The NWBA recommends that wheelchair basketball be introduced as an integrated sport open to all students regardless of the presence of a disability. This will increase the number of potential athletes and insure the potential for adequate numbers to field a team.
About Athletics for All

History

The Office for Civil Rights (OCR) of the U.S. Department of Education issued a Dear Colleague Letter on January 25, 2013 clarifying elementary, secondary, and postsecondary level schools’ responsibilities under the Rehabilitation Act of 1973 (Rehab Act) to provide extracurricular athletic opportunities for students with disabilities. The guidance clarifies when and how schools should include students with disabilities in mainstream interscholastic athletic programs, defines what true equal treatment of student athletes with disabilities means, and urges schools to create adapted interscholastic athletic programs for students with disabilities.

The OCR Dear Colleague Letter helps clarify the existing regulations and statute under the Rehabilitation Act of 1973 (Rehab Act) to provide interscholastic, club, and intramural athletics for students with disabilities. The Rehab Act protects the rights of students with disabilities from discrimination in educational programs and activities in colleges and universities. The Rehab Act requires that students with disabilities be provided equal opportunity for participation in interscholastic, club, and intramural athletic programs offered by a school.

What the Athletics for All Task Force Offers

- Introductory sport guidelines and best practices for adapted sports considered easy to adapt to mainstream interscholastic sports
- Facilitation of training for your coaches and officials with adaptive sports experts
- Access to hundreds of community based adaptive sports organizations, resources and tools for specific sports
- Decades of experience in disability sport training, sport adaptations and adaptive equipment

Sports Are Important for Students with Disabilities

Benefits for students with disabilities who participate in sports are similar to students without disabilities:

- More likely to have better grades, school attendance and lower dropout rate
- Build discipline, self-esteem, confidence, and independence
- Learn team work, skill development and goal setting
- Promote healthy lifestyle
- Can be a predictor of later successes in college, career and community
- Students with disabilities do not receive the same amount of physical activity and athletic opportunities as students without disabilities
- According to the CDC, youth with disabilities are twice as likely to be physically inactive, resulting in obesity rates almost 40% higher than in youth without disabilities creating much higher risks for health-related diseases

Due to the resources available, it is possible to add adapted sports within school athletic programs without creating an undue administrative burden for State High School Associations or requiring the association to change existing rules for the athletes without disabilities.
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Contact information for national sports organizations and programs that provide opportunities for athletes with physical disabilities.

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**Contributing Resources:**
- BlazeSports America
- Disabled Sports USA
- National Center for Learning Disabilities
- National Disability Navigator
- National Institute of Neurological Disorders and Stroke
- US Paralympics

The content in this document is intended to provide guidelines for the sport and should not be used for legal purposes.
AMERICANS WITH DISABILITIES ACT (ADA)

The ADA prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation.

An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

ADA TITLE II: STATE AND LOCAL GOVERNMENT

Title II requires that state and local governments give people with disabilities an equal opportunity to benefit from all of their programs, services, and activities.

Rehabilitation Act
Section 504 states that "no qualified individual with a disability in the United States shall be excluded from, denied the benefits of, or be subjected to discrimination under" any program or activity that either receives federal funding.
Disability Rights and Responsibilities

ADA Definition of Disability:
An individual with a disability is a person who:
• Has a physical or mental impairment that substantially limits one or more major life activities, or
• Has a record of such an impairment, or
• Is regarded as having such an impairment
The ADA Amendments Act greatly expanded the meaning and interpretation of “disability” under the Americans with Disabilities Act (ADA) to focus on making reasonable accommodations and avoiding discrimination. Examples of disabilities: physical, neurological, intellectual, cognitive, and mental.

Accessibility
• If parking is provided, wheelchair accessible parking should be available
• A level entrance into the facility
• An accessible path within the facility and to any microphone stands that participants can use to ask questions
• An elevator if meetings are held in rooms above the first floor
• Wheelchair accessible restroom facilities that are close by
• Signage indicating where accessible facilities are located
• Tactile signage such as raised lettering and Braille labels in locations such as elevators, and indicating the location of facilities such as restrooms, meeting rooms, and other facility functions and services

Newer ADA Guidelines
• Fitness Equipment: accessible routes and clear floor space

• Swimming Pools: in general, at least two accessible entry/exits and wading pools must provide sloped entry

• Play Areas: must contain accessible ground and play components, routes, surfaces, and ramp and transfer system

For more information, visit access-board.gov
In 2013, the Office for Civil Right issued a Dear Colleague Letter to clarify...

- Schools are required to provide students with disabilities equal opportunities to participate in school’s extracurricular activities— including club, varsity, and intramural sports programs
- Schools can provide mainstream programs, adapted athletic programs, and allied or unified sports participation opportunities for students with disabilities

For more information, visit: http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201301-504.html

Physical Activity Guidelines

2008 Physical Activity Guidelines from U.S. Department of Health and Human Services recommend...

Children and adolescents with disabilities should do 60 minutes or more of moderate to vigorous physical activity daily.
Basic disability etiquette involves treating people with disabilities with respect. Here are a few examples on general disability etiquette:

- Speak to the person directly, not to the person accompanying them. Identify the athlete or sport first, then the disability.
- Treat athletes with disabilities just as you would the other team member. Have the same expectations as your other athletes (i.e. punctuality, attendance) unless accommodations have been requested and agreed upon.
- Do not make assumptions about what they can or cannot do. Ask before providing assistance and wait until the offer is accepted.
- It is okay to ask questions if you are unsure how to proceed or what to do next.
- Do not assume an athlete with a physical disability also has a hearing disability or that their mental capacity is diminished in any way. Speak in a normal tone and do not use language that is condescending.
- Acknowledge and respect the individual’s ability to make decisions and judgments on their own behalf.
- Use “people first” language. For example, use the term “people with disabilities.”
- Act naturally and don’t monitor your every word and action. Don’t be embarrassed if you use common expressions like “see you later” (to a person who is vision impaired) or “I’d better run along” (to someone who uses a wheelchair).
- Avoid portraying athletes with a disability who achieve moderate or average successes as “extraordinary” or “superhuman”. Overstating the achievements of athletes with a disability inadvertently suggests the original expectations were not high. Give appropriate praise as you would any other athlete.
- When talking to an athlete who uses a wheelchair, and the conversation lasts for more than a few minutes, place yourself at eye level with them.
- When greeting an athlete, if you normally shake hands, then offer the same gesture. The athlete will let you know if a certain action is appropriate or not.
- Do not use terms such as “the disabled” or “the handicapped.” Avoid referring to people by their disability. For example, do not say, “She is an epileptic.” Instead, say, “She has epilepsy.”
- Do not say “wheelchair-bound” or “confined to a wheelchair.” Most wheelchair users perceive their wheelchair as liberating, not confining. Do say, “She uses a wheelchair.”
- Do not use negative, demeaning, and outdated terms such as “cripple,” “deaf and dumb,”
How to Create a Disability Friendly Environment
Helpful things to remember when you are around a person with a disability

People with Mobility Disabilities:
- Do not grab, push, or lean on a person’s wheelchair unless asked to do so.
- Assistance may be offered, but do not insist upon it.
- Do not ask a person in a wheelchair to hold your coat or other items for you.
- Always make eye contact when talking to a person in a wheelchair.
- If possible, place yourself on the same eye level with the person in a wheelchair. Remember that it is uncomfortable for a person who is seated to look straight up for a long period of time.
- It is not necessary to be sensitive to words like “running” and “walking”.
- Always keep accessibility in mind. Ask yourself, for example, “is the hallway blocked?” “Is the path to the restroom clear?” “Can this person perform a weight shift?”
- Keep the ramps and wheelchair accessible doors to your building unlocked and unblocked.

People Who Are Blind or Visually Impaired:
- Introduce yourself and anyone else who is present for the conversation.
- When conversing in a group, identify the person who is speaking and to whom you are speaking. Speak directly to the person using a normal tone of voice. Let the person know when you need to end a conversation.
- When offering a handshake, say something like, “shall we shake hands?” if the person extends a hand first, be sure to take it or to explain why if you can’t.
- Ask the person if he or she wants help. When providing assistance, allow the person to take your arm, enabling you to guide. Warn the person of any steps or changes in level.
- Offer to read information to a person when appropriate.
- When offering seating, place the person’s hand on the back or arm of the seat.
- Do not pet or distract a guide dog unless the owner has given permission.
- If you need to leave a person who is blind, inform them you are leaving and ask them if they need anything before your departure.
- If you have changed your facility (rearranged furniture) notify those with visual impairments.
People Who Are Deaf or Hard of Hearing:

- If necessary, get the person’s attention with a tap on the shoulder or a wave of the hand (not arm).
- When using speech to communicate, always face the person and speak clearly and slowly, without shouting or exaggerating your lip movements.
- Be flexible in your language. Let the person establish their preferred method of communication for your conversation, such as lip reading, sign language, note writing. When speaking make eye contact.
- Keep hands, drinks, and food away from your mouth when talking in order to provide a clear view of your face.
- Use gestures and visual cues, such as holding up items that you are discussing.
- When an interpreter accompanies a person, direct your remark to the person rather than to the interpreter.

People With Speech Difficulties:

- People with speech and language disorders may take longer to communicate with you – be patient and respectful.
- If you do not understand what the person is saying, ask them to repeat it.
- Be sensitive and do not interrupt or finish the person’s sentence.
- Keep your manner encouraging as opposed to correcting.
- Ask one question at a time, giving the person time to respond before moving on.
- If the person uses any assistive technology devices, make sure the devices are always within the person’s reach.
- If necessary, ask questions that require short answers or a nod or shake of the head.
- Do not equate speech difficulty with intellectual ability.

People Who Are Short Statured:

- Do not pat a person who is short statured on the head.
- If possible, place yourself on the same eye level when speaking with the person who is short statured.
- Do not provide assistance unless asked to do so.

People Who Are Mobility Impaired:

- When accompanying a person with mobility impairment, walk alongside the person rather than in front.
- Assume people who use artificial legs, canes, and crutches can use the stairs in addition to elevators, unless they inform you otherwise.
- Be aware of distances. Even a two to three block walk could be tiresome to some individuals with mobility impairment.
- Some people depend on their arms for balance. Grabbing them, even if your intention is to assist, could knock them off balance.
<table>
<thead>
<tr>
<th>Disability</th>
<th>Don’t Say…</th>
<th>Instead use…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person who is blind</td>
<td>Blind person</td>
<td>Person who is visually impaired</td>
</tr>
<tr>
<td>Person who is deaf</td>
<td>Suffers a hearing loss</td>
<td>Person who is hearing impaired</td>
</tr>
<tr>
<td>Multiple Sclerosis</td>
<td>Afflicted by MS</td>
<td>Person who has multiple sclerosis</td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td>CP victim</td>
<td>Person with Cerebral Palsy</td>
</tr>
<tr>
<td>Muscular Dystrophy</td>
<td>Stricken by MD</td>
<td>Person who has muscular dystrophy</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>Retarded or Mentally Defective</td>
<td>Person with mental impairment or learning disability</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>Epileptic</td>
<td>Person with a seizure disorder</td>
</tr>
<tr>
<td>Wheelchair User</td>
<td>Confined or restricted to a wheelchair or bound to a wheelchair</td>
<td>Person who uses a wheelchair</td>
</tr>
<tr>
<td>None</td>
<td>Normal person</td>
<td>Person without a disability</td>
</tr>
<tr>
<td>Physical Disability</td>
<td>Cripple, lame, deformed</td>
<td>Physically disabled</td>
</tr>
<tr>
<td>Unable to Speak</td>
<td>Dumb, mute</td>
<td>Non-verbal</td>
</tr>
<tr>
<td>Short statured</td>
<td>Dwarf</td>
<td>Person who is short statured</td>
</tr>
</tbody>
</table>
Disability is a general term used for a functional limitation that interferes with a person’s ability to walk, lift, heal, or learn. It may refer to a physical, sensory, or mental condition.

**Neuromuscular**

**Cerebral Palsy (CP):** A condition that impairs the control of movement and is the most common permanent, congenital disorder of childhood in the US. Difficulty with fine motor tasks, difficulty maintaining balance or walking, and involuntary movements are characteristics of CP.

*Cause:* Damage to motor areas in the brain that disrupts the brain’s ability to control movement and posture

*Mobility:* There is a range of severity

*Progressive:* No

*Intellectual Impairment:* No

**Muscular Dystrophy (MD):** Muscular dystrophies are a group of more than 30 genetic diseases characterized by progressive muscle weakness, deficits in muscle proteins, and eventual death of muscle tissue. Symptoms may be mild and progress slowly or may progress rapidly and produce severe muscle weakness, functional disability, and loss of the ability to walk.

*Cause:* Genetic mutation that is particular to that type of the disease

*Mobility:* There is a range of severity

*Progressive:* Yes

*Intellectual Impairment:* No

**Spina Bifida (SB):** A congenital condition involving incomplete development of the brain, spinal cord, and/or their protective coverings during pregnancy. Infants born with SB sometimes have an open lesion on their spine where significant damage to the nerves and spinal cord has occurred. The nerve damage is permanent, resulting in varying degrees of paralysis of the lower limbs.

*Cause:* genetic, nutritional, and environmental factors come into play

*Mobility:* There is a range of severity

*Progressive:* No

*Intellectual Impairment:* No

**Spinal Cord Injury (SCI):** Occurs when a traumatic event results in damage to cells within the spinal cord or severs the nerve tracts that relay signals up and down the spinal cord. SCI often, not always, causes paralysis (loss of control over voluntary movement and muscles of the body) and loss of sensation and reflex function below the point of injury.

*Cause:* Traumatic stress to the spinal cord

*Mobility:* There is a range of severity

*Progressive:* No

*Intellectual Impairment:* No
Amputation: Removal of part or all of a body part that is enclosed by skin. As a surgical procedure, it is typically performed to prevent the spread of gangrene as a complication of frostbite, injury, diabetes, arteriosclerosis, or any other illness that impairs blood circulation. It is also performed to prevent the spread of bone cancer and to curtail loss of blood and infection in a person who has suffered severe, irreparable damage to a limb.

- **Symes Amputation**: Amputation of the forefoot or midfoot
- **Transtibial Amputation**: below knee amputation
- **Transfemoral Amputation**: above knee amputation
- **Hip Disarticulation**: removal of leg at the femoral joint

Dwarfism

Short stature resulting from a genetic or medical condition and an adult height of 4’10”

Visual Impairments

Does not necessarily mean a person cannot see. Someone may have no light perception in either eye, light perception but the inability to recognize the shape of a hand at any distance or in any direction. Legal blindness is vision of 20/200 or less with the best correction. In younger populations, causes of VI include birth defects, retinopathy, tumors, injuries, and infections
INJURY PREVENTION

RECOMMENDATIONS FOR COACHES
Evaluate your athletes for injury

- Pre participation physical exams
- Keep medical histories on file
- Use extraordinary judgment determining when injured athletes should not participate
- Get to know your athletes. Many will not disclose pain/injury for fear of not getting to play
- Get both medical and parental approval for return to participation
- When collecting athlete information, be sure to record the athlete’s primary and secondary disability

IMPORTANT FACTORS FOR INJURY PREVENTION

- Teaching proper mechanics
- Proper fitting equipment
- Slowly increase training time and intensity
- A good warm up and cool down
- Educating the athlete on taking care of their body

Common Issues to be Aware of:

- Overuse Injuries
- Dehydration
- Heat Illness
- Cold Injury
- Acclimatization
- Seizures
- Pressure Ulcers
- Prosthetics and Orthotics
- Multiple Sclerosis
- Brittle Bones
- Concussions
Symptoms include:
- High blood pressure
- Low heart rate
- Anxiety or agitation
- Severe pounding headache
- Sweating above the level of injury
- Nasal stuffiness
- Flushing of skin
- Bradycardia

Causes include:
- Full bladder
- Urinary tract infection
- Constipation
- Sores, cuts, burns
- Ingrown toe nail
- Points of contact with hard/sharp object
- Pinched catheter

Pressure Ulcers
- Most common in athletes with paralysis or athletes unable to move themselves

Prevention Strategies:
- Clean, dry clothes
- Repositioning, skin checks
- Balanced, nutritional diet
- Proper breaks during activity

Cold Injury
- Less sensitive to the sensation of cold on the skin surface
- Diminished perception of skin temperature change
- Diminished capability to stabilize core temperature
- Unable to induce shiver response

Prevention Strategies
- Educate athletes and coaches on recognition and treatment
- Provide rewarming opportunities
- Maintain proper hydration and food intake; wear proper clothing

Athletes with Amputations
- Concerns: Risk for skin irritation or breakdown with prosthetics
- Prevention: Use appropriate padding and friction eliminating material
Traumatic Brain Injury (TBI) & Cognitive Impairments

- May fatigue more quickly
- Injuries related to not being able to process instructions
- Unpredictable behaviors (know triggers)

Prevention Strategies

- Wear protective equipment
- Ensure all equipment is maintained
- Deliver instruction broken down into more steps (one at a time)
- Provide schedule and other key instructions in writing wherever possible
- Allow time out’s, but frequently check in with athlete to try and re-engage
- KNOW YOUR ATHLETE

Athletes with Cerebral Palsy

- Seizures relatively common in this population
- Increase in lactic acid production leads to muscle fatigue
- Wheelchair users have higher upper extremity strains, sprains, overuse
- Ambulatory athletes have more knee injuries

Osteogenesis Imperfecta

- Fractures/Breaks

Prevention Strategies

- Low impact exercise improves bone density

Athletes with Visual Impairment

- No visual cues
- May have different biomechanics
- May expend more energy because of lack of visual cues (watch for earlier fatigue and overuse injuries)
WHEELCHAIR TRANSFERS

INDEPENDENT WHEELCHAIR TRANSFERS
Transfer in which an individual consistently performs all aspects of the transfer from an everyday wheelchair into sports equipment, including set up, in a safe manner and without assistance.

Steps for New Participants
- Have new participants verbalize and explain how they will complete the transfer. It is important to understand everyone transfers differently and the individual will know what works best for them
- Spot new participants to ensure they are capable and safe
- Have padding available to protect sensitive skin if transferring to a hard surface such as the floor
- Sport chair should be backed up against wall for stability
- Get as close as possible to the surface where the athlete wants to transfer to
- Set brakes on everyday chair (if applicable)
- Remove everything that could impede the transfers: strapping, belts, restraints, side guards, arm rests, etc.
- Scoot to the edge of the chair and move feet off of footrest and/or into position for transfer
- When transferring, leaning the upper body in the opposite direction of transfer will assist in moving the pelvis in the direction of transfer
- To protect the shoulders, keep the arms as close to the body as possible (about 30-45 degrees away from the body)
- To protect the wrists, try to grip an edge or grab bar with dingers rather than laying the hands flat
- Lift off, clear obstacles and/or use a transfer board
- Once the individual is at the edge of the starting surface and position to transfer to the end surface, have them place one hand on the end surface while keeping one on starting surface and have them transfer to end surface. Stay close as a spotter and assist as needed
When Assisting a Wheelchair Transfer

- Ask the person you are assisting how they prefer to be transferred
- Ask if there are any medical issues that need to be considered
- Plan your path/movements
- Set the brakes on the chair, turn off power on motorized chairs
- Remove all restraints and impediments: straps, belts, side guards, arm rests, etc.
- Bend your knees while transferring. Move from your hips and legs. Do not move people using your back
- Do not leave your feet in place and twist your body at the waist during a transfer
- Keep your arms in close to your body rather than stretching them out during a transfer. Place your feet as wide apart as your hips
- Keep your back curved rather than holding it straight
- Do not grab, pull, or lift the person’s arm joint (elbows, shoulders, wrists) as this can cause a joint injury
- Never let the person you are moving hold or hug you around your neck while you are moving them
- Stand very close to the person while transferring them
- Use your body’s momentum (force gained by moving) to move the person
- Do not transfer anyone heavier than what you can handle
GROUPINGS

The groupings presented here are suggested ways to create competition classes for athletes with disabilities. In order to not be confused with the national and international classification systems, we use the term groupings for school-based sport.

Programs may wish to consider a policy whereby athletes without disabilities may enter the adapted program temporarily while rehabilitating from an injury, so long as the injury present in such a way that the athlete might otherwise otherwise otherwise qualify someone with a permanent disability experiences the same physical limitations. For example, any injury or surgery where the physician has recommended the athlete stay off the limb for a period of time and where that time spans a full season of an adapted sport, the athlete might qualify to participate in adapted sports regularly.

How will a state determine who is eligible? There are several different models to determine eligibility and minimal disability criteria. When possible and appropriate, it is best to stay within the three categories: sit down, stand up, and visually impaired.

Athletes with a disability have impairment (s) that may lead to competitive disadvantage in sport. Classification is the process by which athletes are assessed relative to the impact of impairment on their ability to compete in a specific sport. Within the classification system, criteria are put in place to ensure that winning is determined by skill, fitness, power, endurance, tactical ability and mental focus, the same factors that account for success in sport for athletes without a disability.

Classification is sport specific. Each sport has established groups, call sport classes, to group athletes for competition based on activity limitation for that sport. The international classification system for individual sports can be viewed online at: Paralympic.org/classification. Most IPC classification systems are not appropriate (too detailed) for a high school setting. It is suggested to modify to simplified / grouped classes such as sitting (wheelchair athletes), visually impaired, and ambulatory.
LEVELS OF SPORT

Recreational
An athlete who demonstrates the following:
- Utilizes program equipment to participate
- Learning basic rules and sport techniques
- Emphasis is on skill development and sport education
- Participating at entry level, not yet competing at local level

Developmental
An athlete who demonstrates the following:
- Understands basic rules and techniques of the sport
- Is pursuing purchase of or has their own equipment, if equipment is applicable
- Is participating in a structured ongoing training program (as opposed to “open gym”)
- Is competing at a local level or higher

Emerging
An athlete who demonstrates the following:
- Is becoming more focused on one or two sports
- Is competing at local, regional and/or national level
- Performance is result-orientated
- Meets/exceeds designated emerging standard for particular sport
- Is pursuing purchase of or has their own equipment, if equipment is applicable
- Is participating in a structured ongoing training program
- May be invited to compete in regional events or national team events

National Team
An athlete who demonstrates the following:
- Meets/exceeds designated performance criteria for national team nomination
- Has their own equipment, if equipment is applicable
- Is competing at a national and international level
- Is single sport focused
- Selected to represent country at international competitions

Paralympic Podium
An athlete who demonstrates the following:
- Achieves sustained competitive excellence at highest levels of the sport
- Utilizes program equipment to participate
- Training is focused on medals/podium finish
What are the Paralympics?
The “Para” in Paralympics means equal or parallel to the Olympic games, and is held immediately after each Olympics, featuring 27 different sports (22 summer and 5 winter).

The Paralympic games are sanctioned by the International Paralympic Committee (IPC).

Athlete Composition
There were 4,302 athletes from 164 countries represented at the Paralympic summer games of 2012

Disabilities
- Spinal cord injury
- Visual impairment
- Cerebral palsy (and related conditions)
- Intellectual disability
- Amputations
- Les autres

Paralympic Sport Performance Pipeline

[Diagram of the Paralympic Sport Performance Pipeline]

VERSION 1.0
MISSION
The mission of the Athletics for All Task Force is to inform and provide the tools and guidelines by which coaches, athletic directors and school administrators can include students with physical disabilities in interscholastic sports.

VISION
It is the vision of the Athletics for All Task Force that students with disabilities will have access to athletic opportunities throughout the United States in an equal manner as students without disabilities. The Task Force envisions an educational system that provides equal opportunities for student-athletes to derive the physical, mental, and emotional benefits of interscholastic sports, enabling each to develop into healthy, well-adjusted, contributing members of their respective communities.

ATHLETICS FOR ALL TASK FORCE
Active Policy Solutions  
http://www.activepolicysolutions.com/
American Association of Adapted Sports Programs (AASP)  
http://www.adaptedsports.org/
Bay Area Outreach and Recreation Program (BORP)  
http://www.borp.org/
BlazeSports America  
http://www.blazesports.org/
Bridge II Sports  
http://www.bridge2sports.org/
Competitive Edge Management
Disabled Sports USA (DSUSA)  
http://www.disabledsportsusa.org
Great Lakes Adapted Sports Association (GLASA)  
http://glasa.org/
Lakeshore Foundation  
http://www.lakeshore.org/
Louisiana Games Uniting Mind and Body (GUMBO)  
https://sites.google.com/site/louisianagumboinc/home
National Center on Health, Physical Activity and Disability (NCHPAD)  
http://www.nchpad.org/
National Wheelchair Basketball Association (NWBA)  
http://www.nwba.org/
Special Olympics  
http://www.specialolympics.org/
United States Association of Blind Athletes (USABA)  
http://www.usaba.org/
Wheelchair & Ambulatory Sports USA (WASUSA)  
http://wasusa.org/