Inclusion of Swimmers with a Disability

the asa
the essential element

Contents

Acknowledgements

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Introduction

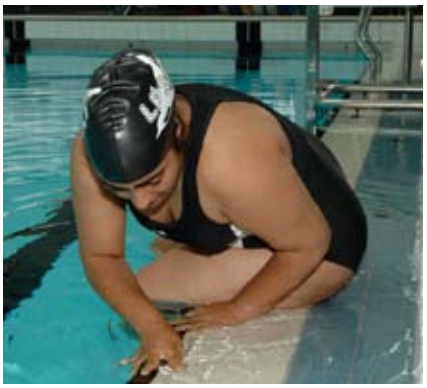
This publication contains information on teaching swimmers with a disability. It does not aim to cover every disability but to give an insight into the main disabilities that a teacher might meet in a club/ teaching session.

Throughout the publication, reference will be made to the fact that teaching methods are the same for all swimmers.

The ASA has an Equal Opportunities policy. Inclusion of swimmers is very much encouraged in the belief that all swimmers should have the opportunity to achieve their full potential.

Swimmers with a disability have the same range of ability, from non-swimmers to elite performers. Their interests range from social to competitive swimming, together with many other water based activities.

There is, therefore, a need for teachers to become better informed so that all have access to the best possible teaching practices.



Disability Access

The Disability Discrimination Act 1995 (DDA 1995) is a UK Parliamentary Act, which makes it unlawful to discriminate against people in respect of their disabilities in relation to employment, the provision of goods and services, education and transport.

- This act has been, and will be, altered in the future with the aim of making services and provisions available to everyone. Current legislation needs to be considered when any plans for inclusion are being made to gain the best possible provision.

In practice this means that new facilities should incorporate the ideal. Older facilities require innovative ways of making access easier.

Awareness of Issues Relating to Health & Safety, Assisting and Handling

Risk assessment is the key to all safety, assisting and handling activities in the swimming pool environment relating to both people and equipment. Assistants need to be familiar with mechanical lifting aids, so they can use them safely. All risk assessments and training must be recorded.

Some Common Sense Principles

- Swimmers with disabilities often need help to participate but avoid lifting wherever possible.
- Always encourage people with disabilities to help themselves and teach them how to do so.
- Make use of swimmers own arm and leg strength.
- Make use of graduated steps, sliding boards, shower chairs, etc.
- Some swimmers will need assisting but always think, plan and prepare before you assist.
- Assist for the shortest possible distance.
- Be aware of rough surfaces which may cause abrasions.

There may be occasions when manual handling cannot be avoided. Always discuss, plan and prepare before you assist.

Before Assisting and Handling think about:

- the TASK
- the INDIVIDUAL
- the LOAD
- the ENVIRONMENT.

Extra considerations

- Ensure that any participants with balance problems are offered assistance when walking on a wet poolside.
- Swimmers with lower limb impairment may need assistance/prosthesis needed near poolside/alternative assistant (chair, skateboard etc).
- Take care when a participant with paraplegia or those with minimum control of their lower limbs are entering the water as abrasions, that take a long time to heal, may be caused.
- Park wheelchairs parallel to the pool and ensure that the brakes are on.
- Be aware of swimmers who may have seizures. 1:1 spotters are required for epileptics. The ASA has a protocol for competitive epileptic swimmers.
- Walk on the water side of the pool when assisting someone.

Safety of swimmer and helper is of paramount importance. Ask for help or further training if in doubt.

Teaching and Learning

There is an ever-growing involvement of people with disabilities in teaching classes and swimming club provision. There is still a place for alternative arrangements either long term or on a temporary basis. Provision may be:

- fully integrated
- included and supported
- separate provision.

The swimming programme, the time and the content will have a bearing on an individual's choice. This choice may be associated with personal preference, interests and staffing e.g. beginners, improvers, recreation, swim for health, competition and other aquatic disciplines.

Assessment of Need

Determining the specific needs of any participant is an essential pre-requisite to his/her successful involvement in any swimming session or club. These may be determined by:

- direct consultation with the individual and parent or carer
- swimming background
- completion of Club registration forms
- observation of the swimmers ability in the water
- age.

Should the group not be able to provide for the specific needs, the swimmer should be given contact information and directed to another more appropriate provision. Local knowledge is invaluable at this time as well as advice from the Governing Body.

Constant monitoring of progress should take place and achievement of goals should be reviewed on a regular basis.

Teachers should be upskilling constantly in order to ensure that they are abreast of new ideas and initiatives.

Swimming fundamentals and safety skills

All swimming sessions regardless of ability should include practices to ensure the swimmer is proficient, happy and safe. Basic Safety Skills should form the basis of any swimming programme. These skills include:

- entry
- exit
- buoyancy/balance
- rotation/orientation
- aquatic breathing
- travel
- co-ordination
- spatial awareness.

Teachers should be aware of hidden conditions that might present unexpected problems e.g. asthma, epilepsy, diabetes, cystic fibrosis, etc. Specific knowledge about the individual will determine whether there is an extra need for a watchful parent or designated spotter.

Horizontal Float

Holding Poolside

Teaching principles

Successful teaching is dependent on:

- good technical knowledge
- willingness to be adaptable
- willingness to further knowledge
- sound knowledge of fundamentals
- acknowledgement of importance of basic safety skills
- ability to deliver appropriate sessions/ schedules to meet individual needs
- awareness of hidden medical conditions
- good observational skills to adapt strokes to individuals abilities.

Parents/carers as partners

Information, that is relevant to the swimming situation, needs to be communicated to the teacher/ coach at time of registration. Initial communication pathways set the standard for future years.

Vertical Float

Useful information is suggested in the National Plan for Teaching Swimming Parent Pack although the following additional information could be useful to the teacher:

- is the swimmer able to cope in a group?
- does the swimmer require 1:1 assistance to move in the water?
- does the swimmer require 1:1 assistance to understand instructions?
- does the swimmer have a special need that is not apparent?
- has the disability been recently acquired (ie. amputation, paraplegia) and so is new to the swimmer?
- are there any restrictions or limitations in or under the water?
- does the swimmer require medication during session?

Medical information needs to be shared where the safety of the swimmer or teacher is concerned.

For all swimmers, the greatest skill is achieving a safe breathing position.

Overview of a variety of conditions

A brief outline of some of the more common medical conditions likely to be encountered is listed below, together with some additional observations.

Achondroplasia (Dwarfs)

In the majority of cases this a genetic condition with people having restricted growth.

- Attention may be needed to achieve balance and initial safe body position.
- Once water confidence and controlled breathing have been achieved, move towards a conventional swimming technique.

Arthritis

Osteoarthritis – this is due to wear and tear on joints particularly hips and knees.

Rheumatoid – this is a hereditary condition causing inflammation of joints. Can affect any age group. Also known as Stills disease in children.

- Sculling is very useful in the early stages as it causes less pain and propulsion can be gained using minimum effort.
- Breathing is easier when supine (on back).

Arthrogryposis

Due to a congenital condition from birth. It causes multiple joint contractures and is characterised by muscle weakness.

- Weight bearing is possible but movement is limited by tightness of the joints.

Cerebral Palsy

This is due to an oxygen deficiency at birth or during an accident that may result in some of the difficulties listed below.

- Reduced muscle power.
- Increased muscle tone, causing stiff flexed limbs (spastic).
- Difficulty in breath control and swallowing.
- Involuntary, uncontrolled movements – uncoordinated (atheoid).
- Disturbance of balance (ataxic).
- Possible speech problems.
- Possible cognitive impairment.

Achrondroplasia

There are three types of Cerebral Palsy with further descriptions that describe limbs affected.

Spastic

- Increased muscle tone making limbs appear stiff.

Athetoid

- Co-ordination is poor because of the involuntary movements and many may appear clumsy. However symmetrical movements are easier to learn.
- Breathing difficulties may be apparent.

Ataxic

- The individual may lose balance without prior warning.

Medical descriptions of cerebral palsy may include:-

Quadraplegic - both legs and arms are involved. The individual may be in a wheelchair if severely affected.

Diplegic - legs affected more than arms. Tend to walk on toes with knees turned or rotated inwards. May/may not use wheelchair.

Hemiplegic - either left or right side of body involved. Swimmers who have had a stroke may be considered in the same way.

Dysmelia/Amputees

Dysmelia is congenital from birth, amputee is acquired as a result of trauma/accident.

- Affected limbs may require protection especially if new. Be careful not to bang them accidentally.
- The swimmer may need to remove a prosthesis (artificial limb) close to the poolside.
- Individuals with lower limb loss should establish a safe means of moving around the poolside.
- Individuals may take longer to achieve balance.

Multiple Sclerosis

This is due to damage to the myelin sheaf. When the myelin is damaged there is interference with messages between the brain and other parts of the body.

- Swimmer's co-ordination may be affected.
- Swimmers will have good and bad days.
- Early achievement is essential to aid longer term mobility.
- Swimmers may tire easily.

Muscular Dystrophy

This is congenital from birth condition although it is not obvious until later. It is a progressive degenerative disease of muscles.

- Swimming helps to keep muscles as fit as possible.
- Swimmers have good and bad days.
- Activities should be adapted accordingly.
- As much as possible should be taught in the early stages.

Osteo-genesis Imperfecta (Brittle bones)

This is due to a congenital condition from birth.

- Bones may break easily.
- Medical limitations may be set.
- Care is needed to avoid contact with the poolside and other swimmers.

Spina Bifida and spinal injuries resulting in paraplegia/tetraplegia

This is due to a lesion or injury to the spine. The point of the lesion/break on the spine will determine the degree of paralysis.

- Many may have total sensory and motor loss below the site of the lesion.**
- Care must be taken of paralysed limbs so that they do not get trapped or trail on abrasive surfaces when lifted or handled.
- The swimmer may not notice wounds that take a long time to heal.
- The swimmer may be incontinent but this is no barrier to swimming.**

** Consideration should be given to discreet changing facilities.

Strokes

This is due to bleeding into the brain and often causes a degree of paralysis, usually to one side of the body.

- Rehabilitation may bring back some movement especially when new balance has been achieved.
- Speech is often affected, understanding is not.
- Frustration is displayed often because of limitations in communication.

Sensory impairments

Visual

This can range from total loss (blind) to individuals who remove their glasses and cannot see clearly.

Hearing

This can range from totally deaf to loss of hearing in a crowded environment, loss of pitch and to those who cannot hear when they remove their aids.

Learning Disabilities

This is due to a congenital condition or as the result of infection, injury, poison or nutrition.

Other swimmers, who do not fit the descriptor above, may have learning and /or co-ordination difficulties that could affect learning to swim. Some examples are:- ADHD, Down's Syndrome, Fragile X Syndrome, Aspergers, Dyslexia, Dyspraxia and Autism.

Hidden conditions

Asthma

A condition that affects the airways to the lungs. The swimmer may require prescribed medication prior to or during exercise. If an attack occurs during the session sit the pupil out and call for appropriate assistance.

Epilepsy

A tendency to have recurrent seizures (sometimes called fits). If a seizure occurs during the swimming session, recover/rescue the swimmer appropriately. Each swimmer requires a knowledgeable spotter on poolside at all sessions.

Cystic Fibrosis

An inherent condition where mucous is formed causing respiratory difficulties. Tissues and bowl may be required on poolside.

Heart conditions

A condition where the heart is damaged.

- A medical certificate is advised.
- Do not over tire, most people know their own limitations.

Diabetes

A condition where the body produces little or no insulin.

- Some swimmers may require special dietary requirements before or after the session as recommended by their doctor.

Haemophilia

A generic condition where the blood fails to clot easily.

- More appropriate to swim in the prone position when learning to swim in order to prevent knocking into obstacles.

Further information on these and other conditions can be found in the Caf Directory www.cafamily.org.uk or from local support groups.

For further information on Disability Specific Sports Organisations please refer to page 24.

Swimming stages

Swimmers with a disability require the same opportunities as their peers to become familiar with the water environment and to progress with swimming skills. Extra time, support and skill adaptations may be needed.

The teaching principles and practises used are the same for all swimmers with the techniques adapted to suit the individual. The important factor is that rarely are two people identical and the teacher must consider how the individual's physique, mobility and application affects the swimming technique.

Breathing skills are very important. People who have difficulties swallowing may be at risk and require careful observation

First steps

The first steps are usually the biggest. Specialist swimming aids are rarely required - the purpose being to ensure safety in as positive a swimming position as possible, taking into consideration individual preferences.

Listed below is a variety of equipment that has been found to be useful. Teachers have differing views on swimming aids, as do individual swimmers. Aids can be used to obtain a safer, streamlined position, they are not for life saving.

Arm bands/arm rings

- Develop early confidence and independence.
- Buoyancy can be reduced as confidence grows.
- Lessons become active.
- They are non restrictive.

Buoyancy suits

- All of the above, plus they encourage a more streamline body position.

Head floats (specialist aids in certain circumstances)

- Help support head above water line, but some can restrict streamlining.

Rings

- Short term use for swimmers who learn propulsion in an upright position.

Floats/woggles (opposite)

- Encourage a horizontal position.
- Allow early kicking skills to develop.
- Allow concentration on specific actions.
- Can be adapted to suit very small hands.

Variety of balls

- Encourage confidence in water.
- Can give different amounts of buoyancy.

Egg flips (opposite)

- Encourage breathing through the mouth at surface of water.

Toys (opposite)

- Encourage water confidence (watering cans, squirters).
- Can be used for games.
- Pushing, pulling.
- Can be used as objects to chase.

Sinking objects, eg bricks, hoops, novelties (opposite)

- Encourage submerging and opening the eyes under water.
- Can be used to develop other skills e.g. colours, counting.

Head float

Buoyancy suit

Ring/arm bands

Float

Woggle

Egg flip

Sinking objects

Practical considerations

Many pools have mechanical assistance to enter/exit the water and these are extremely useful. In some cases, these can remove the independence of the swimmer. Whenever possible, swivel and forward entries, with or without support, should be encouraged. Extra steps to lower from wheelchair to poolside may be required to foster independence.

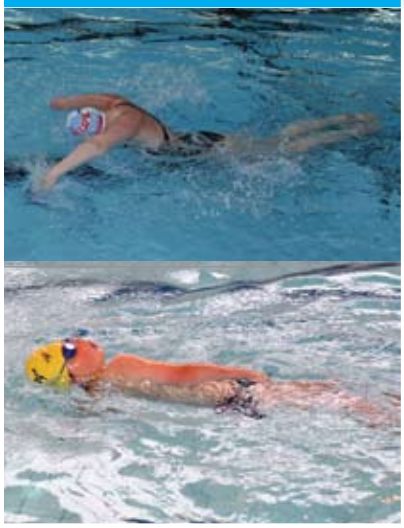
	ACTION	FOR WHOM	CONDITION
ENTRIES			
	Use of hoist	Swimmers who require maximum assistance	Cerebral palsy quadriplegia Tetraplegia Severe arthritis
	Steps	Swimmers with lower or one side of body strength	Hemiplegia Single arm amputees Learning disabilities Arthritis Polio Legge-Perthes
	Swivel entry with or without support	Swimmers with good upper body strength i.e. paraplegia	Paraplegia Cerebral palsy diplegia Learning disabilities Polio Legge-Perthes
	Forward entry from poolside with/without support	Swimmers with sitting balance	Paraplegia Cerebral palsy Non weight bearing swimmers Legge-Perthes
	Diving	Swimmers with good control sitting on blocks	Lower limb amputees/dysmelia
	Diving	Swimmers with ability to stand on blocks with/ without support	Amputees Cerebral Palsy Learning disabilities Visually impaired Hearing impaired

ADVANTAGES	DISADVANTAGES	HELP
Secure Less pain	Not always available Slow, suspended entry	Banana board may be required to assist swimmer to slide from wheelchair to hoist
Usual method of entry available in most pools	Slippery Steep Small footholds	Assistant can steady/support by working from behind swimmer with hands holding rails under swimmer's arms for safety
Independence Common method of entry	Rough poolsides cause abrasions	Using hands to support at waist level, assistant can steady entrance to water
Maximum or minimum support can be given Leads to more independence	Rough poolsides cause abrasions	Hands on assistant's shoulders and support at waist level initially. Can reduce to hand on elbow, then hand on hand and eventually independence
From sitting on poolside or sitting on blocks	Care over water depth Check allowed to dive (VI, Down's syndrome) Rough surfaces on some blocks	Covering blocks with chamois
Fastest entry for competition	Some swimmers may find blocks awkward to get on to	Some swimmers may require assistance of support at hip level to control balance

Developing Swimming Skills

The basic principles of swimming are the same for all swimmers. No two swimmers have the same physique, strength, balance, physical or learning ability. Be prepared to experiment to find out what works best for an individual. Allow plenty of time for skills to be achieved, practised and developed to maximum ability.

Every swimmer has a unique style regardless of ability. The strokes taught should be as near as possible to the norm. The following are examples of possible variations that may assist in the initial stages.

	DIFFICULTY	OBSERVATION	SUGGESTION
BODY POSITION			
	Rolls to left or right	Swimmers with one side of body stronger than other	Experiment with one or two of the following:- Turn head away from roll on back Arm action slightly under body Wider arm entry On front look to direction of roll Breathe to weaker side initially
	Upright	Swimmers who are top heavy until learned rotational and safe breathing skills	Teach rotational skills Balance and aquatic breathing
	Hips high, legs drag low	Swimmers where hips are almost above water line and unable to move legs	Raise or lower head depending on stroke being performed on back or front
LEGS			
	No propulsion	Swimmers unable to alter leg position or use them	Exaggerate lower head position to achieve streamlining

CONDITION	POSITIVES	NEGATIVES
Cerebral Palsy Hemiplegia Stroke Amputees Legge-Perthes	Streamlining	Over compensation will cause excessive roll
Achondroplasia Down's Syndrome Hydrocephalus Double leg amputees Young children	Comfortable Easy propulsion Help towards safe conventional swimming position	Fear may be introduced by over emphasis of early conventional swimming position
Paraplegia Spina bifida	Streamline Less resistance	Seeing direction and obstacles More effort required for breathing (possibly better to breathe every second stroke in breaststroke)
Paraplegia Spina bifida Double above knee amputees	Streamline Less resistance	

	DIFFICULTY	OBSERVATION	SUGGESTION
	No leg propulsion but with minimum control of trunk and legs to hold in one position	Co-ordination difficulties No lower body movement/ control or unable to perform legal leg kick	Use any leg movement for balance (leg drills should be attempted) or drag for less resistance
	Propulsion from one leg only	Swimmer able to use one leg for propulsion through loss of limb, disability or hip restriction	Figure of eight or cross centre line kick One leg held still, other leg used
	Propulsion or balance obtained from one/two shorter limbs	Swimmer of restricted growth or loss of lower limbs	Use of usual leg kick and drills including (adapted) fins May be used for balance only when unable to kick
ARMS			
	Single arm propulsion	Upper limb loss One arm restricted when attempting work with both arms especially noticeable in butterfly	Teach as if limb was there Find position for other arm that causes less resistance Use drills for both arms independently
	No arm propulsion on front	Upper limbs missing or very severely restricted	Use water (float initially) as a pillow, head to side Develop strong kick and aquatic breathing
	Wide arm entry	Arms entering water outside shoulder line Balance restricted Used to gain propulsion through control of roll	Analyse use as may be improving balance, correct as appropriate

CONDITION	POSITIVES	NEGATIVES
Cerebral palsy diplegia	Streamline Less resistance Improving muscle tone and core stability	More work for arms
Single leg amputee Dysmelia Cerebral palsy hemiplegia (especially in butterfly) Arthritis	Stronger propulsion Aids balance Legal stroke	Strain at hip level Illegal in butterfly competition if legs cross (flutter kick)
Double/single below knee amputees Achondroplasia Dysmelia	Aids balance	
Single arm amputee Dysmelia, Hemiplegia Stroke	Keeps propulsion, legalises stroke	May cause excessive roll
Dysmelia Double arm amputee Cerebral palsy quadriplegia	Swimming	Difficulties judging direction
Leg amputees Cerebral palsy diplegia	More effective balance	Shorter pull if not accompanied by roll

	DIFFICULTY	OBSERVATION	SUGGESTION
	Arms crossing centre line under body in front crawl	Excessive snaking of body	Discourage pull across centre line of body
	Narrow arm entry	Arms entering water at almost same point	Analyse use as may be improving balance, correct as appropriate
	Breaststroke arms with leg drag	Swimmer with leg drag	Use continuous stroke when there is no leg kick to keep stroke moving
	Scull in backstroke	Swimmer with leg drag	Use initially to keep afloat where no leg movement - loose as soon as possible to keep continuous stroke
	Double arm backstroke	Swimmer with balance and co-ordination difficulties Head often extended under water to maximise streamlining	Use to gain maximum propulsion from arms when leg kick is weak or unpredictable
BREATHING			
	Swallowing and blowing Coping with stiffness and pain	Choking, spluttering, coughing	Teach on back

CONDITION	POSITIVES	NEGATIVES
Cerebral palsy hemiplegia Strokes	Streamline	Less snaking
Swimmer with limited core stability		
Paraplegia Cerebral palsy diplegia Quadriplegia Dysmelia	Continual forward movement	Requires considerable effort and breath timing
Paraplegia Cerebral palsy diplegia Quadriplegia	More effective stroke	Restricts stroke once established Can become habit
Cerebral palsy quadriplegia Ataxic cerebral palsy		Timing breathing crucial
Athetoid cerebral palsy Arthritics	Easier position to breathe Less pain	Unable to see what is going on around Effort to regain standing position

	DIFFICULTY	OBSERVATION	SUGGESTION
TIMING			
	Controlling stroke as a whole	Movements and breathing out of synchronisation	Balance often dictates most effective combination Work on whole - part - whole of stroke Make stroke as efficient as possible

	ACTION	FOR WHOM	CONDITION
EXITS			
	Use of hoist	Swimmers who require maximum assistance	Cerebral palsy quadriplegia Tetraplegia Severe arthritis
	Steps	Swimmers with lower or one side of body strength	Hemiplegia Single arm amputees Learning disabilities Arthritis
	Push up to pool side	Swimmers with good upper body strength i.e. paraplegia	Paraplegia Cerebral palsy diplegia Leg amputees Learning disabilities
	Use of poolside corner to push up	Swimmers with good upper body strength i.e. paraplegia	Paraplegia Cerebral palsy diplegia Leg amputees Learning disabilities

CONDITION	POSITIVES	NEGATIVES
All abilities and conditions.	Swimming to maximum ability.	None

ADVANTAGES	DISADVANTAGES	HELP
Secure Less pain	Not always available Slow when cold	Helpers required in pool and on poolside
Usual method of exit available in most pools	Slippery Steep Small footholds	Assistant able to support from behind swimmer to hold through to hand rails. Helper to be available on poolside
Independence Common method of entry	Rough poolsides	Use mat/towel to cover poolside Help from behind at waist level
Independence	Differing heights of poolside at corners	Use mat/towel to cover poolside

Additional Considerations

Visual Impairments

- Swimmers may need to be guided around the facility to orientate themselves.
- Use manual demonstrations in full view of all, together with clear auditory instructions.
- Wear contrasting clothes to the environment to assist visually impaired swimmers to follow demonstrations.
- Use music, originating from same place, to help orientation.
- Use a tapper to notify the swimmer when nearing the end of pool.
- Swimmers who wear glasses may have severe difficulties once they remove them. Prescription goggles are available.

Hearing Impairments

- Use clear and accurate demonstrations.
- Use of photos or pictures may help.
- Make sure the swimmer can see your face for lip reading you may need to move into a lower position on pool side.
- Some deaf swimmers can pick up rhythm (eg. of a drum) to help with timing.
- Swimmers who use hearing aids become more impaired when they remove them for swimming.

Learning Disabilities

All can be helped by:

- Breaking skills down into small parts.
- Using continual repetition in a variety of ways to achieve the same ends.
- Changing activities often.
- Using movement exploration and games approach.
- Ensuring high standards of personal discipline.
- Using accurate demonstration, pictures and basic signing to reinforce verbal instructions.
- Allowing time for steps to be learned and repeating often.
- Using praise to reinforce small steps - verbal, thumbs up and smiles work well.

Medical advice should be obtained before teaching diving or butterfly to swimmers with Down's Syndrome or visual impairment.

Supporting and Assisting in the Water

Physical support may be required in the water to enable some swimmers with a disability make the maximum use of their abilities. Not every swimmer requires 1:1 supported assistance. Suitable flotation aids may be more appropriate. Extra assistance must be given in full view of all and with the consent of the swimmer.

Cradle support

Appropriate for younger child. Secure, safe, outward facing position. Easy transition into long arm supported position on back.

Long arm support on back

Head can be on shoulder or more advanced at arms length. Helper's hands should be palms upward with straight arms.

Support for head in prone

In initial stages float can be used, progressing to hand support, then no extra help.

Long arm in prone

Palm support initially at waist level reducing to minimal support as confidence is gained.

Support to roll from front to back

Assistant supports swimmer with hands either side at hip level. The adjacent hand pushes gently whilst the other hand pulls to perform the rotation.

Next Stage

Once able to swim, a variety of aquatic opportunities are opened up for swimmers to pursue in a pool environment or open water with swimming, sailing, canoeing, water skiing and scuba diving. For many, lifetime recreational swimming may be the plan, for others the goal maybe to follow the competitive route.

The natural progression from learning to swim for many people is to move into a training club environment. All training needs for swimmers are similar and are covered within coach education. To ensure a swimmer with a disability is training at the appropriate level, with some modifications, many can be included in mainstream clubs.

When planning, the coach needs to be aware of extra considerations that are specific to disability swimming. Two of which are the competition calendar and classification.

Competition Calendar

The dates of the major International meets vary and so the home Disability Swimming programme needs to plan around these dates to offer a variety of events at all levels. These may be included within the Governing Body structure or run by national or local groups.

Early competition

Often these are run using either Time Banding or Time Handicapping systems.

Time Banding

The swimmers are grouped together according to the time taken to swim a given distance.

Time Handicapping

The swimmers are handicapped according to the time taken to swim a given distance. The slower swimmer will start first. If the submitted times are accurate the swimmers should finish together, producing some very close races.

Classification

Classification, where the aim is to "ensure a fair playing field for all swimmers", is a requirement of many competitions. There are two main forms of classification:

Functional system

This system means that amputees, people with paraplegia, cerebral palsy and other physical disabilities can compete together. It is a swimmer's functional ability i.e. range and power of movement and co-ordination that determines their classification group.

Disability Specific Classification system

This system allows swimmers of a similar and specific disability to compete against one another. There are individual classification systems for visually impaired, hearing impaired and learning impaired swimmers.

Minimum eligibility criteria for Functional classification system (S1-S15)

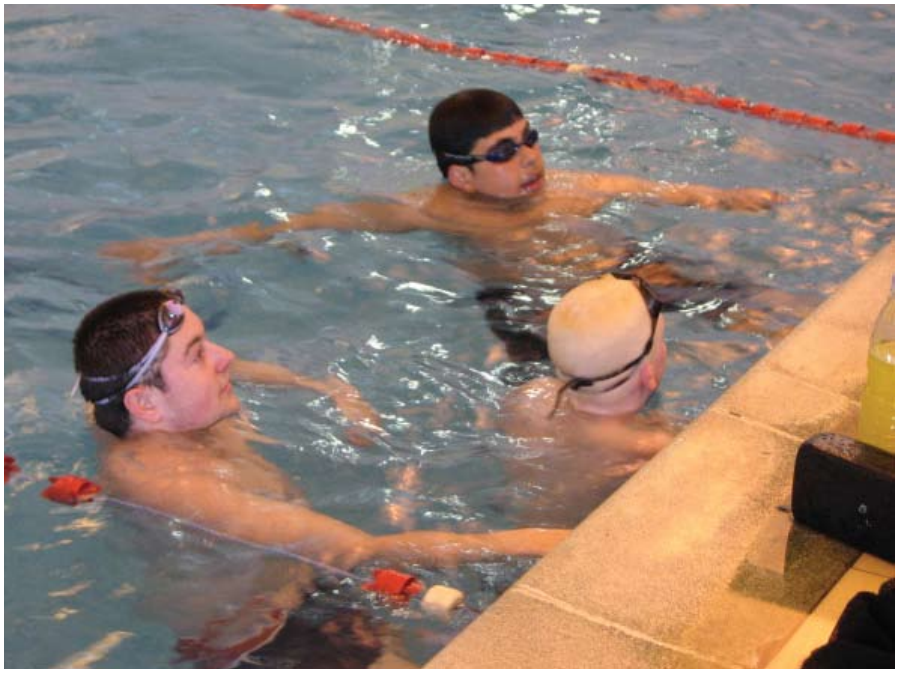
The groups S(SB)(SM) 1-10 are for those swimmers with a functional, visual, learning or hearing impairment.

S1-S10 (SB1-SB9=Breaststroke) (SM1-SM10=Medley)

The following disabilities meet the requirements of the functional classification system unless the impairment is extremely minimal.*

- Achondroplasia (dwarfism)
- Amputation (including dysmelia)
- Arthrogryposis
- Cerebral Palsy
- Legge Perthes
- Osteogenis imperfecta (brittle bones)
- Multiple Sclerosis
- Muscular Dystrophy
- Polio
- Spina Bifida
- Spinal Cord injury.

*Please note this list is not exhaustive, however it provides a guide to functional classification eligibility.



S(SB,SM) 11-13 Visually impaired swimmers

The degree of vision is measured (with the best correction) ranging from blind to visually impaired.

S, SB,SM 14 Swimmers with a learning disability

Swimmers must have an IQ of 75 or less to meet the criteria.

S, SB,SM 15 Swimmers with a hearing impairment

Any swimmer who wears a hearing aid will be considered.

There are a number of conditions that do not meet the classification criteria and some of them are listed below:

- ADHD
- Aspergers
- Asthma
- Autistic Spectrum
- Epilepsy
- Cystic Fibrosis
- Diabetes
- Dyspraxia
- Haemophilia
- Hydrocephalus
- Obesity
- Scoliosis
- Learning Difficulties
- Transplantees.

Disability Specific Classification system

Details can be found on the disability specific sports organisation websites (see page 25).

Conclusion

In conclusion, whilst all swimmers are individuals and need the same teaching practises regardless of ability/disability, there are instances where adaptations to teaching practices and equipment need to be considered.

In addition, as a swimmer progresses from the early stages of learning to swim the needs of that swimmer change in order for them to fulfil their potential.

Useful Websites

Action for Blind People
www.actionforblindpeople.org.uk

British Blind Sport
www.britishblindsport.org.uk

British Swimming
www.britishswimming.org

British Wheelchair Sport
www.wheelpower.org.uk

CPsport England & Wales
www.cpsport.org

Disability Sport Events
www.disbilitysport.org.uk

Dwarf Athletic association
United Kingdom
www.daauk.org

Mencap
www.mencap.org

Special Olympics Great Britain
www.sogb.org.uk

UK Deaf Sport
www.ukdeafsport.org.uk

Uk Sports Association for People
with Learning Disability
www.uksportsassociation.org

Amputees
www.bromley.gov.uk

Harold Fern House Derby Square Loughborough LE11 5AL
Tel: 01509 618700 Fax: 01509 618701
www.britishswimming.org