

USE OF AUXILIARY MOBILITY DEVICES FOR STUDENTS WITH PHYSICAL DISABILITIES

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Introduction

Physical deficiencies can be acquired during the gestational period through complications in the moment of birth, congenital infections, genetic problems, use of medicines with strong side effects, among countless others.

According to the Decree Law n. 5,296 of 2 December 2004, physical deficiency can be defined as:

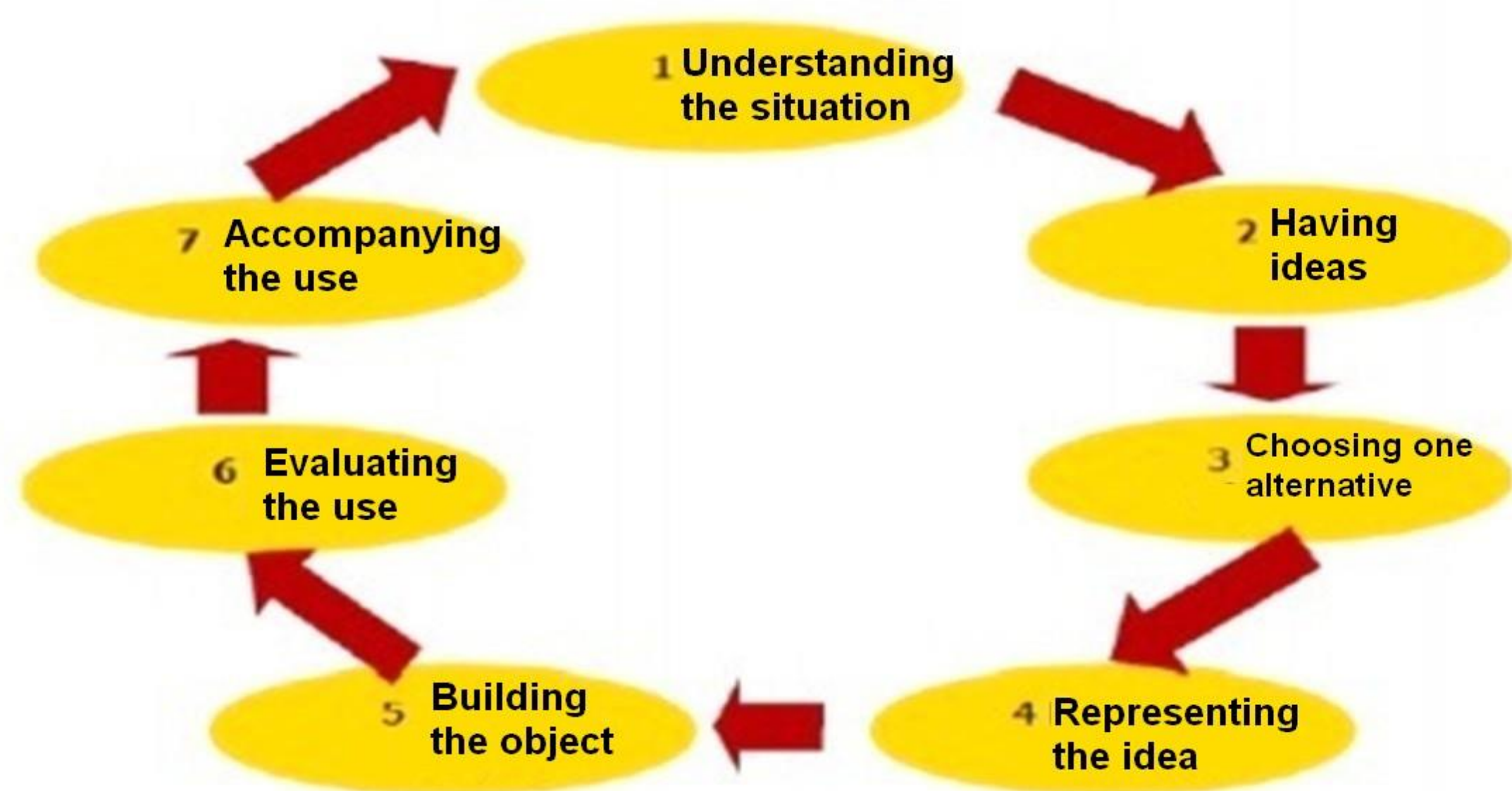
Complete or partial alteration of one or more segments of the human body, compromising the physical function, presenting itself under the form of paraplegia, paraparesia, monoplegia, monoparesia, tetraplegia, tetraparesia, triplegia, triparesia, hemiplegia, hemiparesia, ostomia, amputation or absence of member, cerebral palsy, dwarfism, members with congenital or acquired deformity, except by the esthetic deformities and the ones that do not cause difficulties in the performance of functions. (BRASIL, 2004, p.2)

Physical deficiency can cause from temporary compromises, that is when an individual can recover his or her previous conditions, to definite compromises, that is when an individual can not be rehabilitated even with treatments.

For a student with physical deficiency to be effectively included in the educational system, it is necessary that the school environment is adequate to attend the specificities of this individual. The school curriculum should be adapted to the needs of the student, considering his or her physical conditions. For example: an infant who needs the help of an adult or assistant for locomotion; an infant who needs the use of wheelchair for his or her locomotion; an infant who needs the use of crutches or walking sticks for his or her locomotion. The adaptations are necessary so that there will not be barriers in the schools inclusion process.

For a student with physical deficiency to have full access to knowledge and social interaction, it is necessary that the school and the professionals who act in it create adequate and favorable conditions. The Assistive Technology directs the life of an individual with physical deficiency, aiming at full inclusion, safety and comfort.

Concerning the development of the Assistive Technology, Manzini and Santos (2000) propose its implementation, which helps since the organization of the necessary steps to know the student with physical deficiency to the implementation and segment for the observation of the benefits that the Assistive Technology can bring. The authors propose seven steps that are presented in the following chart:



Methods

Objective

Verifying and identifying the auxiliary mobility devices used by students with physical deficiencies in five Municipal Centers of Childlike Education and in a Municipal School of Basic Education of the city of São Carlos – SP.

Setting

This study was carried out in the city of São Carlos – SP, in five Municipal Centers of Childlike Education and in a Municipal School of Basic Education, in the period from March to August of 2014.

Participantes

The participants of this study were 9 students with physical deficiency from both kinds, aged 4 to 11 years old, from six municipal school institutions. The choice of the participants happened with the acceptance from the schools to take part in this research project. The request was made for the direction of the school and for the teachers of the specialized educational service.

Results

The present study accompanied nine students with physical deficiency who receive specialized educational service and who are registered in the regular education. The following table shows a complete description of the students from six Centers of Education of the city of São Carlos:

Identification	School	Age	Gender	Clinical Diagnosis
E1	School 1	Not informed	Female	Cerebral palsy
E2	School 1	Not informed	Male	Cerebral palsy and Down syndrome
E3	School 1	4 years	Male	No diagnosis
E4	School 2	5 years	Male	Cerebral palsy
E5	School 3	5 years	Female	No diagnosis
E6	School 4	4 years	Female	Cerebral palsy
E7	School 5	6 years	Male	Cerebral palsy
E8	School 6	6 years	Male	Cerebral palsy
E9	School 6	11 years	Female	Cerebral palsy

According to the results obtained, it was possible to identify that from the six schools, only one centralizes students with physical deficiency registered in regular classroom who are attended in parallel in the Specialized Educational Service. Six of the nine participants of this study presented clinical diagnosis of cerebral palsy, only one student was diagnosed with cerebral palsy and Down syndrome and two are being diagnosed. Six of the nine students used some aid device related to mobility: 2:9 used orthosis, 2:9 used wheelchair, 2:9 used orthosis and wheelchair and 3:9 utilized no aid device related to mobility.

Conclusions

According to the presented results it is possible to notice that the number of students with physical deficiency registered and attended in multifunction resources facilities is still very short.

It is also important to emphasize aspects regarding the schools and the attended students. In some of the schools, it is possible to notice the lack of an adequate physical space to potentialize the service and the needs of the students with deficiency. However, it is also necessary that the teachers actions can attend and supply the needs of these students.

Another aspect to be considered is the need of the clinical diagnoses of the students attended in the specialized educational service. The diagnosis is necessary to guide the practices that the teachers should adopt according to the specificities of the student.

The teacher needs to be very attentive to understand the evolutionary trial of the infant with physical deficiency. This will help going from the field of analysis to the field of action, in a constant search for new experiences that promote the construction of identity and that can provide opportunities for the development of the students potentialities.

Bibliography

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