



ADAPTIVE SKATING MANUAL

**MOVE
UNITED**

LEARN TO
SKATE
USA

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Dear Skating Directors and Instructors,

As skating professionals, you introduce people to the exhilarating sport of ice skating. Working with adaptive skaters provides the opportunity to teach skating to a student who may not have otherwise been able to participate, and with a little preparation and flexibility, you can ensure that everyone has a successful experience.

The Adaptive Skating Manual, created in partnership with Move United and U.S. Figure Skating, should serve as a supplement to existing Learn to Skate USA and U.S. Figure Skating program management resources so that skating professionals can safely teach skaters of all ages and abilities.

This manual is designed to guide you in the process of including skaters with disabilities in your current skating programs. Using slight modifications to your teaching technique and adding equipment, you can provide a safe and effective program and share your love for the sport to a whole new group of skaters.

Your interest in instructing skaters with disabilities is the first step toward inclusion. It is our hope that the tools included in this manual will help you create a safe and fun environment that instills adaptive skaters with a lifelong passion for the sport.

Sincerely,

Glenn Merry
Move United

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PREFACE

This manual will prepare skating professionals to effectively teach skaters of all abilities the fundamentals of ice skating as they learn to enjoy it as a lifelong activity. The progressive Learn to Skate USA curriculum offers support and guidance for instructing skaters with disabilities whether they are taking to the ice for the first time or returning to the sport. With proper instruction and the right adaptive equipment, ice skating is an activity in which nearly anyone can participate, and a solid understanding of the fundamentals is key for later transition to figure skating, hockey or speed skating.

SKATING FOR ALL

Adaptive skating programs encourage individuals with disabilities to develop independence, confidence and physical fitness through participation in ice skating. Research proves daily physical activity raises self-esteem, develops peer relationships, enhances overall health and improves quality of life. Medical professionals, sports professionals and skaters have all suggested that ice skating is a beneficial physical activity for providing healthy exercise and enjoyment for people of all ages and abilities.

VISION

Every person should have an equal opportunity to participate in sports and recreation in their community.

PHYSICAL AND MENTAL BENEFITS OF ICE SKATING

As a skating professional, you are already aware of the physical and mental benefits skating provides both on and off the ice. By expanding the diversity of the skaters you instruct, you will play a key role in ensuring these benefits are enjoyed by the skaters. Here are just a few of the benefits that may be meaningful to skaters with disabilities.

- Because it requires an erect posture and a certain measure of control, participation in ice skating has been found to contribute to better breathing, improved circulation and balance, better posture and overall strength
- Skating provides opportunities to have fun with new friends and identify with a group who shares a common interest
- Skating is an excellent form of aerobic exercise that requires strength, flexibility, coordination and balance
- Skating is an enjoyable social activity, whether through group lessons or skating recreationally with friends and family
- Skating builds discipline, self-esteem, confidence and independence
- Skating promotes a healthy lifestyle
- Skating increases the likelihood for better grades, school attendance and lower dropout rates
- The exhilaration of being on the ice boosts mood
- Skating provides opportunities for families and friends to participate in a sport together

THE POWER OF ADAPTIVE SPORTS

A Harris Interactive research study of more than 1,000 adults with disabilities showed that those participating in Move United (formerly Disabled Sports USA) adaptive sports programs had higher employment rates, were happier and enjoyed higher socialization than those not participating in adaptive sports. Learn more about the survey at <https://www.moveunitedsport.org/about/our-impact-financials/>.



OVERVIEW OF DISABILITIES

This section provides a brief overview of different language to use when addressing your skaters. It is important to note that, just like skaters without a disability, every skater and disability is unique.

It is OK to use the term “disability,” but be mindful that your skater and their guardian/family may use other terminology. It is your commitment as an instructor to focus on the skater holistically!

This section will also focus on the characteristics of some common disabilities and highlight certain conditions in more detail. Individuals with the same disability may present very differently. The disability may affect one person significantly but in a limited way for another, and it may even vary lesson by lesson. Communicate with your skater and the parent or guardian to understand the skater’s condition, strengths and goals prior to instruction, and work together to come up with an appropriate lesson plan. If more information about a disability is needed, it is advisable to research the diagnosis to learn more about how to best instruct the skater. Resources for more information about disabilities are listed at the end of the section.

DISABILITY ETIQUETTE

Concerns about interacting with a person who has a disability are often rooted in particular worries.

Will I say or do something to offend them? Is this sport safe for them? How do I communicate with this person?

The most important thing to remember is that a person with a disability is entitled to the same dignity, respect and considerations expected by anyone. Just like skaters without disabilities, skaters with disabilities are individuals with their own needs and challenges. The information provided here can help guide your interactions, but it is also helpful to remember that the skater or the caregiver/family will be the best source of information for their particular needs. It is encouraged to ask your skater how they believe their disability could impact their training and what they need from you to help them be successful. This will go a long way toward building a rapport and will help make the skating experience a success.

PERSON-FIRST AND IDENTITY-FIRST LANGUAGE

People with disabilities are a diverse community and may have different feelings about what language to use. It is important to respect these personal decisions based on everyone’s identities to promote respect, understanding and autonomy.

In order to foster a more welcoming environment, one of the first and easiest steps is adjusting the language used in conversation and in print when referring to adaptive skaters. Person-first language asks you to view the person first and then acknowledge that they have a disability second. Another approach is identity-first language. Identity-first language includes recognizing that someone’s disability is an important part of who they are. It acknowledges that disability is not a bad word but a neutral term that may or may not be an important aspect of who someone is. It may also be representative of a feeling of pride and membership into the disabled community. It is important to listen and learn what language someone chooses to use and respect that decision. This supports cultivating a more welcoming and inclusive environment and sets an example for other skaters, instructors and volunteers to follow. See below for examples of person-first language, identity-first language and language to avoid.



PERSON-FIRST LANGUAGE	IDENTITY-FIRST LANGUAGE	LANGUAGE TO AVOID
Person with a disability	Disabled person	Handicapped; crippled; impaired
Person who uses a wheelchair	Wheelchair user	Confined to a wheelchair; wheelchair bound
Person with an intellectual or cognitive disability	Intellectually disabled person or cognitively disabled person	Special, slow or simple



DOS AND DON'TS

DO

Communication:

- Ask “how” you can help. Do not take over or make assumptions about the assistance a person with a disability might need. Avoid using a tone or making statements that can be interpreted as condescending.
- Always speak to the skater directly, regardless of who accompanies them and may respond on their behalf (i.e. interpreter or family member).
- If a person has difficulty speaking, allow them to finish their sentence. Give them your undivided attention and remain encouraging. If you do not understand what they are saying, tell them. Do not pretend you understand.
- For skaters who are deaf or hard of hearing, face the person when you are speaking. Make sure your mouth is visible, keeping hands, drinks or food away from your face, and speak normally without shouting or exaggerating your speech.
- Try to put yourself at eye level with skaters who use wheelchairs (or are of short stature) if speaking with them for longer periods of time.
- For skaters with visual impairments, introduce yourself when first speaking so they know who is speaking. Speak to them in a normal, conversational tone, just as you would with anyone. Let them know that you need to end the conversation before leaving. Ask the skater if they need assistance getting around. Offer to let them hold your arm when guiding, and make them aware of things in your path of travel (turns, steps, impediments) and provide other cues as needed (i.e. position to be seated). If they rely on a guide, communicate clearly when you are transitioning responsibilities with another guide.

Accessibility

- Keep accessibility in mind at all times. Consider whether pathways are clear, the structure of the entrance to the ice surface, ramps are available and unblocked, bathrooms are accessible, elevators are available, etc.
- Be aware of distances/paths of travel in the skating facility, particularly for individuals with lower limb amputations and other disabilities that affect mobility, as walking longer distances may be more taxing.
- Review the accessible entrance to the skating facility. Ensure that the skater knows where to find accessible parking and entrances easily and remind ice arena staff to turn on accessible push buttons on doors if needed.

Instruction

- Take the time to understand how the skater’s disability may impact skating. Be flexible and creative about teaching adaptations.

- Always treat your skater just as you would any other. This means expecting them to show up to lessons on time and participate to the best of their ability. Modifications can be made as needed, but overall it is important to put the focus on equity and inclusion.
- Challenge skaters with disabilities at an appropriate level so they experience the joy and success of putting in hard work. Be flexible with the progression of skills needed to meet expectations.
- Strive to create an environment that promotes autonomy and self-sufficiency.
- Take the time to complete an informal assessment prior to their first lesson and talk with the skater and parent/guardian about specific needs. While this is important for all skaters, it also helps you plan appropriately for the proper equipment, staffing and facility modifications.
- Be mindful and create a positive environment in which your skater can learn and grow. Schedule ice time for quieter hours, and where possible, avoid curious onlookers to help put first timers at ease. The goal is not to separate skaters with disabilities but to use your judgment, especially in the beginning.
- Breaking down skills into smaller parts may be beneficial when teaching a new skill; use a variety of cues.

DON'T

- Don’t make assumptions about what the skater can or can’t do based on their disability. Always encourage the skater to communicate needs and preferences (communication may be non-verbal so use body language or pictures).
- Don’t assume that a skater with an amputation or other mobility impairment can’t take the stairs unless they tell you otherwise.
- Don’t be worried about using common phrases such as “I’ll see you later” to an individual with a visual impairment or “I’ve got to run” to an individual using a wheelchair. It’s normal for these phrases to come up in conversation, and it can be implied that you did not mean to offend.
- Don’t touch a person or an assistive device (wheelchair, walker, etc.) without asking first.
- Never move someone’s assistive device, including service animals, without permission, and always communicate where the device should be safely placed if not being used.
- Don’t interact with a service animal unless the owner gives permission.
- Don’t assume that a skater with a physical disability also has any other type of disability. Communicate with them as you would with any other skater.
- Don’t be afraid to ask a skater with speech difficulties to repeat themselves if you have trouble understanding. Try to refrain from correcting the skater’s speech or finishing their sentences; instead allow extra time for thought or ask questions that require short responses.

TYPES OF DISABILITIES

The human body is composed of many different systems that work together to function, including circulatory, digestive and respiratory systems, among others. For the purpose of this manual, we will focus on describing conditions that affect how the muscular, skeletal and nervous systems function.

It is helpful for skating professionals to be familiar with certain characteristics of physical disabilities. Some characteristics are present across various diagnoses and will be described below:

- **Muscle Tone:** Muscle tone is different from muscle strength in that it is based in the nervous system and cannot be changed through voluntary control or exercise. Disrupted signals in the brain that cause atypicalities in muscle tone may be present as uncontrolled tightening (hypertonia), muscle weakness (hypotonia) or overreactive reflexes. Depending on the disorder, changes in muscle tone may vary over time and be influenced by movement, clothing, emotional state or injury/illness (sometimes there is no known cause). Skaters with atypical muscle tone may have challenges maintaining balance and coordinating movements.
 - o **Hypertonia:** Uncontrollable rigidity, muscle spasms, inflexibility; common with brain and spinal cord injuries, cerebral palsy, multiple sclerosis
 - o **Hypotonia:** Weak, low muscle tone; common with Down syndrome, brain and spinal cord injuries, amputations, multiple sclerosis, autism spectrum and developmental disorders
- **Balance:** Complex interactions of the body's systems allow us to have the spatial awareness necessary to coordinate movements, including the movements required to maintain balance. Damage to any part of this system may affect our ability to have the balance required for skating. Balance deficits are a characteristic of many disabilities, and given the influence muscle tone has on balance, include all disorders mentioned above (hypertonia/hypotonia).
- **Fatigue:** Most skaters, including those with disabilities, will become more physically fit and improve their endurance over time. However, neuromuscular diseases like muscular dystrophy, amyotrophic lateral sclerosis (ALS) and other conditions such as brain injury, spinal cord injury and multiple sclerosis can affect the body's ability to build strength and stamina as it typically would. As part of the disease process, this symptom may fluctuate over time and vary depending on other factors such as weather, or it may become progressively worse with no improvement.
- **Delayed Processing:** Developmental, intellectual and cognitive disabilities are characterized by a dysfunction in which the brain analyzes, receives and responds to information. This may be recognized through delays in physical movements, turn taking during conversation, reaction times, etc.

The following section highlights select physical disabilities, including vision and hearing- related disabilities as well as developmental and cognitive disabilities. For more information on these and other disabilities, please refer to the resources section of this manual.

Amputation: Amputation refers to the surgical removal of a portion or all of a limb due to disease or trauma. The skater's

mobility will be impacted based on their recovery, rehabilitation and the location of the amputation. Amputation degrees are often referenced to by their proximity to the limb's joint.

- **Leg amputations**
 - o **Below-the-knee amputation (BKA):** Skaters still have some musculature around the knee, and flexion and extension of a prosthetic is possible.
 - o **Above-the-knee amputation (AKA):** Skaters do not have a knee joint, and it is difficult for a prosthetic to bend at the knee, having a greater impact on balance and strength.
- **Arm amputations:** May affect balance, speed, inertia or reduce the skater's ability to put weight on the arm in the event of a fall. Minor adaptations for advanced figure skating elements that require catching hold of a foot or leg may be needed.
 - o **Below-the-elbow amputation (BEA)**
 - o **Above-the-elbow amputation (AEA)**

Traumatic Brain Injury (TBI): Traumatic brain injuries occur when an external force causes the brain to move inside of the skull cavity. They are categorized as mild, medium or severe and can affect skaters in numerous ways, including cognitive deficits, behavioral changes or physical impairment, depending on the portion of the brain that was injured.

Cerebrovascular Accident: Cerebrovascular accidents, more commonly known as strokes, occur when blood flow to a portion of the brain is blocked. These can happen at any age and could have varying effects on a skater's vision, speech or muscle control, depending on the area of the brain that was affected.

Spinal Cord Injury (SCI): Spinal cord injuries occur as the result of damage to the cells within the spinal cord or damage to the nerve tracts in the cord. Generally speaking, the body is largely affected from the point of injury down. The effects of SCI depends on the level of injury in the spinal cord and the type of injury (complete or incomplete). The spine may or may not be surgically stabilized. SCI may or may not result in paralysis. SCI that results in quadriplegia (paralysis that affects all four limbs to some degree) is caused by injury to the cervical (upper) spinal cord and often requires the skater to use a wheelchair. SCI that results in paraplegia (paralysis in lower limbs only) is caused by injury further down the spine. If the injury is incomplete, some nerve signal can still be sent to the brain, even below site of injury, resulting in the ability to feel sensation and movement. Individuals with incomplete SCI will still be able to walk.

Cerebral Palsy (CP): Individuals with cerebral palsy are usually born with the condition, but it can also be acquired within the first 2-5 years of life. CP is the result of brain injury or brain malformation that causes atypicalities to areas of the brain that control motor functions. Skaters with CP can vary greatly in ability, as symptoms can range from very mild to severe, often affecting speech, muscles, joints and more. Skaters with CP might have difficulty with balance, walking, involuntary movement or other tasks that require fine motor skills. Cognitive disabilities are present in approximately 30 to 50 percent of individuals with CP.

Spina Bifida (SB): Spina bifida is a congenital disability that is caused by underdevelopment of the brain or spinal cord. The result is nerve damage that may cause a range of mild to severe physical and cognitive disabilities, including paralysis that per-

manently impacts lower limb movement for some individuals. Approximately 80 percent of individuals with SB also have hydrocephalus, an accumulation of cerebrospinal fluid around the brain that can be harmful if left untreated. A tube called a shunt may be inserted into the brain to prevent too much fluid from building up around the brain.

Multiple Sclerosis (MS): Multiple sclerosis is a progressive autoimmune disease that forms scar tissue (sclerosis) over the protective covering of the nerves (myelin sheath). The disease is most often diagnosed in adulthood and can cause a range of symptoms that can be mild to debilitating and vary over the course of the illness. Fatigue, muscle weakness, pain, and trouble concentrating are common. At later stages, individuals with MS may lose the ability to walk and carry out activities of daily living.

Dwarfism: Dwarfism occurs when either through a genetic or medical condition a person reaches an adult height of 4'10" or less. A genetic condition called achondroplasia is the most frequent cause of short stature at 70 percent of cases; however, there are approximately 200 types of dwarfism. Most people of short stature are generally healthy and able to overcome physical challenges with medical/surgical interventions as needed and by leading a healthy lifestyle.

Visual Impairment (VI): Visual impairments may be congenital (inherited) or acquired (injury). The leading causes of VI and blindness in the U.S. are age-related eye diseases like macular degeneration, cataracts and glaucoma. VI may be partial or total (blindness). An individual is diagnosed as having VI when, with best correction, they have difficulty reading a newspaper and are unable to see objects with peripheral vision. "Legally blind" is defined as no better than 20/200 corrected vision in the better eye, or a visual field not extending beyond 20 degrees in the better eye, or a visual efficiency of no more than 20 percent. "Legal" refers to whether or not a person is eligible for government benefits due to their VI. VI rehabilitation is effective, especially in young children, to "rewire" the brain to cope with vision loss. VI is typically not accompanied by any type of cognitive or intellectual deficit.

Deaf or Hard of Hearing: An individual who is deaf or hard of hearing may have little or no hearing. A partial or total inability to hear may occur suddenly or gradually over time for many different reasons, including but not limited to: malformation of the inner ear, hereditary disorder, injury, illness or aging. Individuals with moderate hearing loss may be able to hear sounds but have difficulty with certain speech patterns, whereas individuals with

profound hearing loss may not be able to hear at all. Hearing loss may also impact the ability to communicate through speech. American Sign Language (ASL) is the primary language of many North Americans who are deaf and is just one of many options individuals may choose to communicate. Medical devices (hearing aids, cochlear implants) and assistive technologies (augmentative communication device, alerting devices) can also be used.

Cognitive Disability: Cognitive disability generally refers to any condition that affects mental processes. For example, cognitive dysfunction is present with TBI and learning disabilities. It is incorrect to assume that an individual who has a cognitive disability also has an intellectual disability.

Learning Disability (LD): Learning disability is a term used to group neurologically based processing problems that interfere with an individual's ability to acquire skills at the same rate as their peers. Examples of learning disabilities are dyslexia (affects reading and language skills) and auditory processing disorder (affects interpretation of sounds and listening comprehension). Related disorders that also impact learning include attention deficit hyperactivity disorder (ADHD) and dyspraxia (impaired coordination of movements needed for physical activity and/or speech).

Developmental Disabilities: Developmental disability is an umbrella term that includes intellectual and other disabilities that are apparent during childhood. Developmental disabilities can present as intellectual and/or physical disabilities, and the degree to which an individual's development is affected may be mild, moderate, severe or profound. Within this category, the evaluation and classification of intellectual disabilities is complex. The three major criteria for intellectual disability are: significant limitations in intellectual functioning, significant limitations in adaptive behavior and onset before the age of 18.

Autism Spectrum Disorder: A group of neurodevelopmental disorders including Asperger syndrome and pervasive developmental disorder. Characteristics range from mild to severe, and impact behavior, social skills and communication.

Down Syndrome: A genetic disorder that causes intellectual and physical impairments including short stature, low muscle tone and impaired balance.

Chronic Illness: Chronic conditions are a group of long-term health conditions impacting individuals through a wide range of symptoms such as fatigue, muscle weakness and increased vulnerability to contagious diseases (cold, COVID, flu, etc.). Someone with a chronic illness may have symptoms that fluctuate and vary frequently, which impact everyone differently.

FOR ADDITIONAL INFORMATION

ADAPTIVE SPORTS

- Move United - moveunitedsport.org
- U.S. Paralympics - teamusa.org/US-Paralympics
- Special Olympics - specialolympics.org

YOUTH-SPECIFIC

- Athletics for All - athleticsforall.net
- Boys & Girls Clubs - bgca.org

VETERANS

- Department of Veterans Affairs Adaptive Sports - va.gov/adaptivesports
- PsychArmor Institute - psycharmor.org

HEALTH AND DISABILITY

- National Institutes of Health - nih.gov
- MedlinePlus — Information on Disabilities - medlineplus.gov/disabilities.html
- National Institute of Mental Health - nimh.nih.gov
- National Center for Health and Physical Activity and Disability - nchpad.org

ADAPTIVE SKATING INSTRUCTION

STARTING A LEARN TO SKATE USA ADAPTIVE SKATING PROGRAM

Learn to Skate USA's Adaptive Skating curriculum is offered for skaters with physical disabilities through the Skate United badges and for skaters with intellectual disabilities through the Special Olympics badges. As a registered Learn to Skate USA program or U.S. Figure Skating member club, you may utilize the program's Special Olympics and Skate United resources. The benefits of Learn to Skate USA include full use of the curriculum, membership materials, instructor certification, skater rewards and recognition, logos and marketing materials and general liability and sports accident insurance coverage for each participant.

If you are not already associated with a registered Learn to Skate USA program, you will need to register as a new program. To register, email info@learntoskateusa.com.

Once processed, you will receive email confirmation with your program number and log-in information for the Learn to Skate USA Management System, where you can access your program profile, roster, all curriculum resources, program management resources and much more to organize and run your program.

Registering members:

All participants in your program must be current Learn to Skate USA members. Once registered, skaters will receive a welcome email, a welcome packet with their member number, skater record book, a copy of Learn to Skate USA The Magazine, sports accident insurance and information about ice skating.

Learn to Skate USA offers easy ways to register your participants with the option of direct registration through the sign-up portal at LearnToSkateUSA.com. If you use direct registration, prior to the skater signing up for your classes, have them go to the website and sign up through the portal. Ask them to bring their confirmation email to the rink or ask for their member number when they enroll in your classes. Through the management system, you will be able to claim the members to your program roster. You can also utilize the online registration system to register your participants through your program profile or send us an excel spreadsheet of your participants.

Registering your instructional staff:

All instructors teaching for your program must be current instructor members of Learn to Skate USA. The instructor requirements include a current membership, passed background check, SafeSport training (over 18 only) and completed online certification.

Contact information

Learn to Skate USA
Website: learntoskateusa.com
Email: info@learntoskateusa.com
Office: 877-LTS-1400 (877-587-1400)

ADA CONSIDERATIONS FOR SERVING SKATERS WITH DISABILITIES

The Americans with Disabilities Act (ADA) greatly expanded the opportunities and protections for people with disabilities, including ensuring access to sports facilities and instruction. In 2014, former President Barack Obama further clarified these protections so that students with disabilities are allowed to participate in interscholastic sports in the same manner as their fellow students. In other words, as a skating professional, if you provide a program to youth skaters as part of a school program, you may be required to provide the same opportunity to youth skaters with disabilities. For many, this will mean creating inclusive programs that have one or two adaptive skaters versus attempting to create a separate program for skaters with disabilities.

It is important for skating professionals to be familiar with the ADA. Reasonable accommodations must be made for your program to be accessible to people with disabilities. Reasonable accommodations do not need to be provided if doing so would cause undue hardship to the program, either by excessive financial burden or significant interference with activities of the skating facility.

ESSENTIAL ELIGIBILITY CRITERIA

It is the program's responsibility to provide safe and quality skating instruction. Programs are encouraged to have clear, written guidelines about whom they are capable of serving.

Essential Eligibility Criteria (EEC) is a term used to describe the minimum requirements an individual must meet in order to participate in an activity. EEC enables objective assessment about who can safely participate, thereby reducing case-by-case determinations and helping to protect you from accusations of discrimination. EEC will vary between skating programs.

Defining Essential Eligibility Criteria

Resources to Consider

1. Training and expertise of instructors
2. Availability of adaptive equipment
3. Volunteer recruitment and training
4. Accessibility of ice rink

Functional Thresholds: Cognitive or physical skills, abilities or attributes necessary for safe participation

1. Height/weight restrictions for adaptive equipment
2. Making quick safety judgements
3. Temperature regulation
4. Properly wearing required gear

It is important to be realistic about the services that you

are capable of safely providing. Establishing EEC for your program helps ensure the safety of all skaters. EEC should be consistently enforced to avoid accusations of discrimination. This means that EEC should apply, and new skater assessments must be done for every skater in your program — not just those with disabilities.

There are important follow-up steps for skaters who do not qualify. It is imperative to document and discuss why the individual did not meet EEC, keeping the focus on safety. Offer alternate solutions if you can, such as another program that may be able to accommodate them. If you have concerns about accommodating a skater with a disability, contact the Adaptive Skating Committee Chair for additional resources and suggestions.

NEW SKATER ASSESSMENT

The skating program should create an assessment process to determine whether a skater meets EEC. Ask questions and learn how to make skating the best possible experience. This includes learning more about their disability and medical history that is relevant to the activity. Through the assessment process, you will gather information about the skater that will inform your decisions about adaptations.

- Be respectful. Be mindful not to ask unnecessary or intrusive questions. Someone who has a disability should be afforded the same amount of respect as anyone else.
 - Ask functional questions about the disability's characteristics that will impact the skating lesson. It is often not necessary to know the individual's diagnosis.
 - Each person with a disability has different needs; do not make assumptions or generalizations.
- Discuss parent/caretaker concerns prior to getting on the ice.
- Examples of Assessment Questions:**
- Do you have any allergies?
 - Do you have any chronic pain issues we should be aware of?
 - Exposure: Do you have any problems regulating your body temperature? Do you have a history of heat or cold related illness?
 - Medical devices: Do you use any assistive devices for mobility, communication or hearing? Does the device effect helmet fit? Can the device function normally when exposed to cold, under a helmet, during skating and after a fall?
 - Assessing mobility: Can you stand independently for a given period of time, transferring weight from one foot to the other?
 - Assessing seizure history: Have you had a seizure in the past six months? What happens when you have a seizure?
 - Assessing fall risk: Do you feel unsteady when standing or walking? Have you fallen in the last year? Do you worry about falling? Has a physician advised you against participating in contact sports or activities that could increase your risk of experiencing a fall?
 - Spinal cord injury: Do you have a history of autonomic dysreflexia?
 - Skin integrity: Are you prone to pressure sores? Where do we need to consider additional padding for equipment?
 - Vision impairment: Take the time to understand what, if any, sight your skater has and talk through some of the daily adaptations they use, such as brightly colored tape to point out hazards, to help come up with instruction solutions together.



PRECAUTIONS AND CONTRAINDICATIONS

Safety of the skater is paramount. The following list of precautions and contraindications are intended to be a preliminary guide and does not encompass every precaution a professional will take when teaching a skater with a disability. It is important to discuss concerns with the skater directly to learn more about their disability and how it could be impacted by ice skating. Talk through the skater's concerns directly and come up with solutions together.

Medical Devices

Precaution: Be aware of the skater's medical devices, both internal (cochlear implants, shunts, etc.) or external (orthotics, augmentative communication device, hearing aids, etc.). Determine the need for these devices to be used during the lesson. Some are essential, while others may be removed temporarily.

Contraindication: Skating should not occur if the medical device significantly interferes with the activity or cannot function normally under the conditions.

Skin Integrity

Precaution: Be aware of the impact skating can have on skin covering the residual limbs, and schedule appropriate break times for cleaning of liners. Use extra liners to pad the prosthetic.

Contraindication: Poor skin integrity on a weight-bearing surface that cannot be adequately padded. Skating would aggravate pressure sores and cause significant harm.

Falls

Precaution: Be aware of the inherent risk of falling on ice as part of the fundamental nature of the sport. Consider using helmets for those who might fall more frequently and for younger students.

Contraindication: Those who have been medically advised to avoid activities that increase their risk of falling.

Latex Allergy

Latex allergies occur in the general population but are particularly common among individuals with disabilities who have developed sensitivity after significant exposures due to frequent hospitalizations or surgeries (i.e. spina bifida). Reactions can be minor or life threatening. Consider where latex is present at a skating facility (gym mats, carpet backing, clothing, equipment, etc.). If your skater has a latex allergy, learn more about their reaction and plan how to reduce exposure.

Precaution: Provide a physical barrier to prevent skin contact with latex.

Contraindication: Individual with life-threatening reactions to latex and contact cannot be prevented during skating lessons.

Adaptive Skating Instruction

In ice skating, skaters progress at their own rate according to their ability. There are a number of programs available throughout the country for skaters with disabilities. Different

types of programs have been developed to meet needs in various communities. Utilize Learn to Skate USA's Adaptive Skating, Skate United and Special Olympic badge curricula.

Examples of class format options:

- Adaptive skating classes may be incorporated into established Learn to Skate USA sessions.
- Adaptive skating classes are taught with a lead instructor teaching skills and additional volunteers/instructors to assist the participants. Use the Adaptive Skating or Special Olympics curricula as the foundation.
- Group lessons can be inclusive by involving skaters of all abilities. Learning alongside skaters without disabilities can help break the stigma associated with disabilities and remove the barriers to conversations and interactions among groups of people who might be separated. This environment can be an enriching experience for all skaters. If using an inclusive skating class format, use the Skate United equivalency chart to assist with teaching appropriate skills to skaters enrolled in the class.
- Classes may be an open format with the instructors providing the core on-ice instruction.
- Lessons may also be taught individually, customized to the needs of the skater.





SAFETY

As a skating professional, you have the responsibility of maintaining a safe learning environment at all times to ensure the physical and emotional well-being of all skaters. Working with skaters with disabilities may require a few additional safety considerations that can be easily incorporated into existing programs.

CLASS PROCEDURES

Evaluate your current class procedures and make sure they are appropriate for skaters with disabilities.

Before Class

- Plan your lessons. This is one of the most important factors for success in instructing skaters of all abilities. Complete the lesson plan prior to coming to the skating facility, writing out the skill progression (with adaptations, if needed) in sequential order. Plan ahead for managing traffic flow and how to have skaters enter/exit the ice in as seamless a way as possible. Avoid drawing the attention of bystanders as skaters with a disability experience points of the lesson that might be the most challenging, like first stepping onto the ice.
- Prepare the ice with any props or equipment prior to the lesson.
- Communicate with the skater and/or their caregiver/parent about restroom access during a lesson. Personal care is not typically the responsibility of skating professionals, staff at the skating facility or volunteers.
- Before skaters take to the ice, check their skates and adaptive equipment to make sure everything is in good condition and fitted properly. Check helmet fit and mittens/gloves and fix any clothing concerns.
- Communicate with the skater and/or their caregiver/parent about class procedures, and address any questions and concerns before you take to the ice.

During Class

- Enlist the support of volunteers or parents as needed for managing traffic flow and getting skaters to enter/exit the ice.
- Consider adaptive skaters in your emergency action plan.

Have a specific person/people designated to assist them. In the event of an emergency, it is your responsibility as a skating professional to take charge of the situation by assisting the injured skater and keeping other skaters safe. First Aid certification is highly recommended and mandatory at some facilities.

After Class

- Communicate with the skater and/or their caregiver/parent about their progress. Listen for feedback about any concerns or questions they have and incorporate them into future lesson plans.

RISK ASSESSMENT

Because skater safety is paramount, it is important to know your program and be realistic about the skaters you are able to safely serve. Asking basic questions about the skater's disability and medical history during an intake process will help provide you with a clear picture of their needs and safety concerns you will have to address.

Prevention of Disability-Related Injury and Illness

While many injury prevention strategies will remain the same for all skaters, there are certain circumstances when a skater's disability has important implications to consider in terms of heightened risk of injury and its consequences. No matter what precautions you take as a skating professional, skating carries inherent risks, and injuries may occur. As with any skater, make sure to keep records of any injuries, work with the skater and/or their caregiver/parent and a medical team to decide an appropriate time to return to the rink and pay attention to the individual skater for signs of fatigue, pain or other indicators that the skater is not well.

This section will highlight key areas of concern for instructors to note when teaching skaters with disabilities. See the skater assessment section of this manual for more information about precautions. This section is not intended to be a comprehensive list of every injury/illness that can be exacerbated by ice skating.

Fall Risk

A common concern among all skaters, especially beginners, is falling, particularly those that result in head injuries. While you shouldn't assume all skaters with disabilities are at a greater risk of falling or likely to sustain major injuries from a fall, it is important to consider factors that may put them at greater risk or potentially aggravate their condition. All skaters should be informed that, despite best efforts for prevention, falling is an inherent risk to skating and may result in injury.

As part of a new skater assessment, you will determine what impact the disability has on the skater's mobility. Falls are more likely when an individual has a disability that impacts their strength, balance or coordination, such as TBI and stroke. These individuals may sustain falls more frequently, whether they are on or off the ice. It may be suitable to utilize volunteers and/or equipment to provide physical support to the skater. You may also modify instructional techniques to be appropriate for their needs. It is a strong recommendation that all beginner skaters

wear safety helmets. A skater with a disability will benefit from wearing a helmet to reduce injury if they have a condition that impairs their balance and increases likelihood of falls or if they have a history of seizures or concussions.

The Consumer Products Safety Commission offers guidelines for the type of helmet to wear for different activities. Although a helmet standard does not exist specifically for ice skating, until such standards are written, wearing a well-fitted helmet may be preferable to wearing no helmet at all. For ice skating, suggested helmets include: ASTM F1447; Snell B-90A, B-95, N-94. When buying a helmet, check the fine print for certifications.

Skin Integrity

Skin plays several important roles for the human body, and it is critical as a mechanism for sensation and protection. Certain disabilities that may have different problems related to the function of skin include spinal cord injury, amputation and spina bifida. These individuals are at greater risk for impaired skin integrity, a general term used to describe lack of sensation, fragility and breakdown of the skin. Impaired skin integrity places an individual at increased risk for pressure sores, which occur when there is sustained force against bony prominences that results in trauma and infection.

Individuals may be prone to pressure sores in areas where they have contact with equipment but lack the sensation that would inform them of impending injury, particularly when engaging in activities that expose the area to moisture and perspiration. Skaters with amputations may develop pressure sores where the limb is placed in the prosthetic socket. Make sure to include breaks where the skater can make adjustments to equipment or add extra padding to help reduce friction. Risk can be reduced by maintaining open communication about any pressure sores that may be present or developing over the course of their lessons.

Exposure

Exposure to extreme cold at outdoor rinks or even mild cold at indoor rinks may cause harm to individuals with impaired thermoregulation. Neurologic disorders can affect the skater's response to cold, and any disorder that restricts mobility (spinal cord injury, stroke, multiple sclerosis, etc.) may limit the ability to generate heat by muscle contraction and diminish one's capacity to stabilize their core temperature. Pay attention to signs of impending problems in skaters who lack the sensory mechanisms to feel that they are cold. Skating instructors play an important role in preventing complications due to exposure. Ensure skaters are dressed appropriately in insulating clothing and take breaks for warming as needed. Longer sessions or events may require additional consideration.

Autonomic Dysreflexia

Autonomic dysreflexia is a rare but potentially life-threatening condition that may occur in individuals who have SCI above level T5. Symptoms may include high blood pressure, change in heart rate, changes in skin color (paleness, redness, blue-grey skin color) and excessive sweating. It is a reaction of the

autonomic (involuntary) nervous system to overstimulation that is triggered by any strong or painful stimulus that occurs below the level of SCI, most often an unrecognized full bladder or bowel. Less common causes of autonomic dysreflexia include, but are not limited to: pressure sores, restrictive clothing, temperature fluctuations and bone fractures. Privately ask participants with SCI about autonomic dysreflexia and whether they have a history of the condition.

PROTECTING PERSONAL INFORMATION

You are not obligated to obtain comprehensive medical information about any skater you teach, and medical clearance from a physician is not standard for an individual to enroll in skating lessons. As such, a skater with a disability is not required to disclose personal medical history, diagnoses or medications. However, it is important for a skating instructor to obtain certain relevant medical history for all skaters as part of the registration process.

Skaters should be encouraged to share information on a voluntary basis that will aid the instructor in serving them appropriately. This may include information on any condition that may put the skater at significant risk of harm or injury by participating in the activity. Examples include a history of seizures or head injury. Knowing this information is critical to help protect skaters from harm, disclose risks associated with skating and plan for appropriate modifications in lesson plans in order to provide a safe and successful experience. One of the ways to ensure you are able to obtain comprehensive information is to have a thorough registration process and educate participants about your confidentiality practices, reassuring them that personal information will not be unnecessarily shared.

It is important for skating professionals to maintain confidentiality for everyone they serve. Teaching skaters with disabilities brings a greater awareness to this responsibility, as instructors may be privy to more personal health information than they are accustomed to. Although we recognize that ice skating provides a multitude of health benefits and can even be referred to as therapeutic at times, it is important to differentiate between clinical and recreational activities. You are not providing medical services by teaching skaters with disabilities. However, you do have a responsibility to protect the privacy of all skaters who disclose personal and medical information.

Keep assessment and progress notes confidential, and be mindful to inquire about and record only what is necessary. Your professionalism and courtesy will help build rapport with the people you serve. This trust is important to ensure an individual with a disability can communicate with you openly and honestly over the course of their skating lessons. Volunteers who assist the skater should be informed about the characteristics of the disability on a need-to-know basis so they can understand how to best provide support in the lesson. It may not be necessary to inform volunteers of a skater's diagnosis. Lastly, you have a responsibility to seek written permission from the skater before disclosing information about their disability to any outside source, particularly the media.

ADAPTIVE SKATING EQUIPMENT

Adaptive ice skating equipment makes it possible for skaters with physical disabilities to take part in ice skating programs. There is an array of equipment available for skaters. This manual presents the major types of equipment and accessories you may need, including tips to get your skaters off to a good start. Some skating facilities have devices meant to assist skaters during public ice sessions or classes through Learn to Skate USA such as on-ice walkers, portable ramps and sleds. Walkers, sleds and other equipment can also be used when needed for skaters with physical disabilities.

ADAPTIVE SKATING EQUIPMENT AND ASSISTIVE MOBILITY DEVICES

This list is provided for reference and not intended to be representative of all equipment on the market. Inclusion on this list is not intended to serve as an endorsement or recommendation for a product.

Becker Arena Products, Inc.

Contact 800-234-5522 or <https://beckerarena.com/portfolio/skate-training-aid/>

- The Skate Training Aid metal frame trainer helps maintain correct center of gravity for stand-up skaters. Available in adult and child sizes.

Sled Hockey Equipment Suppliers – USA Hockey

www.usahockey.com/sledequipmentsuppliers

Flaghouse, Inc.

Adapted Mobility Walker

Contact 914-699-1900 or www.flaghouse.com

Gliding Stars, Inc.

Contact 716- 608-8345 or www.glidingstars.org

- Ice skating adaptive walkers and Riedell ice skates
- Specialized ice skates for pronated feet, surgically corrected club feet or for use with orthotics.
- Sling seat walker for supporting skaters with reduced ability to bear weight. Height and weight limits apply. Additional training required to purchase.

Amazon

www.amazon.com

Nice Rink

Contact 888-642-3746 or <https://www.nicerink.com/product/SA1103AC/skateaid-ships-as-oversize-70-lbs-sa1103ac>

- SkateAid is a metal frame trainer that helps maintain correct center of gravity for stand-up skater. Available in adult and child sizes.

Segal Design Institute, Northwestern University

Contact 847-467-3533 or

www.segal.northwestern.edu/projects/clients/

This program can design specific requested adaptive equipment and has experience creating adaptive ice skating devices.

Sidelines

Contact 800-265-3782 or

<https://sidelines.ca/products/skate-training-aid-in-a-box>

- Skate Training Aid is a tool to aid in balance and support for stand-up skaters. Height of the handle bar while in use can either be at 35" or 38" off the ice.

Everyone Outdoors

Adaptive Ice Skating Techniques

<https://everyoneoutdoors.blogspot.com/2012/01/adaptive-ice-skating-techniques.html>





ACQUIRING EQUIPMENT

If you have questions about appropriate adaptive equipment or where to find it, contact the Adaptive Skating Committee Chair. The cost of equipment will vary and there are many funding sources to aid in acquiring gear to serve skaters with disabilities, from local foundations to large grants. Individual skaters may also choose to pursue grant funding to meet their particular needs.

U.S. Figure Skating Community Development Grants: usfigureskating.org. (Click on Athletes, then Funding.)

Challenged Athletes Foundation: <http://www.challengedathletes.org>. (Offers support for individuals to purchase sports equipment through their annual grant process.)

Move United: <https://www.moveunitedsport.org/chapters/chapter-grants/>. (Chapters of Disabled Sports USA are eligible for grant opportunities to acquire equipment.)

Kelly Brush Foundation: <https://kellybrushfoundation.org/theactivefund/>. (Grant opportunity for individuals who have paralysis caused by traumatic injury or medically caused SCI, spina bifida or transverse myelitis for purchase of adaptive sports equipment or program fees.)

MAKING MODIFICATIONS

Prior to the availability of manufactured adaptive equipment, athletes and professionals were responsible for creating homemade adaptations through trial and error. Despite the growing marketplace for adaptive equipment, there still may be times that you will need to create something unique to meet your skaters' needs. Remember: the equipment should be adapted to the skater, not vice versa. Safety should be a priority for any modification, followed by fit, function, comfort then appearance.

Manufacturers' warranties may be voided if modifications are made to the equipment or if the equipment is used in a manner that was not its intended purpose.

EQUIPMENT MAINTENANCE

Consider how equipment use may shorten or extend its lifespan; for example, the environmental conditions it is subject to and frequency and method of use. Perspiration and extreme temperatures can contribute to faster degradation of certain materials over time. It is reasonable to assume a piece of equipment in heavy rotation at a year-round program will show signs of wear-and-tear sooner and need to be replaced more often. One fall can compromise the ability of a helmet to protect an athlete from injury.

Skating instructors, volunteers and even the skaters themselves should be trained on how to properly inspect equipment. Inspecting the equipment before and after each use will help you stay on top of necessary repairs and maintenance. You can help extend the life of equipment with regular upkeep (cleaning, drying before storing out of direct sunlight) and implementing weight limits for participants using certain types of equipment (i.e., ice sleds). If you are accepting in-kind donations, thoroughly inspect all equipment prior to use. It is recommended for programs to maintain written record of equipment inspections, repairs and modifications.

More adaptive sporting equipment is available today than ever before. Move United maintains the most comprehensive adaptive equipment resource on the web. Stay up-to-date on the latest developments in adaptive equipment for ice skating and other sports here:

<https://www.moveunitedsport.org/sports/adaptive-equipment/>

ACCESSIBILITY AT SKATING FACILITIES

Prior to serving skaters with disabilities, take time to visit the skating facility and meet with the manager to evaluate the venue's accessibility. A sample checklist to guide your assessment is provided below. It may also be helpful to have the skater visit the facility prior to the first lesson to do a walk through, as they may be able to point out accessibility issues you may have not taken into account. Don't be too concerned if a skating facility does not have all the items listed. It is most important that you focus on the elements to meet the needs of your particular skaters.

The ADA requires public spaces, including skating facilities, to meet certain standards for accessibility. If you encounter an issue at the facility, work together with the manager to plan appropriate modifications.

Prior to every lesson, do a brief check of the facility to ensure pathways are clear of obstructions. Remember that in spite of the best planning, issues may arise, so be flexible and keep lines of communication open between the manager and your skater.



SKATING FACILITY ACCESSIBILITY CHECKLIST

BUILDING ACCESS

- Are there enough clearly marked accessible parking spaces that are reasonably close to the main entrance of the building?
- Are stairs required to access the building, or is a ramp available?
- Is there a push button to automatically open doors, or is staff available to assist those in need?

ICE ACCESS

- Are stairs required to get down to the ice, or is a ramp available?
- Is there a lip or step up required to get onto the ice? Is there another possible entrance to the ice surface?
- Is the width of the entrance to the ice adequate? If not, do you have access to the ice resurface door for wider access?
- If the team boxes will be used, are they open and accessible?

FACILITIES ACCESS

- Are restrooms and changing areas near the ice? Do they have accessible areas?
- Are water stations near the ice and at a height accessible to all?

EQUIPMENT ACCESS

- Will equipment be placed in an area near the ice and accessible for all?
- Will someone be available to help with fitting and adjustments?
- Will equipment storage be available for on-going lessons? If so, is it appropriately sized for adaptive equipment and accessible to all?

GUIDELINES FOR DEVELOPING AN ADAPTIVE SKATING PROGRAM

NEEDS ASSESSMENT

It is recommended to conduct a needs assessment prior to starting an adaptive skating program. Consider the skaters you might serve, get to know more about them and determine how you can best meet their needs. A needs assessment should answer the following: Who is interested in participating, and what are their potential concerns or barriers to entry? What community resources are available in terms of adaptive equipment, potential volunteers, marketing and resources? A needs assessment will also help shape whether you have enough potential participation to start a program specifically for skaters with disabilities or if you should consider an inclusion model for a small number of skaters into your existing programs.

Survey the community for organizations that currently serve individuals with disabilities. If possible, meet with them to learn more about the individuals they serve and the successes and challenges of their program. Speaking directly with potential adaptive skaters and their families is another way to conduct the needs assessment.

Organizations that serve individuals with disabilities:

- Schools
- Summer camps
- Adaptive sports organizations
 - Chapters of Move United
 - U.S. Paralympic Sport Clubs
 - Special Olympics
- Medical services
 - Hospitals
 - Rehabilitation centers
 - Therapy clinics — physical speech, occupational and recreational therapy
- Local and state government agencies

BEST PRACTICES FOR INCREASING PARTICIPATION

Once the needs assessment is completed, you will have a better understanding of who you will serve. Next, it is important to design a program that is accessible for individuals with disabilities and work toward marketing directly to them.

Common barriers to participation:

- **Time and length of programming:** Schedule youth programs around school hours. Pick a time that doesn't conflict with clinical services at the local rehabilitation hospital. Length of lessons should be tailored to be appropriate for the skater with consideration for their stamina. Just like with other youth programs, ages and attention spans should be taken into account when designing curriculum for adaptive youth skaters.

- **Location:** Is the skating facility accessible? Located near public transportation? If public transportation is not available, will the program provide a transportation option for those who may not be able to drive themselves? If working with a school or rehabilitation hospital, consider providing a shuttle to encourage larger group participation.
- **Cost:** Is there a way to provide free or need-based subsidized programming to skaters? Can you work with the rink to provide free or discounted equipment rentals? Make sure to consider all costs involved in skating, such as lessons, equipment purchases/rentals, competition entry fees and travel. Consider offering a free learn to skate clinic to pique interest in enrolling for lessons.
- **Fear:** May be related to trying something new or perhaps fear of related risks that could result in injury. As with any potential skater, a lack of knowledge about the sport or fear of trying something that they deem too difficult may be a major hindrance in participation. Fears can often be overcome by learning how skating can be adapted for people with disabilities and by knowing an instructor is experienced and qualified to teach adaptive skating. As a skating professional, your role will be essential in shaping the skater's experience and promoting skating as a fun and safe activity. By making the skater comfortable and creating a positive and successful first experience, you will encourage continued participation. One potential way to help newcomers overcome their initial fear is to host a clinic that allows skaters to try the sport prior to signing up for lessons. You could also invite family or friends in an inclusive lesson experience as they can help provide motivation for initial participation, provide a calming presence on the ice and encourage continued success as an activity the skater and family can do both independently and together.
- **Representation:** Be cognizant of your skating facility and skating school advertising materials and social media presence. Who is represented in the images and what language is being used? Be aware of who is represented and who is missing from your representations. If you are developing programming opportunities to increase diversity and inclusion at your skating facility the chosen images and language choices are a great initial step to create a welcoming community. Representation matters.

MARKETING, RECRUITMENT AND OUTREACH

It is important to consider some of the unique needs adaptive skaters have when marketing the program to help ensure maximum participation.

If designing a print or electronic marketing piece, use dynamic imagery that is representative of the adaptive skaters you wish to teach. Include skaters who look like them. Then add enough text to pique interest and encourage follow-up for more details. It may also be helpful to include EEC and your instructor credentials so readers can easily understand who the target audience is and what types of disability can be accommodated.

If potential skaters will be directed to a website to sign up, ensure that the website is optimized for accessibility. You can test the accessibility of your website quickly by visiting www.achecker.ca and typing in your web address. The site will point out potential accessibility issues and provide simple solutions. This might mean having a function that allows text to increase in size or changing

font backgrounds to make them lighter or darker. Some users may have assistive technology that reads the website text aloud. These devices may have issues reading certain images, so always include plain text to accompany images.

Where to distribute marketing materials to reach target population:

- Skating rinks
- Boys and Girls Clubs
- YMCA
- Youth sports leagues
- National parks and recreation associations
- Recreation and community centers
- State disability services departments
- Bulletin boards at local libraries, grocery stores and coffee shops
- Schools
- Summer camps
- Adaptive sports organizations
 - o Move United chapters
 - o U.S. Paralympic sport clubs
 - o Special Olympics programs
- Medical services
 - o Hospitals
 - o Rehabilitation centers
 - o Therapy clinics — physical therapy, occupational therapy, recreational therapy
 - o Orthotics and prosthetics offices
- Veterans Services
 - o Veterans Affairs medical centers
 - o American Legion
 - o Chapters of Paralyzed Veterans of America

COMMUNICATION TIPS

It is also important that staff are able to properly communicate with skaters with disabilities. First, ensure that whoever is the point person for the program is responsive to email and phone inquiries. First-time participants may simply choose not to attend a program if they feel their questions are taking too long to be answered.

Once a skater is registered for the program, let them know when they should expect to hear from you next and what information will be provided. In each outreach, continue to provide enough information to answer any questions the skater might have but try not to overwhelm them with information. When working with skaters with cognitive disabilities, more frequent communication with smaller bits of information might be required. When initially registering a skater, you can ask how they prefer to receive information and whether it is via email, phone or text, and try your best to follow up with their preferred communication method. Refrain from providing too much information via phone without following up with an email as the information might not be retained.

It is also a good idea to build redundancies into communication plans as skaters with disabilities may have medical appointments or other health issues that prevent the skating program from being top of mind. If multiple emails go unanswered, consider following up. While this may require more effort at the outset, it will prevent the common pitfall of no-shows that sometimes plague adaptive programs that aren't diligent with their pre-program communication. Be sympathetic to the fact that those with a

person with a disability in their family may have a lot of additional logistics to address just to get to a session and that consistent attendance may not always be possible. Be flexible wherever possible.

Encourage volunteers and coaches in the skating program to pursue additional training that will help with their understanding and communication. Refer to resources for agencies that can offer free supplemental training for volunteers such as psycharmor.org or moveunitedsport.org.

ROLE OF PARTNERS AND PARTNERSHIPS

As with any skating program, partners are important in helping to create and sustain a program. Partners can help with marketing to potential skaters, provide guidance on how to set up an adaptive program, share equipment or facilities or be a source of volunteers. Because one program cannot completely serve all the needs of a person with a disability, working with partners who are already involved in the lives of these skaters will ensure they are being provided with a depth of well-rounded services.

Potential partnerships:

- ***Within the skating community:*** Programs who have successfully started an adaptive or inclusive skating program can be a great resource of information whether you have questions on how they initially found skaters, how they were able to adapt equipment or movements to a particular athlete's disability or how they worked with their rink to make it as accessible as possible. Don't hesitate to reach out to peers and take successful ideas to work into your program. Work with others in the skating community to provide your skaters with resources for further participation. Making connections with the local figure skating club, hockey club or speed skating club and making the initial introduction for your skater can help grow adaptive programming.
- ***Disability sports organizations:*** A local adaptive sports program, whether or not they provide a skating program, can provide a wealth of information on the local adaptive athlete population and be a good source for potential volunteers or equipment sharing. Setting up a meeting with a local program during your initial needs assessment will likely highlight new ideas for marketing or programming considerations you may not have previously considered.
- ***Healthcare and education establishments:*** Working to build a relationship with the local rehabilitation hospitals or special needs schools (i.e., schools for the blind or deaf) will be a worthwhile time investment in the long-term sustainability of your program. The rapport you build with the local recreation therapists or teachers will help ensure they promote your program to potential skaters. These people can become some of your strongest advocates in the community. In addition to referring participants, they could also help recruit volunteers, provide equipment resources or give ideas for potential future funding sources.

While you may have a skating program that exclusively serves skaters with disabilities, this does not have to be the only approach. Inclusive programs, in which individuals with disabilities participate alongside peers without disabilities, are an excellent option with many added benefits.

For more information, please contact:



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