

## Faculty Guide **MOBILITY IMPAIRMENTS**

### **OVERVIEW AND DEFINITIONS**

Generally, there are two types of physical disabilities which affect mobility: **Orthopaedic** and **Neurological**. Some of the more representative disabilities will be discussed.

Orthopaedic disabilities involve a deformity of the skeletal system. The impairment can be the result of a congenital anomaly (ie. club foot, Spina Bifida), the result of disease (ie. Muscular Dystrophy, Arthritis), or the result of trauma or accident (ie. amputation).

Neurological disabilities involve the nervous system affecting the ability to move, use or control certain parts of the body. Such impairments can be the result of a congenital anomaly (ie. Cerebral Palsy), the result of disease (ie. Poliomyelitis), or the result of an accident (ie. spinal cord injury, head trauma).

**Multiple Sclerosis** is the most common neurological disease affecting young Canadian adults. It is not a contagious or hereditary disease but one thought to be caused by a virus or an immune reaction, or a combination of both. Symptoms vary, but may include visual disturbances, slurred speech, fatigue, paralysis, muscle tremors, impaired gait, personality changes, respiratory infections, loss of coordination, loss of balance, numbness or prickling feelings in extremities and general malaise.

**Cerebral Palsy** is a condition caused by damage to the brain before, during or after birth. It is chiefly characterized by motor disorder. It is not progressive nor is it considered curable, although physical therapy can be helpful in improving comfort and mobility.

**Spina Bifida** is one of the most prevalent birth defects causing physical disability. It occurs in the spinal column when one or more vertebrae do not close during prenatal development. The condition varies, displaying few to many consequences, ranging from mild to serious in nature.

**Spinal Cord injuries** are most commonly the result of trauma from sports related injuries and accidents. The spinal cord can be partially severed or permanently damaged by severe scarring. The degree of impairment depends on the extent and level of the damaged vertebra(e) in the spinal cord. Terms used to describe the amount of physical functioning that an individual may retain include, paraplegia, or paralysis of both legs, and quadriplegia, or partial or complete paralysis of all four limbs.

### **EDUCATIONAL IMPLICATIONS AND INSTRUCTIONAL STRATEGIES**

Some specific, medically oriented knowledge can be very helpful in understanding a student's needs and learning patterns. It is important, however, that faculty approach medical information about a student from an educational, and not from a diagnostic point of view.

A common problem to students with mobility impairments is fatigue and pain. They may have to expend more energy for the routines of daily living and so consideration should be given to their expenditure of energy in the classroom and surrounding environment. Pain and the adverse side effects of medication can be significant detractors to learning.

College staff can assist in ensuring that the physical environment is **barrier-free**. This means

that a person can move around an environment without assistance. An example of a barrier free door opener would be one that opens with an electronic sensor, not a push-plate. Removing environmental barriers, clearing aisles, lowering work surfaces and providing convenient locations can be very helpful to the student with a mobility impairment.

There are no instructional strategies that are specific to persons with mobility impairments. The following suggestions will enhance the learning experience for the student:

- locate equipment and supplies in close proximity to the student
- if the classroom is inaccessible or in a remote location request a change
- if the student uses an attendant, speak to the student, not the attendant
- choose field trips and activities that are accessible to the student with a mobility impairment
- be aware of the fire evacuation procedures for students with mobility impairments
- students who are mobility impaired may use adaptive equipment. It is not necessary for faculty to have an in depth knowledge of this equipment as the student is the expert. Common pieces of equipment include: computers with speech synthesizers, adapted keyboards and keyboard guards, tape recorders, specialized software.
- work closely with the disability support office to understand the educational implications of the student's disability

#### Points of Etiquette

- Always ask a wheelchair user if he or she would like assistance before you help.
- Check desk height to make sure the wheelchair fits comfortably underneath.
- If conversation lasts more than a few minutes, consider sitting down or kneeling to get yourself on the same level as the wheelchair user.
- Be aware of a wheelchair user's capabilities. Some users can walk with aid and use wheelchairs to save energy and move quickly.
- Don't hang or lean on a person's wheelchair because it is part of the wheelchair user's personal body space.
- Do not move the wheelchair without the user's consent
- Give clear directions, including distance, weather conditions and physical obstacles that may hinder the wheelchair user's travel when conducting field trips.

### **ACADEMIC ACCOMMODATIONS**

Students with disabilities are expected to accomplish the "core competencies" of their programs. To achieve this, accommodations are provided to minimize or eliminate any disadvantage their disability presents. Accommodations are unique to each individual. The disability support office in your college makes these recommendations based on confidential documentation that the student provides to the college. Some of the most commonly provided academic accommodations to students with mobility impairments include:

- access to adaptive technology, assistive devices and/or a scribe or notetaker
- allowance of break periods as needed for rest, taking medication and toileting
- ergonomically designed seating/furnishings
- advance book/reading lists
- preferential seating
- access to all learning activities and services
- provision of extended time for tests and exams. The amount of extra time is determined by the disability support office.
- reduced course load

- early access to timetable for transportation purposes
- punctuality should not be penalized where mobility is a factor
- attendant services (funded through MOH)

## **RESOURCES**

The disability support office in your college will have brochures, books and videos available for loan as well as information about local resources.

*This document is a compilation of resources from CCDI member colleges.*