The Organization of Recreational and Contest Activities for Disabled Persons

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Abstract: *The recreation of disabled persons with professional illnesses mostly consists of standard recreational activities that depend on the abilities of the participating persons. Depending on the type of the individuality, we use various programs for the recreation of these persons. These programs helped these persons to overcome depression, aggression, or alcohol abuse.*

Key words: *recreational activities, disabled persons, organisation.*

INTRODUCTION

Invalids are widely categorized as disabled persons, as a consequence of a trauma or an illness of the upper and lower extremities, the spina dorsalis, and the central nerve system, including some congenital anomalies. The other group includes the category of acquired and recognized disabilities which belong to the group of professional illness' (chronic intoxication which manifest in paretic and paralytic syndromes, due to the damaged peripheral nerves, diseases of the respiratory tract that crosses over to the chronic forms as well as the diseases of the cardiovascular system.

The recreation of disabled persons with professional illnesses mostly consists of standard recreational activities that depend on the abilities of the participating persons. To avoid unnecessary strain of the cardiovascular system and the respiratory organs, it is necessary to employ a procedure of functional diagnostic through combined actions of a cardiologist, pneumo-physiologist and neurologists and physiatrist when is needed. The adequate evaluation of the abilities of disabled persons can enable adequate strain dosage, which is a condition for avoiding excess situations (asthmatic attack provocations, angina pectoris, claudication caused by the insufficient oxygenation of the muscle tissue due to spasms on the peripheral arteries). Beside the evaluation of the respiratory capacity and the degree of oxygen saturation it is also important to follow the frequency of the heart actions with proper monitoring and dosage strains, as well as returning to the regular frequency along with following of the systolic and diastolic tension. However, this cannot be taken as a universal solution, and each patient must be individually examined.

From the after mentioned data and according to the current health system reforms (which imply financial shortages) it becomes clear that it is necessary to start with the sport activities already during the rehabilitation procedure, immediately after arise of the disability. Besides the psychological treatment, which also includes a re-socialization program, it is important to provide group contacts that would develop on two levels:

1. Contacts between different invalidity groups (contacts and relationship building between the various invalidity and age groups)
2. Contacts between the various invalidity groups of similar age

(Contacts between persons of similar invalidity degree and similar age)

During their out-of season periods the rehabilitation institutes could take a more active role in the preparation, medical monitoring and the organization of recreational activities and sport contests for any of the after mentioned invalidity groups. The organization of such meeting would have to be legally compatible to the principles of the healthcare and social service organizations as well as the various invalidity-aid associations [1], [2].

RESULTS

Through the period of 1992. to 1997. Over 177 persons wounded and injured in the wars on the ex-SFRJ territory were treated in the Institute for special rehabilitation Agens". In Mataruska Banja. Thirty three of the injured persons had an under-knee amputation, 3

had a dual under-knee leg amputation, 7 persons had paraplegia, 2 had quadriplegia, 11 persons had limited knee-joint movements, 3 persons had limited hip-joint movements, five persons had an curtailment of the lower extremity sized more than 4cm, 8 persons had an pseudoartrosis of the femur or tibia from which five had a direct pseudoartrosis and 11 patients had been diagnosed with osteomyelit.

After finished rehabilitation period, 52 patients were sent to surgical re-interventions like osteopathic, seqestromy and artrodesys. For 7 patients with lesions of the peripheral nerves, reconstructive and transpositional interventions were done due to section and conseqentional paralysis of the radial nerve. For 4 patients the interventions were done due to the lesion of the lower extremity nerve system, while one patient had an injury if the ishyad nerve and three persons had and injury of the perineal nerve. The age of the patients was from 17-56 years. These patients were not account as the civil victims of the war.

Depending on the type of the individuality, we use various programs for the recreation of these persons that assume the existence of the following general conditions:

1. An accomplished rehabilitation with the eventually education along with the controlling of the sphincter and the qualification for the self-help with the reestablishment of movement with or without the aid of apparatus.
2. Psychological arrangement and social education which need to be practiced within the rehabilitation institutes with the active participation of an existing, organized group of disabled persons, which have either already finished the education program or they are nearing its competition, so that they can create a connection that have been recently disabled.
3. Forming group of handicapped persons, which need a period of psychological adaptation, along with the aforementioned premises becoming the prerequisite for the realisation of the recreation programs with the periodic restitution that can be used for organizing contests within damaged or severed upper limbs, te following sport activities are provided:

◊ 100-1000m running with the annotation of the necessity of certain balance degree safeguards during locomotion and acceleration

◊ The abovementioned safeguards can also be applied to length leaps

◊ Swimming pool runs (with variable water depth levels)

◊ Swimming (with variable water depth levels) [2].

In order to this program to complete, it is necessary to group the participants by gender, age and degrees of similar disability. Swimming or running contests of 100-1000m cannot produce the same results for persons aged 20-30 as for persons aged 50-60 years. The difference in the inertia and equibrilistic forces of the motion is significant between persons with a complete upper extremity amputation and those who have an elbow level amputation. Naturally, under the terms of exclusive recreation this should not be a base for group categorization.

Disabled persons that are to wheelchairs have already been participating in adapted team sports such as basketball, handball and hockey for several years. the athletic sport disciplines for this type of invalids could be wheel-chair speed contests at lengths of 100-1000m, but polygon driving and chain-ball and spear throwing could also be introduced. Developed upper torso and shoulder musculature could enable swimming contests. Other non-sport activities that could provide a positive social and psychological environment could be dart throwing, chess and various board games. Such contests could be organized and point-rated as either individual or team events.

During the rehabilitation treatment re-socialisation measures and steps of psychological adaptation were taken and the patients were qualified for independent movement or for movement aided by apparatus, but no measures of re-education or adaptation for new jobs were taken. Due to the circumstances of that time period, it was impossible to organise an adequate categorisation by degree and groups invalidity. It was

also impossible to organise sport manifestations that would diminish the feeling of loneliness, hopelessness and loss which the disabled persons experienced. Because of that one part of patients express depression while the others appeared aggression and alcoholism. These problems were taken away in patients who practiced any kind of sport activities.

CONCLUSIONS AND FUTURE WORK

The financial resources for recreational programs and the organizing of sport manifestations and social activities can be acquired not only from social services, healthcare institutions and invalidity-aid organisations but also from the financial resources of the Ministry of work. We conceder that those recourses are very important for the recreation of the work invalids. According to our documentation, the recreation of the employees sent to the rehabilitation institutes by syndicates and resort Ministry were mainly intended for the recreation of the healthy population, without massive involvement of the work invalids. It is necessary to support financially organization of recreational and contest activities for disabled persons**.**

Acknowledgements: *Parts of this research were supported by the Ministry of Sciences and Technology of Republic of Serbia Grant ON174001.*

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Докладът е рецензиран.