The sports movement for athletes with disabilities began after World War II, and by the early 1970s involvement in sports had grown to the point where exercise and sport programs were available to most people with disabilities.

The Amateur Sports Act of 1978 detailed the rights of amateur athletes in the U.S., including those with disabilities. In 1990 the Americans with Disabilities Act among other things provided for equal access and opportunities for people with disabilities. Both laws gave people with disabilities greater opportunities to participate in organized sports.

In 1979 the U.S. Olympic Committee created a category under its jurisdiction for athletes with disabilities. The category, then called Group E, was composed of seven organizations:

- Wheelchair Sports USA (WSUSA)
- American Athletic Association for the Deaf (AAAD)
- Dwarf Athletic Association of America (DAAA)
- U.S. Cerebral Palsy Athletic Association (USCPAA)
- Special Olympics (SO)
- Disability Sports USA (DSUSA)
- U.S. Association for Blind Athletes (USABA).

There are also two organizations outside the USOC that serve a large number of athletes:

- National Wheelchair Basketball Association (NWBA)
- U.S. Les Autres Sport Association (USLASA).*

The USOC Group E category has since been renamed the Disabled Sports Organizations (DSO). The Committee on Sports for the Disabled was developed for all DSOs. Its membership includes two individuals from each organization, one of whom has a disability. At least 20% of the membership must comprise active athletes.

The international sports movement for athletes with disabilities is moving toward cross-disability competition (Labanowich, 1988). In 1982 the International Coordinating Committee was formed from four governing bodies:

- International Stoke Mandeville Wheelchair Sports Fed. (spinal paralysis)
- Cerebral Palsy-International Sport and Recreation Assoc.
- International Blind Sports Assoc.
- International Sports Organization for the Disabled (amputees and les autres).

Table 1 shows the relationship of the international governing bodies to the DSOs. The purpose of this alliance is to coordinate large cross-disability games every 4 years, corresponding to the Olympic year, and to establish official communication channels with the International Olympic Committee.

In 1992 the role was transferred to the newly formed International Paralympic Committee, whose philosophy is to promote cross-disability or sport-specific competition. This allows athletes with all types of disabilities to compete against each other in major competitions such as World Championships and Paralympics.

The first cross-disability events were held in 1990 in Assen, Holland, at the World Championships and Games for the Disabled. The cross-disability events included swimming, archery, and riflery. The system was further refined at the 1992 Paralympics in Barcelona, where swimming was featured as the major cross-disability competition.

The 1996 Paralympics in Atlanta also featured a number of cross-disability competitions such as swimming, archery, shooting, boccia, and equestrian events. The goal for the 2000 Paralympics in...
Table 1
Organizational Structure of Disability Sports

<table>
<thead>
<tr>
<th>Disability</th>
<th>United States Organization</th>
<th>International Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>U.S. Olympic Committee</td>
<td>International Paralympic Committee</td>
</tr>
<tr>
<td>Amputee</td>
<td>Disability Sports USA</td>
<td>Intern. Sport Organization for the Disabled</td>
</tr>
<tr>
<td>Deaf &amp; hearing impaired</td>
<td>Amer. Athl. Assoc. for the Deaf</td>
<td>International Committee for Sports for the Deaf</td>
</tr>
<tr>
<td>Cerebral palsy</td>
<td>U.S. Cerebral Palsy Athl. Assoc.</td>
<td>Cerebral Palsy Sport &amp; Recreation Assoc.</td>
</tr>
<tr>
<td>Mentally handicapped</td>
<td>Special Olympics</td>
<td>Intern. Fed. for Mentally Handicapped</td>
</tr>
<tr>
<td>Blind &amp; visually impaired</td>
<td>U.S. Assoc. of Blind Athletes</td>
<td>Intern. Blind Sport Association</td>
</tr>
</tbody>
</table>

Sydney, Australia, is to make all competitions cross-disability so that anyone who meets certain disability criteria can participate.

Classification

The process of how to classify athletes with disabilities is still evolving. There has been steady refinement of the classification system as well as improvement in the expertise of examiners who perform the classification tests. The classification system is intended to allow for fair and equitable competition among athletes. However, there is a lack of consensus as to the best way to classify athletes with disabilities: functional vs. the medical model.

The functional classification model is based on the judgment of the classifier in evaluating the athlete’s strength, quality and quantity of active muscle mass, and ability to perform various sport-specific tasks. The USCPAA, NWBA, and USLASA all advocate functional classification.

The medical model is based on medical determination of the site of the lesion, trunk balance, and muscle strength in those with spinal lesions (WSUSA). The USABA classification is based on the athlete’s visual acuity; the DSUSA classification is based on the site of the amputation.

Obviously, each organization advocates different classification methods and has different philosophies on classification issues.

Description of Disabilities

There are several disabilities involved in sports for the disabled: cerebral palsy, blindness or visual impairments, spinal cord injuries, and amputations. Athletes in each disability group participate in local, national, international, and Paralympic events.

Cerebral Palsy. Cerebral palsy (CP) is a neurological condition associated with brain damage. It is not a disease but a condition (Sherrill et al., 1993). Results of brain paralysis are displayed by the person’s inability to perform some meaningful motor tasks. CP is often referred to by the limbs or by the body condition as follows:

- Limbs Affected
  - Monoplegic: 1 limb;
  - Diplegic: 2 limbs, generally the legs;
  - Triplegic: 3 limbs, usually both legs and one arm;

- Quadriplegic: all 4 limbs;
- Paraplegic: below the waist.

- Body Condition
  - Spasticity: tight muscles, limited range of motion;
  - Athetosis: slow purposeless movements, difficulty with precise movements;
  - Ataxia: balance problems, unsteady gait, “walking like a drunken sailor.”

Visual Impairment. Visual impairment is usually associated with either a refractive or ophthalmologic problem that often affects the field of vision and visual acuity. The following classification system helps to differentiate the levels of visual acuity:

- B1: Totally blind, may possess light perception but unable to recognize hand shapes at any distance.
- B2: Recognizes hand shapes, up to and including 20/600, or field limited to less than 5 degrees.
- B3: Visual acuity of 20/200 to 20/600, field limitation from 5 to 20 degrees.

Spinal Cord Injuries. This refers to damage to the spinal cord that results in either partial or