

Educational Implications Continued

- Provide assistance and support. If you have students with physical disabilities in your class, your job may include several physical and manual requirements, such as lifting a student from a wheelchair, setting up computer equipment, emptying urine bag, administering medication, or/and feeding.

Resources

Sarkees-Wircenski, M., & Scott, J. L. (1995). *Vocational special needs*.
Homewood, IL: American Technical Publishers, Inc.
United Cerebral Palsy Organizations
<http://www.ucpa.org/>

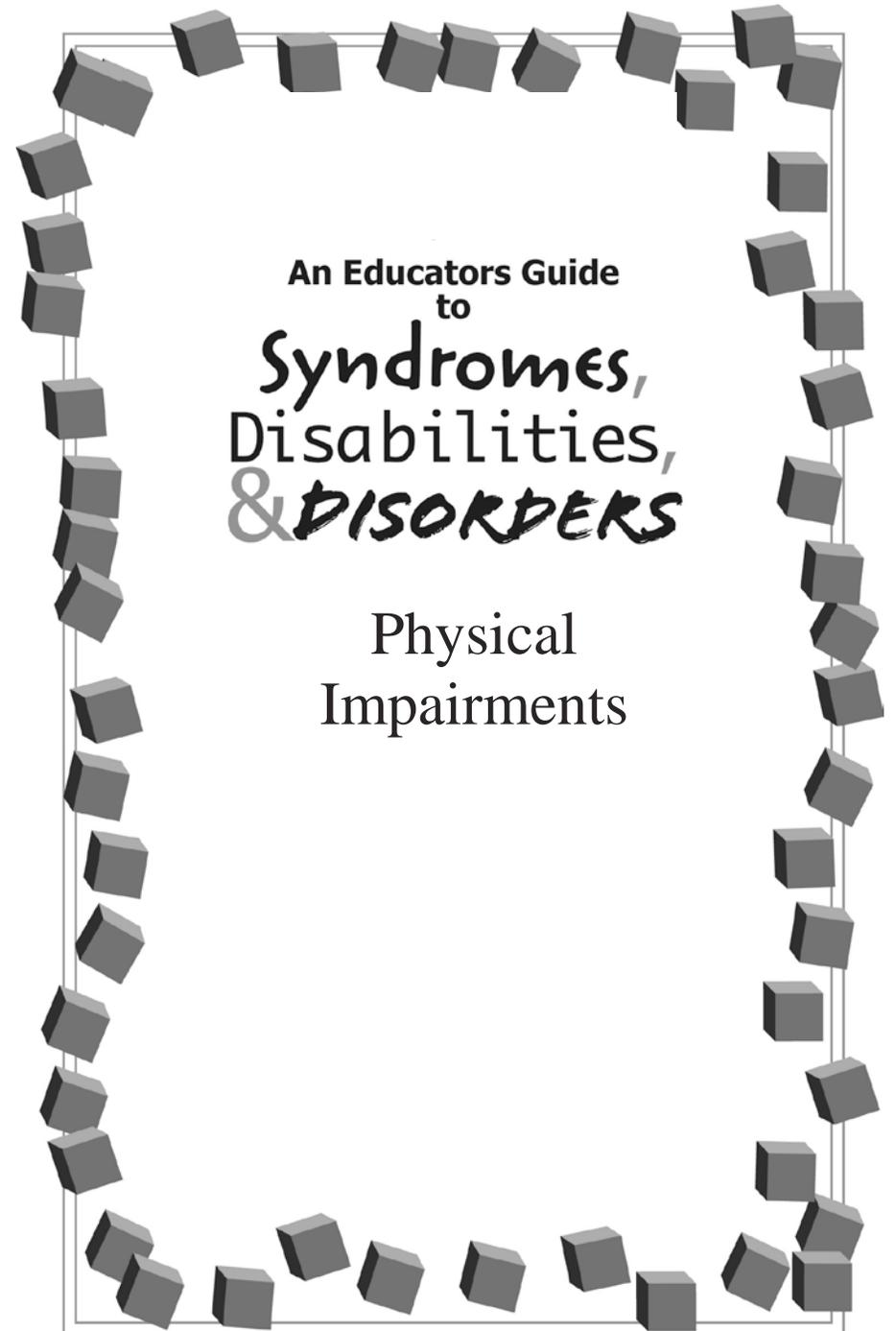
National Institute of Neurological Disorders and Stroke
<http://www.ninds.nih.gov/index.htm>

Accent on Information
P.O. Box 700
Gillum Road and High Drive
Bloomington, IN 61701

American National Standards Institute
1430 Broadway
New York, NY 10018
212/354-3300

American Coalition of Citizens with Disabilities
1346 Connecticut Avenue, N.W.
Washington, DC 20036
202/785-4265

Division on Physically Handicapped
c/o The Council for Exceptional Children
1920 Association Drive
Reston, VA 22091



Symptoms or Behaviors

A child with a Physical or Orthopedic Impairment was either born with or acquired the condition, and it has a negative effect on the child's education. The most common physical or orthopedic impairments include the following:

- Cerebral Palsy. There are several different forms; all basically involve muscle and limb control. The person is unable to coordinate body movement and has slow or spastic limb movement, or distortion of movement. Speech and mobility may present problems. Cerebral Palsy, itself, does not affect intellectual functioning, but may cause a barrier to expressing learning. Cerebral Palsy is not progressive; it does not get worse over time.
- Muscular Dystrophy. This is an inherited impairment that is progressive and, over time, weakens and degenerates the student's muscles. The student may tire easily and need frequent periods of rest. Eventually, most students will be unable to walk.
- Spina Bifida. This impairment is present from birth and involves an opening in the bone surrounding the spinal cord and the nerves controlling muscles and feeling in the lower part of the body. Students with spina bifida may have some lower limb paralysis and may need to use a catheter to collect their urine.
- Missing or Abnormal Limbs. These impairments can be present at birth or result from some accident. Students are often fitted with prostheses (artificial limbs) or use the remaining part of the limb. Time may be a factor in accomplishing tasks in the classroom, depending on the student's ability to move.
- Arthritis. This impairment involves the inflammation of a joint or joints, making movement painful and limited. Unlike adults who have arthritis, most children are affected for an unpredictable time (from months to years), but are free of the disease after about a ten-year period. Student with Juvenile Rheumatoid Arthritis may appear irritable and distressed because of the pain. Morning stiffness may occur, so students may need to move around frequently.

Instructional Strategies and Classroom Accommodations

- Removal or accommodate barriers. These barriers might include room arrangement, method of expression, time limits, personal needs, the need to be absent frequently, and lack of stamina. Something as simple as rearranging the classroom might make all the difference. Other suggestions include using assistive technology (computers, communication devices, and adapted switches, knobs, and buttons), allowing extra time for movement and transitions, giving instruction and practice in self-care, modifying the length of assignments, shortening instructional times, and planning frequent breaks.
- Compensate for frequent absences. Some physical impairments will mean frequent absences, long periods of absences or both for the student. Sending assignments home, allowing the student to keep an extra set of books at home, arranging for home and hospital instruction, shortening assignments, and allowing a student to take oral test instead of written test are a few common accommodations. Many difficult questions may arise if a child's impairment is severe or terminal. Decisions about a student's program should be made by the IEP team. Don't let sympathy for a student's condition or future cause you to "shortchange" that student while he or she is still able to participate and learn.