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Survey of corrective physical education in the elementary schools in the suburbs of Boston

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A SURVEY OF CORRECTIVE PHYSICAL EDUCATION IN THE ELEMENTARY SCHOOLS IN THE SUBURBS OF BOSTON

(SERVICE PAPER)

Submitted by

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CHAPTER I

THE PROBLEM, ITS IMPORTANCE, AND DEFINITION OF TERMS USED

The purpose of this study is to determine the amount of corrective work in the field of physical education, that is being given in the elementary schools of suburban Boston, for the physically handicapped and post-operative child.

In the past two or three decades the growth in the field of correctives has been amazing. The increasing need for it has been stated by Stafford[1,2] in the following excerpts:

> "Recent studies reported by Henry Kessler have resulted in a new "average" ratio of 3.72 for crippled children and 3.5 for crippled adults. On the basis of the new ratio, there would be 453,157 crippled children and 426,358 crippled adults in the United States according to the 1930 census."

> "Educators recognize the need for the detection of physical defects among school children. Although the defects may not directly lower the educability of the pupils, these defects often prove a drag upon the full development of their abilities and cause impairment of educability. Many of the more serious defects incapacitate them for education with the regular classes."

Colonel Rowntree, in an article[3] on rehabilitation, states that fifty per cent of the drafted men were rejected for medical reasons, many of which defects the men had for years.

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1. G. T. Stafford, Sports for the Handicapped, New York: Prentice Hall, 1939, p. 1.

2. Ibid. pp. 2-3.

3. Colonel Leonard Rowntree, "National Rehabilitation", Journal of Health and Physical Education (13:223-224) April 1942.

I. THE PROBLEM

Statement of the problem. The object of this study is to determine, by means of a questionnaire:

1. Whether the children are examined for postural defects during their medical examination, or in their physical education class.
2. If posture defects or any other defects are found, are the children put into a regular or special physical education class?
3. Whether the school program provides for any corrective physical education work.
4. Whether the school has any facilities for setting up a correctives program.

II. IMPORTANCE OF THE STUDY

Corrective physical education is a comparatively new field. Much of the literature in the field has been published in periodicals, but little has been compiled in books. Such educators as Drew, Stafford and Rathbone have already recognized the importance of corrective physical education, and have published their findings and opinions. Since the facts all point up the value of corrective physical education, the present study was conducted to determine how much of this material is being utilized by the schools. Rathbone[1] says:

> "The proper kind of physical education in early years will aim to offset these hazards. In the first place it will help the

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1. Josephine L. Rathbone, Corrective Physical Education, Philadelphia: W. B. Saunders Co., 1934, pp. 20-21.

youth to acquire a fine body, of which he will be proud, so that he will enjoy taking part in outdoor recreation and will be eager to compete on a physical basis. Those who learn early what a large share exercise has in building a sturdy body and in keeping it in condition, do have a strong urge to continue physical forms of recreation. While a fine body acts as a stimulus to activity, activity helps to keep the body as perfect as possible. Herein lies one of the cycles of cause and effect that proves confusing. From the standpoint of the teacher of health and physical education, however, two principles stand out. First, if a person is given exercise of the right kind and degree, he will develop a good body; and, second, if he has a desire for a good body, he will get sufficient and efficient exercise."

Several other considerations should be kept in mind when setting up a program of physical education for new students.

The physical burdens of the new regime for beginning school children may be difficult for the average child to assume. It should be remembered that the pre-school child ordinarily is not restricted to a desk and to a long sitting posture. The pre-school child is usually unaccustomed to carrying parcels any distance and in most instances has spent very little time scrutinizing reading matter. Such situations as being confined to a desk, carrying a school bag with books and lunch, and close examination of his Reader, which the child encounters when entering school, should be given careful consideration by school authorities.

Desks which provide for comfortable and healthful sitting posture should be available. It is necessary that the young child not be allowed to overload his briefcase, but rather he should be taught how to distribute the burden so that his shoulder alignment will not be affected. Too much cannot be said about the importance of correct lighting; wherever possible, schoolrooms should be designed so that the maximum of natural light is utilized. Artificial lighting has reached a peak of effectiveness and the most modern methods should be sought.

Although school programs are designated to meet the needs of the average child, we can no longer think of this average as representing the "perfect" physical specimen. From the figures cited by Stafford,[1] almost four per cent of the school population presents special problems. It is reasonable to suppose that the proportion of slightly handicapped children is even greater. It is important then, that the program of physical education include as a general policy aspects of correctives by which all students may be benefited. There will, of course, be instances where individual needs must be treated by special instruction, but since the proportion of handicapped children is so great, this can no longer be considered a special program.

It is the duty of the elementary school to take an active interest in all of these new phases of the child's life, and see that the school has maximum facilities for the preservation of his health.

There is much controversy today as to whether it is the doctor's job or that of the physical education instructor to handle the problems of the physically handicapped child. The present trend seems to be in favor of letting the medical profession handle the problem. However, Stafford[2] found:

> "When teachers of physical education were questioned as to why these cases were being treated by the personnel of the department of physical education, rather than by the medical doctors, the reply was usually that these cases were in school and were not being taken care of by other agencies. Obviously, 'someone must take care of them'."

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1. G. T. Stafford, Sports for the Handicapped, New York: Prentice Hall, 1939, p. 1.

2. Ibid. p. 3

In an article by Elizabeth Samkowski,[1] she states:

> "The extent to which the restricted program has contributed to the satisfactory adjustment of handicapped students is ample proof of its value as a part of physical education."

The responsibility for the correctives program rests with the physician and physical education teacher, who should work together for maximum effectiveness.

Wiechec and Sanberg,[2] in an article in favor of corrective physical education in the elementary school, state three main reasons for schools not incorporating a correctives program in their curriculum. In most schools, teachers have very heavy loads and the school cannot afford to employ extra teachers for this purpose. Secondly, the school nurse, aside from not having the time to devote to such a program, has not the proper training to be in charge of the program. Lastly, they feel the school doctors are more interested in treating the cases than trying to prevent them.

Lowman,[3] in an article on correctives, mentions that the aims of corrective physical education are as follows:

> "All forms of physical education activities can be of a corrective or preventive value if intelligently adapted and modified to fit the needs of the majority of pupils."

The handicapped child must be taught to take his place among usual children. In most instances, there need be no obvious distinctions. While it is true that some handicapped children must learn the limitations

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1. Elizabeth Samkowski, "A Restricted Program of Physical Education" Journal of Health and Physical Education, (13:17,56) Jan. 1942.
2. Frank J. Wiechec and G. H. Sanberg, "A Program of Individual Corrective Exercises for Schools", American School Board Journal (99:45-47) Nov. 1939
3. Charles L. Lowman, "The Contribution of Correctives to Child Welfare", Journal of Health and Physical Education (12:10-11,59) Jan. 1941

placed upon them by their defects, many will be spurred on to even greater achievement by the example being set for them through our returned wounded veterans. Even in the past it has been known that severely handicapped persons may achieve great physical skill. For example, a man with an amputated arm attained the Eastern fencing championship title.

The program of corrective physical education cannot stand alone in the treatment of the severely handicapped child. Along with this must come help towards acquiring a healthy mental attitude; perhaps in some cases through the use of psychiatric techniques.

The aim of the correctives program is to help the child maintain a healthy body, and a healthy state of mind. Young[1] states that:

> "The aim of a corrective program coincides with that of education namely 'to attain maximum happiness, development, and adjustment of the individual'."

III. DEFINITION OF TERMS USED

Corrective Work

The field of corrective work consists of exercises and activities which help to maintain a normal healthy body. In this study, however, it has been limited only to those who are physically handicapped or post-operative. This is only part of the entire field of corrective physical education. The program should be both preventive and remedial. Lillian Drew[2] calls it therapeutic gymnastics, because of the many meanings read into the word correctives, and defines it thusly:

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1. Carl H. Young, "Meeting Needs of the Individual", Journal of Health and Physical Education, (11:71,125-126) Feb. 1940.

2. Lillian C. Drew, Individual Gymnastics, Philadelphia: Lea & Febiger, 1945, p. 11.

"Therapeutic gymnastics comprise exercises based on anatomical and physiological principles, performed by the individual alone or with assistance, for the prevention or arrest, the cure or correction of some definite functional or organic disability or deformity."

Physical Education

Physical education, according to Josephine Rathbone[1], involves the use of games for sound body building. Physical education should help the individual to form good health habits. In the elementary school, the physical education program usually includes games of low organization, and games that will help to develop the larger muscles of the body, sometimes called large muscle activity. These include singing games, such as "I Tisket I Tasket", and also games such as "Snatch Club" and "Captain Ball". Part of the program usually includes marching tactics, calisthenics and apparatus work.

Physically Handicapped

This term applies to all those children who have either structural or functional disorders, whether slight or severe. A structural disorder may be one with which the child is born, such as club foot. Structural disorders may also include conditions which appear subsequently as a result of diseases such as rickets. Functional disorders are usually temporary, and are much easier to remedy. Impaired vision due to an eye infection, or defective hearing due to wax in the ears are included in this classification.

Post-Operative

A child who has just returned to school after an operation needs limited and carefully supervised activity. The average class in

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1. Josephine L. Rathbone, Corrective Physical Education, Philadelphia: W. B. Saunders Co., 1934, p. 17

physical education is too active for him. The general practice at present is to remove the child from the physical education classes, thereby eliminating all forms of unusual exercise. It would be better if our schools could place these children in corrective physical education classes, since post-operative cases generally require some form of mild exercise to regain body tone. Corrective physical education classes can be set up to provide for individual attention to individual cases.

Thus, this study of corrective work in the field of physical education, and its place in the curriculum in the elementary schools, arose out of the need for such a program. No better evidence can be cited to prove the necessity for including a corrective physical education program early in the school life of the child than the figures which came to light when the young men of this country were examined for service in the recent war. The number of young people rejected because of physical defects not previously disclosed by school examinations and those rejected for defects which had been noted but not corrected, represented a staggering loss to the nation in useful manpower.

CHAPTER II

THE SCOPE OF THIS STUDY AND METHODS OF PROCEDURES OF OBTAINING DATA

Scope

The scope of this study included six of the suburban areas of Boston, within a ten mile radius. The elementary schools were chosen because present day trends in physical education are moving in the direction of discovering and correcting physical defects at the earliest possible period. It is not until the child enters school that this can be done on a group basis. It becomes progressively more difficult to change bone structure and growth as the child matures. Thus the emphasis on starting treatment early is properly placed in the elementary schools. The six towns included are Arlington, Brookline, Melrose, Natick, Newton and Waltham. These communities have sixty-two individual schools, Melrose having only three and Newton the greatest, numbering twenty-one.

Method

The method of obtaining the data involved two procedures - questionnaire and visitation. Since the policies carried on in the schools are determined by the directors and supervisors of physical education along with the superintendents of schools, the desired information was obtained from this group. Whenever it was possible, a visit was made to the schools to see the actual program being carried on in the communities. This was not possible in every instance.

An examination of the questions included on this form will serve

to indicate the type of information possible to obtain by the general method of questionnaire (see insert on following page). In the identifying information, such questions as name of school, name of the principal, address of the school and date of interview were secured in the event that further information was needed. It was found that the questionnaire did not require revision and second interviews were not held.

The grades in each school were important because of the various school systems we have in the United States. The present trend is toward the six-three-three plan of education; six years of elementary school, three years of junior high school and three years of senior high school. This means that the seventh and eighth grade are part of the junior high school and therefore certain schools including the seventh and eighth grades would have to be adapted to meet the requirements of this survey.

The number of physical education teachers and whether they are full or part time was included, to determine whether or not there are enough teachers to carry on a correctives program without overburdening the teachers' schedule. The term supervisor was used originally to place responsibility. However, it was found that in the larger communities final responsibility for the physical education program rested with a director above the level of supervisor. The term, therefore, should be understood to represent the title of authority.

The registration was obtained as an aid in estimating the approximate size of the community. It also served to evaluate the adequacy of the physical education staff in relation to the number of students.

The method of pupil classification in some ways determines the

SURVEY OF CORRECTIVE PHYSICAL EDUCATION

ELEMENTARY SCHOOLS

NAME OF SCHOOL _____ DATE _____

PRINCIPAL _____

ADDRESS _____

GRADES: K___ 1___ 2___ 3___ 4___ 5___ 6___ 7___ 8___

PHYSICAL EDUCATION TEACHERS (NOT INCLUDING CLASSROOM TEACHERS)

_____ FULL___ PART___

NO. OF TEACHERS _____ FULL TIME _____ PART TIME _____

SUPERVISOR: _____ TIME _____

REGISTRATION: TOTAL _____ BOYS _____ GIRLS _____

METHOD OF PUPIL CLASSIFICATION:

PHYSICAL EDUCATION: CLASS_____ SEX_____ ABILITY_____ YEAR_____

ACTIVE PHYSICAL EDUCATION INSTRUCTION BEGINS:

K____ 1____ 2____ 3____ 4____ 5____ 6____ 7____ 8____

AMOUNT OF TIME FOR PHYSICAL EDUCATION PER WEEK:

NO. OF TIMES PER WEEK_____ LENGTH OF EACH PERIOD_____MINUTES

HEALTH INSTRUCTION: _____

APPROXIMATE NUMBER OF PHYSICALLY HANDICAPPED _____BOYS _____GIRLS

I. How do you determine the need for special classes?

a. Medical Examination:

1. Time devoted to each student _____Minutes.

2. How often: Once a year_____ Once in two years_____

Once in three years_____ Once in four years_____

3. Who gives the medical examination?

Doctor_____ Nurse_____ Teacher_____ Private_____

4. Who determines those needing corrective work?_____

5. Does the examination include examination for posture?

Yes_____ No_____

6. If so, what is the procedure?_____

_____

II. Are any provisions made for the Physically Handicapped:

a. Any special classes:_____

_____

b. Any special classes in Physical Education:_____

_____

c. Any individual attention in the regular Physical Education classes:_____

_____

d. Any preventive exercises for all children:_____

_____

III. General Facilities Available

a. Enough gym space: None____ One____ Two____ Three____

b. Enough teachers:_____ Specialized teachers_____

c. Apparatus available:

Stall bars:

Ropes:

Equipment:

Music:

Outdoor Play Areas:

IV. Facilities available for correction: _____

_____

_____

V. Do you approve of corrective classes: Yes_____ No_____

Do you think the results of corrective classes are worth the effort:

Yes_____ No_____

type of physical education program that is administered.

The grade at which active physical education begins was questioned, because in previous years the lower grades substituted a recess period for organized classes.

The time devoted to physical education is a determining factor in deciding whether a correctives program could be carried on successfully.

The term health instruction was employed to cover the general topic of hygiene, to determine whether it was taught as a separate subject or integrated as units in other subjects. In instances where it was found that health instruction was given the students, the report was further concerned with the extent to which preventive and corrective measures were included in the instruction.

The approximate number of physically handicapped is a good guide as to whether a correctives program is needed.

The medical examination is one of the determining factors in any corrective program. The subdivisions under this section of this questionnaire were used in order to evaluate how inclusive the medical examination is, what attempt is made to recognize the change or improvement in a previously noted defect or to note at an early stage incipient conditions, and to determine where responsibility is placed for correction of defects found.

The purpose of Section II of the questionnaire is to obtain material for arriving at the conclusions following from this study.

Under general facilities available, the report attempts to determine the extent to which the physical education program could be

carried on in the individual school. It was not expected that every school would be fully equipped, although it was presumed that the better equipped schools would be better able to sponsor a more adequate program of corrective physical education.

The last two questions, referring to approval of corrective classes and the effectiveness of a good program, were posed to find out if the reason for having or not having such a program was due to the supervisor's policy or the availability of facilities, staff and space.

Discussion

The controversy mentioned in the first chapter between the medical profession and the supervisors of physical education may be further analyzed. Both sides are agreed that the problem of the handicapped child rightly belongs with the medical profession. The most desirable set-up would be for the physician or the orthopedic specialist to supervise each child who requires a correctives program. This would be possible if the school staff included a full-time physician. It might also be possible if outside organizations or clinics provided overall medical care for the school population. It was found, however, in the sampling of schools studied none had such service. It is to be wondered then, how the part-time school physician can be expected to give maximum attention to this large group of special cases.

The doctors admit, at the present time, that they have neither the time nor the staff to meet the problem. During the war it was quite evident to the entire population that there was a definite shortage of doctors, and those continuing to practice were unable to handle the needs

of the population. It would be their recommendation that, lacking specialized medical treatment, handicapped children would benefit most by supervision from a less highly skilled but specialized instructor of corrective physical education. The doctors are unwilling to place this treatment in the hands of the regularly trained physical education instructors since it is felt that the work in correctives is more highly specialized.

Educators are somewhat more realistic in this controversy. They, too, state that medical treatment is most desirable. Since such care is not available, the next best thing is for specialized workers to carry out a program of correctives. However, they also see the limitations in terms of lack of personnel and inadequate funds. These proponents of the corrective physical education program feel "that half a loaf is better than none". They realize that if they did not embark on some program, no matter how limited, the little they achieve might be lost entirely.

There is one other factor which leads the physical education personnel to believe that correctives can be the responsibility of the school. This is because the school is the one place in the community where most of the children are known and where they can receive attention.

It should be kept in mind that while the controversy exists, the outlook is hopeful. Already, some schools have a good cooperative arrangement which involves both the physician and the physical education staff.

It is sometimes better not to have an organized correctives program. Improper use of equipment by a physical education instructor who lacks specialized training in correctives can be quite harmful. The

restricted area of a classroom does not lend itself to an effective correctives program. The teacher who must carry on a physical education period under these conditions probably would not have the time or resources to develop an adequate curriculum. Perhaps the most convincing argument against including a correctives program is the danger that too much emphasis might be placed on corrective physical education for a few to the detriment of the larger group of children who need only a good physical education program.

CHAPTER III

MAJOR FINDINGS AND CONCLUSIONS

The statistics of this study do not lend themselves to graphs and tabulations which would be self-explanatory as individual exhibits. The statistical material, therefore, is summarized within this chapter and no appendices were found necessary.

I. General Background Data

A. The Suburban Towns and the Number of Schools in That Vicinity

1.	Arlington	8
2.	Brookline	10
3.	Melrose	3
4.	Natick	9
5.	Newton	21
6.	Waltham	11
		62 Schools

B. Number of Grades in Each School

	Number of Schools	Grades in Each School
1. Arlington	8	K-6
2. Brookline	8	K-8
	2	K-3
3. Melrose	3	1-8
4. Natick	7	1-6
	1	1-5
	1	1-2
5. Newton	20	1-6
	1	1-3
6. Waltham	11	1-6

For the purpose of some uniformity, in the schools which have seventh and eighth grades, the data will be included only up to the sixth grade level. Usually the seventh and eighth grades employ special techniques and would have many exceptions to the program included from kindergarten to the sixth grade.

C. The Number of Physical Education Teachers.

In the elementary school the usual practice is for the classroom teachers to teach physical education to their own classes. The supervisor of physical education plans the program and, where necessary, helps the individual teachers with content and techniques.

In Brookline there are six full-time physical education teachers. Each teacher is responsible for two schools. Melrose's three schools each has one full-time trained physical education teacher who is in charge of

all the classes. In Waltham there are four full-time physical education teachers. The remainder of the schools use classroom teachers.

D. The Number of Supervisors.

Newton's Department of Physical Education includes a director and two supervisors who assist in Newton proper. Melrose has no supervisor. Each of the other communities has a supervisor of physical education with responsibility for all the schools in his community.

All teachers were found to be directly responsible to the supervisor of physical education for the technical aspects of the program.

E. The School Registration.

	Number of Schools	Registration	Total
1. Arlington	8	500	4000
2. Brookline	7	500	3500
	2	200	400
	1	900	900
3. Melrose	3	400	1200
4. Natick	4	150	600
	2	100	200
	1	200	200
	1	250	250
	1	50	50
5. Newton	20	300	6000
	1	100	100
6. Waltham	11	150	1650
			19,050

F. Method of Pupil Classification in Physical Education.

All of the schools conduct their physical education classes by grades. If the classes are too large, two separate periods are allotted, but no combinations of different grade levels are made. In Brookline, Melrose and Natick, the boys and girls are separated at the fourth grade level and receive separate instruction.

Because of the physiological differences between the sexes at this period, a separation of program is advisable. In the communities where the physical education classes were not differentiated for the boys and the girls, the reason was lack of facilities.

G. Physical Education.

1. Active physical education begins in the first grade for all schools except Brookline. They begin it in kindergarten.
2. Amount of Time Devoted to Physical Education per Week.

	No. of Periods Per Week	Grades	Time Each Period
a. Arlington	5	All	20 min.
b. Brookline	2	K-3	15 min.
		4-5	30 min.
		6	45 min.
c. Melrose	2	All	60 min.
d. Natick	5	All	20 min.
e. Newton	5	1-3	20 min.
		4-6	30 min.
f. Waltham	5	All	15 min.

H. Health Instruction.

Health instruction of varying degrees is given in all schools with the exception of Waltham, where the subject is not included in the curriculum. The greater number of schools insert designated units on health into their regular class curriculum. In other schools, special teachers or the nurse visit the classes to give this instruction. In most cases, the physical education supervisor is not responsible for the health program. Health instruction has not reached the stage of development as physical education.

II. Medical Service.

A. The Amount of Time Devoted to Each Child for the Medical Examination.

	Time
1. Arlington	5 min.
2. Brookline	4-5 min.
3. Melrose	10 min.
4. Natick	2 min.
5. Newton	8-10 min.
6. Waltham	2 min.

B. Frequency of the Physical Examination.

	Frequency
1. Arlington	Every 3 years
2. Brookline	Every year
3. Melrose	Every year
4. Natick	Every year
5. Newton	Every 3 years
6. Waltham	Every year

In those schools which give an examination every three years, there is a yearly check-up.

C. Who Administers the Physical Examination?

In all of the schools there is a doctor to administer the physical examination with a nurse to assist. In some schools the teachers also assist by preparing the children for the examination, by weighing them and conducting the eye examinations. The doctors are not on full-time duty in the schools and in some cases the nurses are not employed full-time.

D. Does the Physical Examination Include Examination for Posture?

All schools, except those in Waltham, include a posture examination.

E. Type of Examination for Posture.

Four of the communities use the subjective method of observation to detect posture defects. In order to determine which children need correction, a more exact form of diagnosis is necessary. This type of diagnosis is attempted in the Melrose and Waltham schools, which make use of the silhouetteograph.

III. Corrective Work.

A. Who Determines the Need for Corrective Work?

In Waltham, the physical education teacher determines this, but in the other suburbs the better plan of having the physician make the decision is followed.

B. Special Classes for the Physically Handicapped.

1. Arlington	Lip Reading and Sight Conservation
2. Brookline	None
3. Melrose	Lip Reading
4. Natick	None
5. Newton	Lip Reading and Sight Conservation
6. Waltham	None

C. Special Classes in Physical Education.

Arlington, Brookline and Melrose have some special classes for handicapped children. These are for posture correction only. In Natick, Newton and Waltham, there are no special classes.

D. Individual Attention Given in Regular Physical Education Classes.

With the exception of Brookline, there is no individual attention given in the general physical education classes.

E. Preventive Exercises Given for All.

Brookline, Melrose and Waltham have preventive exercises for all children, but not to any marked extent. The others have none.

IV. Facilities Available.

A. Gymnasiums.

Each of the schools in Melrose and Brookline has a gymnasium. Some of the Newton schools also have a gymnasium. Where no gymnasium

space is available, physical education classes are conducted either in the regular classroom or in the auditorium. The lack of a gymnasium is a serious handicap in any school.

B. Apparatus.

Most of the schools have outdoor play areas, some of which are not adequate. They also furnish general equipment, such as balls of various types. They all have either a victrola or piano for musical accompaniment. Stationary equipment such as ladders, bucks, mats and ropes were found only in Brookline and Melrose.

C. Facilities Available for Corrective Work.

There are no facilities for correction in any of the schools, although a few have stall bars.

V. A. Do you approve of corrective classes?

B. Do you think the results of corrective classes are worth the effort?

	A.	B.
1. Arlington	Yes	Yes
2. Brookline	Yes	Yes
3. Melrose	Yes	Yes
4. Natick	No	No
5. Newton	No	No
6. Waltham	Yes	Yes

Some explanations of these answers is necessary. The opinions given cannot be said to represent the thinking of the physical education departments of each of the schools studied. It should be remembered that

the physical education policy in each community is formulated by the supervisor and therefore, if the supervisor feels that a correctives program is not the responsibility of the school, he will not incorporate it in the curriculum for which he is responsible.

CONCLUSIONS

This study was undertaken to determine how much corrective physical education is being given in the elementary schools of certain suburban communities. Much of the data obtained could be explored further. This report, however, will use the background material as the basis on which to evaluate the findings, which relate to the purpose of this study.

The data show that in all towns except one, the children are examined for postural defects during their medical examinations. The average amount of time allotted to the examination in the schools is five minutes, the greatest in any school being ten minutes. Authorities in the field say that the desired length of time for an inclusive school medical examination should be from twenty to twenty-five minutes. If the examination included only analysis of posture, then the five minutes allotted might be sufficient. If the examination includes inspection of eyes, ears, height, weight, heart, lungs, nutrition and posture, then it would appear that the time allotted is not sufficient. Because the medical examination that the children receive is the only one the school requires, it should include all health aspects.

If the school is to take the responsibility for seeing that their children get the proper care for developing a healthy and strong

body, then perhaps strengthening exercises should be given to all to help them reach a desired goal. This is not the practice in a majority of the schools studied. In addition to this, they are not providing for individual attention to the handicapped in the regular physical education classes. Some children in these communities, therefore, are being deprived of their share of physical activity. In half of the schools, they have special classes for those suffering from auditory and visual defects. Approximately one third of the schools surveyed have special classes for those children who have postural defects. These are not special classes in physical education, nor can they be called classes in correctives since they deal with only this one phase of the entire correctives program. Therefore, very little is being done for the handicapped child in active physical education.

In two communities, the supervisors do not believe that the schools should handle the situations of children needing corrective work. In the other four communities, one has no program and in the other three some corrective work is included in the curriculum. The programs are for posture correction only and should not be termed corrective physical education, but rather posture correction, which is only one phase of the entire corrective physical education program. In terms of an all inclusive correctives program, these communities have nothing to offer. Lack of space, limited time and insufficient facilities, are some of the main factors for this omission in the physical education curriculum.

The slight emphasis placed on the attention given to handicapped children shows that in at least two communities the supervisors of physical education believe that the schools are not responsible for their treatment.

It may be that in these two instances the supervisors reject the responsibility for the same reasons that the other communities included in this study question the effectiveness of the little they are able to do. These reasons involve some very distressing facts. For example, Arlington, which recognizes the need for correctives, as evidenced by the fact that they are already giving lip reading and sight conservation classes, can not have an expansive correctives program. The Arlington schools have a registration of about four thousand students and lack trained personnel for regular physical education classes.

Brookline presents the most hopeful picture. Here each of the schools has a fairly well equipped gymnasium and the physical education staff consist of twelve members, including the director. The director is interested in the correctives program and the curriculum includes classes for posture correction. They make provision for the children who need instruction in lip reading and sight conservation. The plans for a new school in this community include a special gymnasium to be used for an expanded program. With all these positive values, Brookline can not, at present, carry on a full correctives program because the physical education staff is not large enough. Each physical education teacher is responsible for the boys or girls of two different schools and their classes range in time from fifteen minutes for the kindergarten children to forty-five minutes for those in the sixth grade. In a community like Brookline, where the standard of living is relatively high, and where it can be assumed that a large proportion of the children receive private medical attention, it is believed that the services of two teachers giving full time to a correctives program would be needed for the proper atten-

tion. In this community we are dealing with approximately four thousand five hundred children in ten localities, representing both sexes and an average span of eight years. Here we have a community which is financially stable. It has space; it has staff, and the director is sympathetic to the program. Even here the community lacks skilled personnel to carry out an effective program.

If it is true that Brookline, which presents the most optimistic picture, is at present unable to embark upon a full use of the techniques known, how much more difficult would it be in the other communities studied where the personnel and facilities are below the standards found in Brookline?

This survey shows that little or nothing is being done in the schools for the handicapped child to develop his maximum physical efficiency and strength.

CHAPTER IV

LIMITATIONS OF THE STUDY AND SUGGESTIONS FOR FURTHER STUDY

A. Limitations

Not enough information was secured to explain why resources are not used more fully in the development of a more extensive program, particularly where it was stated that there is agreement with the principles of corrective physical education. This may be the result of failure to investigate the annual budget appropriations of the various school systems. It may be that the school boards are unwilling to allocate funds for special services. It would have to be known what resources for the treatment of the handicapped are available within a reasonable distance of these communities, to establish whether the schools would be duplicating what is obtainable nearby.

The use of the word "correctives" troubled many of the supervisors. The term has been used so freely that today it has many different connotations. In some schools they use the meaning of the term but change the name, since they feel that the word has definite negative implications for the child.

This study was made immediately after the war. Many of the regular physical education activities were supplemented by routines of military drill and calisthenics, which became more prominent during the emergency. While body building was given a great deal of attention during the war, the depleted staff and inability to obtain equipment made it

necessary to eliminate parts of the regular program. Correctives is an extension of the program and in recent years the schools, in many instances, were not in a position to deal with problems beyond the basic curriculum. During the course of this survey, it was found that some schools had not yet returned to their peace time programs.

It is recognized that in answering these questions the supervisors may not have fully divulged all of the facts, because they were not completely certain how the material would be used or interpreted by a source outside the school system.

Finally, it was expected, when the study was set up, that the sampling would include direct contact with each of the individual schools. It was not anticipated that so large a proportion of the schools would lack specific staff and equipment for the regular physical education program. When it became clear that the personnel of each school was not prepared to deal directly with the questionnaire, the information had to be obtained from the supervisor in the area. Thus, the opinions given in relation to a corrective physical education program represent the thinking of only six people, rather than the total number of people responsible for the teaching.

B. Suggestions for Further Study

The controversy which arose during the course of this study was centered in the agency through which correctives could be conducted most effectively, rather than in the value of correctives. From the material obtained, there is reason to believe that further studies in different geographical areas, or studies which point up other aspects of the problem, would help to clarify the position of the opposing groups.

Studies which would furnish answers to the following questions are suggested:

1. Would a similar study in suburban areas of other large cities, such as New York City, Pittsburgh, Chicago or San Francisco, show any correlation with the findings of this survey?
2. What correlation is there between the corrective physical education programs in suburban districts with those in urban areas?
3. In the communities where some effort is made in the public schools to provide corrective physical education, how do we account for the failure to expand the program in terms of the known techniques and equipment?
4. How expensive is the necessary equipment for an adequate corrective physical education program? In how many communities would it be necessary to erect a gymnasium before introducing such a program? Would the required outlay of funds make it impractical to expect the public schools to carry on such a program?
5. Is there sufficient trained personnel to carry on a program of corrective physical education in the public schools? Is there a large enough number of students specializing in this field to sustain corrective physical education programs in the schools?
6. What other community agencies provide a program of correctives for the physically handicapped and for those children

who present slight physical defects?

7. Among outstanding educators, how many believe that corrective physical education is the responsibility of the schools, and how many believe that other agencies should assume this work?

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