**Pointers for Students with an Orthopedic Impairment in Physical Education**

**Definition: A severe physical impairment that adversely affects a child’s educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures and burns that cause contractures, etc.).**

General Pointers:

* Students may be ambulatory or non-ambulatory.
* Upper and/or lower body part range of motion may be limited.
* May have a communication delay.
* May have difficulty generalizing skills from one situation to another.
* May demonstrate seizures, sensory loss, hydrocephalus and scoliosis.
* Balance and/or coordination may be affected.
* Student may have prosthesis.
* Student may have low level of physical fitness.
* Be aware of any medical precautions.
* Ensure playing area/gymnasium is accessible.

Modifications suggestions:

* Provide a variety of activities for differentiation.
* Use larger, lighter balls.
* Use larger targets.
* Modify playing area.
* Modify rules to games and activities.
* Shorten game time to ease frustrations.
* Use noodle or other implement to assist in expanding student reach.
* Attach equipment to chair or walker (e.g., attach shortened hockey stick to wheelchair).
* Use large scooters, large mat scooter, or scooter seats for mobility.
* Modify locomotor patterns.
* Utilize movement activities within the students’ range of motion (bend, straighten, shake).
* Modify activity for non-disabled peers (e.g., Instead of a ‘no hands’ rule, reverse it to ‘hands only’ or ‘no feet’ to level the playing field for chair users).
* Provide additional rest periods as needed.
* Stress cooperation and peer interaction.
* Utilize sitting or kneeling in place of standing activities.
* Ask the student how he or she might participate in the activity.
* Focus on reaching, grasping, pushing.
* Provide lessons and activities in life-time leisure games and skills.

NC Adapted PE Advisory Council 10/26/2011