

Physical activity for people with disabilities



There are more than a billion people with disabilities worldwide,¹ many of whom face substantial barriers to participating in physical activity.² Engaging in a healthy lifestyle with a disability can be a daunting task—physical activity generally requires elements of strength, endurance, balance, and coordination that are taken for granted. In people with disabilities, one or more physical attributes might be affected by disability, which limits access to sport, fitness, and work or household-related physical activity.

Lack of exercise is a serious public health concern for all people, but people with disabilities are at much greater risk of the serious health problems associated with physical inactivity.³ In the USA, adults with disability were twice as likely to be physically inactive than were those with no disability.⁴ Increased rates of physical inactivity were also reported in adults with disabilities from Canada⁵ and Norway,⁶ and in children with disabilities in Hong Kong.⁷

Personal and environmental barriers associated with disability restrict access to physical activity venues and services. Personal barriers include pain, lack of energy, self-consciousness about exercising in public, and the perception that exercise is too difficult.⁸ Environmental barriers include lack of transportation; lack of accessible exercise equipment; unqualified staff who cannot modify or adapt individual and group exercise classes for people with disabilities; programme and equipment costs; and discriminatory practices at fitness centres and other recreational venues.⁹ Among children and adolescents with disabilities, engaging in physical activity can be even more challenging than for adults.¹⁰ Sports venues and physical education classes are often used for competitive sports.¹¹ Children with limitations in balance, strength, coordination, power, and aerobic fitness can struggle to compete, and a lack of success often leads to sedentary behaviour.

Society has to promote an inclusive approach to community programmes and services that recognises and supports the needs of people with disabilities. Although there will always be a need for more separate or adapted physical activity services, the fact that these programmes are offered sparingly in most communities throughout the world, especially in poorer countries where there are limited resources devoted to the care and wellbeing

of people with disabilities,¹² lends itself to the need for more inclusive physical activity programmes that provide elements of adaptation for people with disabilities.

There is a sense of urgency in promotion of physical activity among people with disabilities worldwide. Policy and infrastructure changes to promote active living have not placed a high priority on information or resources tailored for people with disabilities. Similarly, although primary prevention efforts have expanded to include health communication, social media, and community health policies, stakeholders involved in these programmes rarely, if ever, address the needs of people with disabilities.

Disability advocates and service providers, health professionals with specialisations in adapted physical activity, and physical activity planners need to work together to establish a policy setting agenda that supports inclusion of people with disabilities. Physical activity services funded by government agencies and private foundations should require recipients to make their programmes accessible to people with disabilities.

What can be done to promote inclusion of people with disabilities in physical activity initiatives? First, local and national networks should provide technical support and training in inclusive physical activity. Communities should bear the responsibility of identifying where people with disabilities live, what issues they experience in accessing physical activity programmes and venues, and what support services are needed to increase

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participation. With the globalisation of online learning, there is greater opportunity to train professionals in developing inclusive physical activity communities that support people with disabilities.

Second, in many developed and developing countries, there are existing local disability associations and networks.¹ These entities should be made aware of local and national physical activity planning initiatives and be asked to participate. Similarly, people with disabilities or family carers should be invited to comment on any new initiatives associated with physical activity promotion.

Third, all sectors of public health, including schools, workplaces, and health-care facilities, should represent the needs of children and adults with disabilities. In schools, for example, improving physical education for all children should consider what programme accommodations are needed for children with disabilities. A new fitness centre should consider ways to make the facility accessible to people with disabilities.¹³ Planners designing new cycle and walking paths should include ramps and other design modifications appropriate for people with disabilities.

Fourth, there should be ongoing monitoring of approaches that support physical activity programmes and venues for people with disabilities. Solutions to existing challenges should be collected and disseminated through various physical activity networks. Epidemiological research should include disability identifiers so that new strategies to promote physical activity can be assessed for their effectiveness.

Finally, Article 31 of the Convention on the Rights of Persons with Disabilities¹⁴ states that adults and children with disabilities must have access to recreational, leisure, and sporting activities in both inclusive and

disability-specific settings. The outcome of inclusive physical activity communities is a society that respects and values the rights of all to have equal access to physical activity.

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