

AMERICAN ADAPTED PHYSICAL EDUCATION IN THE FIRST HALF OF THE 20th CENTURY

Martin Kudláček

Faculty of Physical Culture, Palacký University, Olomouc, Czech Republic

Submitted in May, 2005

Adapted physical education in the U. S. has evolved from medical, corrective gymnastics. The original influence of Swedish gymnastics was passed on to American Universities via Hartwig Nissen (1855–1924), Nils Posse (1862–1895) and William Skarstrom (1896–1951). The first American leaders of corrective gymnastics were Lillian Curtis Drew and Louisa Lippitt. The corrective approach was the philosophy of physical education for students with special needs from the 1920 till the 1950. Leaders of APE in that era were Charles Lowman (1879–1977), George Stafford (1894–1968) and Josephine Rathbone (1899–1989). They very closely cooperated with physical therapists. A great number of World War II veterans influenced the major changes in sport for people with disabilities. World War II significantly changed the approach to physical activities for people with disabilities, which led to the separation of corrective physical therapy and adapted physical education in 1952.

Keywords: Adapted physical education, history, corrective physical education, USA.

INTRODUCTION

Corrective physical education evolved from the Swedish system of medical gymnastics. The leaders who directly influenced American corrective gymnastics were Nissen, Posse and Skarstrom. They all wrote influential books on medical gymnastics and led courses in early medical gymnastics. World War I changed the situation in corrective education, because of a growing number of people who were injured and needed physical rehabilitation. Most major adapted physical education textbooks (Jansma & French, 1994; Seaman & DePauw, 1982; Sherrill, 1988; Sherrill, 1993) agree that World War I instigated the growth of corrective physical education. Sherrill (1988) states that training in physical therapy consisted of a degree from schools of physical education or nursing and an approximately 9 month long course in massage, therapeutic exercise, hydrotherapy and electrotherapy. However, at that time, preparation of teachers of physical education shifted from medical to educational. Students of physical education were still required to take courses in corrective gymnastics as part of their university training.

CORRECTIVE PHYSICAL EDUCATION (1920's – 1950's)

The era from 1930 to 1952 is called the Era of Professional Preparation in Corrective Physical Education. During this time there was a growing gap between physical education and physical therapy. The term corrective

physical education appeared as the name of 2 major textbooks in 1928. Both books were written by influential leaders, Charles Lowman and George Stafford. Winnick (1990) cites Sherrill's description of corrective physical education in that era.

Assignment to physical education was based upon a thorough medical examination by a physician who determined whether a student should participate in the regular or corrective program. Corrective classes were comprised primarily of limited, restricted, or modified activities related to health, posture, or fitness problems. In many schools students were excused from physical education. In others, the physical educator typically taught several sections of regular physical education each day. Leaders in corrective physical education continued to have strong backgrounds in medicine and/or physical therapy. Persons preparing to be physical education teachers generally completed one university course in corrective physical education.

World War II had also tremendous impact on the development of adapted physical education. Many war veterans claimed that their disabilities could not be corrected and therefore the term corrective was not appropriate. The post war era is also significant in sport for people with disabilities in America as well as in Europe.

William Skarstrom (1869–1951)

Skarstrom was one of the early leaders of Swedish medical gymnastics in America, which later led to the

development of corrective physical education. Skarstrom was mentored by Amy Morris Homans, taught at the Boston Normal School of Gymnastics (1899–1903), at Teacher's College, Columbia University (1903–1912), and Wellesley College from 1912 on. Many women leaders were influenced by Skarstrom. Among them were Senda Berenson of Smith College and Josephine Rathbone of Teacher's College, Columbia University. They were applying Swedish gymnastic concepts through their carriers (Sherrill & DePauw, 1997). Skarstrom as well as Nissen wrote influential books on Swedish gymnastics. One of his best is *Gymnastic Kinesiology* (1913).

Lilian Curtis Drew

Unfortunately there is not much information on Lilian Curtis Drew in adapted physical education textbooks. She was the director of the department of corrective gymnastics at the Teachers College of Columbia University (Sherrill & DePauw, 1997). The symposium of preventive and corrective physical education was dedicated to the memory of Lilian Curtis Drew. Therefore there is some evidence of her influence on the development of corrective physical education. In her book *Individual gymnastics: A handbook of corrective and remedial gymnastics* (1926, p. 18), Drew defined medical gymnastics as: "...exercises based on anatomical and physiological principles, performed by the individual alone or with assistance, for prevention or arrest, the cure or correction of some definite functional or organic disability or deformity". Its objectives were the improvement of the general condition, the increase of flexibility, strengthening muscles and readjustment of muscle control.

Drew (1926) is critical of the term corrective, because of its stigma and tendency to cause morbidity and self consciousness. She also stressed the importance of being sensitive in emphasizing the fact of a student's abnormal condition. Drew (1926) said: "While it is essential, to some extent, to direct attention to definite purposes, it must be done carefully, and the interest aroused in such ways as to create an atmosphere in which individual is conscious merely of being a pupil working with an instructor toward a purposeful goal, rather than being a patient or a case who is receiving treatment." According to Drew, teachers should bring students joy and enthusiasm, and teachers also need to have tact and adaptability.

George Stafford (1894–1968)

Stafford was both a physical therapist and a specialist in corrective physical education. He became interested in those areas through service in the World War I Army reconstruction department (Sherrill, 1988; Sherrill

& DePauw, 1997). He received his BPE degree in 1917 at Springfield YMCA College and his doctoral degree in 1937 at New York University. He practiced physiotherapy in Boston from 1919 to 1923 and from 1923 he worked at the University of Illinois as Supervisor of Corrective Physical Education. Stafford and Tappan (1927, p. 5) define corrective exercises: "The aim of corrective exercises is to relieve certain conditions such as painful arches, constipation, ptosis, cardiac weakness, digestive disorders, neurasthenia, general debility, postural defects, malnutrition, paralysis (infantile and spastic), etc." Stafford also understood the psychological importance of exercise when he claimed that persons with disabilities should not look at themselves as invalids, but as normal individuals with bodily defects. He believed that sport and exercise can help to achieve this goal (Stafford & Tappan, 1927). Stafford (1943, p. 127) also specified the requirements for successful teaching. He believed that teachers must have the desire to help others, good physique and cheerful disposition, knowledge of human nature, patience, vision, enthusiasm, sincerity, optimism, mental alertness, tact and adaptability. They also need equipment and to be resourceful in solving the individual problems of students. His 2 major textbooks were *Preventive and corrective Physical Education* (1927) and *Sports for the handicapped* (1947). Sherrill and DePauw state that leadership of the University of Illinois in the wheelchair sports movement can be traced to Stafford, who was influential in moving corrective physical education from being medical to being educational and recreational.

Josephine Rathbone (1899–1989)

Rathbone learned medical gymnastics from Skarstrom at Wellesley College (Sherrill & DePauw, 1997) and was also taught by physician Frank B. Granger from the Boston City Hospital (Sherrill, 1988). Rathbone taught at the Normal School in New Britain, Connecticut at Wellesley College (1925–1930) and at the Teacher's College of Columbia University (1930–1960), where she influenced a number of adapted physical education leaders. Sherrill and DePauw (1997) state that Rathbone's *Corrective Physical Education* (1934) lasted through seven editions and influenced more professionals than any other text.

Rathbone (1934, p. 3) defines correction as a field that is: "...as wide as any one cares to make it. It can not be satisfied with a few exercises for strengthening specific muscles, nor with a method of standing in perfect balance. It must consider the health problems of the child, so as to help him to develop as normally as possible; and it must consider the hazards of the athlete, so as to protect him from injury or strain... It must consider the body at different stages in its development, and must call upon every possible physiological and psychological aid to normal bodily development."

Rathbone's requirements for a good teacher were: knowledge of anatomy, physiology, biomechanics and psychology; and appreciation of the intellectual, social, and cultural functions of general education. She also stated that a sense of humor and a sense of proper values are necessary for all good teachers of corrective physical education. In her text of 1934, Rathbone showed the understanding of the social and psychological importance of physical education for students with disabilities. She stated that many teachers fail to realize that students with disabilities might have a passionate interest in physical education and leisure time recreation. Rathbone also stressed that children with disabilities need joy: "Joy from inward health, joy from a kindly environment, joy from achievement, joy from watching their conditions improve, joy from association with other people, or joy from doing for other people." Rathbone believed that the community should be responsible for integrating all individuals with disabilities, apart from those that are dangerous to society.

Symposium of Preventive and Corrective Physical Education

The 1931 volume of *The Journal of Health and Physical Education* is partially devoted to the state of corrective physical education. In 5 issues of the given journal the Committee of the American Physical Education Association reports on the state, conditions, objectives and applications of corrective physical education. Among 6 members of committee are two of the above mentioned leaders, Charles Lowman and George Stafford. The symposium was dedicated to the memory of Lilian Curtis Drew, who died in 1930. The committee (1931a) stressed the importance of appropriate physical activities in physical education, claiming that each activity must be adjusted to the individual's physical needs; and that equality of abilities between individuals and groups who compete must exist to protect health and promote social development. The freedom to choose both the time and the type of exercise should encourage responsibility in each student. In part II (1931b, p. 23), the committee specifies the objectives of corrective physical education, which were to be:

1. to correct existing defects,
2. to reduce handicapping conditions,
3. to restore and maintain organic vigor and skeletal skill to the end of benefit and joy in the various safe sports',
4. to learn to adapt one's self to one's physical condition and to life conditions in and out of school,
5. to constantly maintain habits of work, rest and play conducive to one's best health interests.

They addressed motivation (1931b), organization and administration (1931c), games and recreation

(1931c), limitations of corrective work (1931d) and included a bibliography (1931d). At the end of the symposium, the committee argues about terminology and supports the use of a new term: individual physical education. They also set 11 principles of effective corrective programs. They urged teachers to get familiar with individual diagnosis and to try to bring up the right mental attitude of all individuals toward improvement. Recreational skills and activities were recognized and the need for leisure time physical activities was supported.

Physical Education in special classes

Herbert W. Grigson was the Supervisor of Physical and Health Education in the Philadelphia Public Schools. In the 1931 volume of the *Journal of Health and Physical Education* he wrote four articles about physical education in special education classes in public schools. In the beginning he explains the establishment of special education as a relatively new division in public schools, which was organized in Philadelphia schools in 1898. Grigson (1931a, p. 3) starts his article with the explanation of the need for segregated special education:

"So the backward pupil gradually became a part of an entirely different social group. His ostracism irked him, and all sorts of emotional outbursts, seemingly without cause, occurred. There were not enough pupils of this sort in any one grade school to form a homogeneous group even if the school had segregated them, so the pupil remained in school... School was a place he hated because it attempted to make him do what was impossible for him to accomplish, and he lived only for dismissal time each day."

Grigson provided numbers of students with disabilities divided into categories. His categories were: deafness, nutritional difficulties, tubercular condition, orthopaedic needs, sight saving needs, difficulties with orthogenic backwardness, orthogenic disciplinary problems, cases of restoration and cardiac patients. He provided general information about students' specific needs in physical education for each of his categories. His second article (Grigson, 1931b) is devoted to the education of students with behavioral problems. His article *The physical education program in orthogenic, backward and disciplinary classes* provides examples of exercises, games and their modifications, and is supplemented with many photographs from school settings. His description of games continues in the fourth article from November 1931. In his last article Grigson (1931d) focuses on behavior management and the roles of habit, activity and interest. Finally he concludes his series of articles with information about instructional needs in special education classes and the program of health education. From the series of Grigson articles it is clear that special education was, at the beginning of

the 20th century, an emerging discipline, which needed help with developing its physical education programs. Very interesting is the reasoning for segregation of students with disabilities from regular schools.

Physical Education in Residential Facilities

The first physical education scholar to write about residential facilities for students with disabilities was a Canadian, R. Tait McKenzie, who devoted the entire chapter of his book *Exercise in Education and Medicine* to the "Physical Education of the Blind and the Deaf-Mute" (Sherrill, 1988; Sherrill & DePauw, 1997). One of his chapters was focused on "Mental and Moral Defectives". In his work he was truly a pioneer. Sherrill (1988, p. 29) states "R. Tait McKenzie was one of the first physical educators to be influenced by special education, he was almost 50 years ahead of the times".

The first residential school for children with hearing impairments was founded in 1817 by the Minister Thomas Hopkins Gallaudet (Sherrill, 1993; Sherrill & DePauw, 1997). Gallaudet was later honored by the deaf community in 1856, when its first college was named Gallaudet College. This school is located in Washington, DC and has a long history of excellent physical education and sport (Sherrill, 1993; Sherrill & DePauw, 1997).

One item of information about early adapted physical education comes from Sherrill (1988), who briefly describes the founding of early special educational residential facilities and states that the only records on adapted physical activities from the 1900's are by Dr. Charles Buell. Winnick (1990) also devotes attention to Samuel Gridley Howe and his contribution to adapted physical education for students with visual impairments. In the U. S. A., three schools for the blind were founded between 1830 and 1833, in Boston, New York and Philadelphia. Buell (1966) cites Howe's school report in which it is mentioned that physical exercise plays an important role in developing and maintaining the health of all students. Howe used to take his students swimming in the sea, he did bowling and also had them participate in gymnastics. Buell (1966) states that most early physical education was organized by German Turners. At the end of the 19th century, schools for students with visual impairments were engaged in both German and Swedish gymnastics. The schools were influenced by the playground movement. The leading person of that time was Sir Francis Campbell, whose aim was to discover and arrange outdoor games suitable for students with visual impairments. Buell (1966, p. 22) cites Campbell: "The education of the blind, whether literary, musical or technical, will not be crowned with practical success unless based upon a thorough system of physical education."

THE CHANGE FROM CORRECTIVE TO ADAPTED PHYSICAL EDUCATION

1952 – The Conflict between Corrective and Adapted Physical Education

The return of war veterans influenced greatly the change of corrective physical education to adapted physical education (Daniels & Davies, 1954; Stafford, 1947). Sherrill (1993) explains that war veterans pointed out that amputations and spinal cord injuries could not be corrected. They also started sport programs for use in rehabilitation centers. Experience with Army reconditioning and Air Forces rehabilitation programs led in 1946 to the establishment of the AAHPER committee to study the needs of individuals with disabilities (Sherrill & DePauw, 1997). This committee was established by the Therapeutic Section of AAHPER. In 1952 this committee issued the first official definition of adapted physical education. Sherrill (1993, p. 19) cites Committee on Adapted Physical Education: "Adapted physical education is a diversified program of developmental activities, games, sports, and rhythms suited to the interests, capacities, and limitations of students with disabilities who may not safely or successfully engage in unrestricted participation in the vigorous activities of the general physical education program".

Members of the committee represented 3 different philosophical views of adapted physical education. Arthur Daniels (Ohio State University), M. Harrison Clarke (Springfield College), and C. Morgan (Army Medical Corps; part-time at George Washington University) all had background in regular physical education, but were strongly influenced by the World War II veterans. Josephine Rathbone (Teacher's College, Columbia) and Catherine Worthington (Stanford University) were corrective and physical therapy specialists. Finally George Stafford (University of Illinois) strongly advocated the change from corrective to adapted sport (Sherrill & DePauw, 1997). "...the formal program of corrective physical education lacks the satisfaction of the drives and interests of the students which are satisfied by adapted sports" (Stafford, 1947, p. 32). Stafford also claimed that persons with disabilities do not want activities modified to allow for their disabilities, but they want activities which are adapted for their remaining abilities.

In 1952 a decision was made that moved the focus from corrective to adapted physical education. This philosophy was unacceptable to the American Physical Therapy Association, which had, up to 1952, closely cooperated with AAHPER's therapeutic section, and after the shift to the adapted philosophy decided to end their close cooperation. One of the other major factors was the dynamic growth of physical therapy caused by

the 1944 poliomyelitis epidemic and the reconditioning needs of war veterans.

The "New Adapted Physical Education"

Arthur Daniels (1906–1966) was the first to entitle his textbook *Adapted Physical Education* (1954). He taught at the University of Illinois from 1934 to 1942, at The Ohio State University from 1945 to 1957 and at Indiana University from 1957 till his retirement. His book *Adapted Physical Education* (1964), which is co-authored by Evelyn Daniels, is divided into 3 parts. In the first part they define the problem, discussing historical, cultural and societal values. The second part is devoted to physical education in relation to specific disabilities and the third part focuses on organizational and administrative areas. In their new definition of the aim of adapted physical education we can compare the philosophy before and after 1952: "In adapted physical education the effort is made to help the student take his place in the social and economic world as a citizen who is respected for his personal qualities and capabilities. He is given an opportunity for the fullest development of his physical, social, and economic potentialities in an environment that is friendly and informal... Under these conditions he learns how he can earn his place as a member of a social group, not trading on his disability, but utilizing his ability" (Daniels & Davies, 1965).

Hollis Fait (1918–1984) was the first textbook author to include a chapter on mental retardation and learning disabilities (Sherrill & DePauw, 1997). Fait taught at the University of Connecticut and was involved with the nearby Mansfield State Training School. The interesting fact is that Fait changed the title of his textbook from *Adapted Physical Education* (1960) to *Special Physical Education* (1966), because of his belief in the close relationship to special education (Sherrill & DePauw, 1997). His definition of adapted physical education is very close to Daniel's definition (Fait, 1960, p. 9): "The modern adapted physical education program is based on the premise that the handicapped individual wants to be an accepted and active participant in the normal community and that he should be given every educational opportunity to develop his potential so that he may become a well-adjusted, contributing member of society."

CONCLUSION

In the first half of the 20th century in America we can say that the evolution of adapted physical education as a discipline took place. At first APE was influenced by the Swedish system of medical gymnastics, which led to the development of corrective gymnastics,

represented by Drew, Lowman and/or Stafford. Both World War I and World War II played a crucial role in the development of the discipline. Experience with rehabilitation and the needs of war veterans led in the 1920's to a growing number of corrective physical education programs. It was World War II and its veterans, who challenged the structure and name of corrective physical education by saying that amputation and spinal cord injuries can not be corrected. The year 1952 was the milestone for adapted physical education's focusing more on the abilities of people with disabilities than on correcting their disabilities. Since then on we can draw a distinct line between adapted physical education and physical therapy.

This study was supported by grant of Ministry of Education of Czech Republic (MSMT) no: 6198959221

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APLIKOVANÁ TĚLESNÁ VÝCHOVA V USA V PRVNÍ POLOVINĚ 20. STOLETÍ (Souhrn anglického textu)

Aplikovaná tělesná výchova se v USA vyvinula z léčebné, zdravotní tělesné výchovy. Původní vliv švédské léčebné tělesné výchovy na americké vysoké školy mají „na svědomí“ Hartwig Nissen (1855–1924), Nils Posse (1862–1895) a William Skarstrom (1896–1951). Mezi první americké průkopníky zdravotní tělesné výchovy patřily Lilian Curtis Drew a Louisa Lipin. Korektivní přístup zdravotní tělesné výchovy byl dominantní v období 1920–1950. Vůdčími osobnostmi té doby byli Charles Kosman (1879–1977), George Stafford (1894–1968) a Josephina Rathbone (1899–1989). Tito odborníci v té době velmi úzce spolupracovali s fyzioterapeuty. Velký

počet veteránů z druhé světové války způsobil významné změny v přístupu k pohybovým aktivitám osob se zdravotním postižením. Toto později vedlo k oddělení korektivní fyzioterapie od aplikované tělesné výchovy v roce 1952.

Klíčová slova: aplikovaná tělesná výchova, historie, zdravotní tělesná výchova, USA.

Mgr. Martin Kudláček, Ph.D.



Palacký University
Faculty of Physical Culture
tř. Míru 115
771 11 Olomouc
Czech Republic

Education and previous work experience

1997 – Palacký University (Mgr.).
1998–2000 – graduate teaching assistant at Texas Woman's University, Texas, USA.
2001 – Texas Woman's University (Ph.D.).
Since 2001 – senior lecturer at Palacký University, Olomouc, Czech Republic.

Scientific orientation

Social-psychological dimensions of disability and sport, recreation and physical education, comparative studies of adapted physical activities, inclusion of people with disabilities through physical education.

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