Recreation and athletic activity are important for all children, regardless of their mental capacity. A physician's recommendation about athletic activity for mentally retarded children, as is true with other children, must take into account differences in size, coordination, degree of physical fitness, and physical health. The stage of maturation, the level of mental development, and the emotional stability of the child are all important considerations when organizing activities for children who are mentally retarded. Children with average mental development usually have multiple opportunities for athletic activities and recreation without special planning. In contrast, there is a tendency for parents and children in most communities to exclude the mentally retarded child so he completely lacks the type of exercise and personal experiences he needs. Children who are mentally retarded frequently are not physically fit, have poor coordination, and are obese. These conditions become progressively more severe as the retarded child grows older, partly as a result of limited opportunity for athletic activity. The majority of mentally retarded children can and should participate safely and productively in athletic activities when appropriate supervision is provided.

Parents of children who are mentally retarded are often confused and uncertain about what to expect from their child. Some tend to restrict their youngsters from physical activities, and others may push their children at too rapid a pace. However, most parents are anxious for guidance to help determine what is best for their child. The pediatrician is in a unique position to advise these parents because he is likely to know the family and to know the emotional and personal needs of the child and his physical capabilities.

When developing a program for retarded children, it is important to distinguish between individual and team sports and competitive and non-competitive athletic activities. Mentally retarded children usually find a greater degree of success participating in individual and dual sports instead of team sports. Activities that require gross rather than fine motor coordination can be stressed. Competition is often highly motivating and may be a means of promoting self-satisfaction and developing muscles and coordination. The Special Olympics has shown how successfully retarded children can compete against each other. Regardless of the intellectual capacity, there is a wide range of athletic ability; some children are remarkably coordinated and others are extremely clumsy. Competition with children who are not retarded may be appropriate for some mildly or moderately retarded children; but it will mean repeated failure for most of them unless all competitors are well-matched. If a child continuously fails, his self-image, which should be supported by his participation in athletic activity, may be damaged. Nevertheless, there are mutual benefits when retarded children engage in noncompetitive sports with children of normal intelligence. It should be remembered when planning joint activities that there is some correlation between developmental level and persistence, attention span, emotional control, and understanding the rules of the game. A child who is mentally retarded usually performs best and enjoys himself most with children of the same developmental level, not of the same chronological age.

Every retarded child needs a continuing program of physical maintenance with regular exercising and supervised athletic activities. If he is not able to participate in basketball, football, or baseball, he may be able to compete in track and field events or in the basic skills such as throwing baskets, kicking, or playing catch. Swimming, hiking, camping, archery, soccer, trampoline jumping, tennis, bicycling, folk dancing, and boating are examples of athletic activities that can give a retarded youngster the satisfaction, the sense of...
participation, the social contacts, and the physical exercise that can be profitable for him.

Games elicit more interest than simple exercises. Simplification of the rules facilitates understanding and encourages increased participation. Games may be changed so most of the children are interacting most of the time, which is often necessary with retarded children who have a short attention span. In addition, participation with other children who are mentally retarded may enhance a youngster's self-esteem and develop a group identity. Cratty points out that keeping records of personal improvement, counting, and similar intellectual activity on the part of retarded children may provide ancillary intellectual benefits from participation in vigorous physical efforts. He has valuable practical suggestions about facilities, equipment, playground markings, fitness activities and selected exercises. The HEW Bureau of Education for the Handicapped is also a rich source of information about physical education and recreation programs for the mentally retarded. The Kennedy Foundation also provides information about specific model programs, such as the Special Olympics Program.

Many programs for the mentally retarded are best planned at the community level. Communities which take on this responsibility have the added opportunity to provide activities so retarded and nonretarded children can participate together and thus decrease the problems that isolation has caused for the mentally retarded. The general population lacks knowledge about the mentally retarded, and children of normal intelligence do not have the experiences which must be provided to encourage understanding and the development of favorable human attitudes. Children who are retarded are often rejected because they lack personal and social skills, which is partly a result of their relative isolation from other children. Interacting with other children would help them to develop these skills as well as their physical conditioning.

The reaction of people over the centuries to the retarded—as to others who are different—has been one of rejection or segregation. For too long children who are mentally retarded have been segregated from those who are not. With efforts being made to ameliorate other prejudices, it is time to expedite the integration of these children into the general population. Every effort should be made to include the mentally retarded child in all appropriate recreational activities. Were this the case, many of the problems of the mentally retarded (e.g., poor physical fitness, boredom, restlessness and hyperactivity) would be lessened. They, their families, and the entire community could share in a sense of accomplishment.

Joint Committee on Physical Fitness, Recreation, and Sports Medicine, 1973-1974
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