Chapter 5

Summary Conclusion and Recommendations
5.1 SUMMARY

Physical activity and games, though very crude, were in vogue in ancient times for the development of man those day, the emphasis was on increasing strength and life span, survival, ascendency over a rival and exhibiting superiority in the Gladiatorial sports, i.e. demonstration of naked brutal force, with.

Over the years, selected measures of motor performance and of cardiovascular fitness have been used in the assessment of the physical fitness of children adolescents and adults, such measures calling on components of strength, muscular and cardiovascular endurance agility, balance, and flexibility, less often on elements of skill and precision. The rationale for the use of these measures in that they assess important components of physical fitness, and that these components, when properly weighted, provide a valid assessment of physical fitness. Yet, such measures, with modifications, have over the years useful in providing estimates of the physical fitness of the mentally retarded children.

Motor performance testing of the mentally retarded is in no sense new. A series of fine and gross motor tests patterned after the Stanford Bitnet intelligence scale. In the 1960’s and 1970’s physical educators become interested in assessing the motor abilities and physical fitness
of the mentally retarded using motor performance tests similar to those used in testing the physical fitness of intellectually normal boys and girls. During this period, several large scale field studies were conducted with the mildly moderately retarded as well as with severely retarded children and adolescents. As would be expected, the performance of the mildly-moderately retarded was substantially lower than that of the standards on intellectually normal children and adolescents.

Mental retardation is characterized by substandard levels of physical growth and motor development, the greater the mental deficiency, the more pronounced the above. In physical growth, the consensus is that the linear and skeletal growth of the cultural-familial retarded is not materially delayed, whereas the severely retarded, particularly those with multiple congenital and metabolic anomalies, show substantial growth failure. The lag in motor development is more evident in the severely than in the mildly-moderately retarded, where in the former such motor landmarks as age of sitting, standing, and walking may be delayed by as much as two to four years. The delay in motor development of the cultural-familial retarded carries over to the early childhood years where these children are well behind intellectually normal children in the acquisition of fine motor skills and such childhood skills as hopping skipping and galloping. Much of this
delay is a reflection of limited social interaction, lack of motivation and poor self image. Tests of maximal aerobic capacity are generally recognized as the best of the cardiovascular fitness measures. Such tests, however introduce problems with mentally retarded children such as the use of the mask, maintenance of treadmill cadence, and motivation. Less direct measures such as measures of physical working capacity step tests and distance runs for time have, however, been used with varying success with the mentally retarded. Using tests of maximal oxygen uptake indicate little difference between the aerobic capacity of normal and mildly-moderately retarded children of the same age and sex, results markedly different from large scale studies using run-walk endurance tests.

5.2 CONCLUSION

- Intellectually disabled students belonging to group I i.e. 8-11 years have less shoulder girdle strength and endurance than the group II i.e. 12-15 years students in the physical fitness variable flexed arm hang.

- Intellectually disabled students belonging to group I-i.e. 8-11 years have less abdominal strength and endurance than the group II-i.e. 12-15 years students in the physical fitness variable sit up in 30 seconds.
Intellectually disabled students belonging to group I i.e. 8-11 years and group II i.e. 12-15 years students have more or less similar explosive leg power in the physical fitness variable standing broad jump.

Intellectually disabled students belonging to group I i.e. 8-11 years have less coordination than the group II i.e. 12-15 years students in the physical fitness variable soft ball throw for distance.

Intellectually disabled students belonging to group I i.e. 8-11 years and group II i.e. 12-15 years students have more or less similar speed in the physical fitness variable 50 yard dash.

Intellectually disabled students belonging to group I i.e. 8-11 years and group II i.e. 12-15 years student have more or less similar cardio respiratory endurance in the physical fitness variable 300 Run/ walk.

Intellectually disabled students belonging to group I i.e.8-11 years have high lying pulse rate than the group II i.e. 12-15 years students in the physiological fitness variable lying pulse rate.

Intellectually disabled students belonging to group I i.e. 8-11 years have high sitting pulse rate than the group II i.e. 12-15 years students in the physiological fitness variable sitting pulse rate.
Intellectually disabled students belonging to group I i.e. 8-11 years have high standing pulse rate than the group II i.e. 12-15 years students in the physiological fitness variable standing pulse rate.

Intellectually disabled students belonging to group I i.e. 8-11 years have low lying systolic blood pressure than the group II i.e. 12-15 years students in the physiological fitness variable lying systolic blood pressure.

Intellectually disabled students belonging to group I i.e. 8-11 years have low lying diastolic blood pressure than the group II i.e. 12-15 years students in the physiological fitness variable lying systolic blood pressure.

Intellectually disabled students belonging to group I i.e. 8-11 years have low sitting systolic blood pressure than the group II i.e. 12-15 years students in the physiological fitness variable sitting systolic blood pressure.

Intellectually disabled students belonging to group I i.e. 8-11 years have low sitting diastolic blood pressure than the group II i.e. 12-15 years students in the physiological fitness variable sitting diastolic blood pressure.
- Intellectually disabled students belonging to group I i.e. 8-11 years have low standing systolic blood pressure than the group II i.e. 12-15 years students in the physiological fitness variable standing systolic blood pressure.

- Intellectually disabled students belonging to group I i.e. 8-11 years have low standing diastolic blood pressure than the group II i.e. 12-15 years students in the physiological fitness variable standing diastolic blood pressure.

- Intellectually disabled students belonging to group I i.e. 8-11 years have less shoulder girdle strength and endurance than the group III i.e. 16-21 years students in the physical fitness variable flexed arm hang.

- Intellectually disabled students belonging to group I i.e. 8-11 years have less abdominal strength and endurance than the group III i.e. 16-21 years students in the physical fitness variable sit up in 30 seconds.

- Intellectually disabled students belonging to group I i.e. 8-11 years have less explosive leg power then the group III i.e. 16-21 years students in the physical fitness variable standing broad jump.
Intellectually disabled students belonging to group I i.e. 8-11 years have less co-ordination than the group III i.e. 16-21 years students in the physical fitness variable soft ball throw for distance.

Intellectually disabled students belonging to group I i.e. 8-11 years and group III i.e. 16-21 have more or less similar speed in the physical fitness variable 50 yard dash.

Intellectually disabled students belonging to group I i.e. 8-11 years have less cardio respiratory endurance than the group III i.e. 16-21 years students in the physical fitness variable 300 Run/walk.

Intellectually disabled students belonging to group I i.e. 8-11 years students have high lying pulse rate than the group III i.e. 16-21 years students in the physiological fitness variable lying pulse rate.

Intellectually disabled students belonging to group I i.e. 8-11 years students have high sitting pulse rate than the group III i.e. 16-21 years students in the physiological fitness variable sitting pulse rate.

Intellectually disabled students belonging to group I i.e. 8-11 years students have high standing pulse rate than the group III i.e. 16-21 years students in the physiological fitness variable standing pulse rate.
Intellectually disabled students belonging to group I i.e. 8-11 years students have low lying systolic blood pressure than the group III i.e. 16-21 years students in the physiological fitness variable lying systolic blood pressure.

Intellectually disabled students belonging to group I i.e. 8-11 years students and group III i.e. 16-21 years students have more or less similar lying diastolic blood pressure in the physiological fitness variable lying diastolic blood pressure.

Intellectually disabled students belonging to group I i.e. 8-11 years students have low sitting systolic blood pressure than the group III i.e. 16-21 years students in the physiological fitness variable sitting systolic blood pressure.

Intellectually disabled students belonging to group I i.e. 8-11 years students have low sitting diastolic blood pressure than the group III i.e. 16-21 years students in the physiological fitness variable sitting diastolic blood pressure.

Intellectually disabled students belonging to group I i.e. 8-11 years students have low standing systolic blood pressure than the group III i.e. 16-21 years students in the physiological fitness variable standing systolic blood pressure.
> Intellectually disabled students belonging to group I i.e. 8-11 years students have low standing diastolic blood pressure than the group III i.e. 16-21 years students in the physiological fitness variable standing diastolic blood pressure.

> Intellectually disabled students belonging group II i.e. 12-15 years students have less shoulder girdle strength and endurance than the group III i.e. 16-21 years students in the physical fitness variable flexed arm hang.

> Intellectually disabled students belonging to group II i.e. 12-15 years students have less abdominal strength and endurance than the group III i.e. 16-21 years students in the physical fitness variable sit-up in 30 seconds.

> Intellectually disabled students belonging to group II i.e. 12-15 years students have less explosive leg power than the group III i.e. 16-21 years students in the physical fitness variable standing broad jump.

> Intellectually disabled students belonging to group II i.e. 12-15 years students have less co-ordination than the group III i.e. 16-21 years students in the physical fitness variable soft ball throw for distance.
Intellectually disabled students belonging to group II i.e. 12-15 years students and group III i.e. 16-21 years students have less speed than the group III 16-21 years students in the physical fitness variable 50 yard dash.

Intellectually disabled students belonging to group II i.e. 12-15 years students have less cardio respiratory endurance than the group III i.e. 16-21 years students in the physical fitness variable 300 Run/walk.

Intellectually disabled students belonging to group II i.e. 12-15 years students have more lying pulse rate than the group III i.e. 16-21 years students in the physiological fitness variable lying pulse rate.

Intellectually disabled students belonging in group II i.e. 12-15 years students have more sitting pulse rate than the group III i.e. 16-21 years students in the physiological fitness variable sitting pulse rate.

Intellectually disabled students belonging to group II i.e. 12-15 years students have more standing pulse rate than the group III i.e. 16-21 years students in the physiological fitness variable standing pulse rate.
Intellectually disabled students belonging to group II i.e. 12-15 years and group III i.e. 16-21 years students have more or less similar lying systolic blood pressure in the physiological fitness variable lying systolic blood pressure.

Intellectually disabled student belonging to group II i.e. 12-15 years and group III i.e. 16-21 years students have more or less similar lying diastolic blood pressure in the physiological fitness variable lying diastolic blood pressure.

Intellectually disabled students belonging to group II i.e. 12-15 years and group III i.e. 16-21 years students have more or less similar sitting systolic blood pressure in the physiological fitness variable sitting systolic blood pressure.

Intellectually disabled students belonging to group II i.e. 12-15 years and group III i.e. 16-21 years students have more or less similar sitting diastolic blood pressure in the physiological fitness variable sitting diastolic blood pressure.

Intellectually disabled students belonging to group II i.e. 12-15 years and group III i.e. 16-21 years students have more or less similar standing systolic blood pressure in the physiological fitness variable standing systolic blood pressure.
Intellectually disabled students belonging to group II i.e. 12-15 years and group III i.e. 16-21 years students have similar standing diastolic blood pressure in the physiological fitness variable standing diastolic blood pressure.

5.3 RECOMMENDATIONS

On the basis of the results of research work some of the following recommendations have been made which might further develop the skills, intellectual functioning of intellectually disabled students.

I A similar type of study may be conducted on female intellectually disabled students.

II On the basis of the physical fitness variables, physical education teacher can design the specific sports events for a particular category of intellectually disabled students.

III Government can help to develop the skills of intellectually disabled students by providing sporting facilities and recourses like sports coaches and physical education teachers.

IV Society can play a vital role to develop the attitude and adaptive skills of intellectually disabled students by giving financial assistance and establishing special institute of these special children.