

**INCLUSIVE PHYSICAL EDUCATION OF FIRST–THIRD GROUP OF HEALTH**Prystupa E.N., Petryshyn Y.V., Bodnar I.R.  
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**Annotation.** Objective: to identify the main trends of inclusive physical education pupils first–third groups of health in secondary schools in Ukraine in modern conditions. The analysis and synthesis of data from more than 150 literature sources. It is revealed that there is still not achieved an adequate interpretation of the essence of the term "inclusive physical education". It is proved that the children of third group of health meet concept of inclusive physical education. It was found that physical education students remains segregative. Experts recommended separate sessions for healthy students and students and special preparatory medical groups. The problem of inclusive physical education is accompanied by a number of unresolved issues. Theoretically expediency social importance and timeliness of implementation of inclusive physical education pupils first–third groups of health.

**Keywords:** inclusion, education, pupils, health.

**Introduction.**

According to various sources to a special medical team directed from 3.92% (Kalynychenko I.O., Polka N.S., Zaika L.M., Tolokolnykov A.Y., 2008) to 57% (Weiner E.N., 2010). Although quantitative data are different, but all specialists in schooling observed tendency to increase the number of students aimed to special medical group by reducing the number of children of primary and preparatory medical groups. So in the first class at school to special medical team guiding 5-6% of children, at high school – every third student, and among students, this figure is growing rapidly [6]. Linear approximation of such dynamics allows to predict that soon almost completely healthy make up a tiny part of a contingent of school children. The steady increase of the number of children who are sent to special medical team determines the relevance of the reorganization of school physical education.

The degree of involvement in society of persons with special needs, level of decidability of problems of their habilitation and active adaptation, development for the benefit of society serves as one of the indicators of the current level of development of the state of humanity. One way to solve this problem is the development of inclusive education in Ukraine.

Inclusive education is a modern innovation trend that has been widely discussed in academic circles, educational and civic communities. Despite the growing scientific interest in inclusive education in the world, in Ukraine is just started a state experiment with teaching children with special needs in a general area. It is implemented in the following two areas: integrated and inclusive education.

The first direction – *integrated* education of children with features of psychophysical development provides that at school is organized special classes compensated type for children with specific disabilities in development. In their free hours pupils with disabilities in the psychophysical development together with healthy peers involved in different areas of school life. Although educational process in these classes is differentiated by curricula, programs, textbooks and accompanied by mandatory employment of correctional unit, integration, yet provides adjustment of children with mental and physical disabilities to the requirements of education system that as a whole remains unchanged and adapted to study for such category of pupils. However, mechanical combination (integration) in a parallel classes for children with special needs and normal development does not mean full participation in the life of class ([http://www.rusnauka.com/18\\_NiIN\\_2007/Pedagogica/22422.doc.htm](http://www.rusnauka.com/18_NiIN_2007/Pedagogica/22422.doc.htm)).

The second direction – *inclusive* education. The concept of inclusion has replaced the concept of "integration". Replacing the term "integrative" to "inclusive" reflects achievement of different level of understanding of the need for change in the process by which children are not only joined together (from «to integrate» – join in whole), but included in society and become a full part of it («to include» – include, to contain a system). Within inclusive model children with various psychophysical disabilities enrolled in regular classrooms, schools with their healthy peers. This model provides for the elimination of any form of segregation, including special classes for those who does not meet the standard conventionally defined "normality". Inclusion adapt the system to the needs of the child. Educational process is carried out by individual programs feasible for children, provides skilled (specialized collection) assistance, medical and psychological support, maintenance assistant (tutor, parents), the use of specific corrective measures that are not used in regular education. Inclusive model assumes that the school is ready to accept different pupils, to take into account individual differences in their educational approaches in the planning and management of all activities of the educational process [12].

Theory, methods and organization of inclusive physical education of various medical groups students remain unresolved, although in our country and neighboring countries accumulated sufficient scientific and methodological material in physical education of students and students with various diseases. Several studies have started to solve the problem of *differentiated* physical education of students considering a number of different criteria: somatotypes (O.P. Skavronskyy, 2010; G.V. Krotov, 2010), physical and psycho-physiological development (V.Y. Yehozyna, 2006; Yu.Yu. Borisova, 2009), biological development (A.M. Sitovskyy, 2008), the educational achievements of pupils (Ya.I. Kravchuk, 2010). Isolated scientific research dedicated to the study of specific aspects of physical education

differentiated according to the level of physical health and degrees of variation in its state (L.A. Yerakova, 2005; I.A. Tyuh, 2009; V.P. Shulpyna, 2006). However, the locality of objective field of research limits the scope of possible extrapolation.

Analysis of recent research and publications, experience practice found no methodological concepts of a general nature that do not provide scientifically based technology of organizational-methodological methods of inclusive physical education aimed to special medical group in a single process and, consequently, difficult to transform educational state policy.

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#### **Aim, tasks, material and methods.**

*Aim of article:* to identify the main trends of inclusive physical education of students of I-III classes of health of secondary schools of Ukraine in modern conditions.

#### **Tasks of research:**

1. To determine the nature of the term “inclusive physical education” and justify the legality of it spreading to schoolchildren of 1-3 health groups;
2. To review the status of the issue of inclusive physical education pupils 1-3 health groups in secondary schools;
3. Theoretically justify the feasibility of implementing of inclusive physical education of pupils 1-3 health groups.

The following theoretical methods are used: synthesis, analysis, compilation of literature, were analyzed more than 150 literary sources.

#### **Results.**

Inclusion in public relations and inclusion in education today is being promoted as the leading ideology attitudes toward children with *differences in the psychophysical development*. As synonymous to this definition is used terms: children with disabilities, with psychophysical disabilities, children who require correction of physical or mental development with special educational needs, including special needs, the disabled and others. In Ukraine, especially children with disabilities of psychophysical development are identified as children with special needs (<http://library.rehab.org.ua/ukrainian/soc/scripnik>), that, in fact, does not fully meet terminological notionality. The term “inclusive education” should not be associated with the education of disabled children. Unlike the concept of integration, inclusion considers not only the disability, it covers all forms of diversity (<http://doshkilla.blogspot.com/2012/03/blog-post.html>). Balanced education, which is based on the principles of inclusive education, suggests that diversity between people is a natural phenomenon [18]. Russian scientists Ye.I. Holostova and N.F. Dementiev noted that “... any person who has a certain deviation from the average normal and due to this phenomenon is independent, different from the other person” [17, p.41]. Feature implies difference, otherness, perhaps uniqueness, individuality and uniqueness [4, 18]. French scientist Lefransua Gee gives such definition: “Special needs is a term used for persons whose social, physical or emotional feature requires special attention and services, the opportunity to develop their potential” [10, p.256]. Expert also notes that these include both children with physical, mental, social differences, and children who have exceptional ability or talent. Commonly used term “children with *special needs* in international legal documents of many country involves the transformation of defects and breaches, deviations from norm on fixing their special needs. Every child has unique characteristics, interests, abilities, has certain special needs, among them educational needs. Recently, an increasing proportion of children faced with learning difficulties, and thus, at certain stages of the school have special educational needs.

Thus, children with special needs, in addition to children with disabilities, experts [4, 10; Salamanskaya Declaration. The framework of action on education of persons with special need, accepted by World conference on education of persons with special necessity: access and quality. Salamanca. Spain, 7-10 June, 1994. - K., 2000. - 21 p.] include also gifted children and children with minor health problems. Thus, children of 3<sup>rd</sup> health group that are sent to physical education lessons to special medical groups also have special educational needs, and therefore inclusive physical education extends to them.

An important part of inclusive education, which contributes to a number of positive personality traits and physical improvement is physical education. At present there is no official interpretation of the definition “inclusive physical education”. Among the research papers devoted to the problems of inclusive physical education should highlight research conducted by Russian scientist Aksenov A. (2011). Although the author in his thesis [1] uses the term inclusive physical education, but does not define the nature of such terminology concepts.

We consider it necessary to interpret “inclusive physical education” as a flexible, individualized system of physical education for children with special needs in a mass school. Exactly this definition of inclusive physical education we adhere to the study.

Unfortunately, physical education of pupils is still segregate. According to the current legal requirements, during physical education lessons children of special medical group combined with practically healthy one only during the preparatory and final part of the lesson. While for the full range of all problems that are facing with physical education in special medical group provided additional physical education lessons (lasting 45 minutes), holding twice a week in extracurricular time separately from the rest of the students. In these lessons the teacher gives students

individual assignments for individual studies, develops individual exercises for general complex morning exercises, advises students on self-control. Teacher and doctor monitor the improvement of health, the changes in physical development and physical fitness.

To more full range of health problems, strong consolidation of knowledge and skills in physical culture provided all possible involvement of students in extra-curricular sports and recreation and mass athletic events. While children with disabilities entirely participate with healthy children in the process of organizing and conducting athletic holidays [15], the participation of students of special medical group in sporting events is limited. The recommended is the direct involvement of these children only in sports and recreational activities focus in mode of school (part of mobile breaks, extra-curricular sports and mass work (holiday trips), but participation in sports is not expected (Physical Culture: A program for special medical group. 5 - 9 classes [ed. V.I. Mayer, V.V. Derevianko]. - K., 2008, Physical Culture: A program for special medical group. 1 - 4 classes. [ed. V.I. Mayer, V.V. Derevianko]. - K., 2005). In mass sports and recreational activities students of special medical group may only participate as organizers, sports judges, representatives of the sports teams, etc. Some experts also believe that students of special medical group can participate and directly compete with those types of physical activity that they are not contraindicated due to the disease, and certain types of events (say on balance) can compete virtually all representatives of special medical group. In order to balance the forces of rivals (with different levels of training) handicaps can be applied. However, programs of inclusive physical education of pupils 1-3 health groups till today has not been developed. Such trends are contrary to world trends of integration and inclusion.

One of the major obstacles to accelerate the pace of implementation of inclusive physical education in Ukrainian schools is the lack of reflection teachers of physical education (redefining personal values, interests, motivations, mechanisms of perception, emotional response, behavioral patterns and drawing attention to the products of their own activity).

Expressed opinions that various features and abilities of students, especially pronounced in the motor area, is an insurmountable obstacle for the implementation of inclusive physical education [5, 7]. Specialists (Bulich E.G., 1986, Volkov S.S., 1991) emphasize the fact that only in a separate physical education classes with students of special medical group can achieve the greatest health effect. Moreover, some experts [7] expressed the idea of particularised physical education of students *preparatory* medical group.

It should be noted that in every other school (59.84%) exists a common practice of students' sessions with deviations in the health of the students and the principal of the preparatory group [2]. Physical education teachers find significant drawback selection of students of special medical group in a separate group and recognize quite possible joint training of students in different medical groups, provided special attention to the children of special medical group (due to restrictions tasks, exclusion reach exercises, increase the time for rest, etc.) [11]. Teachers of physical education with significant experience (10-20 years) of work in secondary school are not afraid to work in mixed classes, while the highest level of negative attitudes towards the implementation of inclusive physical education characteristic of young professionals who have worked in the field of education is not more than 10 years (58%) [9]. Therefore, it is important to implement a strategy of inclusive physical education today that tomorrow athletic university graduates could fully implement it in practice. Teaching in special medical groups is one of the weakest acquired part of theory and methodology of physical education by teachers of physical culture [13]. Physical education teachers admit that they believe their level of preparedness to work with children of special medical group insufficient. Therefore, the problem of the appropriate level of training of personnel requires its own solution.

Proponents of joint physical education distinguish the positive side of inclusive processes for children of special medical groups: the stimulating effect of trained peers, the ability to inspect a wider range of life. As children with special needs, and as at their healthy peers, a positive effect will be development of communication skills and innovative thinking, much less will be cooperation during physical education of healthy children with those who have deviations in health. All these will promote formation in healthy schoolchildren humanity, compassion, mercy, tolerance, compassion, kindness, responsibility, which is an effective means of moral education. In conditions of collaborative learning during physical education lessons with students of special medical group the rest of pupils have higher social responsibility, greater self-confidence, which contributes to their personal development. Expressions of concern about student special medical group, due to his limited capacity, making it so that it is sensitive to its problems, empathy, sensitive and tactful interaction with him, respect as a person and sympathy – all these manifestations of spiritual beauty and strength, factors truly humane, harmonious relationships, high performance of personal development that should be “embedded” with the early school years. In the process of physical education and training formed a real person ([http://www.rusnauka.com/18\\_NiIN\\_2007/Pedagogica/22422.doc.htm](http://www.rusnauka.com/18_NiIN_2007/Pedagogica/22422.doc.htm), <http://library.rehab.org.ua/ukrainian/soc/scripnik>). The common lessons of physical training for children with different levels of physical health will be beneficial for all participants of the educational process.

Thus social significance of inclusive physical education character, probably, represented the widest palette of values. However, besides the social aspect, the importance of an inclusive physical education grounded with two other aspects: educational and economic. There is justification educational character: requirements for inclusive educational establishment regarding joint training of all children means that schools must develop these tailored programs and teaching methods that meet the individual differences of students and thus benefit all children. Numerous variants of presentation of educational material, the use of educational tasks of different difficulty levels (along with traditional), the use of printed materials, films, video and audio recordings, brainstorm, involving peers and volunteers to provide

assistance, two or more lessons, providing information and objectives on handout will favour for easier assimilation and well preparation of children.

From the perspective of inclusive physical education differentiation should apply not only flexible ways of presenting material by teachers (teaching techniques and methods) in the classroom to master diverse student collectives proper curriculum. Differentiation should appear also to create favorable conditions for demonstrating students acquired knowledge and skills, but also to use various means to create incentives and increasing the level of motivation taking into account learning style, needs, abilities and interests of all students. Therefore essential for effective inclusive physical education is to enhance differentiation and individualization of learning content.

There is also an economic substantiation: probably it is cheaper to build and maintain secondary and infant schools, which educate and brought all the children together, rather than create complex system of different types of institutions that specialize in education of specific groups of children. Inclusive institutions that provide effective education for all children is economically more acceptable means of providing education for all (<http://doshkilla.blogspot.com/2012/03/blog-post.html>). United lessons of physical education for students of all medical groups will save to pay for extra lessons of physical training for special medical group, and redirect funds to other budget measures. In addition, conduct of segregate classes for students of special medical group complicates organizational and methodological support, requires appropriate material and technical equipment of complicated medical monitoring etc.

Therefore, physical education of students of special medical group within the overall process of physical education in school is progressive, humane, socially important and relevant.

Existing methods of completing medical groups (the degree of functional abnormalities, including results of tests Rufye, using G.L. Apanasenko rapid methods) subject to criticism [3, 11]. Therefore, the criteria for completing approximately homogeneous groups of students for the optimal choice of physical activity during physical education lessons still need their improvement.

In the transition from primary to secondary school age there is a critical period of development of organism, which coincides with the beginning of puberty rearrangements in the body and causes students reduce the functional capacity of the physiological systems that manifest as adverse changes in the locomotor apparatus, increasing the number of psycho-emotional stress states and the number of cases were provided [8]. However, the category of students of 1-3 health group of secondary school age almost “fell” out of specialists’ sight.

In methodological literature there is no development of healthy activities in school day and out of school activities for students of different health groups, while in general it is developed methodic of physical culture lesson (I.R. Bodnar, 2005), even compiled (V.S. Yazlovetskiy, 2004; L.M. Kodaneva, 2011) summaries of lessons for students of special medical group. Contents of complexes P.E. minutes and P.E. pause remains traditional at schools, do not taken into account the changes in health and physical performance of students over the past 20 years; the disease inherent to school age; do not apply modern technology that can diversify and differentiate exercise. Hence there is a need of forming a new concept of physical education during the school day.

Debatable questions remain criteria of success of students’ learning aimed to special medical group. Several authors argue that medical-pedagogical control should be designed to assess the dynamics of physical fitness of students, other professionals [16] measure the effectiveness of lessons consider improving the functional status of organs or systems weakened by pathological process. It is proposed integrated approach in evaluating the performance of efficiency of the physical education of primary school age children [14] and students [3]. Sazhnyeva O.V. recommended to evaluate the effectiveness of physical education for a number of functional state of the major body systems, as well as tests to determine the strength, endurance and coordination skills. Vrzhesnyevskyy I.I. justifies integrated assessment based on consideration of other above mentioned, and such factors of groups as morbidity and lifestyle.

There is no single approach to determine the level of physical fitness of students of special medical group. Because some test exercises are contraindicated in certain diseases, not all exercises offered in the literature can be used in physical education in special medical group.

#### **Conclusion.**

Today there is not achieved adequate interpretation of the essence of the term “inclusive physical education”. Often it is seen only as part of inclusive education of children with disabilities. However, the concept of inclusion encompasses all forms of diversity of children's group: from children with mental and physical disabilities to talented and gifted children. Thus, children of 3 health group that are sent to physical education lessons to special medical group, also consistent with the concept of inclusion and require the implementation of inclusive physical education.

Physical education students of special medical group remains segregate, despite the global trend of active promotion of inclusive education. Experts along with the celebration of positive economic, humanistic and educational components expressed reservations about the complexity of (and sometimes impossible) implementation of inclusive physical education for children, features which are very different. Therefore, they recommended some lessons for healthy students and special students, and even preparatory medical groups.

Implementation of inclusive physical education of students of 1-3 health groups believe socially important and timely. Today, however, the problem is accompanied by a number of unresolved issues: despite some accumulated experience for today, absence of *concept* of organization and formation of content of inclusive physical education of pupils of 1-3 medical groups, requires scientifically sound *technology* of inclusive physical education in secondary

schools, absent even definition, *programs* of physical education of students with disabilities in varying degrees of health, absent information about specific features of adaptation to physical education in *middle school age students* with different levels of health; requires further improvement *system of accounting performance and test of physical preparation* of students of school age, aimed to various medical groups; requires better system of *recruitment* of medical groups, requires improving *staffing* of inclusive physical education students from different medical groups, the methodology of *extracurricular* sports and recreational activities in the mode of the day, week, year are not developed.

Solve these problems will focus our *further scientific research*.

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