

# **Little Athletics**

## **General Philosophy**

### **Making Little Athletics Inclusive**

The philosophy of most government bodies in Australia is that children with disabilities should be included into local sporting competitions and fixtures for the purposes of regular competition. As a coach you can meet the challenge of including children with disabilities into your Little Athletics program and help all Little Athletes to feel good about themselves and improve their skills.

Little Athletics has a philosophy of catering for individual difference and a focus on participation. The ability of any child will depend on many factors, which include the degree of support needs, fitness level and co-ordination of the child. Children with a disability participate in sport for the same purposes as any other children: to improve fitness, develop new skills, increase social contacts, for the personal enjoyment and challenge, the thrill of the competition and the chance to achieve and gain recognition within their chosen sport. You can adapt and modify your programs to meet individual abilities by being creative and flexible. Give yourself a new challenge!

## **Coaching Little athletes who use a Wheelchair**

Children who have a loss in the use of their lower limbs may use a wheelchair. The cause may be paralysis which could be congenital such as spina bifida or trauma such as an accident or illness. Paraplegia results in loss of movement and sensation in the trunk and lower limbs. Quadriplegia (Tetraplegia) involves the greater part of the body including the upper limbs.

Lack of opportunity to compete leads to many children in wheelchairs to give up. The information the coach needs as far as the athlete's disability are: how much balance they have (ie abdominals) and whether they can stand or not. The basics are the same as for able bodies athletes but the coach has to work with the muscle power and co-ordination that the athlete with a disability has to work with.

A coach should keep in mind when working with little athletes who use a wheelchair the following points:

- The ease of access of your venue eg exits, court, locker rooms, light switches, parking, canteen, drink fountains etc.
- Which muscle groups are useable and therefore which movements are possible.
- Be adaptive and creative with drills and stretches.
- How will the wheelchair be stabilised in throwing events?

For further information contact Wheelchair sports SA 8349 6223 or ring SPARC Disability Foundation, Manager-Education Programs.

## **Working with little athlete who have a vision Impairment**

As a coach you need to be constantly aware of the little athletes degree of visual impairment and consider this when developing a well structured and specific learning program. Degrees of visual impairment range from an impaired perception of colour, light and shadow with some peripheral vision, to total blindness. Athletes with visual impairment compete in one of three classifications depending on their ability to recognise objects or contours.

Persons with visual impairments are otherwise no different from you or I. A coach should keep in mind the following considerations when working with Little Athletes with a vision impairment.

- Elimination of background noise is beneficial for the visually impaired so that verbal instructions can be easily understood.
- People with visual impairment are not deaf - do not yell.
- The coach must be articulate and willing to give the fullest description of technique, correction of poor technique. Use key words to assist.
- Constantly correct style manually - do not push or prod those being instructed.
- Familiarise the person with obstacles in the area (describe obstacles in their direct path of travel, let the athlete feel the area and give them time to 'explore' the area).
- A 'buddy' system may be helpful; placing sighted people with those who have visual impairments so the sighted person may assist or be the athlete's eyes.
- Methods of contact or connection can include hand to hand, ribbons, elastic tether, guide runner, auditory cues, strong contrasting colors for signs.
- Give visually impaired people constant feedback on the progress of an activity or game which may be naturally observed by people with vision.
- Work in a well lit area, but not in direct sun. Shadows and dark areas may be dangerous and will reduce visibility.

For more information contact SA Blind Athletics Club - 8343 4535 or SA Blind Sporting Council on 8212 9399 or ring the SPARC Disability Foundation, Manager-Education Program on 8342 0900.

## **Coaching Little Athletes with a Hearing Impairment**

Hearing loss is a communication disorder. For communication with a deaf athlete, it is necessary to ascertain the extent of the deafness and

any other disabilities which they may have. Coaches should be aware that the initial slower learning which often occurs with deaf people is due to the communication difference, not lack of ability. Deaf people may be included in one of three categories: Hard of hearing (mild hearing loss) who rely on aided hearing and gain some help from lip reading. Partial hearing loss who rely upon a combination of lip reading, attentive listening and aided hearing for communication. Severe and Profound Hearing Loss who will depend a great deal on visual and non-auditory signs and gestures as well as lip reading and aided residual hearing.

When coaching little athletes with a hearing impairment you should keep in mind the following considerations:

- Be sure you have the athlete's attention so they can ascertain the whole message.
- Ascertain the degree of deafness and primary means of communication.
- See and be seen: position yourself where you can be seen face on, at close range and in good light. The athlete needs to be able to lip read and see your facial expression.
- Hand gestures and facial expressions help make the meaning clear. However, keep hands away from the face.
- Avoid background noise.
- Keep instructions short and simple.
- Check that you have been understood.
- Use demonstration as the most important cue.
- During competition or training, signs such as the wave of a flag, flick of lights, or a tap on the shoulder may be required if the person is unable to hear a whistle or a starter gun.

For more information contact

Or SPARC Disability Foundation, Manager-Education Programs for resources and education opportunities.

# **Coaching Little Athletes with Intellectual Disability**

The causes of intellectual disability are extremely diverse and are not usually significant to coaches of athletes with an intellectual disability. Information regarding the general health of the athlete should be obtained from the same registration form as required by most clubs for all athletes.

The physical fitness and basic motor skills of athletes with an intellectual disability are generally poorer than their able-bodied peers due to lack of opportunity to participate in physical activity programs rather than any physiological factors. Athletes with an intellectual disability can succeed and excel in sports and games. Little athletes with an intellectual disability may have associated conditions such as epilepsy, cardiac disorders, obesity, physical disability etc. A Little athlete with an intellectual disability may have difficulty in thinking in abstract term, poor decision making ability, poor short term memory, learning difficulties such as limited literacy and numeracy skills and inconsistent concentration spans.

When coaching Little Athletes with an Intellectual disability some considerations to achieve success are:

- Make all sessions fun and enjoyable
- Keep the coaching language clear and simple
- Do not make allowances - encourage them to meet requirements
- Break down complex skills - one step at a times
- Give appropriate reinforcement
- Can copy well, so use modelling and lots of repetition.
- Consistently ensure athletes understands instructions and safety issues.

For more information contact SASRAPID on 8351 9779 or SPARC Disability Foundation, Manager-Education Programs on 8342 0900.

## **Coaching Little Athletes with Cerebral Palsy**

Cerebral Palsy is a disorder of movement and posture caused by damage to an area, or areas, of the developing brain that control and coordinate muscle tone, reflexes, posture and movement (Jones, 1988) Athletes with CP typically have abnormal reflex activity and muscle tone, perceptual-motor problems, visual dysfunction, learning disabilities, and other soft signs of neurological damage such as attentional defects, hyper-kinesis and impulsivity. The type and severity of dysfunction of each individual with CP varies considerably depending on the location and amount of brain damage. Some athletes with CP are walkers, some compete in wheelchairs. Some have intellectual disabilities, but some do not have an intellectual disability.

When coaching little athletes with cerebral palsy remember these points:

- Warm-up and cool down are essential to CP athletes
- Because of short attention spans and a high degree of muscle hyperonus, short training sessions tend to provide the best learning environment.
- Know your athlete's abilities. This aids in planning efficient training sessions to reach your athlete's goals.

For more information ring Or SPARC Disability Foundation, Manager-Education Programs on 8342 0900.

## **Coaching Little Athletes with an amputation**

Little Athletes with an amputation are easy to include in any coaching session.

Many athletes will be able to participate in all regular activities with few, if any, modifications. To be classified as an amputee there must be

a clear delineation of amputation, and the amputation must be through the joint, with no articulated joint remaining.

When working with Little Athletes with an amputation remember the following considerations;

- Listen to the little athlete's advice on what they can do.
- Consider the little athlete's starting balance and transfer of weight during movement.
- Identify safe methods for landing and spreading weight load.
- Be prepared to modify skills if needed to accommodate individual strengths, especially in relation to starting, stopping, twisting and turning by lower limb amputees.
- Consider the 'wear and tear' on the athlete's stump. Ensure that any problems with stump soreness as a result of training and competing are quickly overcome.

For more information contact SA Disabled Sport & Recreation Association Inc. on (w) 8410 3485 or after hours on 8296 3485

## **Coaching Little Athletes with Health Related Conditions**

It is important that coaches have an understanding of some of the more common health related conditions and of the considerations which may be needed when working with athletes with health related conditions.

- **Diabetes**

Diabetes is a condition which can be controlled. In most instances diabetes presents no real problems in terms of the individual being able to participate in regular physical activity. The control of diabetes requires that there be a balance between diet, medication and exercise.

Most diabetics or their guardians should be monitoring their diet and medication. If an individual with diabetes is over exerted then there is a possibility of going into shock or diabetic coma. If the diabetic collapses then move the person to a safe place, give glucose, call medical assistance, reassure them, keep them warm and stay with them until medical assistance arrives. If unconscious, place in a coma position and observe until medical assistance arrives. Do not give fluid or tablets as they may choke (a jelly bean under the tongue is suitable as it will dissolve).

- **Asthma**

Asthma narrows the bronchial tubes and this makes breathing difficult. The major difficulty for asthma sufferers is that an asthma attack may be triggered off by strenuous physical activity. A coach should consider the following points:

- know who has asthma.
- provide an adequate warm up as this can help the body adapt to changes in air temperature, particularly when exercising outdoors in cold weather.
- Intake of preventative medication before and during exercise.
- Recommend the athletes follow a 6 step asthma management plan. This six step asthma plan will allow you as the coach to better understand the athletes asthma and its considerations:

**Step 1 Know how severe your asthma is.** Assess the severity of your asthma and have it checked by your doctor and share this information with your coach.

**Step 2 Achieve your best lung function.**

**Step 3 Avoid trigger factors.** Find out what sets off your athletes asthma and try to stay away from it. These triggers could be house dust, pollens, animal fur, moulds, tobacco smoke, chemical fumes, food preservatives, colorings and respiratory infections.

**Step 4 Stay at your best.** If you need medications these should be as simple, safe and effective as possible. There are



basically two types of inhaled medications that your doctor might advise you to use.

The “presenter” and the “reliever”.

**Step 5 Know your action plan.** Athletes should work out an action plan which recognises when your asthma is getting worse, how to treat it quickly and how and where to get the right medical assistance. Let your coach know your action plan and advise them if you recognise your asthma getting worse.

**Step 6 Check your asthma regularly.** Asthma can usually be kept under control. Athletes should have regular check-ups with their doctor. The Asthma Foundation can be contacted on (08) 8362 6272.

- **Epilepsy**

With the assistance of modern medication up to 80% of persons with epilepsy have no seizures or seizures at very infrequent intervals and can lead normal active lives. The exact cause of epileptic seizures is not known, however when a seizure occurs the individual is unable to control body movements. If a person has epilepsy, it is important for coaches to obtain information from them (or their parents or doctor) about their seizures, medications and any necessary restrictions on activity. A coach should be aware of the following major points:

- Know who has epilepsy
- Avoid rapidly changing environments, flashing lights etc.
- Swimming - close supervision and procedures to handle seizures in the water.
- When a person has a seizure, the seizure should be allowed to take its course. No restraints should be applied. The environment should be made safe so as to minimise the possibility of injury. If the seizure continues for more than 10 minutes or a second begins seek medical assistance immediately. Following the seizure the individual will need to be calm and warm and rest.

# Event-Sprints/Distance/Race Walking/ Hurdling

## *Adaptation & Modifications*

- Visual cues for athletes with a hearing impairment.
- For athletes in a wheelchair track racing can be done on a road or indoors. Any surface, provided it is smooth and firm is suitable, but care should be taken that the area is cleared of any rock or stones.
- Children with starting difficulties may be useful to introduce other means of cueing the start. Eg by touch the child, saying a key word such as go, watching the other children in the race or evening introducing a visual compic or symbol such as a traffic light with a green light. These adaptations can be gradually fazed out as the child feels more comfortable with the starting process.
- For children with vision impairments. A child who has a B1 category must use a guide runner when competing in events longer than 100 metres and has two lanes at their disposal. In the 100 metres the child competes on a time trial basis, using a 'caller'. This caller stands behind the finish line and directs the athletes by calling the number of the lane they are running in. Calls are made approximately every second. A second caller may act as a guide runner. Children who are in the B2 category may use two lanes and may choose to use a guide runner if they wish to. In events over 100 metres, all 131 children must have a guide runner. Those in the B2 category may use a guide runner if they wish, and both categories have two lanes. The child who is categorized as a B3 runner competes under the same rules as a able-bodied runner.
- Guide runners may use a **free running or no strings method** - the guide runner runs beside or in close proximity to the child with a vision impairment or the **elbow method** - child hold onto the elbow of the guide runner, or **tether method** - the guide runner and the child are connected by a short strap on the inside wrists. The guide runner and the child need to run "as one" with each individual feeling comfortable running with the other. This will take time and much practice running.

- Vary the distance according to the ability of the child- A handicap style start
- For relays use touch rather than batons.
- Not penalised for going out of the lane- Allow two lanes if needed, or use the outside lane.
- Allow pacers to encourage and guide athletes. Use physical assistance as needed.
- At the finish line communicate with the athlete that the race is finished so they know where to finish.
- Coach the skill of gradually slowing down to a stop after going over the finish line.

## **Hurdling**

- Make the hurdle visual
- Use cardboard bent so it will stand
- Use 2 bricks on flat with wood between
- Vary height so the ability of the child
- Use elastic
- Use no hurdle to learn the pattern of hurdling.

## **Shotput**

- When completing in a wheelchair all parts of the chair which are in contact with the ground must be within the throwing circle. someone is permitted to hold the chair stable within the circle. During the throw or put, the child's upper leg or their bottom must remain in contact with the seat until the shot is released.
- Chairs or throwing frames can be anchored to the ground to allow stability for the child during the throwing action. Athletes with physical disabilities can allow so a holding devices to ensure stability.
- Use a small ball eg softball, baseball or cricket ball. Tennis balls filled or partially filled with sand and balls made from socks, stockings or paper are ideal for the initial stages of learning the technique.

- Have a bright flag or target directly in front so athletes know in which direction to throw.
- Mark out with chalk where the position of the feet should be in the throwing direction.
- Allow athletes to use a lighter weight to learn correct technique.
- Use cue words to emphasize correct techniques.
- Allow athletes to push against your hand to understand the pushing technique.
- Encourage results and correct technique.

## **Discus**

- Use hoops, quoits, bean bags or frisbees to learn throwing action.
- Underarm action can be used.
- Hold the wheelchair or anchor the wheelchair to ensure technique and leverage or allow athletes to use a holding device.
- Mark out with chalk the correct positioning of feet.
- Allow a stationary throw and gradually build up the correct technique.
- Mark on the discus the correct grip.
- Vary the weight until the child has learnt the correct technique or develop the required strength.

## **Javelin**

- Use a turbo javelin
- Allow the athlete to start with a standing throw and gradually build up a run.
- Hold the wheelchair or anchor the wheelchair to ensure technique and leverage or allow athletes to use a holding device.

## High Jump

- Start without the bar to get feel of jumping and landing.
- Put the bar at the height of the bag to get a feel going over the bar.
- Use a flexi bar or brightly colored elastic for the bar.
- Light white cloth in the centre to identify where to jump.
- Bar - string with cotton user friendly
- Shorten the approach
- Use chalk to mark the take-off for athletes to learn or place a cone where the run should start.
- Teach the importance of landing on the mats
- Adjust the bar to athletes ability to maximise athletes opportunity. So all have the opportunity to have 5 jumps and achieve what they are comfortable with.

## Long Jump

- Standing jump
- Shorten the run up
- Adapt progression of mats
- Cones to identify the mark for jumping
- Vary the mark for take-off
- Safe environment

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