They do many transitional turns ranging from the stem christiania to the step turn. Only later will they master parallel turns. After 12 years we have found that many of the slightly handicapped cerebral palsied children can enjoy easy downhill runs. Quite a number of them are able to master runs of medium difficulty, even longer ones and a few manage to ski in deep snow. They can ski with their family and with non-handicapped companions. The better ones are helpers at our ski-weeks. Others less gifted for downhill skiing, have been taught and enjoy cross-country skiing.

To achieve this, more training, will-power and endurance is needed than in non-handicapped children, but the results are well-worthwhile for those who take pleasure in skiing.

**SPORT AND THE CHILD WITH A LEARNING DISABILITY**


Die kind met leergestremdheid, uiteenlopend van aard, vind deelname aan sport dikwels moeilik. Dit kan egter sy lewenservaring verbred mits dit binne sy persoonsmoontlike hede gedisk. Finaliteit oor die besonderhede van deelname moet nog bereik word.

The child is presented as a physical-mental-spiritual whole to the adult responsible for his education. It is the duty of the educator, namely the parent, teacher, therapist or psychologist to educate the child as whole.

The school educates the child by means of didactic methods (transmitting knowledge), orientation (establishing a choice reference) and socialisation (social mobilisation). Thus the child is led to social emancipation during schooling by creating opportunities to enlarge his experience in a competitive environment; to develop a social conscience leading to selfdiscovery and fulfillment; and to meet the opposite sex in a learning situation.

Social mobility is achieved through formal teaching in the classroom, extra-curricular activities and development of a community spirit in which extra-curricular activities play a part.

It is particularly with extra-curricular activities such as eisteddfods, debating societies or sport that the child with learning disability has difficulty in coping. Participation in these extra-curricular activities presents problems and makes demands on the person concerned with the education of such children.

The problem situation is intensified by the diversity of learning disabilities. Some pupils have multiple learning disabilities, which cannot be ascribed to a single factor. The pupil's learning disability may result in:

- Emotional disturbances, expressed in behavioural terms such as emotional immaturity, hyperactivity, passivity, a sense of insecurity and lack of protection, a feeling of inferiority, infantility and regression.
- Mental and emotional crippling expressed as a lack of the following: initiative and drive; sense of duty; perseverance, willpower and endurance; reliability and responsibility; experience of authority; independence and cooperation.
- Social immobility as a result of aggression or being withdrawn; being uncontrolled or passive; a lack of selfconfidence or unrealistic bravado; cheekiness; sensitivity; destructiveness; excessive jealousy; a tendency to pilfering, truancy and lying.

If the above is accepted as guidance, then the following aspects of education, as regards the participation in sport by the child with a learning disability, can be highlighted.

**Acceptance of own body**

Man explores his world through his body. He manipulates his world and moves in it. One of the ideal goals of education is the acquisition of definite selfknowledge by the child. This can only be realised if the child has discovered his situation in his world as a whole. However, the child will only be able to discover himself by noting what happens in his world and to him.

It is the task of the educator to guide a child with learning disability, who is often handicapped in approaching his world, in such a way that he develops a positive selfimage; acquires his own identity, leading to acceptance of his own sexuality, mental ability and specific talents; arrives at moral judgement on physical matters and creates relationships with others in various situations.

**Development of positive selfimage**

Establishment of a positive selfimage implies knowledge of the peripheral components of his personality structure, such as interest, possible social qualities and emotions. The child is capable of selfdistancing, implying that he judges his own behaviour, that he has selfknowledge and knows his own disability and ability.

**Establishment of moral values in relation to the physical**

With due regard to the development of the child's moral awareness, his participation in sport must be guided towards acceptance of values such as altruism, fairness, tolerance, discipline and honesty.

**Creating interpersonal relationships**

Acquaintance with the world of his fellowmen depends on his being made to feel at home in it. The child's participation in sport will give the educator the opportunity to guide him so that he learns responsible fellowship and also to compete with other pupils within moral limits; to accept authority and order; to utilise his spare time in a meaningful and creative manner; and to accept a proper girl-boy relationship.

The above are some features to be taken into account when the educator plans sport for the child with learning disability. Particular attention is necessary to avoid a situation where the child's participation in sport leads to development of a negative selfimage and to frustration expressed as aggression, to uncontrolled behaviour and to lack of selfconfidence. Participation

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in sport should lead to a sense of duty, a show of initiative and drive, as well as perseverance, willpower, endurance, reliability and responsibility.

A sport programme should be planned so that each child can participate within his limitations whilst it is still acceptable to teachers and therapists. This is a complex problem, considering that therapists, psychologists and teachers have been meeting annually for the past five years to decide whether children with learning disability should participate in sport, which items should be included and what effect it would have on the children.

Thus far no clear answer has emerged. As diverse opinions render a solution impossible. The author does not doubt the educational value of sport. In the near future a decision will have to be taken about which items are to be offered, who should participate and how achievements should be calculated and recognized, albeit by means of research, discussion or trial and error.

REPORT ON THE USE OF BIOFEEDBACK

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"n Oorsig van die jongste litteratuur oor bioterugrigting en veral terapeutiese aanwending, word gegee. Toenonde wat geskik is vir behandeling, metodes van aanwending en seine voor- en neregte. Hierdie studies word aangehaal maar geen gekontroleerde studie bewys tot dusver statisties die waarde van bioterugrigting nie.

Biofeedback, or more accurately, electromyographic biofeedback, appears from the current literature to be a promising and relatively new electrotherapeutic modality. It is used mainly for the treatment of neuromuscular disorders. It is an adjunct to the more conventional methods of treatment and physiotherapists, with the co-operation of bioengineers, may use it increasingly in the rehabilitation of patients. However, as its use as such increases, new techniques as regards its application will need to be developed to suit the individual patient's needs.

Recent studies and reports of therapeutic successes have shown that electromyographic biofeedback, used with carefully directed instruction and motivation, enables a patient to obtain "... an extraordinary degree of voluntary control over physiological activities previously considered (to be) involuntary, reflexive or subconscious." (Nafpliotis, 1976), and this degree of control is obtained in a relatively short period of time.

Electromyographic biofeedback involves some auditory or visual representation of a patient's muscular activity, which the patient is taught to monitor in an attempt to alter muscular activity voluntarily to achieve a desired response. This procedure seems to work equally well in cases of flaccidity and spasticity (Tinglis & Femie, 1976), and in relaxation of muscle spasm in tension headaches (Budzynski et al., 1974) extended the use of surface electrodes and auditory feedback to reduce muscle spasticity in cases of hemiplegia and, in the words of


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