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**Exercise, Sports &  
Wellness for Special People**

EDITED BY:

**VERONICA IGBANUGO & ADEMOLA O. ABASS**



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## Editorial

According to the World Health Organization's world report on disability, there are more than a billion people with disabilities worldwide, many of whom face substantial barriers to participating in physical activity. Engaging in a healthy lifestyle with a disability can be a daunting task. Lack of exercise is a serious public health concern for all people, but people with disabilities are at much greater risk of the serious health problems associated with physical inactivity. Generally, adults with disability are said to be twice as likely to be physically inactive than were those with no disability.

Article 31 of the United Nations Convention on the Rights of Persons with Disabilities states that, adults and children with disabilities must have access to recreational, leisure, and sporting activities in both inclusive and disability-specific settings. The outcome of inclusive physical activity communities is a society that respects and values the rights of all to have equal access to physical activity.

The 2011 conference was targeted at what can be done to promote inclusion of people with disabilities in physical activity initiatives. Many papers published in this edition of the JONASSM were targeted at factors influencing physical activity and exercise participation for people with disabilities, barriers and opportunities available to special people in recreation, leisure and sports, and health, wellness and fitness issues related to people with disability. The editorial team appreciates all contributors and other members of NASSM for your unflinching support in sustaining the legacies of our great association.

*Prof. V.C. Igbanugo*

*Dr. A. O. Abass*

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# HEALTH AND SAFETY ISSUES IN EXERCISE, WELLNESS AND SPORTS FOR SPECIAL PEOPLE.

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## Abstract

*People with special needs often have a combination of health problems, which are often tied to physical inactivity. Recent studies have looked at the heart and lung function of people with special needs, that when they are in their 20s, they often have the heart and lung function of people who are 20-30 years older (Adams, 2010). Inactivity and lack of exercise can make a person more likely to develop problems with the heart and blood vessels. Inactivity can also decrease a person's ability to take care of himself or herself. Anyone with special needs is likely to be less active and therefore at greater risk of having diseases such as obesity, Type 2 diabetes, high blood pressure and coronary heart disease. The importance of exercise and sporting activities to people with special needs cannot be overemphasized. A person who is active feels better about himself or herself. Physical activity in people with special needs can help improve their health, physical functions, self esteem and behaviour. It can help to support families and caregivers. This article outlines the benefits of exercise and sporting activities for people with special needs and ways to adapt various activities to meet special needs. This paper also expresses how exercise and sporting activities can help special needs people to develop a well-rounded exercise routine that includes aerobic activity, strength training, and stretching exercises, ways by which exercises and sports activities can be used to cure some of the diseases mentioned above, it is recommended that sports clinics and tournaments be organized to showcase disability sports and deliver health related messages to individuals with special needs.*

**KEY WORD:** Health, Safety in Exercise, Wellness, Special Needs People

## Introduction

Physical exercise is any bodily activity that enhances or maintains physical fitness and

overall health and wellness. It is performed for various reasons including strengthening muscles and the cardiovascular system, honing athletic skills, weight loss or maintenance as well as for the purpose of enjoyment. According to Wislett, Ellingsen, Kemi, (2009), physical exercises are generally grouped into three types, depending on the overall effect they have on human body. They include;

- v Flexibility exercise, such as stretching, improve the range of motion of muscles and joints.
- v Aerobic exercises, such as cycling, swimming, walking, skipping rope, rowing, running, hiking or playing tennis, focus on increasing cardiovascular endurance.
- v Anaerobic exercises, such as, weight training, functional training, eccentric training or sprinting, increase short-term muscle strength.

Effort will be made in this paper not examine what physical exercise is all about but to also see its benefits and importance to special needs of exceptional people. At this juncture, a question that may first come to one's mind is "who are these special needs people"? Special needs people are those people whose physical attributes and/or learning abilities are "different" from those of the "average" or "normal" children. They are either above or below the norm. They are so different that a special programme is necessary for them if they must achieve their full potentials.

Exceptionality includes those children who are so specially gifted that they possess superior verbal abilities, extreme manipulative skills or dexterity, or very superior academic abilities and also those children who have various kinds of handicapping conditions such as; mental retardation, visual impairment, learning disabilities, audiology, and speech and language disorders. The term 'special needs' covers a huge number of different health

conditions, as well as safety issues and behavioural problems (Assistive Special Needs 2011). Children and adults with health issues may acquire additional help to enable them to live full life and this is termed safety measures for people with special needs. These needs are as a result of disabilities which may be physical, cognitive, mental, sensory, emotional, and developmental or some combination of these. Disability is an umbrella term, covering impairments, activity limitations and participation restrictions (Terri, 2001).

### **Benefits of Physical Activity and Exercise to Special Needs People**

For special needs people, physical activity does not only improve mental health but also provides opportunities for special interaction (Wuorineen, 2009). Depression rates are known to be higher among people with disabilities. For example, 80 percent of people with multiple sclerosis experience depression at some point. Physical activity can help someone to fight depression, improve one's mood and reduce anxiety and stress (Williamson, 1991). Improving your fitness level may also give you an enhanced sense of control. Physical activity can allow you to focus on your abilities, not your disability. It can also give you more energy and strength to do things on your own, such as grocery shopping or house work. Participants in activity groups for people with special need report that these programmes help them to feel that they are not alone in their struggles. Furthermore, it provides a social outlet where people can discuss common experiences, talk about solutions to various challenges and to have fun together.

Stampfer, Graham, Stronge, and Willet, (2001) observed that physical inactivity on the part of people with disabilities or with special needs is a major risk factor for heart disease. Special needs people who do not exercise have an increased heart rate. Physical inactivity also increases the risk of developing other heart disease risk factors such as high cholesterol, high blood pressure, obesity, and diabetes.

Active children usually grow up to be active adults. Apart from preventing heart disease risk factors later in life, regular sporting activities will;

- i. Help control weight. Because obese children are more likely to be obese adults, preventing or treating obesity in childhood may reduce the risk of heart disease, diabetes and other

- obesity-related disease.
- ii. Strengthen bones. Regular exercises lead to better bone development and will lower the risk of thin or brittle bones in adulthood.
- iii. Increase self – esteem and self – confidence. Exercise can make you feel better physically and mentally.
- iv. Improve cardiovascular health. Exercise lowers blood pressure, controls the level of cholesterol in the blood, and reduces stress level.

Physical exercise is also used to improve physical skills. Physical exercise is important for maintaining physical fitness and can contribute positively to maintaining a healthy weight, building and maintaining healthy bone density, muscle strength, and joint mobility, promoting physiological well-being, reducing surgical risks, and strengthening the immune system. Exercise reduces levels of cortisol, which causes many health problems, both physical and mental.

Frequent and regular aerobic exercise has been shown to help prevent or treat serious and life-threatening chronic conditions such as high blood pressure, obesity, heart disease, Type 2 diabetes, insomnia, and depression. (Stampfer, Graham, Stronge, and Willet, 2001). Endurance exercise before meals lowers blood glucose more than the same exercise after meals. According to the World Health Organization, your lack of physical activity contributes to approximately 17% of heart diseases and diabetes, 12% of falls in the elderly, and 10% of breast cancer and colon cancer. There is some evidence that vigorous exercise is more beneficial than moderate exercise. Some studies have shown that vigorous exercise executed by healthy individuals can increase Opioid peptides also known as endorphins, increase testosterone and growth hormone effects that are not as fully realized with moderate exercise. More recent research indicates that anandamide may play a greater role than endorphins in “runner's high”. However, training at this intensity for long periods of time, or without proper warm up before hand and cool down afterwards, can lead to an increased risk of injury and overtraining.

### **Ways to Adapt Various Sporting Activities to Meet the Needs of Special Needs People**

Participation in exercise, sports and activities that confer wellness will lead to a total



physical fitness and wholesome being. When persons with disabilities participate in these activities, they are adapted to their levels of bodily conditions in order to benefit fully from the abundant opportunities around them. It is important to stress that persons with disabilities who engage in recreational activities, sports and positive health behaviours improve in strength, coordination, flexibility and are less susceptible to health related problems. According to Neeley (2010) most physicians will recommend at least some kind of exercise for everyone including handicapped persons, because of the numerous health benefits derived from regular exercise.

The type of exercise prescribed to persons with special needs will depend on the nature of the person's disability. For instance, the person with Down's syndrome may have cardiovascular issues, so their exercise program can focus on body building cardiovascular strength and stamina. Individuals with lower limb paralysis may focus on stretching and flexibility to enhance and maintain their independence. Those with paraplegia may need to focus on increasing arm strength. Neeley (2010) emphasized that even moderate – intensity physical activity can provide health benefits. She listed some everyday activities that can provide exercise to handicapped person as walking, gardening, lawn bowling croquet, dancing and yard work. An individual can develop a well-rounded exercise routine that includes aerobic activity, strength training, and stretching exercise. Each of these exercise routines would be discussed one after the other.

#### **Aerobic Activity**

Aerobic activity is any activity that involves the repeated use of large muscle groups. These activities, such as walking, jogging, cycling, or using a wheel chair, raise endurance (Stinks, 2005) They improve the function of the heart and lungs. Aerobic exercise reduces the risk of developing many diseases of the heart and blood vessels. It also reduces their severity. Such diseases include hardening of the arteries (arteriosclerosis) and high blood pressure (hypertension). Aerobic activity can lead to a longer and healthier life. It should be done for at least 30 minutes, three days each week.

#### **Strength Training**

Strength training involves isometric

exercises or weight training. Strength training improves strength, bone health, and daily function. Strength training should include at least one set of exercise of each major muscle group performed at least two days each week. Some people with mental retardation have muscle imbalances. They must exercise the muscles on both sides of a joint. This ensures balanced strength and prevents abnormal muscle tone.

#### **Stretching Exercises**

Stretching exercises should be done before and after aerobic and resistance exercises. They help improve range of motion of a person's joints. They reduce muscle soreness and spasticity. They improve movement. Stretching is especially important for persons with mental retardation. They may have decreased flexibility. This results from muscle spasms. It must be noted however that where muscle tone is normal, each stretch should be held for 10 seconds without bouncing. Moreover, where there are muscle spasms, each stretch should be held for 20 – 30 seconds, without bouncing.

#### **Effects of Sporting Activities on Brain Function**

Gerald, Gary-Balady and Steven (2008), in their review of cognitive enrichment therapies (strategies to slow reverse cognitive decline) concluded that “physical activity and aerobic exercise in particular, enhances older adults' cognitive function”. exercise improves cognitive functioning via improvement of hippocampus-dependent spatial learning, and enhancement of synaptic plasticity and neurogenesis. In addition, physical activity has been shown to be neuroprotective in many neurodegenerative and neuromuscular diseases. For instance, it reduces the risk of developing dementia. Furthermore, anecdotal evidence suggests that frequent exercise may reverse alcohol-induced brain damage. There are several possibilities why exercise is beneficial for the brain. Examples are as follows:

- It increases the blood and oxygen flow to the brain.
- It increases growth factors that help create new nerve cells and promote synaptic plasticity.
- It increases chemicals in the brain that help cognition, such as dopamine, glutamate, norepinephrine and serotonin.

Physical activity is thought to have other

beneficial effects related to cognition as it increases levels of nerve growth factors, which support the survival and growth of a number of neuronal cells.

### **Effects on Sleep**

Byrd (2010) in his review of published scientific research suggested that exercise generally improves sleep for most special needs people, and improve sleep disorders such as insomnia. The optimum time to exercise may be 4-8 hours before bed time, though exercise at any time of day is beneficial, with the possible exception of heavy exercise taken shortly before bedtime, which may disturb sleep. There is, in any case, insufficient evidence to draw detailed conclusions about the relationship between exercise and sleep.

Cook (2010) observed that the important by-product of exercise for the disabled person is an improved ability to achieve a deeper and more restful sleep. Sleep is an important aspect in the preservation of both emotional balance and physical health in all persons, particularly those who must also conquer a disability.

### **The Role of Exercise and Sporting Activities in Managing Diseases of Special Needs People**

Exercise is an important factor in managing and maintaining a healthy lifestyle for everyone. It is pertinent to observe that special needs people presume that exercise is not a viable option for them. However, there are a lot of exercises that special needs individuals would perform. If you work with your peculiar disability you can participate in an exercise regimen that is specially designed for handicapped people. The barriers to engaging in appropriate exercise and sporting activities are numerous; they include communication problems, complex information, lack of access to facilities, fear and lack of confidence. Each of these barriers would be discussed one after the other.

Communication problem inhibits the participation of people with special needs in sporting activities in that the deaf may find it difficult to understand the messages an instructor may be passing across to people that are being taught one sporting activity or the other. On the other hand, the deaf may find it

difficult to ask questions from the instructor on whatever is not clear to him or her. Furthermore, an information being passed across to a mentally retarded child or an imbecile may be too complex to him or her in that he or she may not be mentally alert enough to understand it.

Right from birth, most of the children with special needs may not have access to sporting facilities because their parents may be preventing them from partaking in any sporting events believing that it is meant for able bodied people. Their teachers in the school are also not helping the matter since they often exclude children with special needs anytime they are having Practical Physical and Health Education Periods.

The greatest barrier stems from fear and lack of confidence on the part of special needs children and their parents. Both the parent and the special needs children see sporting event as a very strenuous and energy sapping activity. Therefore, they believe people who engage in it can easily sustain injuries. The fear of not willing to add to the problem at hand makes them not to show interest or partake in sporting activities.

Health problems associated with special needs are: physical disabilities, sensory illness, congenital conditions such as cerebral palsy, down's syndrome, epilepsy, chronic conditions such as asthma, diabetes, serious health conditions like cancer, heart defects, muscular dystrophy and cystic fibrosis. Oral health problem can be common among people who have conditions that affect their coordination, manual dexterity and general mobility as they may struggle to brush their teeth properly (Terri, 2001). It is interesting to note that people with special needs lead unhealthy life styles, are inactive, obese and have nutritional problems. Unemployment and social exclusion also affect this group of people and inhibit their lifestyle choices. Special needs people are often excluded from national screening programmes. Women particularly are about four (4) times less likely to undergo cervical smear test than the general population. They are also less likely to have breast examination or be invited for mammogram. Screening people with special needs living in communities are more likely to be obsessed due to inactivity and seclusion. Getting

exercises do not always have to mean working out, special needs people can incorporate physical fitness into their regular routine with a few simple changes. Those on wheel chair should use crutches instead of relying solely on wheel chair to move around. Stretch your body every hour so as to refresh yourself in the middle of the day. They should be involved in games like ayo, ludo, snake and ladder, and other activities that will help recreate them and give them sense of belonging.

### Conclusion

It is therefore concluded that people with special needs require regular exercises to help them avert health problems that are preventable. With appropriate communication, knowledge and skills, exercise and sporting activities would become a powerful tool for transforming community attitudes and empowering individual's self confidence and positive relationships.

### Recommendation

It is therefore recommended that persons with special needs be encouraged to participate in exercises and sporting activities. Sport clinics and tournaments should be organized to showcase disability sport and deliver health-related messages to these individuals. It is also recommended that individual families should mainstream children with special needs along with children who are physically fit in games, plays and exercises at home. It is also recommended that education and training of children with disabilities which favours inclusive education is the best option in ensuring access to resources, recreational activities (Ayo, Ludo, Chess, etc) and training for all children irrespective of their special needs.

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