



# Chapter 8

## Disability Awareness

- 8.1 Review of Disability Awareness Information**
- 8.2 Definitions of Specific Disabilities**
- 8.3 Points to Remember**
- 8.4 Common Courtesies When Speaking with an Individual with a Disability**
- 8.5 Person First Terminology**





## Disability Awareness Etiquette

### 8.1 Review of Disability Awareness Information

Before a program's operations commence, it is very important to make sure the staff, volunteers and coaches are trained and familiar with aspects of disability that differ from the general population and that are critical to developing a quality program. Sensitivity training, "people-first" terminology, familiarity with aspects of common disabilities, the use of proper communication techniques and methods of assisting with physical differences are key elements to a successful program.

#### DEFINITIONS

- **Impairment:** is used to characterize a physical, mental, or physiological loss, abnormality, or injury that causes a limitation in one or more major life functions. For example, "The loss of her right leg impaired her ability to walk long distances."
- **Disability:** refers to a limitation that affects an individual's ability to perform a major life activity (walking, eating, dressing, etc.). For example, it is correct to say, "Blindness is a disability that prevents one from driving a car."
- **Handicap:** describes a barrier or problem created by society or the environment. For example, "People with disabilities are sometimes handicapped by the assumption of employers that their abilities are somehow limited." (*Provided by the Americans with Disabilities Act*)
- **Accessible:** easy to approach, enter, operate, participate in, and/or use safely and with dignity by a person with a disability (i.e. site, facility, work environment, service or program).
- **Assistive/Adaptive Equipment:** devices that assist in activities or mobility, including wheelchairs, prostheses, ramps, grab bars, changes in furniture heights, and environmental control units.

### 8.2 Definitions of Specific Disabilities

**SPINAL CORD INJURY (SCI)** occurs when a traumatic event damages cells within the spinal cord or severs the nerve tracts that relay signals up and down the spinal cord. SCI often causes paralysis (loss of control over voluntary movement and muscles of the body) and loss of sensation and reflex function below the point of injury.

**SPINAL CORD DISORDER (SCD)** occurs as a result of conditions extrinsic to the cord, e.g. compression due to spinal stenosis, herniated disk, tumor, abscess, or hematoma. Other less common disorders that are intrinsic to the cord include infarction, hemorrhage, transverse myelitis, arteriovenous malformation, HIV infection, and poliovirus infection. (*Information provided by the National Institute of Neurological Disorders and Stroke*)

**SPINA BIFIDA (SB)** is a congenital condition involving incomplete development of the brain, spinal cord, and/or their protective coverings during the first month of pregnancy. Infants born with SB sometimes have an open lesion on their spine where significant



damage to the nerves and spinal cord has occurred. The nerve damage is permanent, resulting in varying degrees of paralysis of the lower limbs. (*Information provided by the National Institute for Neurological Disorders and Stroke*)

**CEREBRAL PALSY (CP)** is a group of conditions that impairs the control of movement caused by damage to motor areas in the brain that disrupts the brain's ability to control movement and posture. The three main types of cerebral palsy are: **Spastic** – when a person is very stiff and movement is difficult; **Athetoid** – when movement is beyond the individual's control; **Ataxic** – when the person has poor balance and poor depth perception. Many individuals with cerebral palsy have a combination of the three types.

**AMPUTATION** is a loss or absence of all or part of a limb or limbs.

**VISUAL IMPAIRMENT** does not automatically mean a person cannot see. Someone may have no light perception in either eye, light perception but the inability to recognize the shape of a hand at any distance or in any direction, the visual acuity of 20/600 and/or a visual field of less than 5 degrees in the best eye with the best practical eye correction, 20/200 and/or a visual field of less than 20 degrees and more than 5 degrees in the best eye with the best practical eye correction, or visual acuity above 20/200 and up to visual acuity of 20/70 and a visual field larger than 20 degrees in the best eye with the best practical eye correction. There are many levels of impairment and programming for every level is going to be important.

### **8.3 Points to Remember When Meeting With a Person With a Disability**

#### **PERSONS WHO USE WHEELCHAIRS**

1. Do not make contact with a person's wheelchair unless asked to do so. Assistance may be offered, but do not insist upon it.
2. Do not grab or push a person's wheelchair unless asked to do so.
3. If possible, place yourself on the same eye level with the person in a wheelchair. Remember that it is uncomfortable for a person who is seated to look straight up for a long period.
4. It is not necessary to be sensitive to words like "running" and "walking."
5. Always keep accessibility in mind. Ask yourself, for example, "Is the hallway blocked?"

#### **PERSONS WHO ARE VISUALLY IMPAIRED**

1. Use the person's name when starting conversation as a clue to whom you are speaking. Speak directly to the person using a normal tone of voice. Let the person know when you need to end a conversation.
2. When offering a handshake, say something like, "Shall we shake hands?" If the person extends a hand first, be sure to take it or to explain why if you can't.
3. Ask the person if he or she wants help in getting around. When providing assistance, allow the person to take your arm, enabling you to guide. Warn the person of any steps, changes in level, or obstructions in or near your pathway.
4. When offering seating, place the person's hand on the back or arm of the seat.
5. Do not pet or distract a guide dog unless the owner has given permission.



### ***PERSONS WHO ARE HEARING IMPAIRED***

1. If necessary, get the person's attention with a tap on the shoulder or a wave of the hand (not arm).
2. When using speech to communicate, always face the person and speak clearly and slowly, without shouting or exaggerating your lip movements.
3. Be flexible in your language. If the person experiences difficulty understanding what you are saying, switch the words around and rephrase your statement rather than keep repeating. As a last resort, write messages on paper.
4. Keep hands and food away from your mouth when talking in order to provide a clear view of your face.
5. When an interpreter accompanies a person, direct your remark to the person rather than to the interpreter.

### ***PERSONS WITH SPEECH DIFFICULTIES***

1. Give whole, unhurried attention to the person who has difficulty speaking.
2. Keep your manner encouraging as opposed to correcting.
3. Rather than speak for the person, allow extra time and give help when needed.
4. If necessary, ask questions that require short answers or a nod or shake of the head.

### ***PERSONS WHO HAVE CEREBRAL PALSY***

1. If an individual's speech is difficult to understand, do not be afraid to ask that a statement be repeated.
2. Do not use the terms "lame" or "spastic" when describing someone who has cerebral palsy.

### ***PERSONS WHO ARE MOBILITY IMPAIRED***

1. When accompanying a person with mobility impairment, try to walk alongside the person rather than in front.
2. Assume people who use artificial legs, canes, or crutches can use the stairs in addition to elevators, unless they inform you otherwise.
3. Be aware of distances. Even a two to three block walk for lunch could be tiresome to some individuals with mobility impairment.

### ***PERSONS WHO ARE SHORT STATURED***

1. Do not equate size with physical or intellectual ability.
2. Do not pat a person who is a dwarf on the head.
3. If possible, place yourself on the same eye level when speaking with the person who is a dwarf.
4. Do not provide assistance unless asked to do so.



## **PERSONS WITH A SERVICE ANIMAL**

Over 12,000 people with disabilities use the aid of service animals. Although the most familiar types of service animals are guide dogs used by people who are blind, service animals assist persons who have other disabilities as well. Many disabling conditions are invisible. Therefore, every person who is accompanied by a service animal may or may not "look" disabled.

1. A service animal is not required to have any special certification however they are extensively trained.
2. A service animal is not a pet. Do not touch the service animal or the person it assists without permission.
3. Do not make noises at the service animal; it may distract the animal from doing its job.
4. Do not feed the service animal, it may disrupt their schedule.
5. Do not be offended if the person does not feel like discussing their disability or the assistance the service animal provides.

### **8.4 Common Courtesies When Speaking With An Individual With A Disability**

- Always identify the athlete or sport first, then the disability.
- Act naturally and don't monitor your every word and action. Don't be embarrassed if you use common expressions like "see you later" (to a person who is vision impaired) or "I'd better run along" (to someone who uses a wheelchair).
- Avoid using emotional wording like tragic, afflicted, victim, or confined to a wheelchair. Emphasize the ability and not the limitation, e.g. by saying that someone "uses a wheelchair" rather than "confined" or "is wheelchair-bound."
- Avoid portraying athletes with a disability who succeed as "extraordinary" or "superhuman." Overstating the achievements of athletes with a disability inadvertently suggests the original expectations were not high.
- If you are talking for more than a few minutes to an athlete who uses a wheelchair, place yourself at eye level with them.
- When greeting an athlete, if you normally shake hands, then offer the same gesture. The athlete will let you know if a certain action is appropriate or not.
- When talking with an athlete who is visually impaired, always identify yourself and others in your group.
- Do not assume an athlete with a physical disability also has a hearing disability or that their mental capacity is diminished in any way. Speak in a normal tone and do not use language that is condescending.

*(Understanding Athlete Classifications and Disabilities-Media Guidelines, Sydney Paralympic Organizing Committee, Feb. 2000)*

### **8.5 Person First Terminology**

- Person who is blind; person who is visually impaired **instead of** the blind
- Person who is deaf; person who is hearing impaired **instead of** suffers a hearing loss
- Person who has multiple sclerosis (MS) **instead of** afflicted by MS
- Person who has cerebral palsy **instead of** CP victim
- Person who has muscular dystrophy **instead of** stricken by MD



- Person with mental impairment or learning disability **instead of** retarded or mentally defective
- Person with epilepsy; person with a seizure disorder **instead of** epileptic
- Person who uses a wheelchair **instead of** confined or restricted to a wheelchair
- Person without disabilities; non-disabled person **instead of** normal person (implies a person with a disability isn't normal)
- physically disabled **instead of** cripple, lame, deformed
- Unable to speak; non-verbal **instead of** dumb; mute
- Seizure **instead of** fit
- Successful; productive **instead of** courageous (implies the person is a hero or martyr)

*(The President's Committee on Employment of People with Disabilities, Reprinted from LDA Newsletter, Winter 1993)*