

THE STRUCTURE OF THE ENSURING OF THE FUNCTIONING OF SPECIAL OLYMPICS' PROGRAM

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Annotation. The structure of the ensuring components of the program of Special Olympics, consisting of medical, psychological-pedagogical and material- technical ensuring. Medical ensuring includes admission procedure for athletes training to a particular sport, athletes' medical monitoring, medical care sports events and the program (Healthy Athletes). Psychological-pedagogical ensuring is an extremely important component, given nosological features athletes with intellectual disabilities, represented permitted to participate in Special Olympics programs, psychological and pedagogical support training athletes and psychiatric examination program participants of Special Olympics. In the technical ensuring regarded the structure and volumes involved and spent resources for the programs of Special Olympics and special equipment, equipment, inventory used during in training and competition. All levels of programs functioning of the Special Olympics are interrelated and interdependent, equally important to address their various problems.

Key words: Special Olympics, medical, ensuring, psychological, pedagogical, technical.

Introduction

Many years existence and effective functioning of international sports movement Special Olympics, as the most wide-scale in the world movement for disabled persons, is impossible without organization of all provisioning levels of training and competition processes. Comparing trainings in programs of Special Olympics with trainings of Olympic Games sportsmen, we should study the following components of structure of their functioning's provision: medical provision, psychological-pedagogical provision, resource base and organizational provision [9, 16]. It should be noted that there is no substantial characteristics of the mentioned components in scientific and methodic literature. In our previous works we offered description of components of athletes' trainings for Special Olympics [14, 15]. In some works problems of historical character are regarded (Yu.A. Briskin 2004, 2006, Ye.N. Pristupa 2003, 2005, I.O. Kogut 2008, O.V. Rymar 2002, Matveyev 2002) [3, 10], in works by V.I. Mudryk (2001), Yu.A. Briskin (2004), S.P. Yevseyev there have been presented the problems of organization of Special Olympics movement [4, 12]. Methodical aspects of athletes' training are reflected in researches of Ye.V. Goncharenko, T.P. Begidova, G.V. Barmin, O.O. Pavlos et al. [1, 2, 6, 7, 15]

That is why analysis and detail characteristic of components of Special Olympics programs' functioning is an urgent direction of research of this movement's contemporary state.

The work has been fulfilled as per subject 1.4 "Theoretical-methodic principles of sports' for disabled development of combined plan of scientific & research work in the field of physical culture and sports for 2011-2015" (Order N 4525, dt. 20.12.2010 of Ministry of education and science, youth and sports of Ukraine).

Purpose, tasks of the work, material and methods

The purpose of the research is characteristics of medical, psychological-pedagogical and source-base provision of Special Olympics' functioning.

Results of the researches

Thus, effective functioning of athletes' training system for Special Olympics is possible under condition of availability of proper medical, psychological-pedagogical and source-base provisions (as well as organizational provision, which is the subject of separate researches).

Medical provision is an integral component of sportsmen's training system for Special Olympics. In most cases mental disorders combine with disorders of sensor systems, supporting motor system, complex psycho-physiological abnormalities [17, 19]. That is why constant medical provision is mandatory for trainings and competitions according to programs of Special Olympics.

Medical maintenance implies:

- Admittance of athletes to trainings in certain kind of sports;
- Medical examinations of athletes;
- Medical provision of competitions;
- Realization of program "Healthy sportsmen".

General rules of International Special Olympics determine requirements to medical admittance of athletes. All athletes, who want to be registered for participation in Special Olympics' program, shall pass medical expertise. This expertise is a part of initial registration. A sportsman shall be examined by doctor (or by authorized medical official) for filling in special medical form. Accredited program shall ensure further systemic medical examinations as well. As a rule, such examinations are recommended to be carried out once a year. If authorized representatives of accredited programs, working with athlete, have solid base to consider that there happened significant changes in his health's state, mandatory medical examination can be fulfilled before termination of annual period. Besides, accredited program may independently set requirements, which concern frequency of necessary medical examinations, but it has no right to abolish primary examination, which is a condition of initial registration in Special Olympics' programs. Every accredited program shall work out procedures and use standard forms for proving the fact that all registered sportsmen passed compulsory medical examination. These forms are used for obtaining required for registration reports from medical officials about results of any diagnosing, after primary examination. All these procedures and forms shall be the subject of constant revision and be approved by International Special Olympics.

Special requirements to primary examination and admittance to sport trainings and competitions of sportsmen with Down's syndrome, 15% of whom have incorrect construction of cervical vertebrae, known as atlantooccipital instability. Atlantooccipital instability can be the reason of traumas during different exercises, which have maximal amplitude of movements in cervical and throatic spine sections or as a result of direct pressure on neck. Such movements are characteristic for start in swimming, high jumps, power-lifting, horse racing, calisthenics, football, downhill skiing and different exercise for flexibility, especially frequent during warming ups. Such kinds of sports and exercises are prohibited for athletes with atlantooccipital instability. Sportsman with Down's syndrome can receive permission for participation in any kind of sport activity if he has qualified medical report, based on special X-raying, which proves that sportsman has no atlantooccipital instability. Sportsman with Down's syndrome, who has atlantooccipital instability, can be permitted to participate in sports activity, if his parents or tutor give written permission for it, in spite of possible risks, connected with atlantooccipital instability. Besides, two medical officials shall witness in written form that they explained to his parents or tutors all possible after effects for the sportsman and general sportsman's condition does not prevent him, in their opinion, from participation in trainings and competitions of Special Olympics. All such papers shall be formed as documents and submitted to accredited programs in standard form, approved by International organization of Special Olympics [11].

Medical maintenance of competitions starts already on the stage of preparation, when appropriate Organizational committee of Games (OCG) requires from every sportsman-participator health report by licensed medical workers. Health report shall be submitted within one year preceding the date of Games' beginning. Accredited programs, responsible for sportsman, submit all necessary information about him, using forms, approved by International organization of Special Olympics.

Constant presence of qualified emergency medical aid is also requirement of medical safety of competitions. It shall be easily accessible at any moment of competitions. All duties on providing of first emergency aid for the period of sports measures shall be clearly determined; on competitions' objects there must be all required special equipment and medicine.

Realization of effective medical provision of Special Olympics is assisted by volunteers program «Healthy sportsmen», which was officially founded in 1995 and in 1997 was powerfully stimulated by initiative of American businessman and philanthropist Thom Golisano, who issued 12 million dollars for expansion of medical services in the frames of Special Olympics' movement.

The purpose of the program was transformation of medical examinations, required for sportsmen - mentally disabled, from single cases into a system. At present, this program offers medical provision by seven directions: «Healthy foot» (examination and treatment of feet diseases), «FUN-fitness» – recommendations on motion activity, «Health Promotion» health improvement program), «Healthy hearing» (program of audiology), «MedFest» (sport-related) medical examination, «Open eyes» (examination of eyesight) and «Special smile» (program of dental services) [8]. Usually measures of «Healthy sportsmen» program are planned in the frames of competitions' organization that permits to cover maximal quantity of athletes. Doctors' recommendations orient sportsmen on healthy life style. It is important that with carrying out of «Healthy sportsmen» program there are revealed problems, which require further observations. This program offers medical services and required information for sportsmen. The program has already been realized in more than 100 countries of the world; more than 1.2 million of free clinic examinations have been fulfilled. «Healthy sportsmen» is the largest in the world program in sphere of health protection. Besides regular medical examinations, «Healthy sportsmen» program has another sense. The program created the greatest in the world

data base about state of health of intellectually disabled people; more than 100 000 health protection specialists received experience of treatment of intellectually disabled people.

Psychological-pedagogical provision is exclusively important for organization of training and competition processes, considering nosological specificities of Special Olympics' athletes. Psychological-pedagogical provision includes:

- Realization of admittance procedure to participation in Special Olympics' programs;
- Psychological-pedagogical maintenance of sportsmen's trainings;
- Psychiatric expertise of Special Olympics programs' participants.

As it is known, for participation in Special Olympics' programs athlete must have qualified verification of reduced intellectual level, received with the help of certain standard methods of psychological examination [5, 20].

The complexity of determination of nosological status made International organization of Special Olympics mainly exclude quantitative appraisal of intellectual level (intellectual, adaptation behavior) with the help of standard psycho-diagnostics' methods and use instead of them other admittance criteria, included in General rules.

For example, in item 6.01 "Right for participation in Special Olympics" of Official General rules of 1997', 2003' and 2006' publications, requirements to determination of right for participation in Special Olympics are practically the same. Differences are only of terminology character, but not concern the content. In Rules it is said, that every person with mental disability, of the age not less than 8 years old, has right for participation. Limitation concerns only minimal age; there is no limitation for maximal age. Accredited program can permit participation in corresponding to age special trainings by Special Olympics' programs or in cultural or social measures, envisaged by the programs, for children fro 6 years old age. Children can receive certificates of participation in different educational, contest and other programs, but before 8 years old age no child has right to participate in sports competitions (<http://www.specialolympics.org>).

Determination of right for participation of intellectually disabled people is carried out as per the following requirements:

1. A person is considered intellectually disabled, if \this fact is verified by professional association, appropriate organization according to existing in the given country requirements.
2. A person has cognitive delays, determined with the help of standard methodic, which are recognized by professional association in the country of accredited program.
3. A person has accompanying abnormalities, which determine presence of functional limitations both in learning and adapting skills (professional activity, self-servicing and so on). Alongside with it, persons, whose functional limitations are based only on physical or sensor, or emotional, or behavioral deviations, have no right for participation in Special Olympics as athletes, but can be invited as volunteers.

It is important, that in Chapter 6.01 (e) there is confirmation of necessity of flexible approach to decisions of some accredited programs concerning participation right of every athlete. Program can request limited permission for participation of athletes, if it is proved by exclusive circumstances. Final answer, concerning accepting or refusal of written request of accredited program is issued by International organization of Special Olympics. This situation is determined by certain national differences in approaches to intellectual disability and status of such persons in society, by problems of using standard diagnostic IQ methodic (for example Vexler's methodic in not English speaking countries).

In Ukraine, report about intellectual disability can be issued by psychological-medical-pedagogical center. Thus, decision of psychological-medical-pedagogical center about the presence of problems in psycho-physical, intellectual development of a child can be considered a realization of requirements of Chapter 6.01 (e) of General rules of Special Olympics about participation right in programs: "approved by professional association, appropriate organization as per existing in country requirements". It should also be noted that experience of out country in involving of persons with intellectual problems in Special Olympics' programs is based on cooperation with special educational establishments, contingent of which is formed on the base of decisions of psychological-medical-pedagogical centers. Such practice is adopted by legislation of most post-soviet countries (Russian Federation Kazakhstan and other). It should be noted that at international level the quantity of school age athletes is about 70%.

Psychological-pedagogical maintenance of athletes' training stipulates monitoring of main psychic functions (properties) and specificities of behavior, which determine success of training and competition activity: perception and memorizing of information, ability to interact in collective, response to changes of situation (conditions of training, coach's tasks etc.).

Participation in Special Olympics' programs is prohibited for persons with psychic disorders. Combination of intellectual problems with psychic disorders is a counter indication to training and competition activity. For being

admitted to sports trainings by Special Olympics' programs, athlete shall have qualified medical report of psychologist (psychiatrist) about absence of psychiatric pathologies.

Resource base provision. At present stage of development of Special; Olympics' movement, considering its scale, variety competition programs, requirements to their organization, to preparation of sport structures, sport equipment and so on, significantly grow.

Resource base provision both of international and separate accredited programs of Special Olympics, depends on the level and structure of their receipts and expenditures and, accordingly, on size of those their part, which is used for organization of training process and conducting of competitions.

For example, in 2009 income of International Special Olympics was more than 100 million \$ (101.521.645).

В этом же году расходы Международных Специальных Олимпиад составили 92,288,084 \$, из них более 60% of funds were issued for maintenance of accredited programs of Special Olympics in the world. It is important that about 14% (12.403.314 \$) is spent for organization of trainings and competitions. It should be noted that recent years there have appeared a trend to increase the scope of expenditures in the whole, including expenditures for maintenance of national programs and for organization of trainings and competitions during year.

For example, in the period 2006-2008 All-Ukrainian public organization of disabled "Special Olympics of Ukraine", in particular, by 50% was financed by International organization of Special Olympics (36%) and by organization of Special Olympics – Europe/Eurasia (14%). Total income for this period was 2638010 UAH. At the same time expenditures of national Special Olympics for this period were 2405422 UAH, from which 10% (251216 UAH) were spent for equipping of sportsmen and 24% (582271 UAH) – for organization of sport competitions. Thus, demands of resource base provision of training system of Special Olympics' sportsmen in Ukraine are approximately one third of expenditures of this organization. Expenditures for personnel (26%) and transport (18%) are comparable with the mentioned above expenditures.

When regarding resource base provision of Special Olympics' programs, besides these general indicators of expenditures it should be noted that in most cases trainings and competitions are conducted with application of standard equipment, stipulated by requirements of one or another kind of sports. Definite difficulties can appear with selecting of equipment for specific, nosologically determined, kinds of sports or competitions. For example, for trainings on hockey on the floor it is necessary to have special puck (a kind of disk with hole in the center), which shall meet the following requirements: diameter – 20 cm; central hole – 10 cm; thickness 2.5 cm; weight – 140-225 g.; special sticks, which must be produced (except goalkeeper's stick) of wood or optic fiber and meet the following parameters: circumference length – 7.5-10 cm, length – 90-150 cm, edge, contacting with floor shall be rounded. Also defensive outfit is required: helmet with face shield, protective gloves, elbow pads, special footwear [18].

For trainings and competitions by program of motion activity (MATP – Motor Activity Training Program) also it is necessary to have non-standard equipment: balls and hoops of different diameter, plastic skittles, gymnastic sticks, rollers, supporting during activity, toys, flags, baskets, gymnastic benches, mats, marking bands and so on.

Conclusions:

The structure of provisioning of Special Olympics programs' functioning includes the following components: medical, psychological-pedagogical and resource base, as well as organizational, provisions. Medical provision, in its turn, includes admittance of athletes to trainings in certain kinds of sports, medical control of athletes, medical maintenance of competitions and realization of program "Healthy sportsmen"; psychological-pedagogical provision realizes admittance procedure to participation in Special Olympics' programs, ensures psychological-pedagogical maintenance of sportsmen's training and psychiatric expertise of Special Olympics programs' participants. In the frames of resource base provision it is necessary to regard structure and volumes of obtained and spent for realization of Special Olympics' programs funds and specificities of application of special equipment, outfit and so on. All levels of Special Olympics programs functioning's provisioning are interconnected and interdependent and are equally important (as components of integral system) for solution of their various tasks.

The prospects of further researches imply characterizing of organizational principles of international sports movement – Special Olympics.

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Cite this article as: Perederiy A.V. The structure of the ensuring of the functioning of Special Olympics' program. *Physical education of students*, 2013, vol.5, pp. 73-78. doi:10.6084/m9.figshare.771175

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Received: 10.07.2013
Published: 10.09.2013