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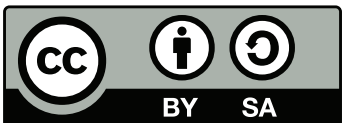
Breaking Barriers
A Step-by-Step Guide to Inclusive Sport



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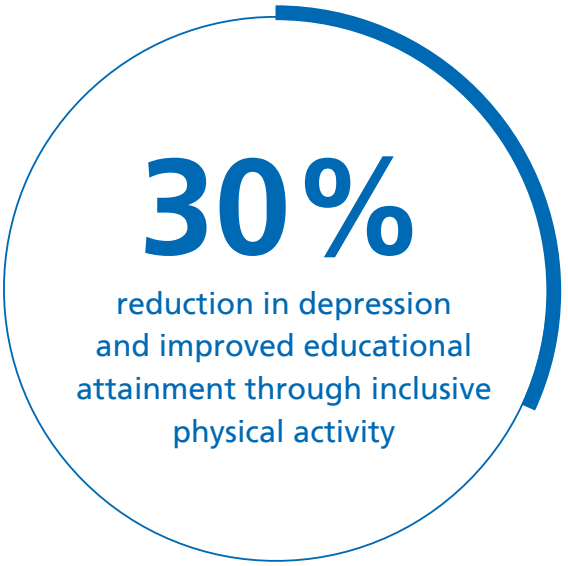
Short Summary

A World Where Everybody Can Be Active

Inclusion is not an option; it's a right. With over **1.3 billion people globally living with a disability,** ensuring access to physical activity is essential for building fair, resilient, and healthy societies. This guide, powered by UNESCO's "Fit for Life" initiative, provides the solution. It is a practical, step-by-step roadmap for everyone from policymakers and educators to parents and coaches to turn intention into action.

Evidence shows that inclusive physical activity can **reduce depression by up to 30%** and increase educational attainment. The guide's key message promotes a shift from an outdated medical view of disability to a **rights-based social model** focused on removing environmental and attitudinal barriers. It goes beyond theory to address the "how" of inclusion, providing clear tools to adapt environments, equipment, and communication for all abilities.

This guide is your starting point for creating programmes that welcome and support everyone. Turn the page and join the movement toward inclusion.



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"Since wars begin in the minds of men and women it is in the minds of men and women that the defences of peace must be constructed"

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Breaking Barriers

A Step-by-Step Guide to Inclusive Sport

Foreword


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Inclusive sport and physical education can transform lives by improving health and well-being, supporting social and emotional development, and strengthening social cohesion.

Across the world however, persons with disabilities still face limited participation due to inaccessible facilities, lack of adapted equipment, unsafe environments, insufficient training, and persistent stereotypes.

In education systems, one in three students with disabilities are still unable to access physical education. The gap is even wider for girls with disabilities, who often face the combined effects of gender-based discrimination and disability-related exclusion.

This guide, Breaking Barriers: A Step-by-Step Guide to Inclusive Sport, provides guidance to trained professionals on how to adapt environments and provide accessible equipment so that barriers preventing disabled persons' participation may be removed. Addressing a wide range of disabilities, the guide provides practical tools to support the needs and abilities of all participants.

Fully aligned with UNESCO's mandate, the guide serves as a practical tool for implementing UNESCO's Fit for Life initiative as well as the UNESCO Disability Inclusion Strategy.

UNESCO, with Member States and partners, will continue working to ensure that sport and physical education become more accessible, equitable, safe, and inclusive for all.

Khaled El-Enany

UNESCO Director-General

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Introduction

Sport has a profoundly positive impact on the lives of individuals and communities, to the extent that the United Nations regards it as one of the most important means of achieving the 2030 Sustainable Development Goals (SDGs). Sport plays a major role in advancing the education of children and youth, preventing the spread of diseases and promoting health (including combating substance abuse), achieving gender equality and empowering girls and women, encouraging the inclusion of persons with disabilities PWDs, facilitating social integration and mitigating conflict, as well as contributing to peacebuilding.

In line with the global focus on PWD in general, all countries endeavor to develop systems and programmes dedicated to preparing and enhancing the competencies of those working with PWDs in educational, professional, sport, artistic, and other fields. The sport field is one of the most important arenas for developing the abilities and skills of PWDs in various health, psychological, and social aspects. Hence, preparing specialists to work in sport and physical activity for PWDs in general and in inclusive sport and physical activityin particular is extremely important for achieving the desired goals.

In line with the International Charter of Physical Education, Physical Activity and Sport, and powered by the Fit for Life Sport Alliance, a global coalition of like-minded actors from sports and non-sport sectors, UNESCO supports the advancement of inclusive, equitable and safe sport and physical education policies, focusing on four priorities: anti-racism, gender equality, violence prevention, and disability inclusion.

Recognizing the importance of sport for individuals and communities, UNESCO launched a global programme in 2021 under the slogan “Fit for Life”. Through this programme, UNESCO encourages all governmental and non-government bodies, institutions, and organizations whether specializing in sport or other fields to organize sport activities open to the participation of every member of society without discrimination. This aims to address the lack of regular physical activity, the prevalence of diseases and mental health disorders, and global inequalities.

The Paris 2024 Call to Action, jointly released by UNESCO and the International Paralympic Committee, aims to advance the inclusion of PWDs in and through sport. By doing so, UNESCO



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seeks to create a more inclusive society where PWDs can thrive and contribute to their communities.

In collaboration with the Ministry of Youth and Sports, the UNESCO Office in Cairo launched the global Fit for Life program in Egypt on December 3, 2024, in alignment with the celebration of the International Day of PWDs. As part of this initiative, UNESCO in Cairo started preparing the Inclusive Sport and Physical Activity Trainer's Guide to support Trainers working with PWDs in understanding the importance of sport and its positive impact on them and on society as well. Physical educators across various educational levels, recreational activity specialists, PWDs, parents, and individuals without a professional sport background can also benefit from this guide.

The main purpose of this guide is to assist diverse stakeholders in organizing inclusive physical activities that provide equitable participation opportunities for individuals with different abilities, through thoughtfully designed and appropriately tailored sports programmes.

Since this guide will be published in English and Arabic languages, it would play an important role in presenting the essential knowledge needed to work in an inclusive sport environment, especially in Arab countries where there are few Arabic language resources in this field. It offers a comprehensive, practical, and focused framework that would empower the trainers to build and enhance the theoretical and applied knowledge necessary for their professional practice.

This guide consists of six chapters.

- Chapter I addresses the concept of disability and how it has evolved, along with the rights of PWDs in sport. This chapter will help readers in general and trainers in particular recognize the importance of using appropriate terminology when referring to PWDs, and the necessity of implementing sport programmes that offer equal opportunities for them to participate in sports activities. It also helps achieving fairness and equality among all participants regardless of their differences in a framework of respect and appreciation.

- Chapter II discusses the concept of inclusion, its origin, and the advantages and challenges of implementing inclusive systems, as well as its importance for both PWDs and society at large.

- Chapter III briefly addresses sport and its importance from physical, psychological, and social perspectives, including examples of its key role in achieving the 2030 SDGs.

- Chapter IV takes a relatively broader look at inclusive physical activity, defining the concept, how to develop and adapt an inclusive physical activity programme, and how to create a positive environment. It also highlights the high importance of inclusive physical activity for both individuals and society as an ideal approach to achieve an inclusive community founded on understanding and social harmony. Given that trainers are responsible for tailoring programmes to participants' capabilities.

- Chapter V of this guide provides essential information on the nature and characteristics of several types of physical disability, as well as visual disability, hearing disability, intellectual, developmental, and psychological disability. These types of disabilities have been selected because they are generally the most common disabilities,

- Chapter VI presents several practical activities that can help trainers generate diverse ideas for adapting physical activities to be inclusive for all participants. The guide also includes a set of annexes containing examples of how to evaluate participants' performance in terms of motor, physical, psychological, and social aspects, in addition to a list of some sport authorities responsible for sport for PWDs.

UNESCO hopes this guide encourages Sport trainers to adopt an inclusive approach when organizing physical activities and helps them fulfill their important role at the highest possible level of efficiency and quality.

Purpose of the guide

This guide aims to enhance the theoretical and practical capacities of specialists working in sport activities, as well as non-specialists, to practice or organize inclusive sport and physical activity.

Target group

This guide targets a wide range of community groups, including those working in governmental and private sports and recreational fields, non-sport sectors, PWDs, their parents, and anyone interested in physical activity in general, and inclusive sport and physical activity in particular.

Considerations for developing the guide



Considering global factors affecting PWDs especially in developing countries and the need for sport's professionals to better support inclusive sport and physical activity.



Many sport professionals need to enhance their capacity to work with persons with disabilities in general, and in inclusive physical activities in particular.



Understanding that, some professionals involved in sport and physical activity for PWDs in many of developing countries particularly trainers—have not received specialized training in this field.



Acknowledging the scarcity of Arabic references addressing inclusive physical activity.



Emphasizing that every individual has unique abilities that should be fully developed.



Recognizing the limited opportunities available for PWDs in many of developing countries to participate in inclusive sports and physical activity.



Stressing the values of equality, non-discrimination, respect for the individual and his/her preferences, and teamwork.



The belief that sports play a significant role in increasing integration and social cohesion.



Education systems in some countries adopt special schools for students with disabilities, separate from those in mainstream schools.

Foundations for developing the guide

01	Affirming the right of PWDs to engage in physical activity, in an inclusive manner whenever possible.
02	Highlighting the value and importance of physical activity for PWDs and for the community.
03	Including both theoretical topics and diverse practical models that would help achieving the guide's objective.
04	Presenting information in a simple, direct, and easy to read language.
05	Depending on scientific references and sources, as well as practical and field experiences, in preparing the guide.
06	Organizing the guide in a user-friendly format.
07	Providing clear instructions and guidelines to assist sports trainers in working more effectively with PWDs.
08	Offering clear examples and questions to help sport trainers understand the guide and develop ideas tailored to participants' needs.
09	Selecting practical examples of activities that can be implemented in different environments, using simple, low-cost resources.

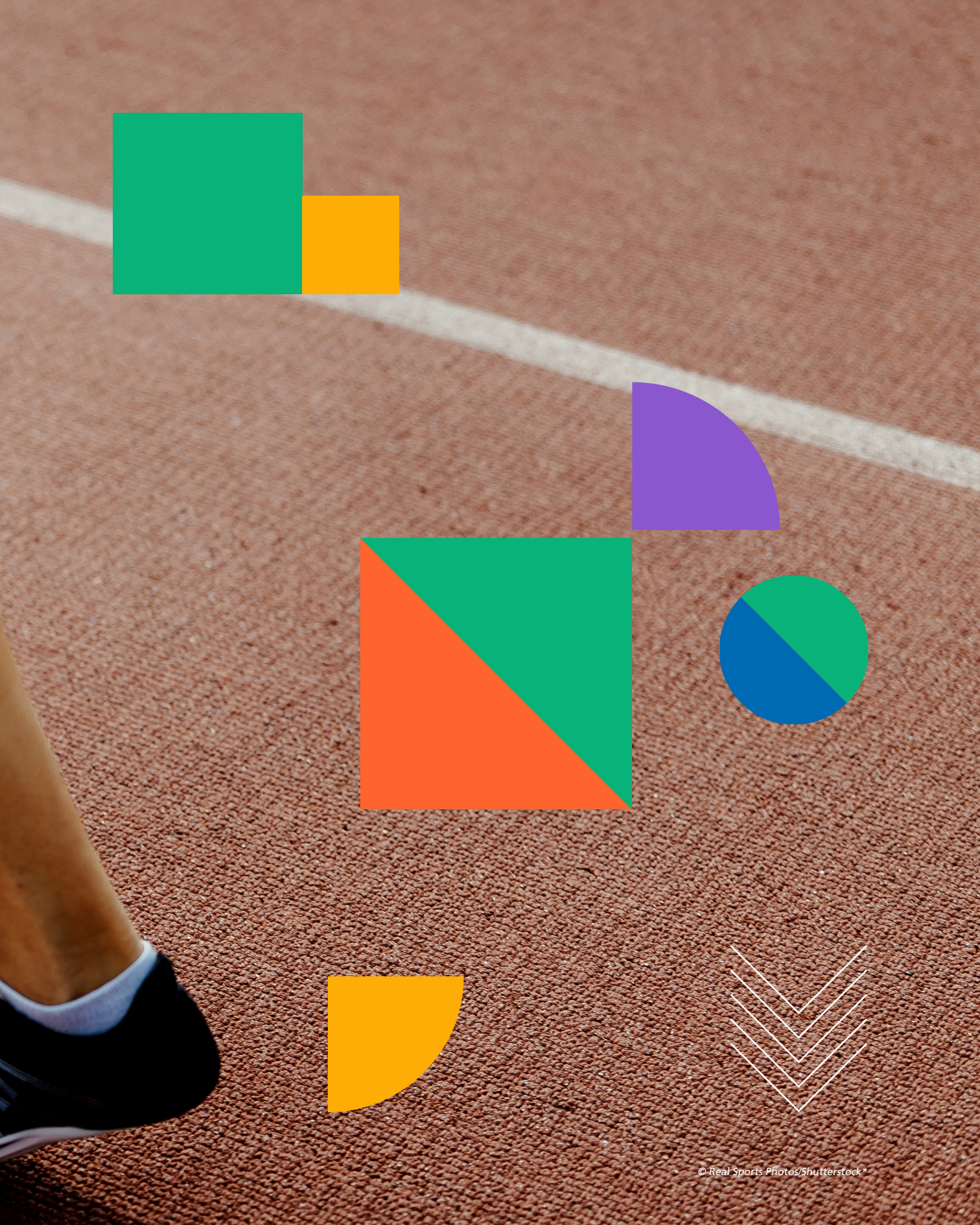


01

Chapter I

Disability and Right in Sport

- **Disability: An "Evolving Concept"**
- **Right of PWDs in Sport**



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Disability and Right in Sport

In this guide, it is important to note that the guide adopts the social model of disability, uses person-first language.

It confirms sport as a fundamental right for PWDs by international conventions and emphasizes the principle of equality in sports participation for all individuals without discrimination. This is in alignment with the rights of PWDs as outlined in certain international conventions.

Disability: an "evolving concept"

The concept of disability is evolving, and its usage varies across individuals and societies. In the past, PWDs were viewed as persons who were suffering from a defect or impairment in the body, senses, or cognitive abilities to the extent that they were unable to rely on themselves. This automatically necessitated medical treatment and caregiving services. This old perspective focusing on disability as inherent in the individual, caused by illness or any other health condition, and indicating a need for rehabilitation and care programmes led to a negative image of PWDs in various communities, which resulted in the neglect of their rights to health, education, employment, mobility, and other areas. It was referred to as the "Medical" term, model, or concept of disability.



Figure (1): PWDs in society under the medical model

This medical concept had a negative impact, on PWDs, where they live in the same society as others but remained isolated from them, like oil and water in a single cup (Figure 1). If we assume that the water represents PWDs and the oil represents persons without disabilities, and that they are both inside one cup, which represents society, we find that they are separate from each other inside this cup and not integrated.

Regarding women and girls with disabilities, they often face double discrimination based on both gender and disability status. They continue to be at a disadvantaged in most areas of society and development. Data indicates a significant gap compared to men with disabilities; women and girls with disabilities are three times more likely to have unmet healthcare needs and are half as likely to be employed (Marie,Disability & SDGs 2020).

Both women and men with disabilities are generally underrepresented. Data from 19 countries in 2017 shows that only 2.3% of women and girls with disabilities, compared to 2.8% of men with disabilities, held positions as legislators, senior officials, or managers.

— (UN Women, 2025)

With the advancement of educational, medical, and rehabilitation services for PWDs, the increasing activity of human rights movement, this concept has evolved. The focus has shifted towards environmental and social barriers within society, giving them greater significance in defining disability (Figure 2).



Figure (2): Impact of the medical term on the individual with disability

Instead of limiting the concept to the individuals with disabilities alone, the so-called "Social – Right based" term of disability emerged. Under this term, disability is also found within society itself, not merely in the individual. This refers to physical environment unsuitable for PWDs and negative attitudes or other traits of the social environment (Figure 3).



Figure (3): Impact of the Medical term on the PWDs in Society

In 2001, World Health Organization (WHO) issued the International Classification of Functioning, Disability and Health (ICF), emphasizing "the level of people's health, not their disability", marking a radical shift in viewing the concept of disability. As shown in (Figure 4), ICF indicates that disability and functioning result from interactions between health conditions (impairment, illness, injury) and the personal and environmental factors related to them. Examples of external environmental factors include societal attitudes, architectural features, legal and social systems, as well as climate, terrain, etc. Personal factors include gender, age,

adaptability, social background, education, profession, previous and current experiences, overall behavioral patterns, personality, and other factors that affect how an individual experiences disability (WHO, ICF, 2001).

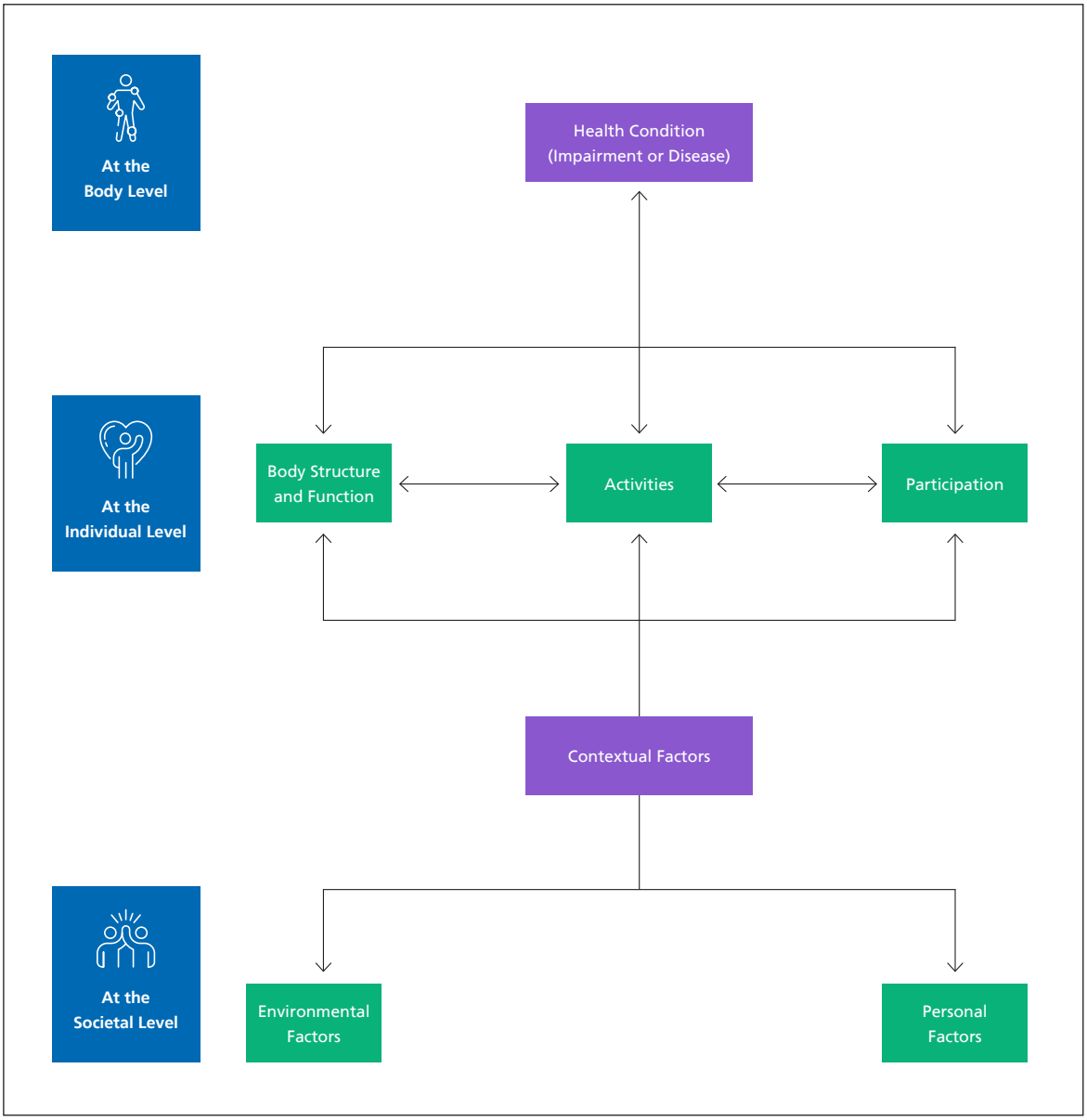


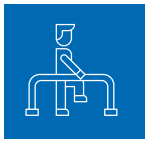
Figure (4): The relationship between disability and functioning

The UN Convention on the Rights of Persons with Disabilities CRPD 2006 states that the term "PWDs" includes "those who have long-term physical, mental, intellectual, or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others" (UN CRPD, 2021).

It is important to emphasize that having an impairment/disability does not prevent an individual from participating in society. Rather, it is the removal of societal barriers that enables full and equal participation. The social model reinforces human dignity by recognizing people as individuals first, and by understanding disability as a result of environmental and social obstacles rather than personal limitations.

Medical definitions of disability focus exclusively on the individual, attributing limitations to medical conditions or pathology that are assumed to reside within the person. In contrast, the rights-based social model examines the architectural, socioeconomic, and policy environments in which persons with disabilities live, recognizing that these external factors shape their experience of disability. According to the social model of disability, the medical model fails to measure the impact of external, socially-created factors in disabling person's capacity to perform 'expected' social roles.

In this context, regarding the term "disability," it is common in different societies to hear words or phrases such as "challengers of disability", "differently able", "people of determination", "people with special needs", "people with special abilities", and others. Many wonder which term they should use and how these terms align with the one adopted by the United Nations.



More than 1.3 billion people in the world have some form of disability, representing 1 in 6 people (WHO, Disability, 2023).



There are over 240 million children with disabilities.



Children and adolescents with disabilities are 3 to 4 times more likely to experience physical and sexual violence (United Nation, 2025).*

*https://www.unfpa.org/news/five-things-you-didnt-know-about-disability-and-sexual-violence?utm_source=chatgpt.com

Terminology Matters

Any term must meet two conditions: it must accurately describe the phenomenon and must be applicable to all cases it refers to.

The term "persons with disabilities," as adopted by the United Nations, fulfills these conditions. It emphasizes person-first language:

A student with a physical disability	Players with visual impairments	Children with hearing disabilities

We should not perceive disability as a stigma or something that diminishes a person's value or standing. Disability is an important aspect of a person's attributes—one that many are willing to accept and take pride in. Society must recognize and value differences among its members, believing that accepting these differences leads to complementary roles within diverse social components and ultimately fosters an inclusive society of understanding and social harmony.



Trainer's Note: Avoid making terminology a point of contention. What truly matters is how you support persons with disabilities in accessing their rights, especially through inclusive sports.

Right of PWDs in sport

PWDs have been deprived of their rights for long decades until the United Nations adopted the CRPD in 2006. This convention represents a cornerstone in the legislative and legal framework that obliges countries to issue or amend their national laws in accordance with the articles of the convention. These articles guarantee the rights of PWDs in various aspects of life. The rights range from the right to life, to the rights to health, education, employment, political participation, and others.

In 2015, the United Nations continued its efforts to enhance quality of life worldwide by adopting the seventeen Sustainable Development Goals (SDGs), which countries have committed to achieving by 2030. Central to this agenda is the principle of "Leaving No One Behind" (LNOB), which reflects the United Nations' commitment to fostering cooperation among nations to advance sustainable development for all people, without discrimination.

These international agreements have positively impacted PWDs in various countries around the world. In light of the principles of the CRPD, all signatory states—numbering 192 countries—began adopting or amending their laws to align with the principles of the convention, which are based on:

Article 3 - General principles

The principles of the present Convention shall be:

01	Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons.
02	Non-discrimination.
03	Full and effective participation and inclusion in society.
04	Respect for difference and acceptance of PWDs as part of human diversity and humanity.
05	Equality of opportunity.
06	Accessibility.
07	Equality between men and women.
08	Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

In view of the significant role that sport plays in the lives of individuals and societies, the world has increasingly recognized it as a means for promoting development, advancing the education of children and youth, preventing the spread of diseases, improving public health including combating substance abuse and addressing mental health issues achieving gender equality and empowering girls and women, encouraging the inclusion of PWDs, facilitating social integration, mitigating the risk of conflict, and contributing to peacebuilding.

To guarantee the right of PWDs to participate in sport, article 30 of the CRPD includes several provisions that states parties are required to implement for PWDs, which include:

Article 30 - Participation in cultural life, recreation, leisure and sport

With a view to enabling PWDs to participate on an equal basis with others in recreational, leisure and sporting activities, States Parties shall take appropriate measures:

01	To encourage and promote the participation, to the fullest extent possible, of PWDs in mainstream sporting activities at all levels;
02	To ensure PWDs can equally access and participate in disability-specific sports through appropriate instruction, training, and resources.
03	To ensure that PWDs have access to sporting, recreational and tourism venues;
04	To ensure that children with disabilities have equal access with other children to participation in play, recreation and leisure and sporting activities, including those activities in the school system;
05	To ensure that PWDs have access to services from those involved in the organization of recreational, tourism, leisure and sporting activities.

Furthermore, in 2015, UNESCO issued the International Charter of Physical Education, Physical Activity and Sport, reaffirming the right of everyone to participate in sport without discrimination. The charter emphasizes the necessity of ensuring this right for PWDs, enabling them to engage in various forms and levels of sport, just like other members of society (UNESCO, CHARTER, 2015).



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Activate your mind



What is your perspective on the terms used to describe persons with disabilities?



What are your suggestions for ensuring the right to sports for persons with disabilities in your local community?



02

Chapter II
Inclusion

- The Concept of Inclusion
- Reasons for Inclusion
- Benefits of Inclusion
- Main Barriers to Inclusion



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Inclusion

The concept of inclusion

Many individuals and groups use the term inclusion to encourage one another, particularly vulnerable groups, to take proactive steps to participate alongside others in various activities. This aims to promote the exchange of experiences, the acquisition of skills and knowledge, capacity building, and the removal of psychological barriers in a way that enhances individual independence and strengthens social cohesion within the community.

Many assume that integrating a group of individuals simply means placing them in the same location to engage in an activity together, believing that their mere presence side by side will foster harmony. In contrast, inclusion, is a multi-dimensional process. It aims to create conditions that enable every member of a group or society at large to participate fully and effectively.

Historically, although the term 'inclusion' has recently become widespread, the concept itself originated in the modern history in the United States during the last century. In the early 20th century, the greatest obstacle facing children with disabilities was accessing any special education at all. Children with mild disabilities were placed in general education classes without any special support as long as they kept pace with their peers and did not cause any troubles for the teacher and classmates.However, if the child fell behind peers or was seen as having a severe impairment that made them "unable" to benefit from education, the child was sent home and excluded from public school. The only exceptions at the time were special schools for children who were deaf or blind.

From 1950 to the early 1970s, many parents were frustrated by the lack of special education for their children with disabilities in public schools, hence they established special schools by themselves. This development along with raising awareness of the needs and potential of children with disabilities led general school systems to create special schools or special classes for children with disabilities. While such measures were certainly warranted at the time, the end result was a dual education system: general education on one hand and special education on the other (E. Block, 2016).

In 1975, efforts began to move students with disabilities to general special classes within schools. Additional measures were taken to include children with disabilities in general education classrooms and activities, including general physical education classes and activities.



In the 1980s, the term "inclusion" emerged to describe a philosophy that sought to integrate special education and general education. This approach is grounded in the belief that all children, regardless of ability or disability, should be educated in the same learning environment, with appropriate measures in place to meet individual needs. Accordingly, children with disabilities receive individualized programmes, supported by additional services and accommodations, within general education settings.

According to UNESCO Inclusion is understood as "a sense of belonging, which includes feeling respected, valued for who you are, feeling a level of supportive energy and commitment from others. There should be commitment to embrace difference and value the contributions of all participants, whatever their characteristics or backgrounds" (Leo & Ashley, 2024). [1]

Although an inclusive approach can and should be applied in all areas of society to encompass every individual, most references focus on PWDs when defining this term.

[1] UNESCO (2017). A guide for ensuring inclusion and equity in education

Reasons for inclusion

Advocates of inclusion argue that it is no longer optional but essential, highlighting an urgent need to shift from debating "why" and "where" to include, toward identifying "how" to implement inclusion. Why is it important to include all members of society, with their diverse abilities, across different life domains? Efforts to adopt and promote an inclusion system stem from several motivations designed to achieve its intended benefits and outcomes:

A. Legislative

All countries around the world incorporate core principles for protecting their citizens' rights into their national constitutions. Given that most countries, have signed the CRPD, implementing inclusion aligns with legislative and legal aspects. These include non-discrimination, full and effective participation and inclusion in society, respect for difference and acceptance of PWDs as part of human diversity and variety, as well as safeguarding equal opportunity, accessibility, and gender equality.



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B. Social

Inclusion leads to changes in how community members perceive individual differences, fostering acceptance and respect for diversity. This, in turn, helps build a just society free of discrimination and grounded in social harmony (ESCWA, Inclusive Education: Concepts and Foundations of Its Implementation, 2022).



C. Economic

One clear economic advantage of inclusion emerges in education: hiring teachers and administrators and constructing or maintaining schools that serve all children together is less costly than establishing a complex, duplicated system of parallel schools specifically for children with disabilities. On the other hand, educational achievement, especially higher education, is a major factor that determines the possibility of employment among PWDs and securing an income for them to become productive members of society. Furthermore the inclusion of PWDs support the economic growth of nations by being contributing to the GDP and taxes.



Benefits of inclusion

- Allowing PWDs to engage in public life, interact with others, and become fully productive members of society.
- Enabling community members to learn about PWDs more closely, appreciate, understand the challenges they face, and support them in coping with daily life requirements.
- Shifting societal attitudes toward PWDs in a positive manner.
- Reducing social and psychological Differences among PWDs themselves from an early age and when they enter school, so that, a learner with a disability and her/his family avoid the stigma often associated with being at special education school.
- Encouraging PWDs to participate in various inclusive activities, particularly sport, which helps create a supportive and inclusive environment for everyone.

Main barriers to inclusion

Cultural barriers:

These relate to negative preconceived notions prevalent in many communities among both PWDs and others about the idea of inclusion. Such attitudes, biases, or stereotypes can prompt resistance to including PWDs and lead society at large to accept their isolation. In some countries, there may be barriers related to beliefs about gender, race, or the socio-economic status of certain groups of society, which negatively impact the implementation of inclusion. Negative perceptions of PWDs are often rooted in assumptions about what they can or cannot do. These beliefs can limit their potential and lead to a preference for remaining in segregated environments.

Institutional barriers:

These include weak or inadequate policies, organizational and administrative structures that do not provide sufficient support, and a shortage of technical systems and institutions for training qualified personnel. Together with discriminatory practices toward PWDs especially women, these barriers hinder the implementation of inclusive systems.

Environmental barriers:

These barriers represent physical or material obstacles that create difficulties for many PWDs when trying to access various community services. Examples include unpaved roads, narrow doorways, and the lack of elevators in many buildings, which prevent wheelchair users from reaching upper floors. There are also challenges related to providing assistive tools and technologies to overcome mobility, communication, and access to information barriers for persons who are deaf, blind, or have intellectual disabilities. Overcoming these barriers requires ensuring accessibility, so everyone can benefit from community services. However "true inclusion in social life is not possible without access".



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Activate your mind



What are your perspectives on enhancing inclusion as both a concept and a practice within your professional environment?



03

Chapter III
Sport

- Sport and its Benefits
- Sport and the Sustainable Development Goals (SDGs)



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Sport

Sport and its benefits

There have been various perspectives in defining the concepts of both sport and physical activity. In this regard, UNESCO has stated that sport refers to:



> "All forms of physical activity that contribute to physical fitness, mental well-being, and social interaction, including play, recreation, organized and unorganized sport, competitive activities, as well as traditional and local games and sport"
>
> — (UNESCO, CHARTER , 2015)

It also defined Physical Activity (PA) is:



> "A broad term referring to all bodily movement that uses energy. In addition to physical education and sport, PA encompasses active play and routine, habitual activities such as walking and cycling, as well as housework and gardening"
>
> — (McLennan & Thompson, 2015)

Whether it is sport or physical activity, both lead to an improvement in an individual's health. While sport is characterized by competition in its activities, which can reach high levels such as in the Para sport for PWDs, physical activity places greater emphasis on regular participation for health.

In this regard, although human health is a cornerstone of a good life, on daily basis individuals face numerous factors that may negatively affect their health on direct or in direct ways. These factors range from environmental pollution and unhealthy eating habits to insufficient physical activity, as well as psychological and social stress. When physical activity falls below 150 minutes per week (Figure 5), the risk of developing chronic illnesses such as obesity, heart disease, high blood pressure, and diabetes increases, especially for PWDs. Additionally, insufficient physical activity can negatively affect mental health, leading to higher rates of stress and depression among those who are not physically active. Adults living with disability should do at least 150–300 minutes of moderate intensity aerobic physical activity, or at least 75–150 minutes of vigorous intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity activity throughout the week for substantial health benefits (WHO, Recommended levels of physical activity for health, 2021).

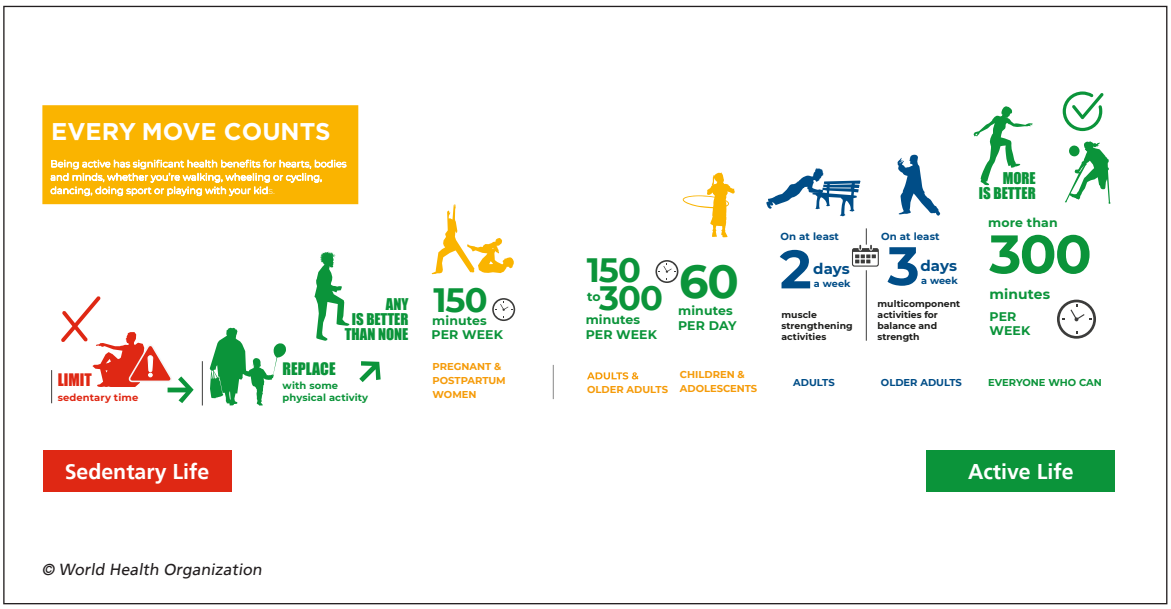


Figure (5): Recommended levels of physical activity for different population groups
World Health Organization (WHO, 2021)



Regarding physical, current global estimates indicate that one in three adults and 81% of adolescents do not get enough physical activity

(WHO, Guidelines on physical activity, 2020)

The data also highlight that women are less active than men in most countries.[2] It's worth mentioning that cultural perceptions often view women and girls with disabilities as having inferior physical capabilities compared to men with disabilities. This has made their inclusion in sport more difficult. Data from AUSPLAY2022 indicates that women and girls with disabilities have lower rates of participation in organized sports—approximately 19%—compared to 34% among non-disabled women and girls, and 27% among men with disabilities (Inclusive Future, 2023).



Gender is the most significant factor influencing sports participation rates among young people. Young people with disabilities are 6% less likely to aspire to become professional athletes compared to their non-disabled peers. However, the disparity is far greater among girls, whose participation is 25% lower

(Women in sport, 2025)

[2] WHO (2020) guidelines on physical activity and sedentary behaviour. Geneva: World Health Organization. p15.

Despite facing similar practical and psychological challenges as boys with disabilities, girls with disabilities are five times less likely to participate in physical activity compared to boys.

From this, it can be observed that gender is one of the most influential factor on sport participation rates among young people.

Here, the importance of the concept of inclusive sport ensures that everyone—regardless of age, ability, socio-economic status, cultural background, ethnicity, gender, or sexual orientation—has the opportunity to participate in and benefit from sport. It is rooted in the principles of respect, dignity, and protection from discrimination, harassment, and abuse (Leo & Ashley, 2024).

As countries develop economically, levels of physical inactivity can rise to as high as 70% in some populations, due to the use of various modes of transportation, increased reliance on technology for work and recreation, and certain negative cultural perceptions of sport (WHO, Global action plan, 2018).[3] This sedentary behavior involves relatively prolonged periods of low energy expenditure while sitting and watching television, for example. It leads to insufficient levels of physical activity and has adverse effects on health systems, the environment, economic development, and the overall well-being and quality of life of both individuals and communities.

International charter of physical education, physical activity and sport and the CRPD emphasize the right of all members of society in general, and PWDs in particular, to engage in various forms of sport. The reason is its essential role in developing the physical capacity of participants, enhancing their well-being and health by improving cardiovascular efficiency, increasing strength, and improving flexibility, coordination, balance, and motor control.

[3] WHO (2018) Global action plan on physical activity 2018–2030: more active people for a healthier world. Geneva. p7.

At the societal level, adopting an active lifestyle helps community members prevent non-communicable diseases such as heart disease, diabetes, cancer, and obesity, thus reducing the probability of premature death. Moreover, participating in sport activities can help reduce healthcare costs, increase productivity, and foster civic engagement and social cohesion.



> "Individuals who are insufficiently physically active face a 20–30% greater risk of mortality than those who meet adequate physical activity levels."
>
> — (WHO, Physical activity, 2024)

In 2021, UNESCO launched the "Fit for Life" initiative aimed at increasing popular participation in sport and high-quality physical education to combat inactivity, chronic physical and mental health issues, and to advance inclusive and high-quality sport policies. The initiative also strives to teach values through sport to empower youth, promote equality, build social and psychological resilience, and support teachers in schools and coaches in clubs to deliver quality sports curricula and programmes. This, in turn, encourages targeted investment in sport.

Sport can be practiced in various ways. For PWDs, they may engage in activities at school, referred to as physical education. Which is currently referred to as quality physical education QPE. UNESCO defined the QPE as "The planned, progressive, inclusive learning experience that forms part of the curriculum in early years, primary and secondary education. In this respect, QPE acts as the foundation for a lifelong engagement in physical activity and sport. The learning experience offered to children and young people through physical education lessons should be developmentally appropriate to help them acquire the psychomotor skills, cognitive understanding, and social and emotional skills they need to lead a physically active life".

They can also enjoy practicing sport in a club for competition and participation in championships. This is known as Para sport, which means "sport developed to meet the needs of PWDs". Accordingly, basketball is a standard sport, whereas wheelchair basketball and goalball (for persons who are blind) are para sports because they have been designed to address the specific needs of players with physical and visual impairments.

Mixed doubles competitions in tennis and table tennis may serve as a model for inclusive sports between males and females players. Similarly, Unified Sports in the Special Olympics represent a model of inclusive sports that bring together players with intellectual disabilities and their peers.

In contrast, inclusive sport encompasses a wide range of sporting activities conducted across diverse settings, including schools, open spaces, clubs, parks, and community facilities. It incorporates both quality physical education and para sport, and is organized across the lifespan for educational, health, and recreational purposes, ensuring the participation of individuals of all abilities.



"Sport has the power to change the world. It has the power to inspire. It has the power to unite people in a way that little else does. It speaks to youth in a language they understand. Sport can create hope, where once there was only despair. It is more powerful than governments in breaking down racial barriers".

— Nelson Mandela

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Sport and the sustainable development goals SDGs

Sport plays a critical role in the lives of individuals and communities. As noted earlier, it has been recognized as a means of development—improving children's and youth education, preventing the spread of diseases, promoting health (including combating substance abuse), achieving gender equality and empowering girls and women, encouraging the inclusion of PWDs, facilitating social integration, reducing conflict, and contributing to peacebuilding. By doing so, sport contributes to achieve the 2030 SDGs.

> "Engaging in daily physical activity can reduce the risk of obesity and depression by 30% and increase academic achievement and educational attainment by 40%".
>
> — (UNESCO, Fit for Life, 2021)



For instance, SDG 3: "Ensure healthy lives and promote well-being for all at all ages": Sport can serve as an effective tool for health education and awareness, especially among hard-to-reach or vulnerable populations such as refugees and PWDs.



With respect to SDG 4: "Ensure inclusive and quality education for all", sport motivates children and youth to enroll in both formal and non-formal education, improves academic performance and learning outcomes, and teaches life skills applicable to various life situations. It also instills key values such as tolerance and inclusion, potentially offering opportunities for learning outside of school (UNOSDP, n.d).



As for Goal 5, 'Achieve gender equality,' sport represents a powerful platform for advocacy and raising awareness of gender equality. It makes a significant contribution to eliminating all forms of discrimination against women and girls by organizing programs aimed at empowering, providing them with the knowledge and skills necessary to advance in society, and offering safe spaces for all to engage in physical activity.



Concerning SDG 10: "Reduce inequality", sport promotes equality and diversity by welcoming everyone, irrespective of age, gender, race, ethnicity, religion, disability, economic status, or any other characteristic. It can be a powerful tool in addressing inequality and building the capacities of individuals and local communities—especially in remote areas.



Addressing SDG 11, "Making cities inclusive, safe, resilient, and sustainable," sport can contribute significantly by promoting accessibility in sport facilities, thereby enabling participants of variable to move freely. Through such practices, sport fosters community awareness regarding removing physical and social barriers in the environment, transportation, public facilities, and services. This, in turn, supports the broader objective of ensuring universal access to community services, particularly for PWDs and older adults who often encounter such obstacles.



Finally, for SDG 16: "Promote peaceful and inclusive societies for sustainable development", sport offers a robust communications platform to spread messages of solidarity and reconciliation while fostering a culture of peace and dialogue through core sport values such as respect, fair play, and teamwork. Sports institutions can serve as models for communities by being effective, accountable, and inclusive entities through their respect for human rights, as well as by adhering to principles of good governance in their work.

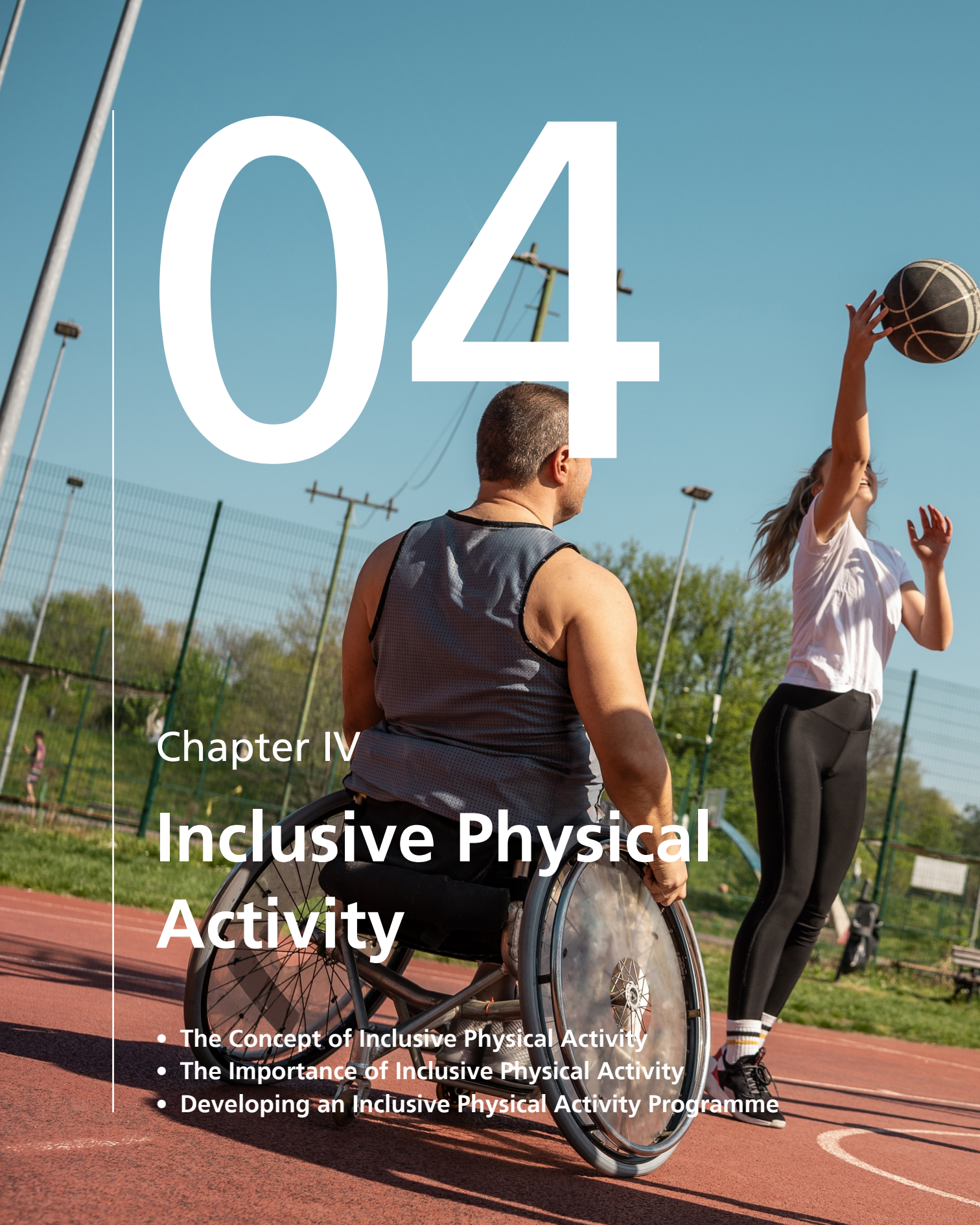


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Activate your mind



What are your suggestions for encouraging families to participate in sports activities?



04

Chapter IV

Inclusive Physical Activity

- The Concept of Inclusive Physical Activity
- The Importance of Inclusive Physical Activity
- Developing an Inclusive Physical Activity Programme



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Inclusive Physical Activity

The concept of inclusive physical activity

Placing or integrating individuals with cognitive or behavioral differences into general physical education classes or adults with movement and balance difficulties into physical activity programmes does not guarantee they will be accepted by others, enhance their performance, or find satisfaction in participating. Simply inclusive physical activity (IPA) is a philosophy that ensures participants' choices are respected and that they can participate in decision-making. The sports trainer plays a critical role in helping participants have an enjoyable, meaningful experience. IPA represents a shift in how we view the participants and how we teach and learn. Sport trainers who commit to IPA recognize the significant procedural changes required to ensure programmes are fair and equitable. They also appreciate the uniqueness of the individuals they work with and strive to create an environment that accepts, empowers, and accommodates the success of all participants.

Inclusive physical activity could be defined[4] as: "Accessible physical activity programmes provided to all individuals across their lifespan in diverse settings, such as school-based physical education, recreation and leisure activities, training and fitness programmes, competitive sport, as well as all movement-based activities organized by community entities and institutions." (L. Kasser & K. Lytle, 2013).

IPA is grounded in the principles of opportunity and choice. A diverse range of purposeful, intentionally designed programmes should be available to ensure that individuals with differing abilities or health conditions are not automatically directed into predefined or segregated pathways. To achieve this, trainers must be capable of planning and modifying activities to meet a range of needs and abilities, ensuring that participants are provided with both meaningful choice and equitable opportunities for participation.

Similarly, sport's trainers must be equippedwith the skills necessary to support the success of all participants, whether in general physical education classes, small group settings in fitness centres, sports clubs, or other recreational contexts, as discussed later in this chapter. When trainers across all sport settings and programmes are able to effectively accommodate the full spectrum of participants' abilities, inclusive sport programmes become a tangible and lived reality.

[4] This is the author's perspective that comes in accordance with the definition of IPA for Susan & Rebecca 2013. Susan L. Kasser & Rebecca K. Lytle (2013). Inclusive Physical Activity - Promoting Health for a Lifetime. Human Kinetics. 2nd Ed.



© Real Sports Photos/Shutterstock*

The importance of inclusive physical activity

In addition to the previously highlighted benefits of participation in sport, inclusive physical activity (IPA) plays a vital role in promoting social inclusion. Social inclusion is a multidimensional process that seeks to establish the conditions necessary for all members of society to participate fully and effectively in all areas of life, on an equal basis with others. This includes participation in civic, social, economic, and political activities, as well as involvement in decision-making processes.

IPA provides a particularly effective environment for advancing the objectives of social inclusion. This is due to the equal opportunities it offers for participation, interaction, and engagement in sports for all individuals. It facilitates the exchange of experiences, perspectives, and roles while fostering an appreciation of diversity in an enjoyable and cooperative setting. Such an environment ultimately supports the development of an inclusive society grounded in equity, participation, and social cohesion.

An inclusive society characterized by harmony among its members can be likened to a homogeneous mixture of coffee and milk in a single cup, symbolizing cohesion and unity (Figure 6). In contrast, a lack of social cohesion, as previously described, resembles the presence of oil and water in the same glass, where separation and incompatibility prevail (Figure 1).



Figure (6): An inclusive community is like a mixture of coffee and milk

An inclusive community embraces and accepts differences in race, gender, class, generation, geography, and other characteristics. It guarantees integration, equal opportunity, and the capacity of all citizens to establish a collectively agreed-upon set of fundamentals, principles, and systems that govern social interactions.

Viewing IPA solely as a means to achieve individual or localized community benefits represents a limited approach. Countries that achieve relatively integrated societies display stronger economic competitiveness. Failing to include or neglecting society segment(s) incurs significant social costs in the long run, such as reduced security, higher crime rates, brain drain, social conflict, migration, the expansion of slums, instability, divided communities, and violent conflict which negatively affect social harmony and the stability of the state.



Figure (7): Women in Ancient Egyptian Society
© Jan van der Crabben*

Thus, it is clear that IPA serves as one of the most important avenues for ensuring the stability of countries and promoting social harmony and a positive overall environment conducive to a nation's growth and development. Physical activities were integrated into the culture, serving as a means to promote physical fitness, social cohesion, and discipline. Women in Ancient Egypt actively engaged in sports, breaking the conventional gender norms of their time and showcasing the equality spirit of Egyptian society. Their participation reflected a culture that valued physical fitness for its contributions to health, beauty, grace, and societal harmony (Figure 7) (Civilization, 2025).

In this context, it is worth noting that the concept of inclusion is not new. In ancient Egyptian civilization, integrating all sectors of the population into public life (including women and PWDs) was a prominent feature that may have contributed to that civilization's distinction and power. For instance, dwarfism did not prevent individuals from holding prominent positions, nor did blindness hinder a person from serving as a musician for the kings of ancient Egypt, which made no distinction between men and women or PWDs in occupying high ranking roles (Figure 8).



King Siptah
1200 BC
© University of Chicago Libraries
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Queen Hatshepsut
1500 BC
© Colinmthompson/Shutterstock*



The Blind Musician
1900 BC
© The Yorck Project
public domain



Seneb, Royal Treasurer
2400 BC
© hemro/Shutterstock*

Figure (8): Examples of inclusion of women and PWDs in ancient Egypt



Success Story: Tarek Abbas

One of the prominent athletes with disabilities is Tarek Abbas. His athletic journey is a living testament to the strength of determination and innate talent, and to the transformative power of sport as a tool for social inclusion and barrier-breaking. Over the course of his distinguished career, Tarek achieved remarkable success in Paralympic sport while also redefining inclusion by competing in mainstream athletics, emerging as a powerful symbol of true inclusion.

Tarek's athletic journey began in swimming, where he first gained international recognition by securing three gold medals at the 1989 World Championship in Miami, USA. He reaffirmed his dominance by winning another three gold medals at the Stoke Mandeville Games in England in 1995. His legacy of excellence continued at the 1996 Paralympic Games in Atlanta, where he delivered a strong performance, placing sixth in the swimming competitions.

Tarek's ambition was never limited to a single discipline. He boldly transitioned into the world of wheelchair tennis, quickly emerging as one of Egypt's most prominent figures in the field. His influence extended beyond personal achievements, as he went on to coach the Egyptian national wheelchair tennis team, affirming his role as a leader and mentor. Committed to advancing inclusion, Tarek founded Egypt's first tennis academy led by a person with a disability an inspiring, inclusive space where athletes with and without disabilities train side by side, united by a shared passion for just sport and a spirit of mutual respect.

Tarek believes that working and integrating with individuals without disabilities greatly bolstered his self-confidence, reshaped the perspectives of those around him, and filled him with renewed energy to share the values and lessons gleaned from his own sporting journey. He affirms:

"I am proud of myself when I see admiration in the eyes of persons without disabilities as they watch me help them through sports. It makes me feel like a perfectly ordinary person, living a normal life, carrying a message of hope to my community."

Tarek holds firm to the belief that life rests upon three words: "Know it, Live it, and Share it". And indeed, his journey stands as a moving, human tapestry, affirming that the strength of the human will surpasses all limitations, and that sport holds the profound power to unite communities, dismantle stereotypes, and open new horizons for generations to come.



© Lujain & Farah Wael

Our Journey with Special Olympics Egypt: Lujain & Farah

Lujain's journey with Special Olympics Egypt began in 2015, when she joined as an athlete. Her passion quickly stood out, paving the way for her growth not only in sports like athletics and basketball but also as a leader. Her active involvement led to her election to the Athlete Council for the 2022-2024 term, where she now advocates for inclusion and represents the voices of her peers.

At the same time, Farah an accomplished basketball player emerged as a Unified Partner alongside Lujain. A strong belief in the unifying role of just sport shaped her path. Participation in the First African Games in Cairo in 2020 marked a key milestone, followed by contributions as an organizer at national events such as the National Youth Conference. Her dedication to inclusive values led to close collaboration with Special Olympics Egypt, particularly in organizing Unified Sports activities and awareness sessions in educational institutions.

Their paths converged through the movement two young women connected by a common vision: fostering a more inclusive and compassionate society.

Participation in international forums, such as the 2023 World Youth Summit in Berlin, served as an important platform to advance and amplify the message of inclusion. These gatherings facilitated dialogue, mutual learning, and the exchange of innovative practices to be contextualized and applied locally.

Following these experiences, awareness sessions were organized across schools and universities, focusing on the principles of acceptance, empathy, and belonging. Volunteer initiatives and workshops were implemented for youth and families of athletes, contributing to a more understanding and supportive community environment.

Volunteering has since played a central role in the continuation of this work. Whether at local events, national platforms, or outreach activities, consistent efforts have been made to engage, contribute, and invite others into the movement.

Special Olympics is more than sport, it's a community, a mission, and a lifelong commitment. It shows that real change begins with simple acts of kindness and inclusion. Every story and milestone proves that regardless of background or ability, we all belong to one world. This journey continues to raise awareness, inspire dialogue, and empower young people through the power of inclusion.

Developing an inclusive physical activity programme

Establishing an inclusive physical activity programme involves procedures similar to those used in any structured sport initiative. Objectives must be clearly defined, suitable activities carefully selected, and appropriate support and accommodations ensured taking into account differences in age, ability, gender, and other relevant factors.

Establishing an inclusive physical activity programme involves a series of steps the activity coordinator must undertake to guarantee that everyone's objectives are met. The trainer should also ensure the active involvement of his assistants, participants with disabilities, and relevant stakeholders in discussing and offering their suggestions at every stage of the programme. The process consists of two main phases: the preparation phase, which includes three steps, and the planning and implementation phase, which includes two steps (L. Kasser & K. Lytle, 2013), as shown in (Figure 9).

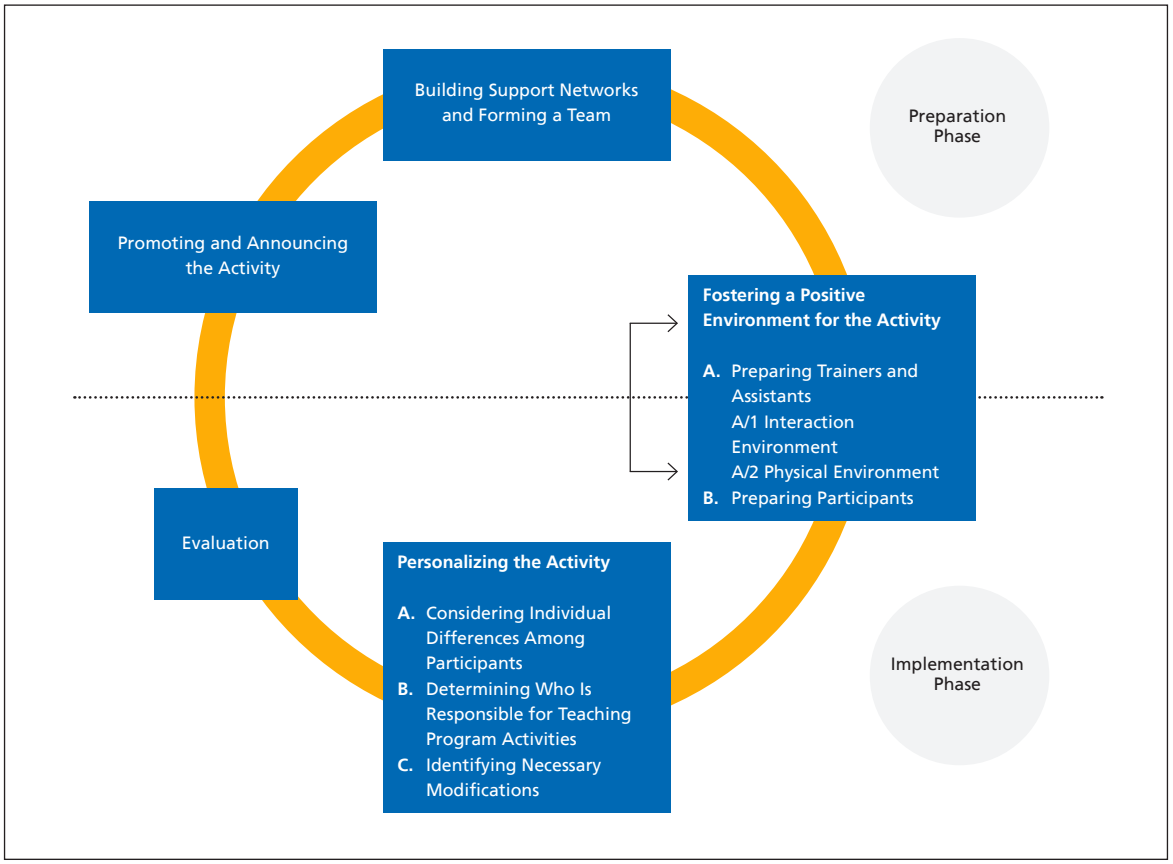


Figure (9): Phases of developing an inclusive physical activity program

First: The Preparation Phase, which consists of three steps:

01	Promoting and Announcing the Activity	02	Building Support Networks and Forming a Team	03	Fostering a Positive Environment for the Activity

1. Promoting and Announcing the Activity

The first step in establishing an inclusive physical activity programme is to announce the initiative and raise awareness among all potential participants. In school settings, for example, announcements should be directed to all male and female students with disabilities. In community or non-school contexts, activity coordinators should actively encourage youth and adults with disabilities to participate and support them in overcoming any concerns or barriers to engagement. Awareness-raising should also involve informing both participants and staff about the benefits of physical activity, the programmes available, and the right of every individual to access and enjoy these opportunities. This can be achieved through seminars, printed materials, online platforms, social media, and other communication channels. It is particularly important that persons with disabilities are made aware that IPA programmes are designed to be accessible, adaptable, and welcoming to all, regardless of individual differences. Confidence must be fostered by ensuring that programme staff are well-prepared, properly trained, and genuinely committed to inclusive participation and support.

2. Building Support Networks and Forming a Team

Identifying and establishing networks of individuals who can help participants in inclusive physical activity is extremely important for the success of any programme. Certain individuals especially parents may contribute valuable knowledge related to medical information, recommendations, and considerations for physical activity. They may also share insights on adaptations, teaching methods, organizational strategies, and behavioral approaches that have proven effective in other experiences they know of or have encountered themselves.

The success of inclusive physical activities relies on the knowledge and skills that trainers possess regarding effective approaches and insights for addressing participants' individual needs. This expertise is gained through exchanging experiences or attending conferences, workshops, and training sessions focused on inclusive physical activity. These collective experiences and relationships help build a collaborative support network, enabling trainers to acquire the perspectives, knowledge, and skills that make them capable of designing and implementing

effective inclusive physical activity programmes. Such efforts also greatly help the activity coordinator in selecting, forming, and building a successful team.

3. Fostering a Positive Environment for the Activity

Beyond the commitment of the activity coordinator, trainers, and assistants to involve everyone, the overall success of the programme depends largely on the attitudes of all those involved and their level of satisfaction. Thus, the next step in the preparation of phase one the activity coordinator must undertake is to ensure that the inclusive physical activity environment is as positive and safe as possible in both the interaction and the physical (practice) environment. These aspects begin during the preparation phase and continue into implementation. To achieve this, the activity coordinator must focus on two critical areas:

A. Preparing Trainers and Assistants

Trainers and assistants supporting individuals in the programme need to understand the programme's philosophy and objectives, their respective roles and responsibilities, the abilities of prospective participants, and the support required to help them succeed. The activity coordinator should organize introductory sessions and practical trainings to inform trainers and assistants about the health conditions or disabilities of potential participants, how to use assistive devices, best practices for respectful communication with everyone, and strategies for adapting activities or providing personal assistance.

The activity coordinator must continuously support and monitor trainers and assistants, ensuring active communication before the programme starts and throughout their participation.





Table (1) The Trainer's Role in Inclusive Physical Activities

No.	Regarding the Activities	Regarding Organization and Implementation
1	Offering group activities that enable participants to join in, develop a sense of belonging, and recognize their role in the group.	Observing proper etiquette when interacting with PWDs.
2	Selecting skills and activities suited to the age range and abilities of the participants.	Providing different ways motivation and encouragement to participantsindividually or in groups whenever possible.
3	Making necessary adaptive to the rules and execution of certain skills and games so that, participants of varying abilities can perform them.	Demonstrating a welcoming attitude toward everyone's participation despite varied abilities and skills.
4	Ensuring the activity does not require costly or special tools and equipment and that it can be implemented using available human and material resources.	Offering non-disabled participants insights into PWDs before they join activities together.
5	Aligning the choice of activities with the needs and preferences of individuals enrolled in the programme.	Evaluating motor skills, physical fitness, and other relevant areas—both to encourage participants and to use evaluation data in refining goals for the physical activity programme.
6	Introducing activities of gradually increasing difficulty to help participants succeed and avoid feelings of frustration or failure.	Providing feedback on the athlete's performance, along with the appropriate and necessary physical, verbal, and visual support, is essential for improving performance. Additionally, encouraging peer interaction and fostering a positive social atmosphere during physical activities.
7	Preparing activity guidelines and instructions in a clear manner for all, using methods appropriate to some participants' needs.	Being mindful of cultural and individual differences when designing and implementing inclusive physical activity programmes.
8	Preparing the venue for activities and ensuring safety and security measures are in place.	Informing participants about organizations in the community that oversee recreational and sport activities for PWDs.
9	Providing individual activities so each participant can challenge his/her own abilities.	Ensuring the availability of a sufficient number of assistants in accordance with participants number and their individual needs.
10	Offering diversity and variety.	Encouraging inclusive physical activities at various organizations to ensure equal opportunities for all to engage in physical activity.

The trainer is typically the first point of contact for participants and remains with them throughout programme implementation. So, it is important that all participants particularly those with disabilities feel welcomed, valued, and understood by the trainers and those overseeing the programme. This fosters comfort and trust, motivating them to participate in the activities. Therefore, the activity coordinator should provide information on essential considerations for respectful interaction with PWDs, which can help break down barriers between trainers and participants and raise awareness among trainers about the importance of respecting a PWDs as a human being first and foremost.

A/1 The Interaction Environment (Etiquette)

Some general considerations when dealing with PWDs.

- When interacting with or talking about PWDs, remember that they are human beings first before you see them as having disabilities. These individuals have needs as well as capabilities just like anyone else in society and must be treated with full respect and appreciation.
- When speaking to PWDs, address them directly, rather than speaking to a third party. Having a disability does not mean that they are unable to communicate or express themselves; they are independent persons capable of direct interaction.
- Do not move or use PWD's assistive devices (e.g., crutches or a white cane) without asking his/ her permission.
- Before offering help to a PWD, ask first if he/she needs assistance. If he/she says "yes," inquire about how he/she would like to be helped so that neither of you faces any risk of harm.
- There is no need to force or emphasize disability-related terms if the conversation does not require it; if necessary, use correct and appropriate terminology (Marie, Etiquette, 2021).

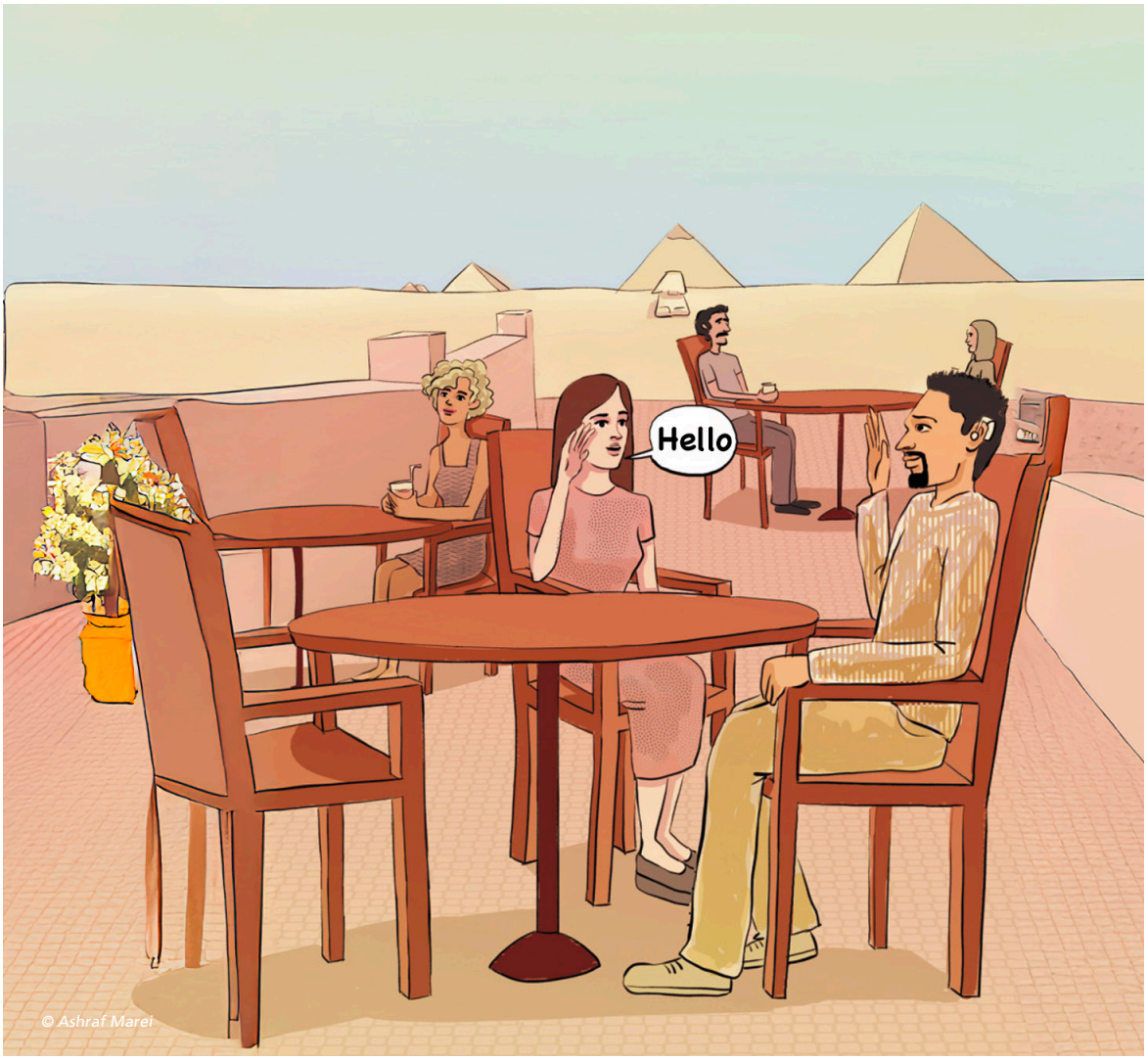
Some considerations when dealing with persons who use wheelchairs

- A wheelchair is essential in the lives of many persons with physical disabilities more than simply an aid for movement, it can be seen as an extension of their bodies. Therefore, do not lean on it or hang your stuffs on it when you are with them.
- When talking to someone using a wheelchair, it is better to sit at his/her level rather than remain standing, especially if the conversation is going to be long.
- Avoid focusing your gaze on the individual's body, the location of the disability, or the wheelchair; treat him/her as you would with any other person.



Some considerations when dealing with persons with hearing disabilities

- If the individual has hard of hearing and wears a visible hearing aid in one ear, it is preferable to sit or stand on that side of him/her without drawing attention to it.
- Always face the person with a hearing disability during conversation; communication often involves sign language or lip reading. Aim to pronounce words clearly so he/she can understand you; there is no need to raise your voice to attract his/her attention.
- It can be very helpful to learn some basic sign language when communicating with persons with hearing disability.



Some considerations when dealing with persons with visual disabilities

- Always keep in mind that a person with a visual disability is an ordinary individual who has full use of his/her other senses.
- When meeting a person with a visual disability, greet him/her verbally rather than by hand, unless he/she extends his/her hand for a handshake. Identify yourself right away rather than asking him/her to guess who you are; this is not a memory test.
- Speak to them in a normal tone of voice; there is no need to shout.
- If you want to address a person with a visual disability within a group setting, call him/her by name so he/she knows you are directing your remarks to him/her.
- If another person joins you, inform the person with a visual disability of the newcomer's name.
- If something happens around you that disrupts the conversation, let the person with a visual disability knows so he/she understands what is going on and does not feel embarrassed.
- It is helpful to describe your surroundings, or the people present so they feel as included as everyone else.
- When walking with a person with a visual disability, inform him/her in advance of any obstacles or turns in your path.
- If you wish to leave while in conversation with a person with a visual disability, let him/her know so, he/she does not continue talking to himself/herself.



© Ashraf Marei

Some considerations when dealing with persons who have speech impairments

- Give them your full attention, and do not interrupt or finish the sentences they are trying to say. If you are having trouble understanding, do not just nod; ask them to repeat. In most cases, the person will not mind and will appreciate your efforts to understand him/her out.
- If you are unsure whether you have correctly understood what is being said, restate your understanding to confirm you've grasped the message, restate your understanding back to the speaker.
- If you still can not understand after trying, you may ask them to write it down or propose another way to facilitate communication (e.g., seeking assistance from someone who can interpret more effectively).



Some considerations when dealing with persons with dwarfism

- Avoid treating individuals with dwarfism as if they are children. Perceptions of them as 'cute' or 'childlike' create significant barriers to respectful interaction.
- When speaking to someone with dwarfism, it is generally better to sit at his/her level rather than remain standing, particularly if the conversation will be prolonged.
- Understand that persons with dwarfism rely on themselves and their abilities to use tools or complete tasks within their reach.



Some considerations when dealing with persons who have developmental or intellectual disabilities

- Speak to them using clear sentences, simple words, and concrete concepts rather than abstract ideas. Help them understand your point by breaking it down into smaller segments.
- Avoid using "baby talk" with adults who have developmental or intellectual disabilities.
- Remember that the person is an adult, and unless otherwise indicated, he/she can make his/her own decisions.
- Be patient and allow the person ample time; making quick decisions can be challenging for individuals with developmental or intellectual disabilities.
- Persons with developmental or intellectual disabilities often depend on a familiar routine to manage daily activities. Keep in mind that changes in environment or routine may require effort and time for them to adjust.

Given the trainer's role and responsibilities to prepare the activity space and ensure safety during the preparation phase, the activity coordinator should provide trainers and assistants with clear information on adapting the physical environment, facilitating accessibility, and the basics of first aid, all of which contribute to a positive and safe environment for the activity.

A/2 Physical Environment (Accessibility and Reach)

Accessibility is a basic human right and a fundamental pillar of social justice. Social justice is about the acceptance of people as individuals and about access to fair and equal opportunity to participate fully in social interaction. A truly accessible environment is one where all people can freely express their independence, and where any impediment to integration is removed (IPC, 2020). [5]

To create a truly accessible environment, we must implement the necessary accommodations and procedures to establish a physically, socially, and informationally inclusive space for persons with disabilities (PWDs). This involves providing the specialized equipment, tools, and assistive technologies required to ensure they can participate in diverse activities on an equal basis with others. Central to this mission is the concept of "reasonable accommodation," which refers to necessary and appropriate modifications and adjustments that do not impose a disproportionate or undue burden. When applied to particular cases, these adjustments ensure that persons with disabilities can enjoy and exercise all human rights and fundamental freedoms on an equal basis with others. Ultimately, true inclusion in social life is simply not possible without this level of dedicated access.

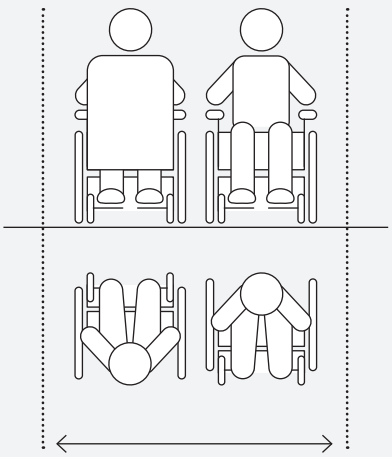
[5] International Paralympic Committee. (2020). IPC Accessibility Guide. p15



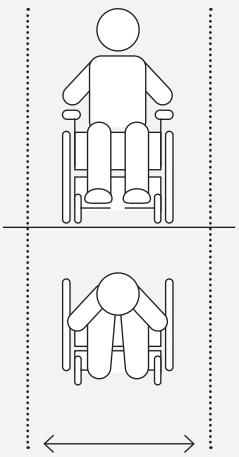
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Below are basic aspects that should be considered for an inclusive physical activity setting, facilitating the participation of PWDs:

- At least one entry point must be equipped for use by PWDs, with appropriate signs and directions.
- The clear width of doors should be not less than 0.95 meters,[6] and the door should be easy to open with one hand without requiring excessive force.
- There should be at least one restroom accessible for PWDs.
- The pathway width for a single wheelchair should be not less than 0.95 meters; for two wheelchairs moving in opposite directions, 1.80 meters. [7, 8]



© Design frame



© Design frame

Figure (10): Door width dimensions for one-way and two-ways passage

[6] International Paralympic Committee. (2020). IPC Accessibility Guide. p29
[7] International Paralympic Committee. (2020). IPC Accessibility Guide. p63
[8] International Paralympic Committee. (2020). IPC Accessibility Guide. p27

- In areas involving changes in elevation, a ramp with a gradient between 1:8 and 1:12 centimeters should be installed to ensure accessibility. The clear width of the ramp must be not less than 1.50 meters.
- The ramp should have at least one or two handrails along its length at a height of 0.80 meters.
- Some other considerations include light and sound which serve as physical barriers to those with sensory impairments and those that are neurodivergent

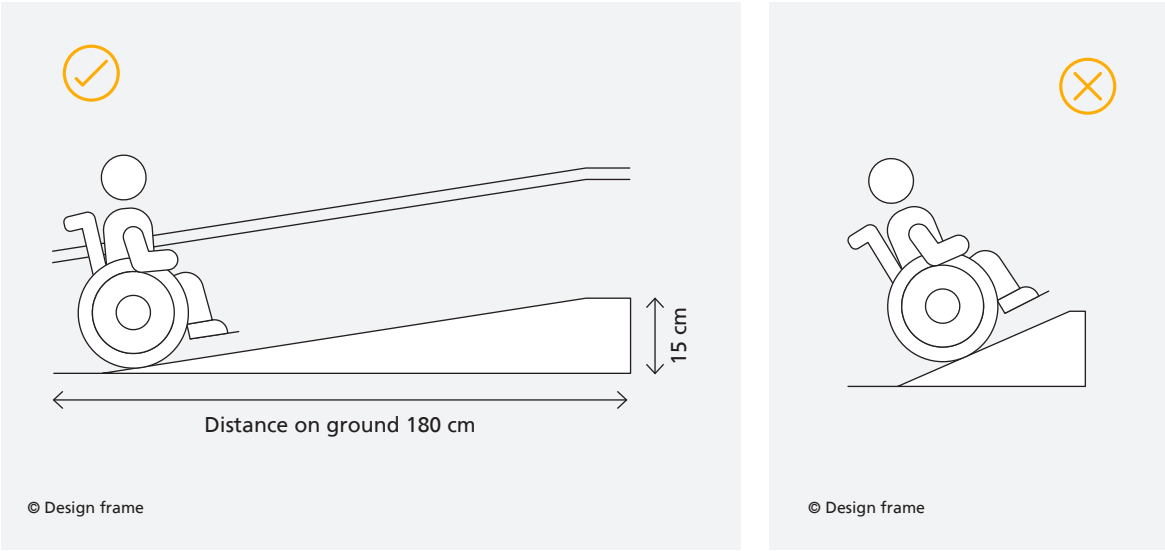


Figure (11): Example of ramp slope specifications

In addition to all the previous responsibilities, the activity coordinator must fulfill to prepare trainers and assistants and build their capacities so they can provide a positive and safe environment for the activity. There are two crucial tasks the coordinator must address during the trainers' and assistants' preparation phase: introducing the **nature of possible disabilities** among participants, which will be covered in Chapter V of this guide, and outlining the **adaptation methods** that trainers can apply to the four main components of the activity namely the physical environment or venue, the equipment used, the rules of play, and the ways of delivering instructions and explaining the activity. This is done to create suitable conditions for participants of varying abilities to succeed and enjoy the activity (Bouzou, W.D).

Below are some of suggested adaptation methods trainers can use:

Practice Place

Safe and user-friendly for all participants

Variety	Adaptation	Preparation
• Type of playing area: outdoor court, indoor hall, swimming pool. • Surface of playing area: hard floor, grass, parquet, sand. • Shape of the practice area: circular, square, rectangular, triangular. • Size of playing area • Shape and number of goal posts, nets, and obstacles.	Based on participants' abilities and the purpose of the activity: • Adjust the size of the playing area (larger, smaller; wider, narrower). • Modify starting and finishing lines. • Establish safe zones to minimize collisions among participants.	• Place rubber or soft material around the posts (soccer, basketball, volleyball, etc.) to prevent injuries. • Use foam mats to soften impacts during some sport like gymnastics. • Remove obstacles, ensure the surface is clean, and fill any gaps to make the playing area safe. • Use nets or barriers around the court boundaries so the ball does not stray too far from the playing area. • Provide knee protectors or other protective gear to ensure safety.

Table (2): Practice place



Figure (12): Adaptation on practice place

Equipment

Clear, attractive, easy to use

Variety	Adaptation	Preparation
• Size: large, small, tall, wide, thick, thin. • Shape: circular, square, rectangular, triangular. • Weight. • Color. • Texture: foam, rubber, plastic. • Air-filled balls. • Signaling devices: » By shape (handkerchiefs, flags, etc.) » By sound (whistles, tins with pebbles) » By touch (type of ball covering, ball texture).	One or more elements of variety can be adapted. The goal of selecting appropriate equipment is to: • Stimulate participants' imagination, as they may help determine preferred equipment. • Enhance participants' motivation. • Provide aids suited to each person's needs (e.g., drawing lines or markings on sandy surfaces or using chalk on hard surfaces).	• Provide a range of equipment whenever possible. • Test the equipment before starting the activity. • Use equipment to mark the activity space, for instance: » Drawing bright-colored lines with paint or chalk on the ground. » Using ropes, tires, or flags. • Make participants more visible using different colored clothing or colored training vests. • Prepare obstacles (tires, boxes) based on each participant's ability.

Table (3): Equipment



Figure (13): An air-filled tyre “Adapted Trampoline”

Rules of Practice

Inclusive, interactive, fair, and activity-related

Variety	Adaptation	Preparation
• Activity or match duration. • Number of participants. • Team size. • Number of balls used in the activity. • Permissible body parts for performing actions, such as playing with eyes closed or standing on one leg. • Activity purpose. • Point-scoring system. • Dimensions of the goal, basket height, or net.	• Altering the number of allowed steps while holding the ball (e.g., setting a specific limit for dribbling a basketball). • Requiring everyone to receive the ball at least once before any team member is allowed to score. • Dividing the activity into segments with breaks in between, according to participants' abilities. • Defining participants' objectives (e.g., assigning a specific goal for each participant based on their abilities and reason for joining). • Bringing the shooting line closer or farther from the goal.	• Allowing multiple attempts so each participant has a chance to succeed. • Avoiding player eliminationby removing him from the activity. Instead, use point counts or error counts, etc. • Creating situations that highlight participants' skills (by adjusting the difficulty of the skill), thus building their confidence. • Offering skills-based competition in addition to competitive games for individuals who are still developing their skills. • Allowing participants to act as referees to reinforce respect for the rules, ensure fair scoring, and determine the winner.

Table (4): Rules of Practice



Figure (14): Adaptation on rules of practice

Instructions and Activity Explanation

Clarity, repetition, and easy to understand and implement

Variety	Adaptation	Preparation
• Explanation • Demonstration • Assistance	• When explaining a skill, face the group and bend your knees so you are at eye level with wheelchair users or participants with dwarfism. • Adjust your tone of voice as needed, and use the appropriate communication method (voice, touch, or sign language). • Provide clear, simple individual instructions throughout the activity. • When demonstrating, do it yourself, use a volunteer participant, or use pictures or videos. • Use visual aids like drawings in the sand or chalk markings on the ground. • Present the exercise to one subset of the group, then explain it to the others. • Specify the starting signal individually (clapping hands, tapping the participant's shoulder, or using a whistle if they have a visual disability). • Offer physical, verbal, or visual support as needed. • Choose a place or formation that ensures participants can see you clearly.	The trainer should: • Ensure you capture players' attention when giving instructions. • Alternate turn-taking between players and the trainer. • Confirm that players understand the instructions. • Address players' needs and interests as much as possible. • Motivate players to attempt the performance. • Encourage communication among players. • Keep etiquette considerations in mind when working with participants with disabilities.

Table (5): Instructions and Activity Explanation



Figure (15): Using models as a method to teach players with visual disabilities

B. Preparing Participants

The second step in creating a positive environment for the activity involves preparing the participants. When potential participants with disabilities are well-informed about the activity's objectives, benefits, and nature, and when they trust that the programme can accommodate their needs, their comfort level prior to the programme increases—thus facilitating their participation. This cannot be achieved unless all participants are made aware of the diverse range of abilities within the programme and are informed about the rationale for, and nature of, the accommodations provided. Participants should also be given opportunities to ask questions and offer suggestions to help ensure that everyone can succeed and enjoy the experience. It is equally important to uphold respectful and appropriate etiquette in all interactions with participants with disabilities.

Participants with disabilities should be clearly informed that the programme is designed to take into account the abilities of all individuals, and that diversity in skill levels is both expected and respected. They should be reassured that participation will take place in a safe and supportive environment, with appropriate measures in place to minimize the risk of injury.

Likewise, it's crucial to prepare participants without disabilities for the inclusion of diverse individuals in the activity. Misconceptions can sometimes lead to hesitation or withdrawal, as individuals might mistakenly believe the activity will be less engaging, that the pace will slow, or fear potential injuries. Some parents may even express concerns about their children adopting negative behaviors from a few children with disabilities. Addressing these unfounded perceptions is vital. A number of strategies can be implemented to help these individuals appreciate the diverse abilities and contributions of new participants, thereby promoting broad and successful participation for everyone:

- Distributing written materials describing the programme's concept and goals.
- Inviting potential participants to observe the programme, volunteer in its organization, or participate on a trial basis; video footage of the programme can also be provided for home viewing.
- Introducing successful athletic examples of PWDs.

By preparing participants, trainers create an atmosphere of acceptance, welcome, and inclusion from the outset. Everyone will feel comfortable and confident that by bringing together diverse experiences and abilities, the programme can be further enhanced. As a result, participants are more enthusiastic and engaged and play an active role in ensuring the success of the programme, convinced that all participants will enjoy it.

Second: The planning and implementation phase, which consists of two steps:

01	Individualizing the Activity	02	Evaluation

1. Individualizing the Activity

This means recognizing individual differences among participants, identifying who is responsible for teaching the programme's activities, and determining the necessary adaptations.

A. Considering individual differences among participants

Once the trainers and assistants have been prepared, the process moves from setting up the programme to planning and implementing it. At this stage, the participants become the primary focus, with the goal of individualizing (considering individual differences) during practice. Each person's performance interests are considered, and the trainer helps them figure out how to achieve or adapt these interests according to their abilities. For example, some children may roll forward or backward, while another child may roll sideways from their stomach onto their back and then move into a standing position. Notice how all the children are working toward the same objective (motor control) and learning together within the same activity programme.



Types of assistance

- Physical Assistance
- Physical Prompt
- Verbal Assistance
- Visual Assistance

B. Determining who will teach the program activities

The next planning step is identifying who will teach participants the skills they need for the chosen inclusive physical activities. In some cases, the trainer may have the necessary knowledge and abilities to teach all participants of varying capabilities. In others, trainer may require trained assistants to adapted activities to accommodate individual differences or to prepare and offer alternative activities.

Whether overseen by the programme trainer or his assistants, the programme and its activitiesalong with individual needs and the concept of inclusion must be defined, and the person(s) in charge of each group of participants identified.





C. Determine the necessary adaptations

A person's success in inclusive physical activity does not hinge solely on his/her abilities; it also depends on selecting suitable modifications in one or more of four key areas: the physical environment or venue, the equipment used, the rules of the activity, and the manner of delivering instructions and explanations, as noted earlier in the trainer and assistant preparation phase.

The primary goal of trainer-made adaptations is to encourage and facilitate everyone's participation, especially participants with disabilities. This approach aims to boost independence and enhance each participant's efficiency, regardless of age or ability. Trainers should recognize that providing unnecessary support can sometimes negatively affect a participant's interaction with others in the program or lead to increased dependence, thereby discouraging them from fully attempting a skill.

2. Evaluation

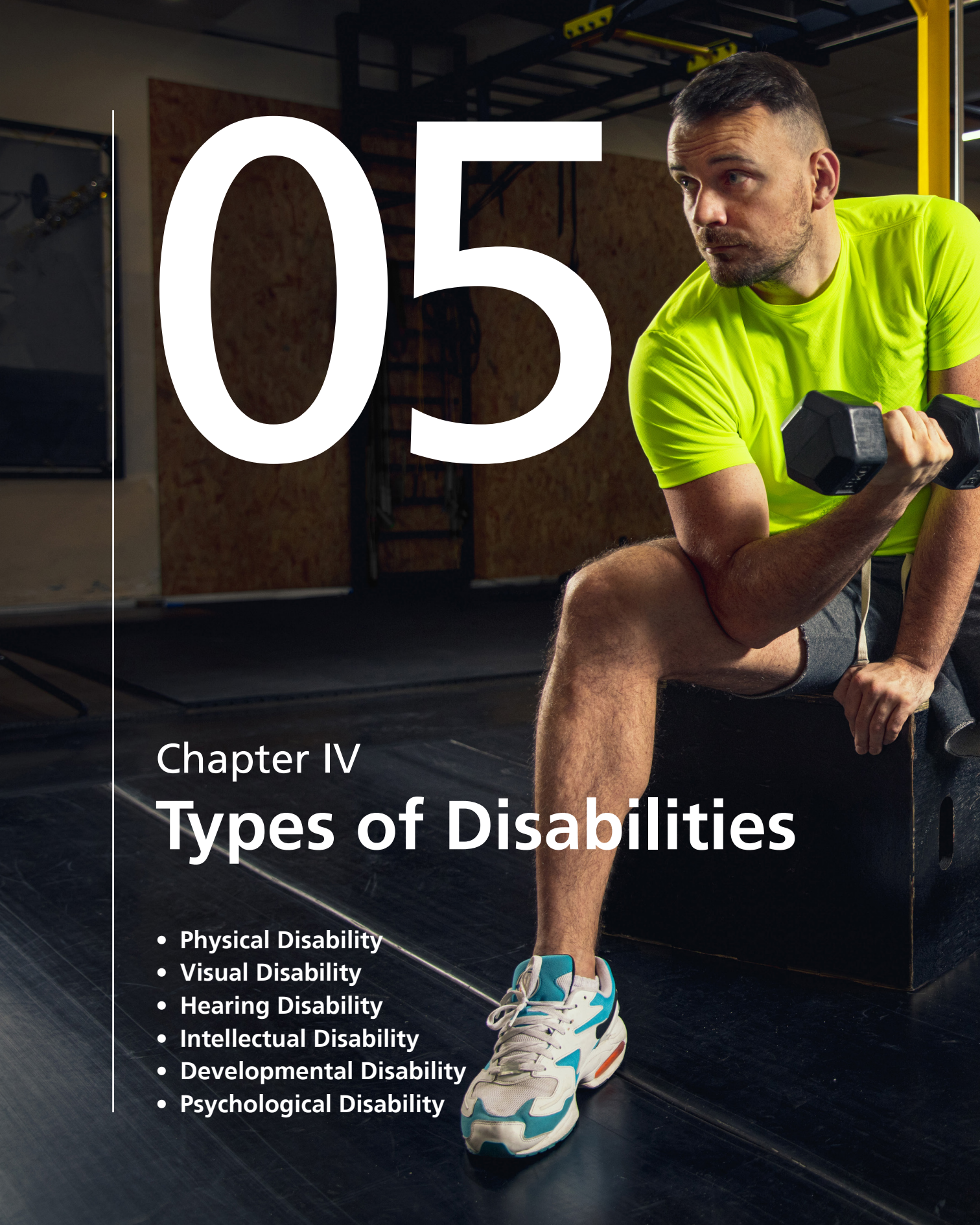
In the inclusive physical activity, programme evaluation is not less important than planning. The trainers responsible for organizing and implementing these programmes must assess the programme and determine the level of progress participants achieve in various physical, motor, psychological, and social dimensions. Inclusive physical activity programmes aim for all participants to achieve their fullest potential based on their abilities, so trainers must regularly evaluate the programme's organizational aspects and revisit the activities and adaptations they implemented to address, engage, and satisfy all participants.

Evaluation methods may include observation, personal interviews, or surveys (paper or online) to gather participant feedback, remarks, views on the positives and negatives of the activity, and suggestions for improvement. Additionally, trainers can use simple tests to gauge the extent of progress in participants' motor, physical, psychological, and social skills. However, these tests should avoid making participants feel as though they are part of a research or scientific experiment, especially if they should respond to long questionnaires or perform complex procedures. Trainers can refer to the evaluation tools attached to this guide to assess various aspects of their programme.

Activate your mind



What is your vision for promoting inclusive physical activity in your local community?



05

Chapter IV

Types of Disabilities

- **Physical Disability**
- **Visual Disability**
- **Hearing Disability**
- **Intellectual Disability**
- **Developmental Disability**
- **Psychological Disability**



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Types of disabilities

This chapter of the guide addresses several types of physical, sensory, intellectual, developmental, and psychological disabilities. A trainer's success in working with PWDs, especially those with single/multiple disabilities, largely depends on how well they understand the nature and characteristics of each disability. Trainers gain this knowledge during the phase in which they (and their assistants) are prepared. This knowledge helps them choose appropriate activities, make suitable adaptations for PWDs, and prevent injuries.

1. Physical Disability

This guide covers physical disabilities resulting from spinal cord injuries, spina bifida, cerebral palsy, amputation and dwarfism.

Physical disability is one type of disabilities recognized within the definition of a "persons with a disability" in the UN Convention on the Rights of PWDs, referenced in Chapter I of this guide.

That definition states that a person's disability may be physical, auditory, visual, intellectual, or psychological. We note here that physical disability means "a long-term restriction of an individual's physical or motor abilities caused by the impairment of certain body functions due to an illness or a congenital or acquired condition." It is important to note that studies have indicated a higher prevalence of physical disability among men compared to women, which may be attributed to occupational hazards and work-related injuries. However, in older age groups (65–69 years), women were found to be at a greater risk of developing physical disabilities than their male counterparts (lee & Meijer, 2021).

Many references use the terms "physical disability" and "motor disability" interchangeably, although we see a difference between the two. Motor disability is the temporary or permanent reduction or loss of an individual's ability to carry out daily activities in a typical manner due to injury, illness, aging, or the presence of a physical, sensory, intellectual, or psychological disability.

In this guide, a motor disability is considered a result of some other type of disabilities one that gives rise to what we call motor disability. Each disability (mental, sensory, or physical) affects a person's movement and their ability to perform routine motor tasks to varying degrees.

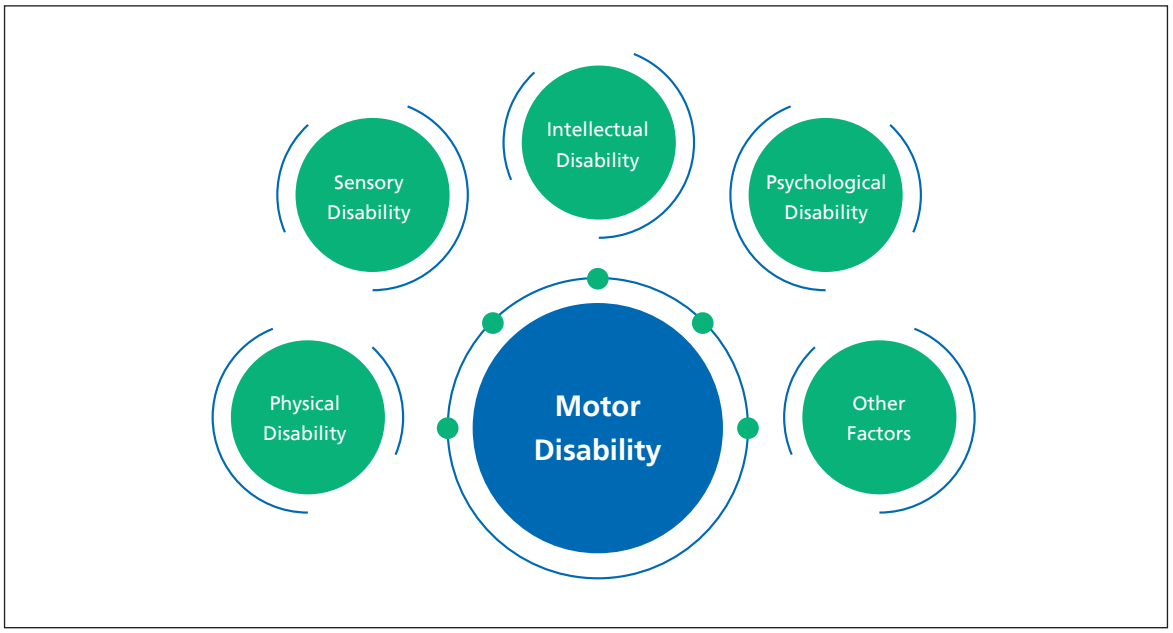
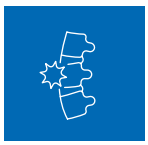


Figure (16): Motor disability as a result of different disabilities

Spinal Cord Injury SCI

Definition

A spinal cord injury is one type of physical disability resulting from damage to the vertebrae of the spinal column or from a disease affecting the nerves in the spinal cord. These conditions are always linked to some degree of paralysis caused by spinal cord damage. Forms include quadriplegia, paraplegia, spina bifida, and polio (which affects daily activities) (Figure 17) (Joseph & Divid, 2017). Polio is not covered in this guide as it has been eradicated and is no longer found from most countries of the world.



In 2021, approximately 15.4 million people worldwide had a spinal cord injury.



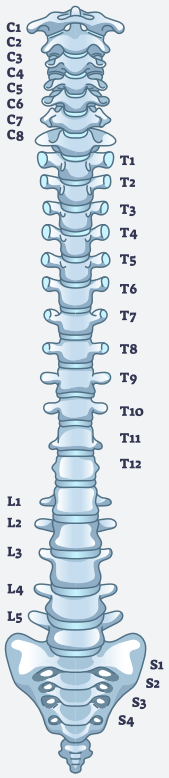
Males are more likely than females to have a spinal cord injury.
– (WHO, Spinal Cord Injury, 2024)

Characteristics of Spinal Cord Injury

01	Loss of movement below the level of injury.
02	Loss or change in sensation (including heat, cold, and touch).
03	Loss of bowel or bladder control.
04	Exaggerated reflexes or excessive muscle spasms.
05	Pain or severe tingling sensation resulting from spinal cord nerve fiber damage.
06	Difficulty with breathing or coughing.
07	Reduced bone density.



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Parts of the Spinal Cord				Eating	Dressing	Grooming	Toileting	Household Chores	Driving	Public Transportation	Wheelchair Transfers	Mobility Dismounts	Communication	Transferring to Bed	Crafts	Sexual Life	
	Cervical Sections (C1 to T1) Neck muscles, arm muscles, and diaphragm		C1	*	*	*	*	*	×	*	×	×	*	*	**	**	Quadriplegia
			C2	*	*	*	*	*	×	*	×	×	*	*	**	**	
			C3	*	*	*	*	*	×	*	×	×	*	*	**	**	
			C4	*	*	*	*	*	×	*	×	×	*	*	**	**	
			C5	*	*	*	*	*	*	*	*	×	*	*	**	**	
			C6	*	*	*	*	*	*	*	*	×	*	*	**	**	
			C7	*	*	*	*	*	*	*	✓	×	*	✓	**	**	
			C8	✓	✓	✓	✓	✓	*	*	✓	×	✓	✓	**	**	
			T1	✓	✓	✓	✓	✓	*	*	✓	×	✓	✓	**	**	
	Thoracic Sections (T2 to T12) Chest and abdominal muscles		T2	✓	✓	✓	✓	✓	*	*	✓	×	✓	✓	✓	**	Paraplegia
			T3	✓	✓	✓	✓	✓	*	*	✓	×	✓	✓	✓	**	
			T4	✓	✓	✓	✓	✓	*	*	✓	×	✓	✓	✓	**	
			T5	✓	✓	✓	✓	✓	*	*	✓	×	✓	✓	✓	**	
			T6	✓	✓	✓	✓	✓	*	*	✓	×	✓	✓	✓	**	
			T7	✓	✓	✓	✓	✓	*	*	✓	*	✓	✓	✓	**	
			T8	✓	✓	✓	✓	✓	*	*	✓	*	✓	✓	✓	**	
			T9	✓	✓	✓	✓	✓	*	*	✓	*	✓	✓	✓	**	
			T10	✓	✓	✓	✓	✓	*	*	✓	*	✓	✓	✓	**	
			T11	✓	✓	✓	✓	✓	*	*	✓	*	✓	✓	✓	**	
			T12	✓	✓	✓	✓	✓	*	*	✓	*	✓	✓	✓	**	
	Lumbar and Sacral Sections	Hip and knee joint muscles	L1	✓	✓	✓	✓	✓	*	*	✓	*	✓	✓	✓	**	
			L2	✓	✓	✓	✓	✓	*	*	✓	*	✓	✓	✓	**	
			L3	✓	✓	✓	✓	✓	*	*	✓	*	✓	✓	✓	**	
			L4	✓	✓	✓	✓	✓	*	✓	✓	*	✓	✓	✓	**	
		Foot, knee, and hip joint muscles	L5	✓	✓	✓	✓	✓	*	✓	✓	*	✓	✓	✓	**	
			S1	✓	✓	✓	✓	✓	*	✓	✓	✓	✓	✓	✓	**	
		Intestines, bladder, and reproductive organs	S2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	**	
			S3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	**	
			S4	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	**	

✓ Normal or near-normal performance.
* Requires some type of personal or mechanical assistance.
** Partial assistance depending on the individual's condition.
× Not possible or likely.

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Figure (17): Some activities that persons with spinal cord injuries can perform, depending on the level of injury

Considerations for working with persons with spinal cord injuries

- Ensure the player's seating area or the training surface is free of protrusions or sharp edges.
- Avoid training in high temperatures (especially for those with cervical injuries).
- Provide breaks to allow position changes and prevent pressure sores.
- Encourage fluid intake during and after the training.
- Check the wheelchair for safety and place a foam cushion under the seat.
- Make sure the manual or electric wheelchair is stable before performing stationary activities.
- Closely supervise players while teaching and practicing swimming.

Spina Bifida

Definition

Spina bifida occurs when a child's spinal column and spinal cord do not develop properly in utero during the first month of pregnancy, resulting in a gap in the spine. Possible causes include:

- Insufficient intake of folic acid during pregnancy,
- A family history of spina bifida,
- Use of certain medications during pregnancy (NHS, 2023).



Spina bifida is one of the most common forms of spinal cord defects, affecting an estimated 1 in every 2,500 newborns worldwide.



In the United States, 10 out of every 10,000 babies are born with spina bifida. (Joseph & Divid, 2017).

Characteristics of persons with spina bifida

While most people with spina bifida undergo surgery to close the gap in the spinal column, the nervous system is typically already damaged, which can cause challenges such as:



- Weakness or complete paralysis in the lower limbs.
- Lack of bladder and bowel control.
- Loss of sensation in the lower part of the body.
- Inability to feel heat or cold.
- Many children develop hydrocephalus, which can further affect the brain.
- Most individuals with spina bifida have average intelligence, though some may experience learning difficulties.



Considerations for trainers working with persons who have spina bifida

- Ensure the seating or training surface is free of protrusions or sharp edges.
- Avoid training sessions at mid-day (especially for those with spinal cord injuries in the cervical vertebrae).
- Allow breaks for position changes to prevent pressure sores.
- Encourage ample intake of fluids during and after training.
- Check the wheelchair for safety and place a foam cushion under the seat.
- Make sure the manual or electric wheelchair is stable before performing stationary activities.
- Closely supervise them when teaching and practicing swimming.

Cerebral Palsy CP

Definition

CP is a damage to certain areas of the brain that primarily affects movement and posture. It results from an injury to the brain during development, often before birth. The damaged areas of the brain do not heal or worsen, although an individual's movement and posture can sometimes improve, depending on the intervention programmes they receive.



The prevalence of CP ranges from about 1 to nearly 4 per 1,000 children.



An estimated 3 out of every 1,000 children aged 8 in the United States have CP.



CP is more common among children born prematurely or with low birth weight. (CDC, Cerebral Palsy, 2022).

The impact of CP on function varies from one person to another. Some persons with CP can walk, while others require assistance or specialized equipment.

Some may experience intellectual disabilities, seizures, blindness, or deafness, while others may not. In general, individuals with disability, and particularly those with cerebral palsy, benefit from engaging in regular physical activity. Participation in sports aimed at promoting general health and physical fitness, contributes to the improvement of their motor skills, speech abilities, and psychological well-being. (Clinic, Cerebral palsy, 2023).



Characteristics of persons with CP

Depending on the type and severity of the brain injury, persons with CP may exhibit some of the following traits:

- Abnormal muscle tone.
- Different body shape or posture.
- Delayed motor development.
- Muscle contractures.
- An unsteady gait.
- Abnormal muscle reflexes.
- Poor coordination.
- Changes in bone or joint structure.
- Possible co-occurrence of an intellectual disability.
- Flexible limbs or stiff muscles in the arms, legs, and trunk, known as spasms.
- Irregular posture, uncontrollable movements, or unsteady walking, or a combination of these.
- Possible difficulty swallowing.
- Difficulty with visual focus.
- Limited joint flexibility due to tight muscles.
- Possible issues with speech and communication.



Considerations for trainers working with persons who have CP

- Take individual differences into account.
- Gradually increase activity difficulty or duration.
- Choose appropriate postures for performing the activity.
- Provide necessary assistance.
- Make necessary adaptations and allow rest breaks.
- Focus on careful performance to avoid sudden muscle contractions.
- Include stretching exercises.
- Include breathing and relaxation exercises.

Amputation

Definition

The absence of part or all a limb due to congenital factors, accidents, or certain diseases such as diabetes or cancer. (Egypt. 2018. Bylaws of law no. 10. 2018).



About one million new amputations occur globally each year.



As of 2017, 57.7 million people across the globe have been living with traumatic amputation. (Physiopedia, 2025)

Characteristics of persons with amputations

- Inflammation and pain at the amputation site.
- Burning sensation at the amputation site.
- Postural deformities.
- Reduced motor efficiency.
- Decreased physical fitness.
- Higher risk of obesity, especially for persons with lower limb amputation.
- Phantom feeling: for example, a player may feel toe pain although the entire foot was amputated
- Impaired balance, especially when the lower limb(s) is /are affected.


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Considerations for trainers working with amputee players

- Attention should be given to corrective exercises to reduce the occurrence of postural deviations.
- Allow rest breaks and use interval training, particularly for those with lower-limb prosthetics.
- Encourage fluid intake during and after the training.
- Instruct players to keep the amputated area dry.
- Enhance motor efficiency and physical fitness.
- Offer psychological support to the injured player, especially at the start of rehabilitation or sport activities.
- Check for the safety and integrity of any assistive devices they use.

Dwarfism

Definition

The terms 'little person,' and 'dwarf' refer to an individual with a medical condition known as 'dwarfism'. The definition of dwarfism varies from one country to another according to local legislation. In the United States, dwarfism is defined as a medical or genetic condition in which an adult's height reaches 145 cm or less for both males and females. In Egypt, dwarfism is defined as a person whose standing height does not exceed 140 cm after reaching puberty (Egypt, Law No. 10, 2018). According to the International Paralympic Committee, athletes with short stature are those whose standing height is 145 cm or less for males and 137 cm or less for females (IPC, 2023). The causes of dwarfism may be genetic or medical, such as cartilage development disorders affecting bone formation, or dysfunction of the pituitary gland.

There are two types of dwarfism: proportionate, in which all body parts are short but in proportion with one another, and disproportionate, where body parts differ in length.

- The worldwide birth prevalence of achondroplasia was estimated to be 4.6 per 100,000. (Pamela K. Foreman, 2020)
- The percentage of children under 5 affected by stunting was 22.3% or 148 million children globally in 2022. (UNICEF, Global report on children with developmental disabilities: from the margins to the mainstream, 2023)



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Characteristics of Individuals with Disproportionate Dwarfism:



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- Spinal curvature.
- Waddling gait.
- Enlarged head size.
- Flattened facial features.
- Obesity concentrated in the hips and buttocks.
- Muscle weakness.
- Joint problems.
- A small percentage experience spinal cord issues.

Considerations for trainers working with persons with dwarfism

- Include flexibility exercises but proceed with caution.
- Teach correct movement in a way that is appropriate for everyone.
- Some individuals should avoid activities involving jumping or high impact, depending on their condition.
- Emphasize basic movements such as walking, running, crawling, throwing, etc.
- Adapt equipment (e.g., lighter volleyballs, lighter tennis rackets).
- Provide rest breaks during activity.

2. Visual Disability

Definition

A severe impairment in the ability to see that affects a person's ability to perform daily life activities. It can range from total blindness to partial vision loss that cannot be corrected by surgical intervention or the use of glasses. Visual disability may result from genetic factors, chronic diseases, injuries, or eye conditions (WHO, Blindness and Low Vision, 2023).

Over 2.2 billion people globally have a vision impairment, with at least 1 billion cases preventable or untreated (WHO, 2023).

Women make up 64.5% of all blind individuals. The leading global causes of vision loss are myopia, hypermetropia, and cataracts.

Vision loss can affect people of all ages, but most persons with low vision or blindness are over 50 years old.

Global productivity losses due to vision impairment are estimated at around 411 billion USD annually.


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Characteristics of persons with visual disabilities

- Delayed motor performance among young children with visual impairment.
- Common postural deviations among persons with low vision or blindness—especially those with congenital blindness—such as a short, hesitant step, forward bending, and rounded shoulders.
- Visual impairment does not affect intelligence or mental capabilities.
- Persons with visual disabilities rely on hearing and touch to understand their surroundings and receive information.
- Many of them exhibit repetitive movements of the head or hands.
- Many are characterized by prolonged speech patterns.

Considerations for trainers working with players who have visual disabilities

- Minimize obstructions in the playing area.
- Clearly define the activity space using tangible markers (e.g., ropes, brightly colored cones for those with low vision).
- Allow players with visual impairments to explore equipment by touch.
- Provide safety measures (e.g., elbow/knee pads, mats on the floor).
- Teach correct motor performance through physical and verbal support, including the use of models or tactile aids.
- Offer continuous guidance during performance.
- Give positive reinforcement.
- Design activities in an integrated manner wherever possible.
- Allow players who are blind to choose their team and team-mates.
- Assign sighted guides or assistants.
- Emphasize balance training.
- Foster independent mobility skills for persons with visual disabilities.
- Teach players to identify body parts.
- Develop basic motor skills.
- Avoid midday training and bright sunlight for participants with visual impairments who have albinism, particularly in hotter climates like Egypt during summer. If participants have some residual vision, bright colors and flags can help mark stations, swimming or running lanes, and more.

3. Hearing Disability

Definition

A person has a hearing disability when a total or partial loss of hearing affects their ability to perceive different sounds around them, communicate, learn, and perform daily life activities even with appropriate assistive devices (WHO, Deaf and Low Hearing , 2025).



Over one billion young people are at risk of avoidable permanent hearing loss due to unsafe listening practices (WHO, Deaf and Low Hearing , 2025).



By 2050, nearly 2.5 billion people may experience some degree of hearing loss, and at least 700 million will require rehabilitation for hearing problems.



In the U.S., hearing disability affects 10.6% of women and 16.7% of men aged 45–64. (CDC, Hearing Difficulties, 2021).

Characteristics of persons with hearing disabilities

- Limited vocabulary.
- Normal intelligence, especially on nonverbal tests.
- Slight delay in motor development compared with peers.
- Weak motor balance in some activities.
- Difficulty transitioning from concrete to abstract concepts.
- Stronger connections with peers who are deaf due to lack of understanding from others.
- Impaired communication and social maturity.
- They may excel in various areas if they learn alternative communication methods early.

Considerations for trainers working with players who have hearing disabilities

- Use demonstrations when introducing motor skills. You can use writing, lip-reading, and sign language to communicate with the deaf player.
- Face the player and maintain eye contact.
- Provide good lighting.
- Avoid noisy environments.
- Minimize distractions.
- Use expressive gestures with hands and body.
- Avoid deep-water diving.





- Use repetition, visual guidance, and assistance.
- Speak clearly at a reasonable pace without excessive length, and articulate words carefully.
- Supply a written and illustrated version of instructions.
- Make sure that the player who is deaf, understands one concept before moving to the next.
- Position the participant close to the trainer, preferably with the better-hearing ear toward him.
- Take into account certain participants' conditions while performing rolling skills on the floor and adjust the direction of the movement accordingly.
- Providing encouragement, especially when a skill is performed well.



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4. Intellectual Disability

Definition

Intellectual disability is marked by significant limitations in both intellectual functioning and adaptive behavior, encompassing conceptual, social, and practical skills. The disability appears before age 22.

Three criteria must be met for someone to be classified as having an intellectual disability. The first is significant limitations in intellectual functioning, determined by widely recognized IQ tests such as the Stanford-Binet or Wechsler Intelligence Scale for Children. The second is significant limitations in adaptive behavior, which includes conceptual skills (language, reading, writing, financial literacy, self-direction), social skills (interpersonal communication, responsibility, self-esteem, rule-following, avoiding harm), and practical skills (daily living, occupational abilities, maintaining safe environments). The third criterion is that the disability must appear before age 22 (AAIDD, 2025).



- 1–3% of the global population (up to 200 million) have intellectual disabilities.
- Males are 1.5 times more affected (Special Olympics, 2025).



Down syndrome is the most common cause of intellectual disability, accounting for about 15–20% of individuals with intellectual disabilities.



Approximately 10 - 20% of people with Down syndrome have instability in the cervical vertebrae of the spine (Fawzi, 2006).



About 50% of persons with Down syndrome have congenital heart defects (Konstantinos, 2023).



Characteristics of persons with intellectual disabilities

Cognitive characteristics

- Delayed acquisition of cognitive skills such as reading and writing.
- Difficulty with sustained attention and concentration.
- Reduced ability to solve problems and make decisions.
- Difficulty generalizing skills to new situations.

Social and Emotional Characteristics

- May display low self-esteem or feelings of frustration.
- Sometimes exhibit inappropriate behaviors due to challenges in expressing needs.



Educational Capabilities

- Require specialized, simplified teaching methods.
- Benefit more from repetition, presenting the model, and hands-on practice than theoretical learning.
- Progress demands individualized plans and a supportive educational environment.

Motor and physical characteristics

- Potential delays in motor development.
- Many have weakened motor coordination.

Language Characteristics

- Delayed development of language, speech, and comprehension.
- Difficulty expressing ideas verbally.
- Possible reduced social interaction involving language.

Behavioral Characteristics

- Challenges in managing behaviors, such as impulsiveness or repetitive actions.
- May exhibit stereotypical behaviors, like repeatedly performing certain movements.
- May have difficulty following rules or understanding directions.

Considerations for trainers working with players who have intellectual disabilities

- Emphasize and praise correct or positive achievements.
- Provide ample cues and external support (e.g., a dedicated assistant if needed).
- Repeat modeling accompanied by an explanation of the required skill.
- Ensure a suitable, motivating environment without overwhelming participants.
- Break tasks into smaller steps.
- Clearly define activity goals.
- Correct performance and give immediate positive feedback.
- Allow more time to complete tasks.
- Ask players to restate instructions to confirm understanding.
- Offer consistency and repetition.
- Use simple words and short sentences.
- Encourage participants to be as independent as possible.
- Reinforce acceptable behaviors as alternatives to inappropriate ones.

5. Developmental Disability

Definition

There are various types of developmental disabilities, such as autism spectrum disorder ASD, Asperger's syndrome, Rett syndrome, and Fragile X syndrome, among others. In this guide, we will deal with ASD as it is the most prevalent developmental disability and involves a developmental disorder that significantly affects verbal and nonverbal communication and social interaction, generally appearing before the age of three and negatively impacting a child's educational performance. The abilities and needs of persons with ASD vary and can evolve over time. While some persons with ASD may lead independent lives, others may experience severe disabilities requiring lifetime care and support.



Approximately 1 in every 100 children is on the autism spectrum (WHO, Autism, 2023).



A 2019 study found developmental disabilities in 7.5% of children under 5 and 13.9% of teens aged 15–19 (UNICEF, 2023).



In the U.S, Boys were more than three times as likely as girls to be diagnosed with autism spectrum disorder (CDC, 2023).

Characteristics of persons with ASD

- They often have coexisting conditions such as epilepsy, depression, anxiety, and attention-deficit/hyperactivity disorder.
- Some face challenges like sleep disorders or self-harm.
- Engagement in repetitive behaviors and stereotyped movements.
- Poor motor coordination.
- Resistance to environmental changes or alterations to a daily routine.
- Unusual responses to sensory experiences, such as loud sound and intense lighting.
- A wide range of cognitive functioning—from very low levels of intelligence to high levels like:

- Weak use of nonverbal behaviors, such as facial expressions, eye contact, and body language.
- Difficulty forming appropriate peer relationships.
- Limited or absent sharing of activities, interests, or achievements with others.
- Deficits in social or emotional interactions.
- Excessive preoccupation with one or more interests that is abnormal in intensity or focus.
- Strong adherence to specific routines or rituals in daily activities.
- Repetitive and stereotyped movements.
- Persistent fixation on parts of objects.
- Delayed or total lack of spoken language development.
- Repetitive or stereotyped language use or unusual language patterns.
- Absence of spontaneous imaginative or social play appropriate to developmental level.

Considerations for trainers working with players who have ASD

- Select activities that are suitable and enjoyable for the person with ASD.
- Motor activities should be highly successful to build confidence.
- When including a person on the autism spectrum in a team, introduce them to team members beforehand, and ensure teams have relatively balanced abilities.
- Provide extra time, as a person with ASD may need more repetition or longer to complete an activity than peers.
- Plan activities that incorporate visual, auditory, and motor forms of communication.
- Consider using music or other audio elements, to a suitable degree that does not disturb the player, to synchronize with the activity's rhythm.This is child-dependent, some people with ASD may need less sensory stimulation in their environment (low music/noise).

- Preferably maintain the same routine for the activity.
- Use consistent and suitable formations, such as placing the ball where it should be kicked or lining players up in a single "train" formation for zigzag runs.
- Plan outdoor inclusive activities that allow a person with ASD to participate in various experiences.
- Address the person by name when you begin speaking, so they know you're talking to him/her.
- Change one element of an activity as an initial step toward accepting change. For example, if the activity is station-based, modify only one station so the participant can gradually accept something new.
- Use verbal communication when giving instructions, e.g., "Pass the blue ball to your teammate, Adel."
- Ideally, have an assistant for the person with ASD to support, guide, and encourage him/her to perform with others.
- Keep the environment calm and free of distractions, ensuring that the lighting is at an appropriate level.
- It can help to write down the sequence of a certain activity or prepare visual cue cards.
- You may need to provide instructions that are more frequent, detailed, or simpler.
- Get to know the participant to discover ways or items that increase their motivation. For example, if they have a favorite activity, you can use it as a reward after completing a set of tasks.



6. Psychological Disability

Definition

Mental health is a state of well-being that enables individuals to cope with the stresses of daily life, realize their capabilities, learn and work effectively, and contribute positively to their communities. It holds inherent value and is an integral part of any individual's overall well-being.

Psychological disability is defined as a health condition marked by significant disturbances in behavior, emotions, or mental functioning, such that the individual requires additional support to achieve psychological and social balance (WHO, Mental health, 2025).



Around 970 million people globally have a mental disorder, mainly anxiety and depression, though not all result in disability (WHO, 2025).



Anxiety disorders affect around 301 million people, including 58 million children and adolescents.



Depression affects around 280 million people globally, including children and adolescents.



Depression is about 50% more common among women than among men (WHO, Depressive disorder (depression), 2023).



The prevalence of psychological disabilities may be higher in developing countries due to social and economic challenges and limited access to mental health services. (World Health Organization)

Statistics show that in the Middle East and North Africa, 26% of young women and 9.1% of young men have mental health disorders.

Characteristics of persons with psychological disabilities

There are no universally shared characteristics among all people with psychological disabilities, but one or more of the following traits may appear over an extended period and to a marked degree, negatively affecting the individual's performance:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- An inability to form or maintain successful personal relationships with peers or trainers.
- Inappropriate types of behavior or feelings under normal circumstances.
- A general mood of depression or unhappiness.
- Tendency to display physical symptoms or fears associated with personal or work/school problems.

Considerations for trainers working with players who have psychological disabilities

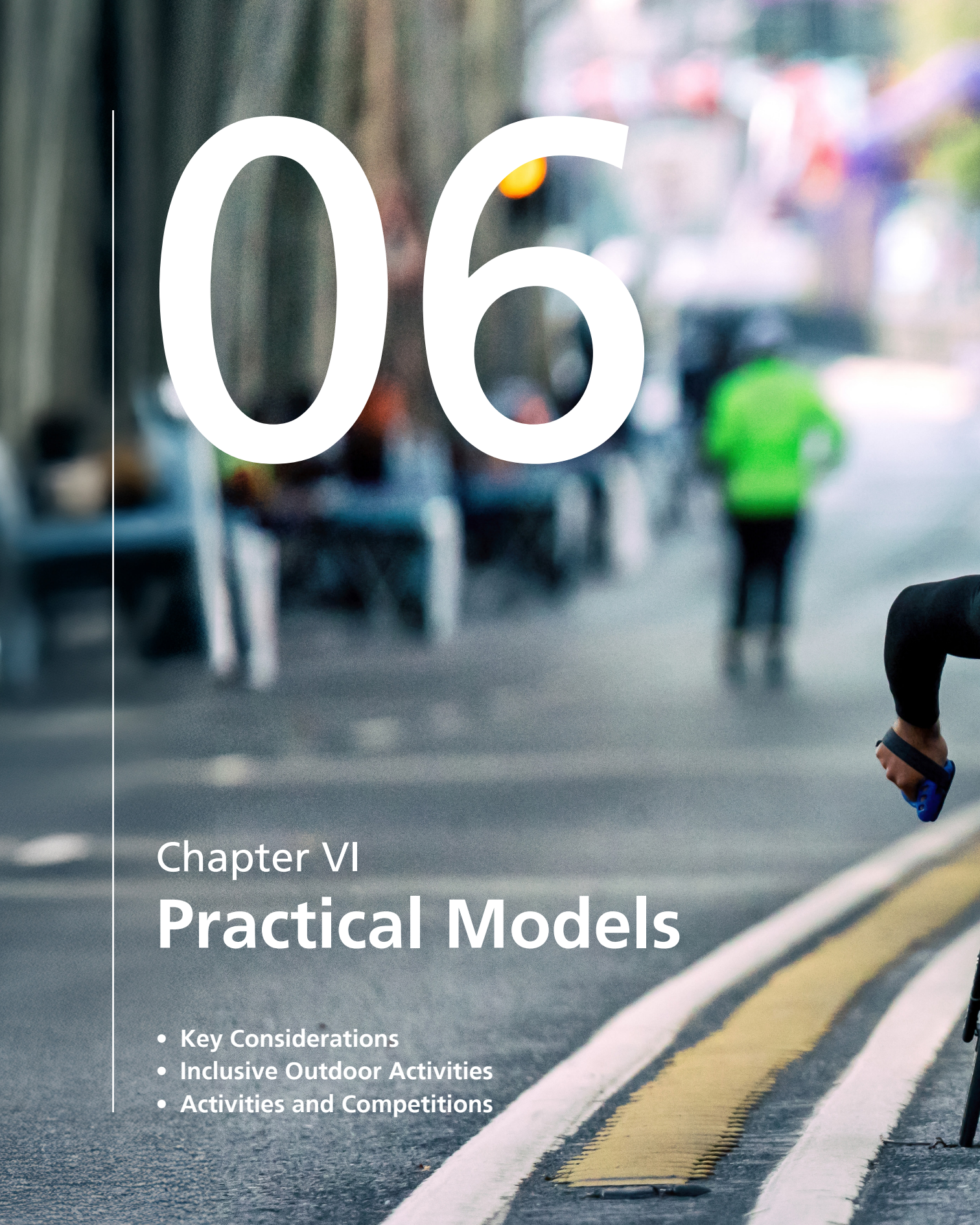
A trainer plays a crucial role in providing the support that a person with a psychological disability needs to engage in and remain committed to physical activity. The trainer's primary responsibility is not to act as a counselor or mental health professional. Several factors should be considered when working with a person who has a psychological disability:

- Ask them how they feel before starting the activity, as they may experience symptoms of a mental disorder differently each day.
- Build a positive relationship with them—this is essential.
- Practice patience and identify the most suitable approach for interaction.
- Inquire about the type of support the person with a psychological disability may need.
- Focus on providing regular opportunities for the individual to stay active and release energy, rather than fixating on specific performance goals.
- Encourage them to enjoy physical activities they already like and explore other new activities they might prefer.
- Offer group activities for the individual with a psychological disability to participate in.
- Whenever possible, schedule sport activities at a quieter time of day to reduce tension and anxiety.
- Include stretching and meditation exercises (e.g., yoga) that may help relieve stress or anxiety.

Activate your mind



What is your perspective to overcome the stereotype of including PWDs in sport activities?



06

Chapter VI
Practical Models

- **Key Considerations**
- **Inclusive Outdoor Activities**
- **Activities and Competitions**



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Practical models

Key considerations

Dear Trainer, In addition to the previously mentioned in Chapter Four regarding etiquette with PWDs and the principles of activity adaptation, please consider the following points when implementing inclusive physical activities:

- One of the most important objectives of inclusive physical activity is to provide a sense of fun, increase participation opportunities, and enhance performance.
- Maintain a positive, patient, cheerful, and encouraging demeanor with all participants.
- Use music during the activity where possible. Ask participants about their music preferences and the volume level.
- Small games add enjoyment and relaxation, particularly during initial sessions, while still achieving the intended objectives.
- You can modify any of the four main elements the practice place, the instruments, the rules, or the method of delivering instructions and explaining the activity—according to each participant's capacities.
- Everyone should be recognized and treated with equal respect.
- Create a welcoming atmosphere in activity places (clubs, physical education (PE) in schools, etc).
- Don't lower expectations for PWDs, lower the barriers instead.
- When using a wheelchair, place it in the rear wheels position while moving backward (Figure 19). This provides a larger base of support and better balance compared to the front wheels position while moving forward (Figure 20). Always use the wheelchair brakes during stationary physical activities to ensure maximum stability, security, and safety for participants who use wheelchairs.



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Figure (18): Front wheel position while moving backward



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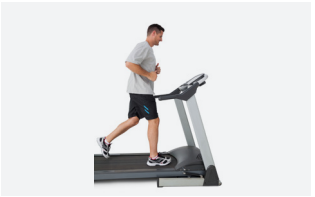
Figure (19): Front wheel position while moving forward


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Jogging and cycling are among the most suitable inclusive physical activities


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Adaptive gym equipment supports an inclusive physical activity environment.

Inclusive outdoor activities

Whether organized for a single day or over several days, camps offer a unique group living experience that enables participants to relax, enjoy shared activities, collaborate constructively with others, broaden their skills and interests, and deepen both self-awareness and understanding of the world around them. Through such experiences, participants acquire knowledge, competencies, and lasting memories that can enrich their lives well beyond the duration of the camp.

A wide range of activities can be selected and appropriately adapted to provide the necessary support for each participant with a disability, ensuring meaningful engagement and enjoyment alongside their peers.

In general, camp organizers should have reports on participants' health status and social skills, as well as any recommendations about activities that could be especially beneficial for them in terms of physical and emotional well-being. The medical report should list any special precautions to be taken. The thoroughness with which this essential information is provided largely determines the success of the camping experience for a PWDs.

A camp director must set camp policies and procedures, have a well-founded ground rules of camping, and clearly understand the objectives the camp aims to achieve for participants with disabilities. The director also needs the skills, talents, and knowledge to select and develop the site, handle financial accounting and budgeting, select and train camp staff, oversee camp operations and maintenance, provide necessary equipment, coordinate activities, fulfill legal responsibilities, and above all closely and directly supervise everything that happens in camp to ensure the health and safety of all participants.

For the activity coordinator, it is essential to be both prepared and committed to addressing the challenges associated with delivering a programme in which campers with disabilities can participate successfully and confidently. The coordinator must be capable of responding to participants' needs, channeling their energy constructively, and supporting the development of their potential in line with their individual abilities.

In collaboration with the camp director, the coordinator should also ensure that the camp environment is physically accessible, as previously outlined. This includes making pathways, buildings, and activity areas clearly identifiable and navigable for participants with visual impairments, and ensuring the availability of appropriate communication supports for participants with hearing disabilities.

When choosing a camp site, consider the following:

- Safe and sufficient water supply.
- Sanitary facilities and secure garbage disposal.
- Suitable climate, location, and general environment.
- Availability of food supplies.
- Accessibility to transportation and communications.
- Variety of natural resources in the campsite area.
- Fire protection and safety equipment.
- Facilities to run an inclusive camping programme.
- Appropriate lodging facilities for participants.
- Access to water activities (where possible).
- Availability of medical services and first aid.
- Maintenance services.

Criteria for selecting PWDs for Camp Participation:

- Ability to handle basic personal care requirements and needs.
- Sufficient competence in using their assistive devices.
- Awareness of their disability's limitations and the necessary safety precautions.
- Adequate capability and willingness to experience camp life once they have received clear information about the activity.
- With appropriate preparations in place, the presence of a personal assistant may be permitted for some individuals with severe disabilities. This will help providing them with the opportunity to participate in camp activities.

Camp Programme

Camps that deliver the best possible environment and experience for PWDs are those where the programme is carefully planned and managed. Inclusive, diverse, nature-oriented activities should be integral to the camp programme. This may from water-based activities, astronomy, farming, archery, arts, crafts, parties, exploration, hiking, boating, dancing, games, handicrafts, environmental awareness, hobbies, theater, recreational competitions, music, reading, motor skills, weather observation, and insect and bird watching. The programme should incorporate highly structured experiences alongside free play, as well as opportunities for self-expression and for campers to plan and assume responsibilities, thus ensuring the overall success of the programme.

Duties of the Camp Officer

In an inclusive camp setting, activities need more meticulous planning to ensure an almost equal level of participation for campers with disabilities and their peers. The same considerations that govern the successful inclusion of PWDs in inclusive physical activity programmes also apply to a camp environment. Generally, organizers should keep the following in mind when planning and implementing outdoor activities for campers with disabilities:

- Strictly adhering to safety and security precautions.
- Mastering camp setup skills to avoid problems during implementation.
- Closely monitoring participants to detect signs of fatigue. Participants with disabilities may tire earlier than their peers, so rest breaks can be provided as necessary.
- Ensuring the programme is not too intense, to prevent unnecessary frustration and anxiety; do not overschedule competitive activities as this could negatively impact participants' morale.
- Observing how PWDs some interact with others and how well they are accepted, while discreetly providing guidance when needed.
- Helping PWDsset realistic goals for their physical abilities and required skills, demonstrating full respect for their capabilities and limits.
- Offering assistance only when it is genuinely needed. However, if a participant with a disability lacks self-confidence, encourage him/her to try the activity on his/her own rather than allowing others to do it for him/her.

Activities and competitions

Activity Name: Fishers

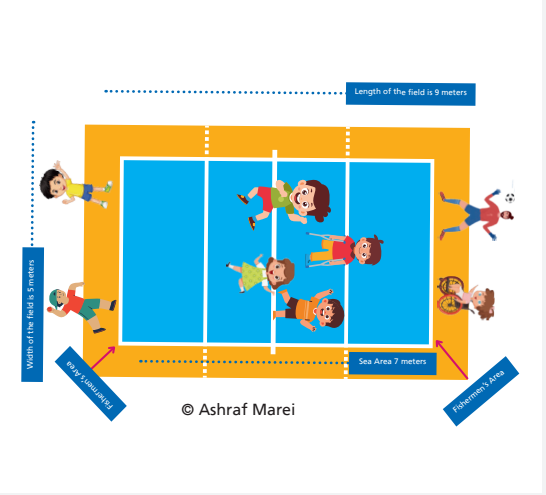
Objective: To improve participants' throwing, catching, and dodging skills
Players: Two teams, each team with 4 players.
Venue: Outdoor court or indoor hall with a non-slippery floor, measuring 9 × 5 m, divided into three sections: a 1-meter-wide fishers' area on each side, and a 7-meter-wide sea area in the middle.
Tools: A rubber ball or tennis ball, 4 cones to mark the playing area.

Activity Description:

- The game has two teams: the "Fishers" and the "Fish."
- Duration of play is 4 minutes, split into two 2-minute periods with a 30-second break in between.
- One fisher throws the ball attempting to "catch" (tag) the fish.
- Fishers must remain in the fishers' area; the fish must stay in the sea area.
- Fishers are not allowed to target the head. If they do, the fish team gains a point.
- Every fisher must have at least one turn in the activity.

Scoring:

- If the ball touches a member of the Fish team, that team (the fish) loses a point.
- If a fish catches the ball, the fish team gains a point.
- During the break, the teams switch roles: the fish become fishers and vice versa.
- The team with the most points wins.



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What are your suggestions for including a player with visual impairment in the activity?

Instructions	Rules	Equipment	Practice Place

Activity Name: Throwing Stations

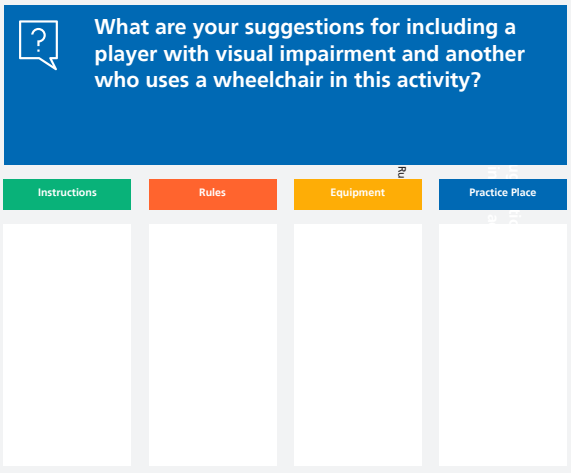
Objective: To enhance coordination skills, teamwork, and acceptance of differences.
Players: Three teams, each with 3 players.
Venue: Outdoor court or indoor hall, 10 × 10 m. The court is divided into three station areas, each 8 × 2 m, with a 1 m safety zone surrounding the entire court. The three stations are: Throwing the ball into a goal; Throwing at a target; Rolling a ball toward a target.
Tools: Balls of various sizes and weights, a target board, box or basket, plastic skittles, sandbags or beanbags.

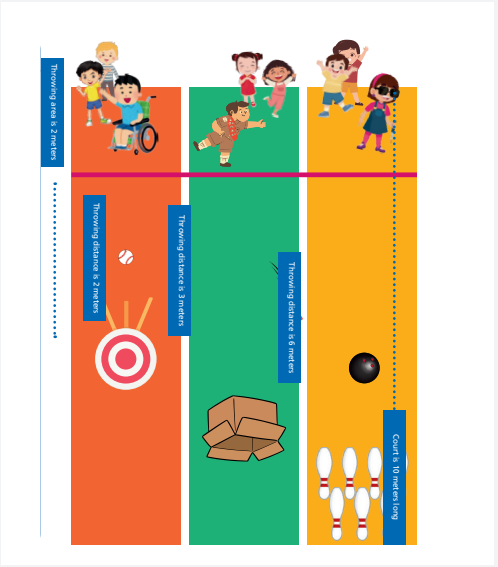
Activity Description:

- Participants divide into 3 teams.
- Time at each station is 5 minutes, with a 1-minute break between stations.
- Station 1: Players shoot a ball at a colored circle on a target board set 120 cm high and 2 m from the starting line.
- Station 2: Players throw a sandbag into a box placed 3 m from the throwing line.
- Station 3: Players direct or roll a ball toward plastic skittles placed 6 m from the start, aiming to knock down as many as possible.
- Each team has one assistant who quickly collects balls/sandbags and resets skittles for their team.

Scoring:

- Station 1: Hitting the colored circle earns 2 points; hitting the board outside the circle earns 1 point; no points if the board is missed.
- Station 2: 1 point for each sandbag that lands in the box.
- Station 3: Tally the number of skittles knocked down each time.
- The team with the highest points at each station wins that station.





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Activity Name: Meteor

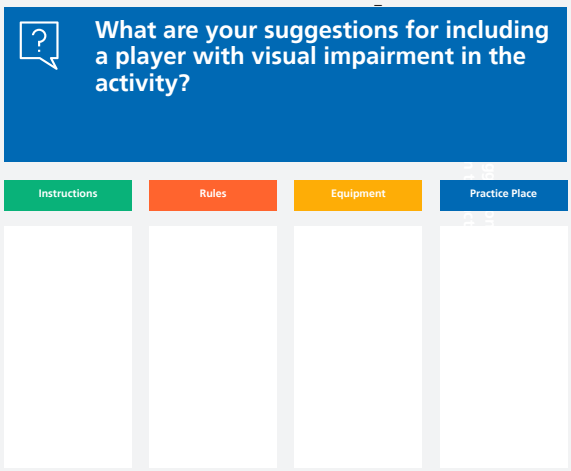
Objective: To improve accuracy and coordination; develop teamwork, cooperation, and team spirit.
Players: 2 teams (A) and (B), each with 4 players, plus 2 assistants for each team.
Venue: A hard floor, grassy area, or indoor hall, sized 14 × 5 m. The court is divided into three zones: Team A's zone, sized 2.5 m; Team B's zone, sized 2.5 m; Midfield, sized 5 m.
Tools: Cones to mark the court, 20–30 tennis balls in two different colors, 1 large aerobics ball, 4 boxes to hold the tennis balls.

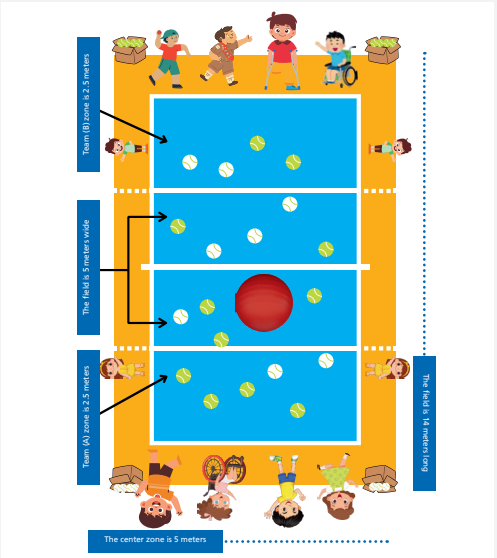
Activity Description:

- Each team stands in its designated zone and is given 10–15 tennis balls.
- On the trainer's signal, players on both teams throw the tennis balls, attempting to push or move the large aerobics ball (placed in the center) as far as possible away from their own area into the opposing team's area.
- Participants must remain behind their team's boundary line.
- Each team's two assistants collect the tennis balls and place them in the ball box behind the team's zone.
- The duration of the activity depends on the teams' abilities and available time.

Scoring:

- The team that pushes the aerobics ball farther away from its own line (i.e., closer to the opposing team) wins.





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Activity Name: The Quick Handkerchief

Objective: To develop reaction speed, speed, and to enhance cooperation among team members.
Players: Two teams (A) and (B), each with 5 players.
Venue: Any suitable surface (hard, grassy, or indoor) of 9 × 15 m. Draw two parallel lines 10 m in length, 5 m apart, plus a cross line 5 m in length. Each player's position on the two long lines is spaced about 50 cm from the next player.
Tools: 2 handkerchiefs, 4 cones to mark the court, brightly colored tape.

Activity Description:

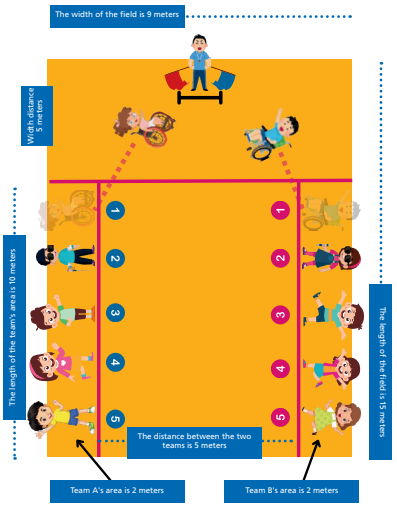
- Activity lasts 10 minutes, split into two 5-minute periods, with a 1-minute break in between.
- Players from each team stand on opposite sides of the court; each player is assigned a number matching a player on the other team.
- Team members of roughly similar abilities face each other.
- The trainer holds one handkerchief in each hand, raises both arms to the side, and calls out a number. The two players with that number sprint to grab the handkerchief from the trainer's hand, then run back to their team's side.
- Every player should participate at least once during the activity.

Scoring:

- Whichever team's player grabs the handkerchief first and returns to their side earns a point for that team.
- The team with the most points wins.

What are your suggestions for including a player with hearing impairment in this activity?

Instructions	Rules	Equipment	Practice Place



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Activity Name: Parachute Ball

Objective: To strengthen the muscles of the arms and shoulders, and to develop the spirit of cooperation.
Players: Two teams, up to 6 players each.
Venue: A suitable surface for the activity, clearly marked and divided into two halves.
Tools: 2 parachutes, each 2 m in diameter (or 2 pieces of cloth, each 2 × 2 m), 2 adjustable stands (up to 3 m height), 1 colored flag.

Activity Description:

- Activity lasts 6 minutes, split into two 3-minute periods, with a 1-minute break in between.
- Each team sets up on either side of the playing area, with all members standing around the parachute.
- At the trainer's signal, both teams work together to flip or launch the ball upward, so it passes above the flag on the stand.

Scoring:

- Each time a team's ball clears the flag's height, that team earns 1 point.
- Two assistants keep score for each team during the specified time.
- Total points are tallied for the entire activity time, and the team with the most points wins.

What are your suggestions for including a player with SCI in this activity?

Instructions	Rules	Equipment	Practice Place



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Activity Name: Zigzag Relay

Goal: To improve agility and develop team spirit.
Players: Two teams of 5-6 players each.
Venue: A playing area with a suitable surface for the activity, 15 × 10 m, divided into two zones of 15 × 4 m each (one for each team).
Tools: 12 cones.

Activity Description:

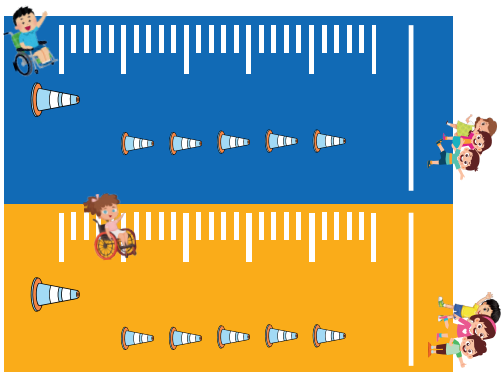
- Place 6 cones in a straight line for each team, with the first cone 2 m from the start line and 2.5 m spacing between cones.
- Players line up behind the start line. At the trainer's signal, the first player sprints through the cones in a zigzag pattern, loops around the last cone, then quickly returns in a straight line to tag the next teammate, who repeats the same routine.
- No player can move from the start line until their teammate tags him.

Scoring:

- The first team to complete the relay wins.

What are your suggestions for including a player with ID in this activity?

Instructions	Rules	Equipment	Practice Place



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Activity Name: Floating Numbers

Objective: To develop a spirit of cooperation and teamwork.
Players: Two teams, each with at least 2 players.
Venue: A swimming pool with a depth appropriate for the players' heights.
Tools: Two sets of foam pieces labeled with numbers 0–9.

Activity Description:

- Scatter the foam pieces on the surface of the water.
- The trainer announces a 3-digit number (for example, 187) loudly.
- Each team gathers the floating foam pieces to assemble the given number.

Scoring:

- The team that completes and assembles the number first wins.

What are your suggestions for including a player with visual disability and another one with lower limb disability in this activity?

Instructions	Rules	Equipment	Practice Place



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Activate your mind



Provide your suggestions for involving players with different physical, hearing, visual, intellectual, and psychological disabilities in:

- **Five-a-side football**
- **Volleyball**
- **Basketball**
- **Handball**



Annexes

- Say & Do not Say
- Tests & Measurements
- First Aid
- Sport Organizations & Federations



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Annex 1

Say and do not say

While person-first language (e.g., "person with a disability" or "person with a hearing disability") is generally recommended to emphasize the individual rather than the condition, it is important to recognize that some individuals and communities prefer identity-first language. This is particularly evident within the Deaf community, where "Deaf" is often understood as a cultural identity rather than solely as a medical condition, and may therefore be the preferred term for many individuals.

Accordingly, although these guidelines encourage the use of person-first language, facilitators should prioritize understanding how participants self-identify and respect their preferred terminology. A clear understanding of both person-first and identity-first language is essential to ensuring respectful, inclusive, and culturally sensitive communication.

Say	Do not say
Person with disability PWDs	Disabled, handicapped, knights of will, disability challengers, differently abled, people of determination, special needs
A person with a physical disability	Crippled, paralyzed, lame, wheelchair-bound, limping
A person with a visual disability/ impairment	Blind person
A person with Down syndrome	Mongolian, retarded, stupid
A person with autism	Autistic person
A person with dwarfism	Dwarf
A person with a disability has all rights	The disabled person needs care
A model overcoming barriers and challenges	The disabled person needs care

*The terms used to describe PWDs depend on the culture of the society in general, so the coach should talk to the person or player with a disability to find out which term is preferred.

Annex 2

Tests and measurements

Assessment is an important part of the learning experience in all areas, in general, and in physical activities in particular. Evaluation is useful in determining the programme's effectiveness, the extent to which players achieve the programme objectives, individualized education, and motivating players to improve their performance.

The trainer's guide in this annex includes examples of tests that sports trainers can use to assess and measure some of the participants' psychological (Rosenberg, 2006), social (Nada Naser, 2012) , physical (Marie & Rateb, 2003), and fundamental motor skills (Marie & Rateb, 2003)aspects. There are many tests and measures to assess the different aspects of PWDs, and the trainer must choose or modify the test before applying it in light of the objective of measurement, and the player's physical, motor, and mental capabilities. For example, a player may take a 50-meter sprint, or a 300-meter walking and running test using a wheelchair, while a ball throwing test is not suitable for a player with a double arm amputation.

For fundamental motor skills tests, which assess the quality of skill performance, the player's performance is compared to his/ her previous performance. That's because the required form of performance cannot be generalized for players with different physical abilities. For example, evaluating the arms and legs movement while performing the running skill for a player with hemiplegia will be different from evaluating the same aspects for a player with Down syndrome. The player's ability to visually track the trajectory of the ball either through eye movement or head motion can serve as a valuable indicator of developing reception skill, even in cases where his/ her ability to physically catch the ball with hands is limited.

Some additional fitness assessments and adaptations can be found here:

https://resources.specialolympics.org/health/fitness/fitness-evaluation/fitness-and-health-assessments
https://www.topendsports.com/testing/brockport.htm

Rosenberg self-esteem scale

This scale includes 10 statements and is easy for trainers to use after training, although it is preferable to have a specialist administer it if available. A short version of this scale will be presented in this guide that includes its purpose, instructions, and scoring. For more information, please refer to the full version of the scale. (Rosenberg, 2006)

Objectives of using the scale

- Measure Program Effectiveness: It provides a quantitative way to assess whether your program or intervention has had a positive impact on participants' self-esteem.
- Identify Areas for Support: Low scores might indicate individuals who could benefit from more targeted support, encouragement, or specific activities designed to build self-worth.
- Promote Self-Awareness: Completing the scale can prompt participants to think about their own feelings of self-worth and how they perceive themselves.
- Facilitate Discussion: The items can open doors for deeper conversations within a group about self-image, confidence, and personal challenges.
- Non-Intrusive: As a self-report measure, it allows individuals to express their feelings privately.

Basic Information

Name (optional): Date of Birth:

Gender: ☐ Male ☐ Female

Type of Disability (if any): Assistive Devices:

Test Instructions

Please read each statement and record a score of 0, 1, 2, or 3 that best reflects how much the statement applies to you. There are no right or wrong answers. Don't spend too much time on each item, this evaluation is not meant to be diagnostic.

0 = Strongly disagree, 1 = Disagree, 2 = Agree, 3 = Strongly agree

Test Phrases

- I feel that I am a person of worth, at least on an equal base with others.
- I feel that I have several good qualities.
- In general, I tend to feel that I'm not a successful person.
- I am able to do things as well as most other people.
- I feel I do not have much to be proud of.
- I take a positive attitude toward myself.
- Overall, I am satisfied with myself.
- I wish I could have more respect for myself.
- I sometimes feel useless.
- At times I think I am not good at all.

Scoring

- Standard Scoring: Items 1, 2, 4, 6, 7 are scored: SA=3, A=2, D=1, SD=0.
- Items 3, 5, 8, 9, 10 are reverse-scored: SA=0, A=1, D=2, SD=3.
- Total scores range from 0 to 30, with higher scores indicating higher self-esteem.

Results & Interpretation

While there aren't rigid cut-offs for "low" or "high" self-esteem, scores generally indicate:

- 0-15: Often indicates low self-esteem.
- 15-25: Normal range.
- 25-30: High self-esteem.

Social skills scale

This scale was developed by Nada Naser to measure individuals' social skills. This scale includes 27 statements and is easy for trainers to use after training, although it is preferable to have a specialist administer it if available. A short version of this scale will be presented in this guide that includes its purpose, instructions, and scoring. For more information, please refer to the full version of the scale. (Naser, N. 2012)

Objectives of using the scale

- Quantify Social Interaction: Provides a numerical score that offers a tangible way to understand and track a participant's reported social interaction level.
- Inform Program Design: Helps facilitators understand the general social needs of their group, allowing them to design activities that either challenge or support existing social skills.
- Empower Participants: Encourages self-reflection on one's social behaviors and preferences, which is a key step toward self-improvement.
- Identify Specific Behaviors: Unlike a general observation, this scale asks about specific social behaviors, providing more granular insights.
- Measure Intervention Impact: It offers a structured way to determine if a social skills intervention, coaching, or inclusive environment has genuinely led to increased social interaction.
- Promote Inclusion: By understanding participants' social needs, facilitators can better ensure that inclusive activities are genuinely engaging and comfortable for everyone.

Basic Information

Name (optional): Date of Birth:

Gender: ☐ Male ☐ Female

Type of Disability (if any): Assistive Devices:

Test Instructions

This test contains 27 statements. Each statement is scored based on your response:

Always = 3 degrees, Sometimes = 2 degrees, Rarely = 1 degree

Test Phrases

- I like being around my classmates. ☐
- I share in other people's joys and sorrows. ☐
- I keep in touch with my friends and relatives. ☐
- I participate with my peers in special events. ☐
- I maintain constant contact with my classmates. ☐
- I enjoy tasks that involve working with others. ☐
- My friends call me on the phone. ☐
- I regularly ask about my relatives and classmates. ☐
- Visits between me and my friends are frequent. ☐
- I like group work more than individual work. ☐
- I like cooperating with my classmates. ☐
- I care about my friends' problems. ☐
- I feel comfortable when I'm with my friends. ☐
- I never hesitate to help others. ☐
- I enjoy extended sit-downs or gatherings with my classmates. ☐
- I like meeting new friends. ☐
- I believe not cooperating with others shows selfishness. ☐
- I feel upset when I'm alone. ☐
- I like my classmates. ☐
- I like participating in social activities. ☐
- Helping and cooperating with others is a religious duty. ☐
- My self-confidence grows when I'm with my friends. ☐
- Sharing in others' lives is enjoyable. ☐
- I have good skills in building new relationships. ☐
- I enjoy doing group work with others. ☐
- Interacting with others is beneficial both academically and personally. ☐
- Taking an interest in my classmates' and relatives' affairs makes me happy. ☐

Scoring

Total the Scores: Sum the "degrees" for each of the 27 statements.

Results & Interpretation

- 54 to 81: High social interaction
- 27 to 53: Moderate social interaction
- Below 27: Low social interaction

Physical tests

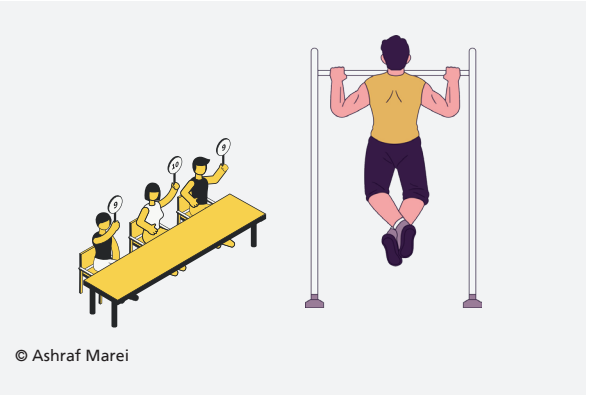
Flexed-arm Hang

Objective
Measure muscular endurance in the arms.

Tools
Horizontal bar, stopwatch.

Activity Description
The player grips the bar, palms facing forward. The trainer helps lift the player into a flexed-arm position, with the chin at or above bar level. The body remains suspended off the ground, straight, for as long as possible.

Scoring
Record the total time the player maintains the flexed-arm hang.


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Sit-ups for 30 Seconds

Objective
Measure muscular endurance of the abdomen.

Tools
Mat, stopwatch.

Activity Description
The player lies on the back with knees bent, legs together at a 90-degree angle. Feet remain on the mat. The player sits up so the left elbow touches the right knee, and vice versa, repeating this as many times as possible in 30 seconds.

Scoring
Count the number of correct touches (elbow to opposite knee) achieved within 30 seconds.


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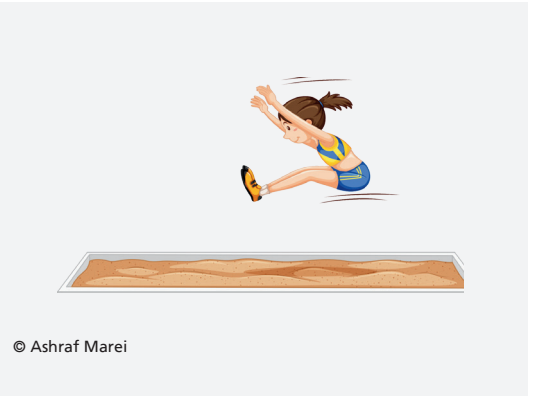
Physical tests

Standing Broad Jump

Objective
Measure of muscular power of the legs.

Tools
Indoor hall or playing court with a firm surface, measuring tape.

Activity Description
Mark a start line on the ground. Draw parallel lines to show distances from the take-offline; mark each line in meters. The player stands behind the start line, toes close to it, slightly apart. Swing arms backward to prepare for the jump, bend knees slightly, and then jump forward for the maximum possible distance. Each player has three attempts.


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Scoring
Record the best distance of the three attempts in centimeters.

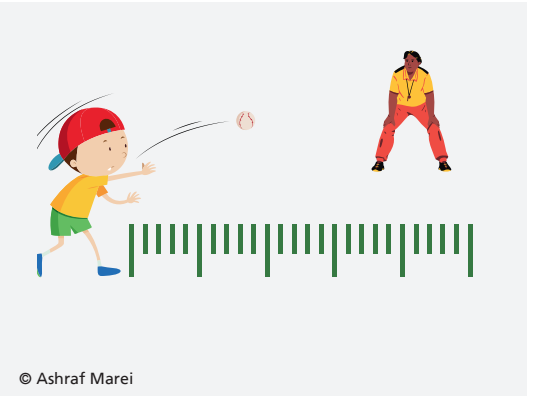
Softball Throw for Distance

Objective
Measure muscular power of the arms.

Tools
Open area, 3 tennis balls, measuring tape.

Activity Description

- Draw a start line from which the player must throw the ball as far as possible.
- Mark the ball's landing point on the ground. Each player has three attempts.


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Scoring
Record the best distance of the three attempts (from start line to where the ball lands).

Physical tests

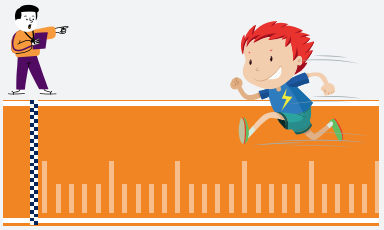
50-meter Sprint

Objective
Measure sprint speed.

Tools
50 meters in a straight line on the track or any other solid-floor location, plus a stopwatch

Activity Description
- The player stands behind the start line, ready.
- On "Go," the player runs at maximum speed to the finish line. At least two players should run together if possible.

Scoring
Record the time taken to complete the 50-meters run.



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300-meter Walk/Run

Objective
Measure cardiorespiratory endurance.

Tools
A track or area with a 300-meter perimeter, stopwatch.

Activity Description
The player stands behind the start line. On the signal, he runs around the designated area for 300 meters. You may allow 5–10 players to perform the test simultaneously.

Scoring
Record the time it takes each player to complete the 300-meter distance.



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Fundamental motor skills assessment

Taking into account the abilities and individual differences outlined in the introduction to this annex, trainers may use the following observation form to assess key fundamental motor skills, including running, throwing, catching, kicking, jumping, and hopping.

Trainers may apply a scoring scale ranging from 1 to 3 to evaluate each skill criterion (3 = performed correctly; 2 = needs improvement; 1 = not performed). The scores can then be aggregated to determine the participant's performance level before and after participation in the programme.

Running Skill

	Pre Assessment	Post Assessment
1. Runs freely from one location to another with good body control.		
2. Runs smoothly and with coordination.		
3. Runs freely without colliding with peers.		
4. Combines running with other fundamental motor skills.		
5. Varies running speed.		
6. Maintains a steady running rhythm.		
Total		
Note		

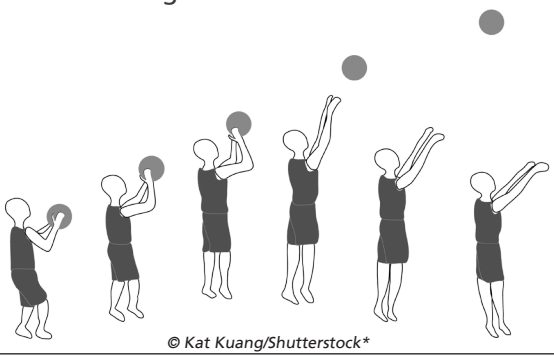


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Fundamental motor skills assessment

Throwing Skill

1. Throws with the preferred hand.
2. Controls the direction of the throw.
3. Uses the opposite foot from the throwing arm.
4. Includes trunk rotation while throwing.
5. Follows through after the throw.

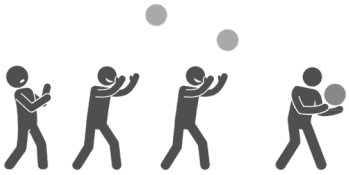


© Kat Kuang/Shutterstock*

Pre Assessment	Post Assessment
Total	Total
Note	Note

Catching (Receiving) Skill

1. Tracks the incoming ball well.
2. Receives balls at various heights.
3. Receives balls coming at different speeds.
4. Receives balls of different sizes (small–large).
5. Receives smoothly and with good coordination and control.



© UNESCO

Pre Assessment	Post Assessment
Total	Total
Note	Note

Fundamental motor skills assessment

Kicking Skill

1. Kicks the ball from a stationary position.
2. Kicks while running.
3. Controls the direction of the kick.
4. Controls the distance of the kick.
5. Kicks a moving ball.



© UNESCO

Pre Assessment	Post Assessment
Total	Total
Note	Note

Jumping / Hopping Skill

1. Jumps with good body control.
2. Takes off with both feet together and lands with both feet together.
3. Hops on one foot three times.
4. Jumps or hops smoothly and rhythmically.
5. Combines jumping or hopping with other fundamental movements.



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Pre Assessment	Post Assessment
Total	Total
Note	Note

Annex 3

The first aid section aims to provide basic information on common injuries and appropriate response strategies for teachers or coaches. The participant's health information form serves as a critical tool, enabling the teacher or coach to prepare for potential emergencies or to arrange for the presence of a qualified medical responder during the activity (Red Cross, 2016).

First aid

One of the trainer's primary responsibilities is to ensure the safety of participants in inclusive physical activities. To this end, the activity coordinator should provide trainers and assistants with appropriate first aid training, equipping them with essential knowledge and practical skills to respond effectively in the event of an injury particularly when medical personnel are not immediately available on site.

First aid refers to the prompt and appropriate care provided at the scene of an injury until the individual can be safely transferred for professional medical treatment, with the aim of preventing further harm or complications.



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General First Aid Principles

If a participant is injured during a physical activity, the trainer should:

- Move the injured person away from the source of danger.
- Loosen the injured person's tight clothing or belts; only remove clothing if absolutely needed, by cutting around the wound areas.
- Keep the injured person calm, warm, and resting. Avoid letting him/her see the injury or know its severity.
- Ask the injured person and any bystanders about the situation quickly, then examine carefully. Administer any needed first aid quickly if the injury is minor and obvious (e.g., small cuts).
- Contact an ambulance or the nearest hospital in cases of severe injury, such as fractures.

First Aid Kit

The aid kit includes such tools as:

- Medical forceps.
- Tongue depressor.
- Small scissors.
- Splints for fractures.
- Burn ointment.
- Sterile gauze.
- Cotton wool.
- Band-Aids.
- Elastic bandages.
- White alcohol.
- Saline solution.



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Bruises

Swelling and discoloration of the skin due to rupturing of small blood vessels and subsequent bleeding between tissues, typically caused by a solid object impacting the body. Immediately after injury, the skin appears red, then changes color over time as it heals.

First Aid

If the bruise is mild, apply a compression bandage with sterile gauze to reduce internal bleeding.



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Wounds

A wound is a cut through the skin (and underlying tissues) that may cause bleeding.

A. First Aid for minor bleeding wounds

- If the wound is clean, rinse it with a solution such as saline or white alcohol.
- If there are foreign objects in or around the wound, first rinse it with a sterile saline solution to remove debris, then disinfect.
- Apply a sterile dressing on the wound, secured with a bandage tight enough to stop mild bleeding.
- In cases of severe bleeding, stop the bleeding first, disinfect the wound, and bandage it. If there is a fracture along with the wound, treat the wound first, then apply a splint to the injured limb until medical help arrives.

B. First Aid for newly contaminated wounds

- Clean the wound, removing any damaged tissue, superficial clots, and easily removable foreign objects near the surface.
- Stop the bleeding, apply a sterile dressing, bandage the wound, and transport the injured person to the nearest hospital or doctor.

Fractures

Fractures may result from car accidents, falls from heights, slipping, etc. Types of fractures include:

Simple Fracture

A broken bone with intact overlying skin (no wound communicating with the fracture site).

Compound Fracture

A broken bone accompanied by a wound in the skin and nearby tissues, possibly exposing bone ends.

Multiple Fracture

A single bone broken at more than one location.

Symptoms of fractures

- Increased pain with attempted movement, often accompanied by swelling or deformity.
- Shortening of the affected limb in the long bones (e.g., lower leg, upper arm, or forearm).
- Movement of the broken bone fragments at the fracture site, sometimes audible.
- Loss of function in the fractured part.

Examples of fracture scenarios requiring first aid:

A- Fracture of the Skull / Neck / Spine

- Do not move the victim. Call an ambulance immediately to transfer the person to the hospital.



B- Collarbone Fracture

- Place a small cushion under the armpit.
- Bend the arm and forearm to form a right angle and use a sling or triangular bandage around the neck.
- Secure the arm against the person's side.



Epilepsy

Epilepsy is a chronic brain disorder characterized by recurrent seizures (involuntary movements) that may affect part or the entire body and are sometimes accompanied by loss of consciousness. These seizures result from excessive electrical discharges in a group of brain cells. Epilepsy may have genetic causes, develop from direct brain injury, or be associated with certain illnesses. By gathering relevant information about participants, the trainer should monitor any participant with epilepsy throughout his/her activity.

If a participant has an epileptic seizure during an activity, the trainer should:

- Avoid moving the person unless it's necessary.
- Remove sharp objects from the area.
- Place a cushion under the person's head.
- Gently roll the person onto one side (preferably the right side).
- Do not place anything in the person's mouth.
- Call an ambulance if:
  - The seizure lasts longer than 5 minutes.
  - The epileptic seizure recurs.
- Remain calm and offer reassurance after the seizure ends.



Heat stress, heat stroke and hypothermia

With the recent global climate changes, coaches must take appropriate measures and know what to do if a player experiences high or low temperatures. This section will review the effects of high and low temperatures on players and how coaches can provide first aid to injured players (University Western Washington, 2025).

Heat Stress

Heat stress is the body's response to an excessive loss of water and salt contained in sweat. If heat stress is untreated, it may progress to heat stroke.

Warning Signs of Heat Stress

- Heavy sweating,
- Paleness,
- Muscle cramps,
- Tiredness,
- Weakness,
- Dizziness,
- Headache,
- Nausea or vomiting,
- Fainting,
- Cool or moist skin,
- Fast & weak pulse, and
- Fast and shallow breathing.

How to Treat Heat Stress

- Provide the person with cool, non-alcoholic beverages using small sips.
- Help the person to rest.
- **Cool the person using whatever methods you can, for example:**

Cool shower, bath, or sponge bath	An air-conditioned environment	Loosen clothing

- **Seek medical attention immediately if any of the following occurs:**
  - Symptoms are severe.
  - The person has heart problems or high blood pressure.

Heat Stroke

Heat stroke occurs when the body is unable to regulate its temperature. During heat stroke, the body's temperature rises, the sweating mechanism fails, and the body is unable to cool down.

Warning Signs of Heat Stroke

These may vary but may include the following:

- An extremely high body temperature (above 103°F, or 39.4°C),
- Red, hot, and dry skin (no sweating),
- Throbbing headache,
- Dizziness,
- Nausea,
- Confusion, and
- Unconsciousness.

What to Do for Heat Stroke

- Call for medical assistance as soon as possible.
- Get the person to an air-conditioned or shady area.
- Cool the person rapidly using whatever methods you can:
  - Immerse the person in a tub of cool water.
  - Place the person in a cool shower.
  - Spray the person with cool water from a garden hose.
  - Sponge the person with cool water.
  - If the humidity is low, wrap the person in a cool, wet sheet and fan them vigorously.
  - Apply cold packs to armpits, groin, neck, and back.
- If possible, monitor body temperature, and continue cooling efforts until the body temperature drops to 100°F or less (down to 98.6°F, or 37°C).
- If the person is hot and sweating, GIVE fluids.
- If the person is hot with dry skin, DO NOT give fluids.

Hypothermia

Hypothermia is a condition brought on when the body temperature drops to less than 95°F, or 35°C. This condition may occur in very cold temperatures but may also happen in milder temperatures when other factors, such as moisture or wind chill are present.

Warning Signs of Hypothermia

- Uncontrollable shivering,
- Slow speech,
- Memory lapses,
- Frequent stumbling, and
- Drowsiness and exhaustion.

How to Treat Hypothermia

- Get medical help immediately.
- Get the person to a warmer area.
- Remove wet clothing.
- Wrap the person in dry clothes you have pre-warmed, if possible.
- If you cannot get the person to a warmer area, use body heat to help warm them.
- Do not give an affected person any alcohol or liquids containing caffeine. These will increase the effects of cold on his body.

Frostbite

Frostbite is damage to body tissue caused by extreme cold.

Warning Signs of Frostbite

- White or pale appearances in fingers, toes, nose, or ear lobes,
- Skin that feels unusually firm or waxy, and
- Numbness.

What to Do for Frostbite

- Get medical help.
- If possible, immerse affected areas in warm (NOT HOT) water.
- Do not give the person any liquid containing caffeine. Caffeine will cause the heart to beat faster and hasten the effects of cold on the body.

Annex 4

Sport organizations & federations

International Sport Organizations

International Olympic Committee
International Paralympic Committee
Special Olympics
International University Sports Federation
The International Federation for Sport for All
International School Sport Federation
International Military Sports Council

International Organizations Of Sports For The Disabled

International Blind Sports Federation	IBSA
Virtus: World Intellectual Impairment Sport	VIRTUS
World Abilitysport	Ability Sport World

International Federations

Alpine Skiing, Cross-Country Skiing, Snowboard	(International Ski and Snowboard Federation (FIS
Archery	(World Archery (WA
Boccia	(WB) World Boccia
Badminton	(Badminton World Federation (BWF
Biathlon	(International Biathlon Union (IBU
Equestrian	(Fédération Equestre Internationale (FEI
Canoe	(International Canoe Federation (ICF
Cycling	(Union Cycliste International (UCI
Rowing	(World Rowing Federation (FISA
Sitting volleyball	(World ParaVolley (WPV
Table Tennis	(ITTF) International Table Tennis Federation
Taekwondo	(World Taekwondo (WT

Triathlon	World Triathlon
basketball Wheelchair	International Wheelchair Basketball Federation
Wheelchair curling	(World Curling Federation (WCF
Wheelchair rugby	World Wheelchair Rugby
Wheelchair tennis	(International Tennis Federation (ITF

Recognised International Sports Federations

wrestling Arm	(World Arm wrestling Federation (WAF
Bobsleigh	International Bobsleigh & Skeleton Federation ((IBSF
Bowling	(International Bowling Federation (IBF
Climbing	International Federation of Sport Climbing
CP Football	International Federation of CP Football
Flying Disc	(World Flying Disc Federation (WFDF
Golf	(International Golf Federation (IGF
Handball	(International Handball Federation (IHF
Hockey	(International Hockey Federation (FIH
Karate	World Karate Federation
Modern Pentathlon	Union Internationale de Pentathlon Moderne ((UIPM
Football Powerchair	International Federation of Powerchair Football ((FIPFA
Sailing	World Sailing
Surfing	(International Surfing Association (ISA

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Breaking Barriers

A Step-by-Step Guide to Inclusive Sport

Sport has the power to unite, inspire, and transform. But true impact only happens when everyone can take part.

This guide is an essential resource for creating inclusive sport and physical activity programmes that welcome persons with disabilities and promote equal participation for all. Grounded in international frameworks and supported by UNESCO's Fit for Life initiative, it offers step-by-step tools, adaptable practices, and clear guidance on how to plan, implement, and evaluate inclusive programmes across different settings.

Whether you're a policymaker, coach, educator, or advocate, this guide provides the practical know-how to remove barriers and build environments where diversity is embraced, and every person feels valued and empowered.

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