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Sport Booklet

for coaches
and parents



Equal Sport
for all

***Enhance social inclusion, equal opportunities
and participation in sports***





Equal Sport for all

Partners



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Introduction



In modern societies, the role of exercise is important in maintaining and improving the body weight of the individual and the general improvement of health, as well. The student population, due to many hours of studies on the acquisition of knowledge, has recently presented physical inactivity, poor dietary habits and wrong attitude of daily life. All the above has led to a dramatic increase of the obesity worldwide in major developed and developing countries.

Recent studies published, reveal that over the last 20 years in America, there was a

sharp decrease in physical activity and an increase in average body mass index (BMI), while the calorie intake has remained constant.

The researchers, among others, consider that a decrease in physical activity during leisure time at national level, especially among young adults (18-39 years), may be responsible for the upward trend in obesity rates. Also, another group of students (disabled) are in most of the Universities around Europe excluded from common sports as there are no guidelines to use for the training of these sports.

For these reasons, it is recommended that sport federations/ sports unions/ sports houses to develop guidelines of good practice focusing on mass athletics and the education of students/trainers/clubs for the prevention of sport exclusion of students with these special needs. It also encourages the networking of Universities and national agencies on these issues at the European level. The project will develop and evaluate these models across different European countries to provide deliverables that could be used around Europe.

Recent decades of research show that the psychosomatic problems posed by adults with mental retardation can be improved by engaging in physical activity. Systematic exercise significantly promotes health, well-being, socialization and overall improvement in quality of life, contributing to primary and secondary prevention.

Part One

Physical exercise, health and quality of life



concepts linked to each other

General remarks

The new WHO Strategy on Physical Exercise (2018-2030) aims to involve all stakeholders in each country to make it easier for citizens to adopt a more active lifestyle including systematic physical exercise.

WHO 2018:

Global action plan on physical activity 2018–2030: more active people for a healthier world

Physical activity levels are also influenced by cultural values. In most countries, girls, women, older adults, underprivileged groups, and people with disabilities and chronic diseases, all have fewer opportunities to access safe, affordable and appropriate programmes and places in which to be physically active.

Physical activity is defined as any bodily movement produced by skeletal muscle that requires energy expenditure. It can be undertaken in many different ways: walking, cycling, sports and active forms of recreation (such as dance, yoga, tai chi).

Physical activity can also be undertaken as part of work (lifting, carrying or other active tasks), and as part of paid or unpaid domestic tasks around the home (cleaning, carrying and care duties).

However, all forms of physical activity can provide health benefits if undertaken regularly and of sufficient duration and intensity.

Sport is an underutilized yet important contributor to physical activity for people of all ages, in addition to providing significant social, cultural and economic benefits to communities and nations.

Physical activity is important across all ages and should be integrated into multiple daily settings.

Can benefit from regular physical activity to maintain physical, social and mental health (including prevention or delay of dementia), prevent falls and realize healthy ageing.



Adjusted Physical Exercise

It concerns with the design and implementation of suitably tailored training and exercise programs for people with disabilities. It is an important factor in their education contributing to the improvement of functionality, socialization, and the development of positive behavior.



Adjusted Physical Exercise aims to develop and / or improve:

- physical abilities
- Perceptual skills
- verbal communication and non-verbal communication
- psychosocial skills
- Socialization
- Cooperation
- Cultivation of team spirit
- self-discipline
- Responsibility
- self-esteem
- creativity
- Adopting a healthy and active lifestyle

Turn your attention to the person and not the problems



- It is an approach based on the abilities and not on the individual's difficulties.
- Customized programs must offer a variety of secure activities. This keeps interest & restrict distraction.

Emphasize skills rather than disabilities



General methods of approach to the exercise of persons with mental retardation

On acquaintance



- ▶ Give time to get to know each other
- ▶ Try using their names
- ▶ Ask to repeat or show you if you have not understood what he said. Very soon you will understand the way of speaking more easily.

- ▶ Be flexible
- ▶ Use simple words
- ▶ Operate normally

It is likely that a student will express his emotions and excitement intensely and spontaneously, trying to get to know you personally to ask questions or want to touch or embrace you.

- ▶ Be Yourself. React calmly, politely and steadily.

In preparation

Evaluation of students. Knowledge of historical data.

Collaboration with carers and specialists (doctors, physiotherapists, occupational therapists, psychologists, etc.)

Select appropriate activities

- ▶ Activities should be appropriately selected to facilitate their performance by students and to enhance their sense of success and self-confidence.
- ▶ Avoid activities that can only be performed by a few students
- ▶ Use a variety of exercises
- ▶ Prefer simple activities in the form of play, having fun and entertainment
- ▶ Customize the exercises used:

Where necessary, modify the instruments and means used to exercise, e.g. use different rackets, balls larger or smaller, with different colors or texture, adjust goals and goals. Reduce height to goals and vary their size (basketball basket, volleyball net, goals)



Design the space properly

- ◆ Try to have a separate, structured and specific space where interference and noise can be controlled more easily.
- ◆ Place the space, avoid scattering other non-exercise objects, remove any obstacles
- ◆ Ensure adequate lighting, ventilation and room temperature.
- ◆ Reduce distances.

It is good for space to have simple designs and brightly colored lines

- ◆ Focus on basic safety rules

Creation of teams

Working with small groups

Separate group members equally according to their capabilities

During the exercise

Give short and simple instructions

Instructions should be short, simple and expressive.

It is good to ask the student to repeat them, contributing to the enhancement of memory and perceptual skills.

Repeat



Frequent repetition facilitates understanding of rules and guidelines

- ▶ Keep in touch with the eyes
- ▶ Simplify the rules
- ▶ Determine from the beginning simple and understandable rules of appropriate behavior.
- ▶ Encourage good behavior and ignore negative.
- ▶ Encourage and motivate:
 - ▶ The exercises must be step by step and the effort to praise.
 - ▶ Whenever possible, let the student repeat an activity he has done to encourage a sense of success
 - ▶ Use positive incentives to motivate (eg select a favorite activity at the end)
- ▶ Demonstration of exercises
- ▶ Frequent demonstrations of exercises facilitate
- ▶ Prefer the simple and frequent demonstration of an exercise from the simple explanation.
- ▶ When explaining an exercise, use as little as possible and simple words, avoid the whole suggestions, keeping in touch with the eyes.
- ▶ Optical media use and video viewing help to understand.



Time provision

- ▶ *Give more time to the student to react to perform one*

Exercise, keeping in contact with the eyes.

Take care of frequent breaks and rest periods

Customize activities

Customize teaching and exercises according to the student's abilities

If necessary, divide the main activity into a person

At the end

After completing an activity, ask simple questions about the procedure and result of the exercise.

Reward yourself simply by repeating what you have achieved

Observe the systematic practice of acquiring skills that use them throughout their lives

Part Two

Coaching Athletes with a disability Guidelines

1. RACQUETBALL TRAINING

Agility, Flexibility, Power, Strength, Speed, Stamina, Reaction time, Full body workout, communication, co-operation.

Racquetball training mainly focused on explosive powerful movements, moving at high intensities, rapid changes in direction and sudden deceleration or stopping. It is important that racquetball training for the diseased population in progressive, focusing in improving the range of motion, overall strength and fitness. In addition, increasing frequency should be the primary aim of training, before increases in intensity can be applied.

a. Warming Up (12 min)

- Walking (2 min)
 - Brisk Walking (30 sec)
 - Walking (1 min)
 - Light Walking (1 min)
 - Arm and wrist cycles without racket
 - Arm and wrist cycles with racket
- Small circles for extended arms at the shoulders' level
 - Trunk rotations with hands on the waist
 - Trunk bending with hands on the waist
 - Walking (1 min)

x2



b. Main Session (28 min)

Exercises with holding the ball, exercises with throwing the ball with hands, exercises only with the racket, exercises with racket and ball.

- **Flexibility** Hold each position (arms, hands, trunk, feet, etc.) for 20sec-30sec, repeated two or three times with or without racket. Static stretching muscle groups, quadriceps, hamstring, calves, shoulders, back, upper and lower chest, upper and lower back. Dynamic stretching muscle groups: Ankle, shoulder, wrist and leg rotations.

- **Cardiorespiratory fitness** Athletes who are inactive when they first engage in any sport, should not engage in any form of games including racquetball games until their cardiorespiratory fitness, flexibility and strength are significantly improved. Then, a combination of aerobic and anaerobic training is essential for racquetball players. Also, interval training increase anaerobic and aerobic fitness. All equipment machinery can be used. Walking or running (with or without racket) intervals:rest (ratio) 1:2. Intensities can be upgraded once the athlete improves his/her fitness level, running with changing the direction and tempo, jogging on the spot, brisk walking shuttles, walking, shuttle brisk walk and hit ball, practice matches



- **Strength** The focus should be to build strength training in order to be able to perform at lower intensities when (later in their training) they may engage in practice matches.

Use strength exercises for developing explosive movement and power/controlled hits. Strength exercises may include the use of muscle machines in order to prevent injury (Squats, slight knee bend and jump, lunges, pull-ups, light weight bench press or knee pushups, brisk walking with weight. Strength training could be used once a week during the first month followed by at least 2 times per week from the second month onwards.



c. *Cool down (5 min)*

Walk for 5 min around the court in a slow level action. Feel free and relaxed while walking and always control breath, relaxing games, stretching.

2. BASKETBALL TRAINING

Basketball requires a variety of moves, jogging, jumping, speed, strength, balance and agility, aerobic and anaerobic ability and technique. Start with moves applied to the basketball sport, like running backwards, lateral displacements, continuous jumps, etc. It is necessary first, to create cardiorespiratory capacity. While we are following the methodology of learning the basic techniques of the sport, we can use lower baskets, women's basketball balls, spin ladder etc.

ladder etc.

It can be applied an Adapted Physical Activity (APA) which allows disabled people to perform the basic technical elements of basketball and to participate in competitions according to their individual capabilities.



a. Warm up (12')

With low intensity the warm up may include:

- Change direction
- Dribbling running
- walking or running through the cones with the balls
- Special defense and offense movements
- Slow running to become acquainted with the court itself
- Body balance drills
- Ball handing drills
- Ball games (ex. tag with dribble, save ball)

b. Main Session (28 min)

BASIC TECHNIC (Theory-Analysis)

1. Body Balance
2. Pass
3. Dribble
4. Shot
5. Rebound



Exercises without ball, exercises holding the ball, exercises passing the ball with hands, exercises only with the ball, exercises by dribbling, attack and defense exercises, trial games

BASIC TACTIC (Theory-Analysis)

1. Adjust to the team play
2. Preparatory team games (1vs1, 2vs2, 3vs3)

● **Flexibility** It is important to note that all stretching exercises should be performed up to the level that the patient does not feel pain or discomfort, as stretching at high ranges of motion may exacerbate disease symptoms and pain, causing discomfort and thus, result in a lack of willingness for future participation.

Hold each position (arms, hands, trunk, feet, etc.) for 20sec-30sec, repeated two or three times.

Don't forget: Limit the range of motion for those who have upper and lower body disabilities



● **Cardiorespiratory fitness** use low intensities, before more intense exercises/drills are applied. Once the low intensities exercises are able to be performed without any issues, more complicated basketball-specific drills can be incorporated within the program.

Instructors should guide athletes to focus on technique first to avoid injury from high intensity uncontrolled exercises. Offensive basketball drills, ball games (catching and passing), ball games on the move (catching and passing on the move), walking shoot and retreat, walking dribble with or without cones, walking defense, dribble with a change of direction, shooting on the go, defensive running, types of jumps, combination with walking and running, combined ball exercises (passing, catching, dribble, shooting), trial games, jogging

● **Strength** For these populations, it is important to improve overall strength with basketball's exercises as this has a significant and beneficial impact in their lives. Focusing at the start on technique rather than intensity. Intensity can be built up once the appropriate technique has been achieved. Incorporate strength exercises once a week at the start of the programme for the first 1 or 2 months (this will be based on the athletes abilities/willingness/progression), followed by 2 times per week.



Squat with ball, squat with ball and lift ball, static lunge with ball, chest passes with ball, squat with ball and shot, ball rises, shooting at close distance, shooting from the penalty line, running and jumping exercises, exercises developing of the upper limbs.

c. *Cool down (5 min)*

Walk for 5 min around the court in a slow level action. Feel free and relaxed while walking and always control breath, relaxing games, free throws, stretching



3. VOLLEYBALL TRAINING

Volleyball is one of the most attractive and popular sport games. It is appropriate for people from almost any age group. It is especially suitable for those who do not have such an active lifestyle. It helps to prevent the sedentary way of living and obesity of the population and to improve the functional and health status of the people with special needs. The chance for injuries in volleyball is comparatively low compared to other collective sports due to the lack of direct contact between the two opposing teams.

The volleyball module aims at improving the health status of the beneficiaries by boosting their activity and enhancing their physical condition. When they are purposefully and actively participating in the Volleyball module, the beneficiaries can enhance their endurance and aerobic capacity, better breathing and acquiring different breathing techniques, greater metabolism, muscle and mental relaxation, and above all sustained integration into systemic motor activity and adaptation to different social groups through sports.



a. Warming Up (12 min)

At low intensities, the warm up can include:

- Walking to increase body temperature
- Brisk Walking
- Walking
- Light Walking
- Static body exercises (head-shoulders-waist-knee-ankle), for better articulation of the joints (with or without a ball)
- Parallel stretching
- Small movements in the court (frontal, oblique, dorsal)
- Introductory exercises using the ball: (in pairs) throwing the ball forward, bending with or without jump
- Manipulative movements or movements in volley technique (defense, passing, etc.)

● **Flexibility** skills and habits: Standing and moving, ball games in pairs and in groups, ball exercises in pairs or triples (with the aim of learning technical), depending on athletes' skills, stretching



● **Cardiorespiratory fitness** ball games (catching and passing), ball games (catching and passing on the move), walking, running exercises with a ball, types of passes, types of passes in pairs, ball exercises (serve and bump), trial games in a short place of the court (for example 3X3) with specific goals and techniques (for example fingers, cuffs), ball games in groups (types of passes in

for example fingers, cuffs), ball games in groups (types of passes in

groups with or without a net on the move, cardio exercises with a ball, relay ball games, running with a change of the direction and tempo, move with a change of the direction and tempo, drills for passing upwards and downwards, special running exercises, exercises with different types of passes from a spot and on the move, mobile games with elements of volleyball

● **Strength** combined activities with elements of the volleyball game, ball exercises above the net, combined activity for developing physical skills: running and jumping exercises, exercises developing the strength of the upper limbs, circular activity for developing physical qualities, serving and bumping drills, attack and defense drills, exercises above the net with elements of the volleyball game, exercises for different types of passing, ball exercises (passing and attack) above the net, exercises for the body and upper limbs' strength with a thick ball, squats and jumps with a thick ball, attack drills above the net, walking combined with climbing stairs.

c. Cool down (5 min)

Walking or relaxed jogging for 5 min around the court in a slow level action.

Feel free and relaxed while walking and always control breath, relaxing games, stretching

4. DANCING PROGRAMME

Many different forms of dance have been utilized by health scientists to improve fitness in patients with of many different diseases. Patients with cancer, heart disease and arthritis who are involved in dance may significantly improve various different parameters of their health with very promising results in their overall health and quality of life. Dance is suitable and beneficial for all patients groups. Dances have elements of folk, classical, modern dance moves: walking, running, jumping combined with dance elements - hand movements, clapping, rotation, tapping, kneeling, contact and cooperation, etc.

Folk dances as a presentation of human spiritual culture are also part of its folk art. They are inherently connected to songs, music, applied arts and customs.



Dancing reflects the lives, experiences and feelings of people and interacts with other forms of human activity: lifestyle, religion, traditions, etc. In addition to the abovementioned the musical and rhythmic movements and dances help creating a sense of beauty. The various musical exercises and movements and the different dances act as an emotional stimulus and contribute both to creating a musical-aesthetic taste in humans and to improving their physical capacity. Music affects its listeners. The well-selected musical accompaniment creates an emotional background associated with positive emotions, experiencing pleasure and satisfaction.

The Dancing module suggested by the project is a combined target programme which aims at improving the health status of the beneficiaries by boosting their activity and enhancing their physical condition. The main factors are the variety of rhythmic movements accompanied by music, circle dances, musical games and dances (folk, classical and modern dance techniques) that have overall impact - anatomical, and measure variety, with their specific choreography, they are a means of improving health, enhancing the working capacity and creativity of the trainees.



The aim of the programme is to enhance the endurance and work

capacity, to achieve a good psychophysical status, to shape a beautiful and harmonious body. The main tasks of the programme are also: improving the functional capacity of the body through aerobic and anaerobic work, acquiring knowledge, skills and habits for practicing different dances in leisure time.

Most types of dance mainly involve aerobic and flexibility exercises rather than strength, which is a component of more dynamic types of dance. The training sessions last about 1 hour but this depends on the type of the discipline, the level and the instructor. Given the different types of dance genres, there is definitely a class for everybody regardless of age, sex, size or musical preference.



a. *Warming Up (12 min)*

At low intensities, the warm up can include:

Walking, generic exercises, rhythmic exercises, musical games, walking, running, generic exercises, performing the basic dance steps, dance combinations of two-element, three-element, four-element movements, running, rhythmic exercises, melody, metrum and rhythm. Measure and types of beat, movements and combinations with musical accompaniment, dancing to choreography, upper body range of motion exercises (depending on the dance genre)

b. Main Session (28 min)

The following exercises are dance-specific and can improve dance performance as well as functional ability. It is important to avoid exercises that exacerbate pain.

- **Flexibility** Dance combinations of two-element, three-element, four-element movements combined with stretching, Walking, running, mobile exercises. Folk dances of simple measure. Counting the times in 2/4. Stretching, Classical exercise (bar-work) - Por de bras, Neck Tilt, Neck Turn, Shoulder Rolls front-back, Arm Swings, front-back-side, leg swings, front-back-side, child pose stretch, supine knee to chest stretch, standing or laying on side quads stretch, hamstring stretch, groin stretch
- **Cardiorespiratory fitness** Athletes should be encouraged by the coach/volunteer to engage with dance aerobic training at least 2 times a week with low intensities at the start of the training programme. Once the athlete exercises 3 times a week at low intensities, then higher intensities within a choreographed piece can be used. In addition, to have a safe progression, the dance coach/volunteer may want to utilize lower intensity choreographies with simple movements at the start of the session, progressing to higher intensities/more advance movements for the end of the session, once the athlete exercises for more than 3 months. In addition, the choreography should incorporate movements that do not cause any pain and/or discomfort for the patient.



Typical folk dances from project's country and from different nationalities, zumba, power stretch, endurance training, coordination and specific technique in standard dances, physical status, waltz, dance technique in Latin American dances, body positions, training flexibility, tango - basic movement, training coordination, salsa,

forward movement, backward movement, training endurance, bachata - forward movement, backward movement, training endurance, samba - forward movement, backward movement, Zumba, preparation of a show programme - a competition for individual and group performances of modern and folk dances.

Strength Strength is not always considered essential in dancing but this depends on the kind of dance. In dance genres where strength training is required, such as ballet, the athletes should focus on performing the right technique first, before building up their strength in order to avoid injury. Strength training, though, improves dancing while preventing injuries that might occur from over-stretching of the joints. Muscle strengthening exercises promote joint integrity by balancing muscle tension. Strong core muscles (muscles in the abdomen, back and pelvis) stabilize the spine, trunk and pelvis, preventing back injury and allowing for powerful rotational movement which is usually required from dancers. Strength training should definitely not be overlooked for athletes as this may result in further improvement in their overall health by improving functional ability and therefore, the ability to perform everyday tasks. The following strength exercises can be suggested by the coach/volunteer at the start of the programme once a week with a progression of 2 times per week.

Dance technique in standard dances, position of the body in a static balance, exercise (bar-work), sance technique in standard dances, position of the body in a dynamic balance, rows with elastic band, supine/standing side bend, supine/standing knee raise, supine/standing pelvic tilt, abdominal curl, heel walk, toe walk, plié, leg lift to front-back-side, side-to-side lunge

c. *Cool down (5 min)*

Walk for 5 min around the court in a slow level action. Feel free and relaxed while walking and always control breath, stretching

5. FOOTBALL TRAINING



Football is a sport with a wide range of movement intensities that involve maximal bursts of exercise followed by low-intensity movements. High-intensity movements, including running, jumping, sprinting and cutting, are usually performed to gain an advantage over the opponent, with low-intensity movements then being desired to allow some recovery for the athlete before the next bout of high-intensity movements begin.

Low-intensity actions are commonly performed during a training programme and include jogging, walking, shuffling and standing. Various movements - essentially physical or exercises with and without a ball during a training or a football match, help to improve the health and fitness of the players as well as to improve the psychophysical qualities and functional capabilities of their bodies. The constant motion during a training period, including various speeds, directions and distances at varying intensities, times and duration, requires the athlete to commit to fitness training in order to cope with the demands of the sport.

These intensities can be modified and tailored to individual needs for patients who have different chronic diseases. For example, all movement intensities can be reduced significantly to low intensity levels (walking instead of running), so that the sport can be enjoyed by athletes with various conditions. As a result of this, walking football has indeed been developed as an alternative that can be used for public health and promotion of exercise in different populations, including older populations and those with chronic diseases. There are also specific rules for example, for walking football, that help the intensities kept at a lower level (to actual football intensities), to avoid injury and significant strain to the heart, for vulnerable populations.

The Football module suggested by the project is a combined target programme. It aims at improving the health status of the beneficiaries by boosting their motor activity and enhancing their physical condition.



The main factors are the various elements of the game techniques performed in individual and collective emotional attitude and the variety of means and methods for achieving corrective and compensatory effects on people with different deviations from the health status norm and specific needs.

When they are purposefully and actively participating in the Football module, the beneficiaries can enhance their endurance and aerobic capacity, better breathing and acquiring different breathing techniques, greater metabolism, muscle and mental relaxation, and above all sustained integration into systemic motor activity.

a. Warming Up (12 min)

At low intensities, the warm up can include:

- Walking without ball
- Other skills and habits: running, jumping, etc.
- Brisk Walking
- Walking
- Light Walking
- Arm and wrist cycles
- Small circles for extended arms at the shoulders' level
- Trunk rotations with hands on the waist
- Trunk bending with hands on the waist
- Walking or jogging on the spot (based on the level of the athlete)
- Basic football skills exercises with a ball (individual play) on the football pitch
- Basic football skills exercises with a ball (pair of athletes-for example passing game) on the football pitch



b. Main Session (28 min)

Flexibility Light movement is advised prior to stretching (at about 20sec-30sec each exercise). Light movement (walking, brisk walking and jogging depending on the athletes abilities). Working from the inside out, the athlete should start by loosening the joints, tendons, and ligaments. Big arm circles, small arm circles, standing twist, twist behind, hip flexor rotation, knee flex, knee circles, heel and toe raise, lateral reach, overhead lateral bend, triceps and latissimus stretch, posterior shoulder stretch, standing hamstring, lateral groin stretch, three point lunge, seated hamstring, butterfly, IT band stretch, lying lower back

Cardiorespiratory fitness
The integral part of football training is interval training, which is an excellent form of exercise to improve fitness.



For walking football, interval training can be adapted to the athlete's needs, by manipulating sets, repetitions, distances, times and rest intervals. Research has also shown that interval training has several advantages over typical low intensity continuous endurance training. The focus of aerobic training should initially be to exercise the athletes at least 2 times per week (first 1-2 months), with a progression of achieving the recommended training (150 minutes per week).

Improving football skills (stopping, passing, keeping the ball), basic football skills-techniques, free play, basic football skills exercises with a ball (individual play) on the football pitch, improving football techniques in groups, training to enhance physical qualities, using interval method, free play, studying combinations of different tactical schemes, exercises without ball, exercises holding the ball, exercises passing the ball with hands, exercises by dribbling, attack and defense exercises, trial games, brisk walking, jogging.

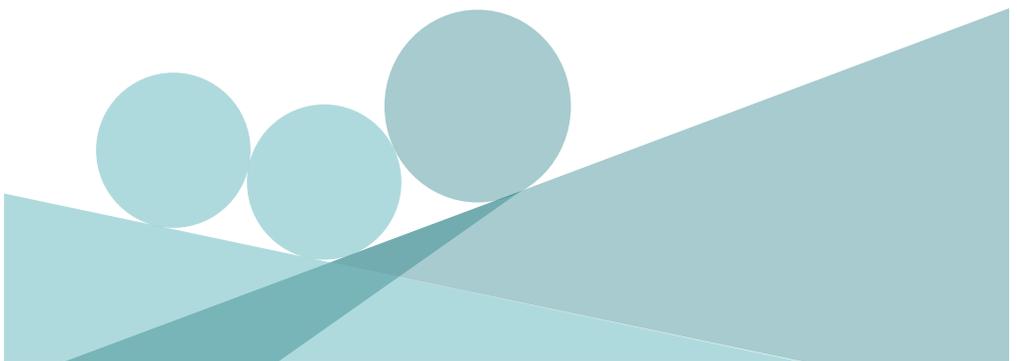
● Strength

Combination of the football specific exercises can be utilized (once a week at the first 1-2 months with a progression of twice a week) to improve overall strength in athletes with different chronic diseases, squat, squat with ball, slight knee bend (minimal squat) and jump, lunges, pull-ups with rope assistance, light weight bench press, ball twists



c. *Cool down (5 min)*

Walk for 5 min around the court in a slow level action. Feel free and relaxed while walking and always control breath, relaxing games, stretching



6. ATHLETICS TRAINING



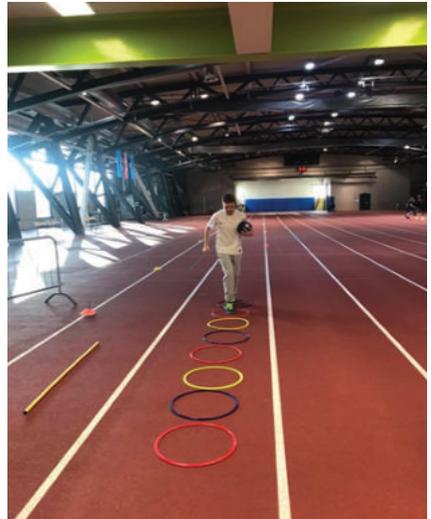
Citius, Altius, Fortius. Systematic athletics activities are an indispensable tool for developing the basic physical qualities of strength, speed, stamina, agility, flexibility and the development of coordination habits and skills. A number of other qualities are developed necessary for the social realization. Nowadays athletics is a major sport that is accessible to any age. In the system of physical education it occupies a priority place, thanks to its accessibility, diversity, naturalness, constructiveness, measurability and applicability in everyday life. The Athletics module suggested by the project is a combined target programme.

It aims at improving the health status of the beneficiaries by boosting their activity and enhancing their physical condition. The main factors are the specific conditions of the natural environment and the variety of means and methods for achieving corrective and compensatory effects on people with different deviations from the health status norm and specific needs. When they are purposefully and actively participating in the Athletics module, the beneficiaries can enhance their endurance and aerobic capacity, better breathing and acquiring different breathing techniques, greater metabolism, muscle and mental relaxation.

a. *Warming Up (12 min)*

At low intensities, the warm up can include:

Walking/brisk, walking/jogging, head and wrist gentle rolls, trunk gentle twists, toe and foot extensions, 2 steps rebound, high toe 8-16 counts, heel 8-16 counts, slowly perform basic techniques within the range of motion that does not cause pain that would be used in the session, variation of upper and lower range of motion gentle exercises, stretching



b. *Main Session (28 min)*

- **Flexibility** Flexibility in athletics is integral as tight muscles can result in injury. Improving flexibility is very important for patients with different chronic diseases, but the exercises should be performed in such a way so that they do not cause any pain. As such, the instructions of the coach/volunteer should always be to stretch to the point that does not cause any pain at all. Neck stretches, shoulder rotations, forward and back, hip rotations, forward and back, trunk twists, standing quadriceps, standing hamstring, standing triceps, hip circles, back extension, yoga and stretching exercises, combined activities of adapted athletic exercises with fitness equipment.

- **Cardiorespiratory fitness** Improving cardiorespiratory fitness should be the aim of this sport in terms of the diseased population, as improvements in fitness result in better quality of life. An intervention that can assist in improving aerobic fitness is athletics involve walking with range of motion exercises of the upper and lower body, brisk walking to move around the matt and holding athletics-related poses that may help increase strength. Skills and habits: walking, running, jumping, etc. Walking, running, general athletic exercises. Walking, running, general athletic exercises combined with stretching exercises. Fartlek activities and combined activity learning a circular combination of cyclical training (divided into subgroups according to functional capabilities). Circular activity with focus on general endurance, targeting correction of visceral fat. Athletic activity together with sport games. The coach/volunteer should have in mind that the athlete should not be trained to become a talent or to perform at high intensities. The coach/volunteer should aim to get the athlete to start moving more and become more physically active and agile. This is the reason why cardiorespiratory fitness training for athletics should be low-to-moderate intensity based on the benchmark comparison of walking and brisk walking with progression to more vigorous forms, only if the athlete is fit and strong (which can be the case after a 3 month exercise programme).
- **Strength** Focus should be more on improving overall strength, which can be achieved by incorporating (in the training) sport-specific strength training elements, but at lower intensities and more simplified. Learning a new circular cyclic combination. Athletes that attend athletics training regularly and long term, will improve their strength so the possibility of performing and practicing more athletics-specific exercises is also possible. This, however, should be the case when the athlete does not experience any pain in these movements.

c. **Cool down (5 min)**

Walk for 5 min around the court in a slow level action. Feel free and relaxed while walking and always control breath, stretching

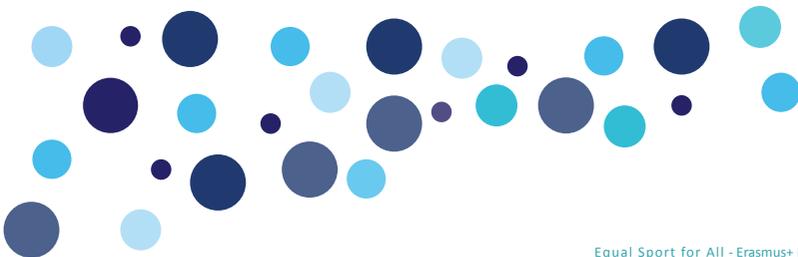
7. SWIMMING TRAINING



Swimming - a favorite activity of most people who have learned it. We were born from the aqueous medium and throughout life we enjoy in water in different ways.

Water because of their hydrodynamic properties, allows easier use of the body's own ability, which is especially of great importance to people with physical disabilities.

Combining different adapted swimming facilities for children with disabilities and people with disabilities strengthen the organism and swimming becomes a means for proper physical and mental development.



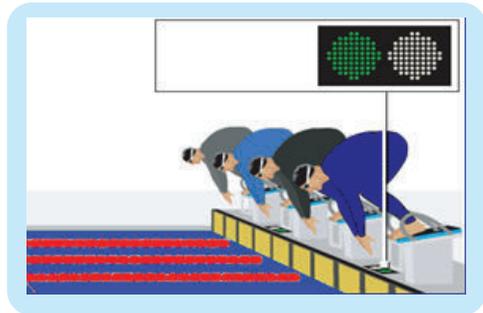
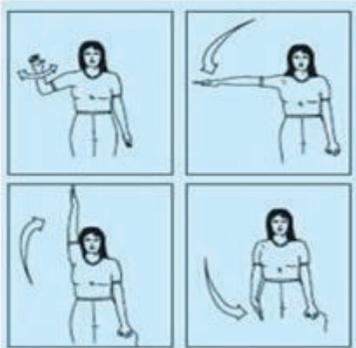
SWIMMING AS A SPORT FOR PEOPLE WITH DISABILITIES

- Swimming as a sport for people with disabilities is present since 1924.
- Then, in Paris, on competition in swimming occurred five countries in the Deaf Games.
- The deaf compete in 19 male and 19 female discipline by FINA rules with small modifications to the rules. The starting signal is light.

ADJUSTMENTS

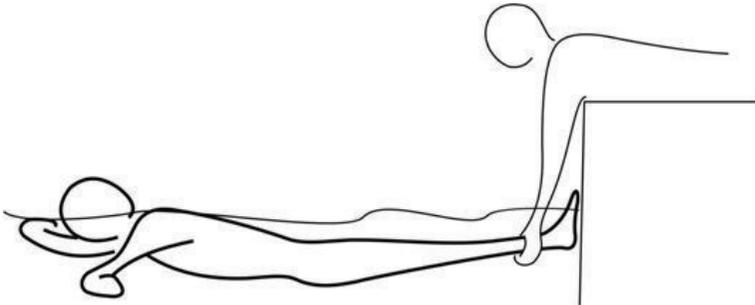
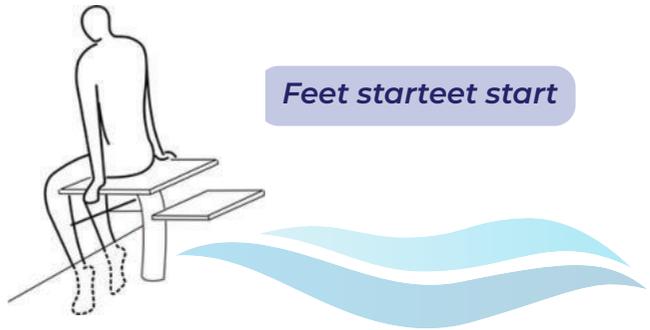
1. A short whistle
2. 2wimmer on the starting block
3. On his/her place,
4. The starting signal

(USA SWIMMING- GUIDE FOR OFFICIALS)



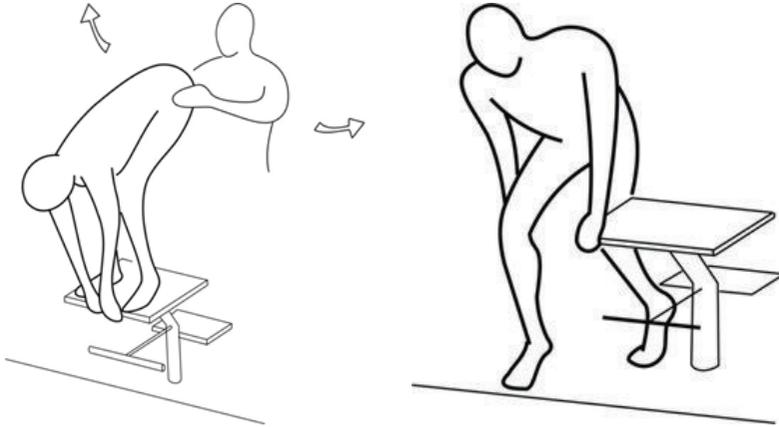
SWIMMING AS A SPORT FOR PEOPLE WITH DISABILITIES

- Unlike deaf swimming, there are more adapted swimming rules related to performance techniques, starts and turns, in the Paralympic movement
- The rules allow the paraplegics not using legs in all disciplines, as well as allow to people without hands touching the wall with head or shoulder
- The rules allow a sedentary start at the starting platform.

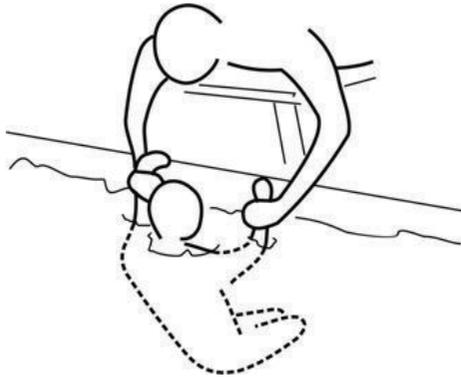


For those with compromised balance allowed is assisting or standing start in the starting lineup for the end of the block.

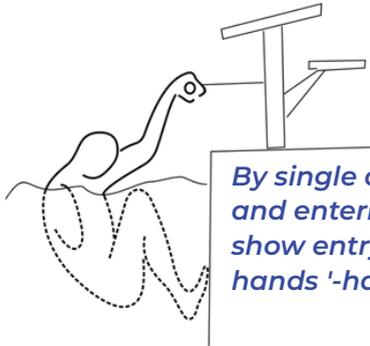




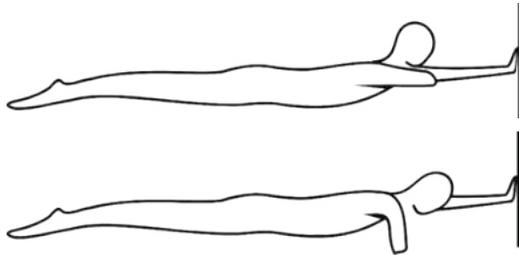
*Modified the start for a persons with multiple amputations,
with the assistance.*



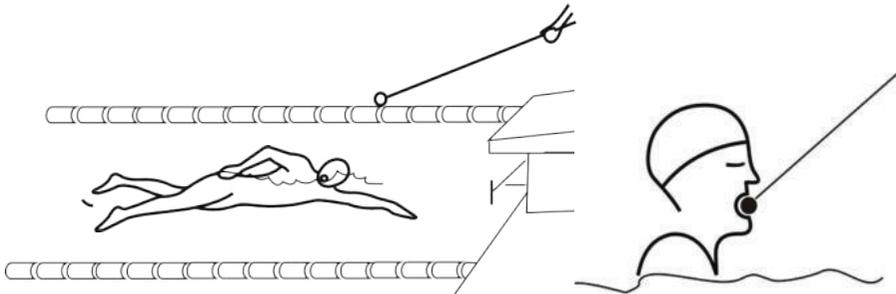
Start with hand pruning amputations



By single or multiple amputations on the turn and entering the goal must correspond to show entry into target or turn with ' both hands '-hand and/or the Crown, limbs

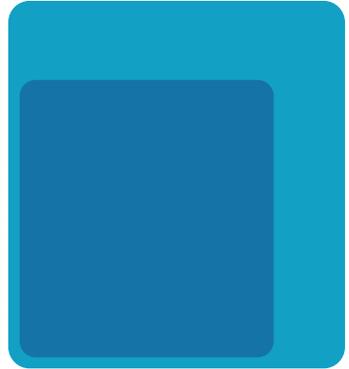


Blind people are allowed to have a tour guide and ' tapper ' who is touching the swimmer with special device on the head or the body during the race giving him/her a signal that he/she is approaching the turn, or entering the goal.



Blind swimmers are obliged to wear dark glasses. It is forbidden to wear anything that would improve swimmers buoyancy, speed, or endurance.

SWIMMING AT THE PARALYMPICS



Swimming is in the Paralympics since Rome in 1960. In the program compete persons with disabilities, persons with disorders in cognitive functioning and visually impaired and blind people in a total of 14 class. To ensure fair competition swimming like any other Paralympic sport has a classification system.

● CLASSIFICATION

In the current classification process involved are coaches swimming and medical staff, physical therapists or doctors.

● CLASSIFICATION PROCESS

Classification tests shall be carried out on the medical table by tests of muscle strength, coordination, range of motion, the length and layout of the extremities and the height of the body while in the water, all of the above checks through the performance of swimming technique.

Classification system ensures that ultimately determines the victory development of swimming skills, abilities; strength, endurance, tactical maturity and mental readiness, the same factors that are necessary for success in not the Paralympic sports.



Motor transfer in water – soil has long been known – the brain knows the movement. In the water it is easier to perform the default action, if we learn them in the water and on the "dry" will be able to perform them independently or with the assistance, aid.

A lot of of psychologists and kinesiologists consider early integration of children in the swimming as a program general useful for health and physical development and rapid progress. In doing so, children's motor experience enriches. Early swimming program provides healthy kinetic development of the child. Child is swimming in the different positions. This exercises help to shape the body, but also the coherence of neuromuscular system.

CONCEPTS

Specific concepts of work in the water with children with disorders in development and persons with disabilities are Halliwick and Sherrill model fun and success in the water.



HALLIWICK CONCEPT

- The most famous
- The concept includes mental and physical adaptation to the water, relaxation, breathing control, control balance and movement in the water prior to the teaching of propulsion. This method is used in therapeutic purposes. Although developed as a method of teaching people with disabilities today, she successfully used in teaching swimming persons that do not have a disability.

SHERRIL MODEL

Sherrill model began as part of a practical program to the Texas Women's University through which students of the University were taught to swim children with developmental difficulties. The school has three levels of ' Explorer ', ' Advanced Explorer ' and ' Floater ' in front of the starting level of the float.



TRAINING:

BASIC PLANNING TECHNIQUES (taking into account all the particularities of particular disabilities, adaptation techniques)

Age - Girls 8-11 yr. + 1year.

For people with CP, boys 9-12 years old. + 1year. For people with CP

At this stage, it is about learning and perfecting all swimming techniques, the basics of technical tactical preparation in swimming, the basic model of training work (racing, stretching, main part of the training, cool down), auxiliary model of training work (relaxation, recovery, nutrition). From the motor skills it is emphasized on the development of coordination (water technique, and dry exercises) and relative repetitive forces.



It is necessary to have an individualized access to the technique of swimming from the earliest age to the type of disability because by not respecting this premise we can put too much burden on the young swimmer to perform the proper technique that he/she can not realistically perform. In that case children will be discouraged by difficult and unmanageable tasks. A good anatomic and biomechanical analysis of swimmers as well as knowledge related to certain types of disability is needed.



EXPERIENCE OF BASIC SWIMMING KNOWLEDGE AND CAPABILITY
(aerobic abilities, training of great extensiveness, low intensity)

Age - girls 11-14 years + 1year. For persons with CP, boys 12-15 years.
+ 1year. For people with CP

Training is of great extensiveness and low intensity. We are working on refining tactical elements and mental preparation.



Coordination and relative repetitive power are still the primary motor skills we are developing at this stage.

Develop self-reliance in work – warm up, cool down, recovery, relaxation, mental preparation before the race, controlling proper nutrition.



CONCLUSION

Swimming is like any other physical activity important and with persons with disabilities because it contributes to the growth and development of children with disorders in development, prevents or minimizes damage to the symptoms that occur in children and people with disabilities, helping in the preservation functional capabilities and supports an independent way of life of persons with disabilities.

Using different adaptations swimming facilities we provide to all members of society to enjoy the benefits of water are freely moving.

