, if states elect not to allocate funds to employ APE teachers, then there will be very few unfilled positions; falsely suggesting no need for additional APE teachers. Thus, the need for APE teachers should be estimated based on the number of students with disabilities requiring APE services. The purpose of this study was to develop a method for projecting the need for APE teachers in the public schools. A prevalence-based projection formula was developed to estimate the number of additional APE teachers needed based on the assumption that all students with disabilities must receive physical education services. This formula was defined as $[N = (E/R) - H]$ where N is the number of additional fully certified APE teachers (N)eeded; E refers to the number of students requiring APE services (E)nrolled; R refers to the APE student-teacher (R)atio; and H is the number of fully certified APE teachers (H)ired. The results showed that a total of 22,116 additional APE teachers were needed in the United States and that 49 states had substantial needs for more APE teachers. The prevalence-based method developed in this study is recommended for policy makers, APE advocates, grant writers, and all persons concerned with APE personnel preparation and employment at local, state, and national levels to estimate their needs for APE teachers using their own data on the three variables in this prevalence-based formula.

APAQ, 17, 297-309 (2000)

Grip-Strength Performances by 6- to 19-Year Old Children With and Without Hearing Impairments

Kathleen Ellis & Stephen Butterfield

The purpose of this study was to examine the grip-strength performance of children who are deaf compared to a matched sample (by age, sex, height, weight, and hand preference) of public school children with normal hearing. The participants were 172 healthy children and youth ages 6-19 years, who provide informed consent. Eighty-six children and youth enrolled at a residential school for the deaf in the midwest were matched with 86 hearing children and youth from four public schools in central and southern Maine by age (Deaf = 13.7 years \pm 3.6; Hearing = 13.7 years \pm 3.6), sex, height (Deaf = 63.3 in. \pm 6.9; Hearing = 63.3 in. \pm 7.1), weight (Deaf = 128.0 lb \pm 42.4; Hearing = 127.4 lb \pm 42.0), and hand preference, indicated by response of each child to "with which hand do you write?" Each participant's grip strength was tested with a calibrated Jamar-type dynamometer (Country Technology, Inc. Model 68840) set at the second position. Standardized procedures described by the American Society of Hand Therapists (see Mathiowetz, et al, 1986) were followed during testing: (a) participant sat in a straight-backed chair with feet flat on the floor, (b) shoulder was adducted and neutrally rotated with the elbow flexed at 90°, (c) forearm was held in the neutral position with the wrist between 0 and 30° and with 0 to 15° ulnar deviation. Each participant was tested three consecutive times on each hand and told to "squeeze it as hard as you can." Children in the Deaf group were given instructions in American Sign Language. The unit of analysis was the mean of three grip-strength measures for each hand. A repeated-measures analysis of variance was conducted with hearing as the between-participants factor (Deaf, hearing) and hand as the within-participants factor (Right, Left). No significant differences were observed between Deaf and Hearing groups ($F_{1,170} = .34$, ns).

Perceptual and Motor Skills, 90, 279-282 (2000)

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Certified Adapted Physical Educators 2000

Congratulations to the following individuals who passed the 2000 APENS exam and are certified Adapted Physical Educators until July 1, 2007.

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