

Adapted Versus Adaptive Physical Activity

For over 30 years, *adapted physical activity* (adapted PA) has been the term used in the title of our journal and in most manuscripts submitted to it, as well as to many other journals, for presenting issues related to the practice of physical activity in persons with disability and/or under challenging physical or mental conditions. The evolution of the terminological use of *adapted PA* has been described in detail in a viewpoint article authored by Hutzler and Sherrill (2007) titled “Defining Adapted Physical Activity: International Perspectives.” The authors demonstrated this terminological evolution starting with the term *adapted physical education* in the 1950s, followed with *adapted physical activity* (APA) in the 1970s, sustained until today in spite of many alternatives appearing in various languages. In addition, Hutzler and Sherrill performed a thematic analysis of issues described in textbooks and journal articles related to APA, as well as of two surveys sent to board members of the International Federation of Adapted Physical Activity (IFAPA) in 2002 and 2005. Based on social-constructionist theory (Denzin & Lincoln, 2003; Gergen & Gergen, 2003), text citations from the literature, and answers of IFAPA leaders from 17 countries, they constructed a thematic map of adapted PA comprising activities and services, profession, and field of study/discipline.

During the past decade an additional term has evolved, *adaptive physical activity* (adaptive PA), which seems to be preferred by certain scholars. The purpose of the current editorial is to analyze the appearance of this term and to reflect on its meaning and usage.

Before examining how the terms *adapted* and *adaptive physical activity* are applied in the literature, the differences in meaning between them should first be considered. Both suffixes *-ed* and *-ive* are used to change words into adjectives. In this case, they form adjectives that describe the verb *to adapt*, which comes from Latin *ad* (to) and *aptare* (to join, from *apatus*, or “fitted”), meaning to undergo a modification to fit a new circumstance. In both adapted and adaptive PA, modification is involved in relation to the physical activity. However, the difference in suffixes indicates a different kind of modification. As we all know, when the suffix *-ed* is added to a verb, it changes the action to a past tense and to a completed action. However, this word can also be a descriptive adjective (e.g., the “educated” student is the student who has already been educated and “constructed” meaning is meaning that has already been constructed). When the suffix *-ive* is added to a word it also turns the word into a descriptive adjective, but its meaning is “to cause or to make” (e.g., the “educative” process is the process causing education to happen or “constructive” criticism refers to criticism that causes construction). Thus, the terms *adapted* and *adaptive* cannot be used interchangeably to mean the same thing. They refer to different relations to physical activity. The former means physical activity that has already been adapted or modified in order to fit the new circumstance, while the latter refers to physical activity causing a modification. Do these terms as used in the literature indeed reflect their semantic differences?

To answer this question, we performed a search in March 2016 using the term *adapted physical activity* compared with *adaptive physical activity* across the SPORTDiscus and PubMed databases. The vast majority of the titles retrieved in the search addressed the term adapted, in favor of adaptive PA (2,652 vs. 9 in SPORTDiscus and 141 vs. 11 in PubMed, respectively). After reducing repeated titles, only 18 articles using *adaptive PA* emerged, and after looking into the abstracts and full text where needed for additional clarification, two trends could be identified:

- The articles using *adaptive PA* seem to be mostly related to rehabilitation of conditions such as stroke, overweight, cancer, and back pain.
- Most of these articles originated in countries where English was not the first language. For example, six were based on an Italian experience (in the city of Empoli in the province of Toscana) of developing community physical activity practices for persons with disability, using school gymnasia and sport instructors supported and counseled by physiotherapists. However, the original Italian phrase used in this context is *attività fisica adattata* (Azienda Sanitaria di Firenze, 2016), which means adapted PA and not adaptive PA as used by authors in valued journals to describe this activity (e.g., Hicks et al., 2012; Sofi et al., 2011; Stuart, Chard, Benvenuti, & Steinwachs, 2009).

It seems to be the case that the term originating in a different language has been transformed into “adaptive” by chance or as a result of a misinterpretation of the original term. In another article, also addressing a non-native-English-speaking country, the authors used both terms interchangeably throughout the text, indicating that the difference in meaning between the terms was disregarded.

Only one article discussed issues related to pedagogical issues, which are very often also the focus of *APAQ* articles. In that very recent article, Standal and Rugseth (2016) presented Zahavi’s (2001) phenomenological model of intersubjectivity and emphasized that while adapted PA can be described in textbooks and research, the term *adaptive PA* should be used for explaining the intersubject meeting between the student, educator, and subject matter “as an active, dynamic, and on-going process” (p. 36). They contend that physical activity in the pedagogical context should bring about change among those experiencing an interaction through physical activity. Based on Dewey’s principles of continuum and interaction, they explain that “every experience takes up something from previous experiences and in turn modifies the quality of later experiences” (p. 33). As such, Standal and Rugseth purposefully use the term *adaptive* to mean physical activity that causes change in those engaging in it and with one another. This contention can be at least partially supported by the earlier discussion of this terminological discourse by Sherrill (2004) in the 6th edition of her textbook. She suggested that “education and service delivery are adapted, but behaviors are adaptive” (p. 9). However, although the specificity of the term *adaptive PA* in Standal and Rugseth’s recent study to the emotional-behavioral frame of reference, they seem to have expanded the use of this term to also suggest that “professionals in adaptive physical activity” and “adaptive physical activity student[s]” (p. 29), should be practitioners who make a change. While such an intention is favorable, it appears at this time to be very ambitious and definitely should be discussed with caution.

A thematic overflow of adaptive PA from the specific intersubjective behavioral relational space to more generic terms such as *adaptive PA professionals* or

students increases the risk of a thematic fragmentation. Such thematic fragmentation may increase ambiguity regarding an already intangible and often misunderstood construct such as adapted PA (Hutzler & Sherrill, 2007). Moreover, any kind of physical activity, adapted or otherwise, can bring about change in its participants, whether emotional, psychological, or physiological, and therefore *adaptive PA* does not necessarily refer to physical activity that has been adapted for the purpose of including participants with special needs. We would therefore suggest applying the term *adapted PA* to refer to physical activity provided within the field of practice that has been modified to meet the needs of its participants, with the intention of eventually having a positive adaptive effect on them.

Based on the thematic examination of adaptive PA practice by Standal and Rugseth (2016) together with the thematic constructs and the subthemes proposed in the article of Hutzler and Sherrill (2007), a relational model is presented in Figure 1. The model demonstrates the close links between the field of practice and the field of study. Adapted PA practitioners are those who provide the services and activities, while adapted PA scholars are those who generate theoretical assumptions and modeling and perform evidence-based research to promote evidence-based practice among practitioners. The intersubjective adaptive educational processes gained through relationships between practitioners and participants with disabilities are those that construct the knowledge base of adapted physical activity. That is, the changes that physical activity causes among its interactive participants provide

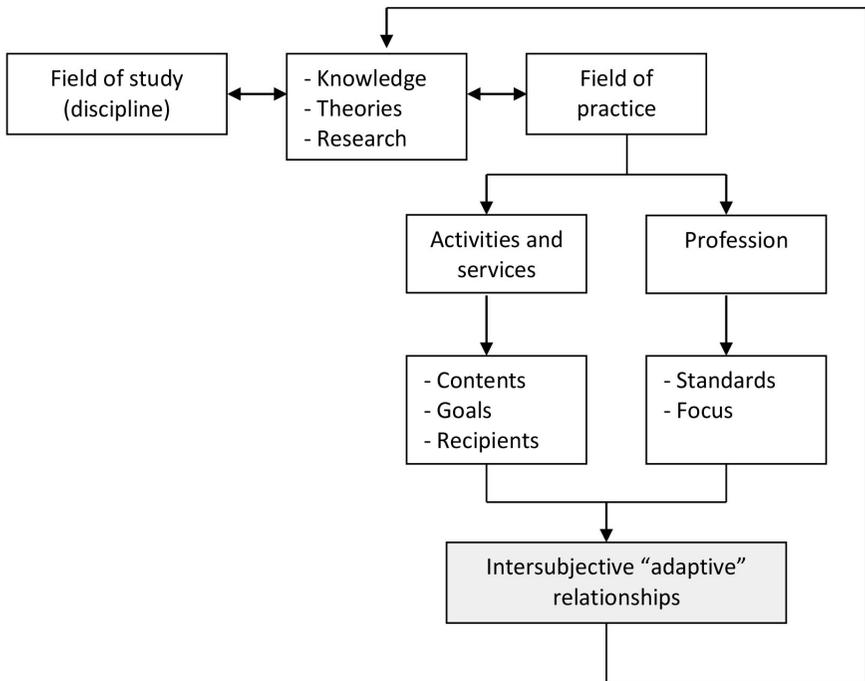


Figure 1 — Relational model of terms used to describe adapted physical activity.

new knowledge on how physical activity can be further adapted or modified. This process can of course transpire due to the adaptable nature of physical activity. Future discourse is invited to further elaborate on the meaning of terms and constructs used in the field of physical activity for individuals with disabilities and/or specific adaptation challenges.

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