

## Research Article

# The Changing View of Physical Recreation for People with Disabilities in the USA: A More Inclusive Perspective?

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**Abstract:** Historically, people with disabilities have had limited access to physical recreation. However, as society's view of people with disabilities and their rights has been in transition, so has physical recreation activities for people with disabilities. The purpose of this study is to examine the transition of physical activity for people with disabilities in the United States. A three-fold search process of databases, ancestral, and descendent searches were conducted, yielding sixteen studies for inclusion in this historical literature review. The results show that the earliest physical recreational opportunities for people with disabilities were based in medical response to physical needs. Today, opportunities for physical recreation for people with disabilities include therapeutic and non-therapeutic activities. Nonetheless, there is still a division in how society views recreation for people with disabilities, represented by major recreation organizations holding either medical or sociopolitical views of people with disabilities.

**Keywords:** people with disabilities, recreation, history

## Introduction

Physical recreation activity is valuable for all people (World Health Organization, 2015). Research shows that physical recreation activities provide many health benefits, such as reducing the risk of many types of diseases, cancers, and diabetes (World Health Organization, 2015). Other benefits of physical recreational activity include reducing hypertension, reducing depression, and controlling weight (World Health Organization, 2015). Moreover, many people engage in physical recreation activities due to its intrinsic benefits, such as relaxation and social interactions (Bullock & Mahon, 2001; Hurd & Anderson, 2011; Nesbitt, 1979).

Physical recreation activities are a fundamental human right, according to the United Nations' Declaration of Human Rights (UDHR), "Everyone has the right to rest and leisure" (Universal Declaration of Human Rights, 2006). Article 30 also recognizes that people with disabilities have the right to partake in recreation activities: "[...] Participate on an equal basis with others in recreational, leisure, and sporting activities" (UDHR, 2006).

Society's dominant view of people with disabilities and their rights has been in transition (Linton, 1998; Palmer & Harley, 2012; Smart, 2009b). Linton (1998) highlights six ways that society has classified people with disabilities, ranging from denying people with disabilities any of their civil rights to limiting people with disabilities' role in society to

providing people with disabilities opportunities to participate in all areas of their communities. Historically, the United States has held a medical view of people with disabilities, where the individual with the disability was responsible for fixing his/her disability, and doctors were viewed as the experts in helping people with disabilities overcome their disability (Palmer & Harley, 2012; Smart, 2009a; Smart, 2009b; US Commission on Civil Rights, 2000). Moreover, this medical view of disabilities views disability as a problem, deviance, or something abnormal (Palmer & Harley, 2012; Smart, 2009b). This suggests that people with disabilities may be excluded from areas such as recreation, thereby reducing their integration into communities and their quality of life.

The Civil Rights movements of the 1960s in the U.S. represented a major change in society's view of people with disabilities (DePauw & Gavron, 2005; Smart, 2009a; Smart, 2009b; US Commission on Civil Rights, 2000). Society began to shift from a predominantly medical view of disability toward a sociopolitical view of disability (Smart, 2009b). From the sociopolitical perspective, people with disabilities are no longer seen as deviant, but rather as people who are entitled to their rights in society. Rather than delegating the responsibility of disability to the medical profession, the sociopolitical view posits that all members of society are responsible for including people with disabilities in the mainstream (Palmer & Harley, 2012; Smart, 2009b). But it was not until 1990 with the passage of the Americans with Disabilities Act that people with disabilities' civil rights were affirmed and it became illegal to discriminate against people with disabilities in the public sector (ADA.gov, n.d.).

As society's understanding of people with disabilities' fundamental human rights has shifted in the past century, physical recreation activities for people with disabilities have also changed. Current research explains the shift from the therapeutic to non-therapeutic recreation, but it appears outdated and does not examine how this parallels the shift from a purely medical model of disabilities to a sociopolitical view of disabilities (e.g., Blas, 2007; Nesbitt, 1983; Szyman, 1993). It also fails to explain how recreation is viewed from recreation providers for people with disabilities. The purpose of this study is to examine the transition of physical recreation for people with disabilities in the United States. This historical literature review examines when/how has physical activity for people with disabilities in the USA transitioned?

## Definitions

For more than thirty years, physical activity has been defined as “any body of movement produced by skeletal muscles that requires energy expenditure” (Caspersen, Powell, & Christensen, 1985; World Health Organization, 2015). Recreational therapy's long-standing definition is “a treatment service designed to restore, remediate and rehabilitate a person's level of functioning and independence in life activities, to promote health and wellness as well as reduce or eliminate the activity limitations and restriction to participation in life situations caused by an illness or disabling condition” (American Therapeutic Recreation Association, 2015). All of which are redeeming values. Recreation is defined as

“an activity that people engage in during their free time, that people enjoy, and that people recognize as having socially redeeming values” (Hurd & Anderson, 2011), in addition to secondary physically redeeming values. The definition of sport in the literature varies, but it is commonly recognized that sport is a type of physical activity that has rules, is a competition, and is performed for enjoyment (e.g., Hurd & Anderson, 2011; Wheelchair & Ambulatory Sports, USA, n.d.).

Therefore, the key difference between recreational therapy and recreation is that recreational therapy is a service provided to a person, whereas recreation is something that a person chooses to engage in during his/her free time. Also, recreation can be done without a therapist and without specific habilitation goals in mind (Bullock & Mahon, 2001). Sports are considered as part of recreation, except when those who engage in the sports are paid. Therefore, this article does not include the history of Paralympics, as many of these athletes receive some sort of payment (e.g., sponsorship) for their participation. Notably, the Paralympics parallel the development of other recreation opportunities for people with disabilities. That is, the first athletes in the opening 1960 Paralympics were individuals with spinal cord injuries, and slowly other types of disabilities began to join (DePauw, 2013).

## Methods

### Inclusion/Exclusion Criteria

Since this is a historical literature review, there were no date limits set for this search process. A three-fold search process of databases, ancestral, and descendent searches were systematically conducted according to inclusion and exclusion criteria outlined below. In order to narrow the focus on this review, the authors chose to focus on only the history of physical recreation in the USA. Articles were included if they contained information about physical recreation opportunities for people with disabilities. No specific limits were set on the types of disabilities; that is, articles were included if they only focused on one type of disability (e.g., physical) or on multiple types of disabilities (e.g., physical and intellectual). Due to the language limitations of the authors, only sources that were available in the English language were included. Books, chapters from books, peer-reviewed journal articles, and articles from recreation publications were included in this review. Exclusion criteria included: no people with disabilities mentioned, countries other than the USA, and source not available in English.

### Search Methods

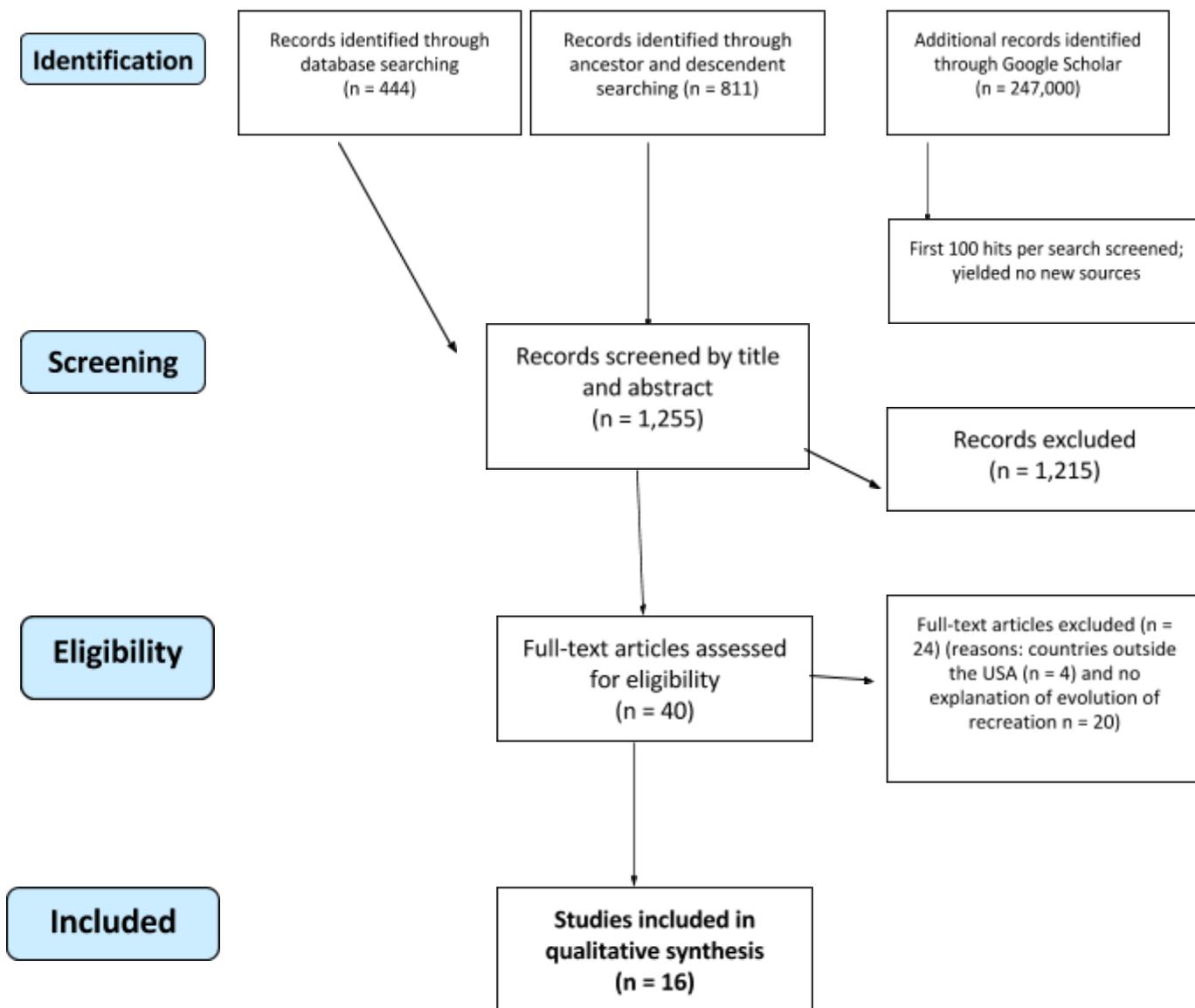
The following databases were searched during September, 2015: Psych Info, Hobbies & Crafts Reference Center, Psych & Behavioral Sciences, and Sport Discuss. Psych Info and Psych & Behavioral Sciences were chosen because of their robust inclusion of studies with people with disabilities. Hobbies & Crafts Reference Center was chosen because it includes many types of recreational activities. Likewise, Sports Discuss was chosen because it focuses

on research related to sports. These databases captured such journals as the American Journal of Sports Medicine, Therapeutic Recreation Journal, and Adapted Physical Activity Quarterly.

The following combinations of search terms were used: “disability + recreation + history,” “disability + recreation therapy + history,” “recreation therapy + history,” and “disability + history + therapeutic recreation.” This yielded 444 sources, and their titles and abstracts were screened for relevance. Sources were deemed relevant if they included historical information on either recreation or therapeutic recreation for people with disabilities in the USA. For example, the title of one study excluded during title screening was, “The story of sport for children and youth with disabilities in Latvia.” Likewise, the majority of studies were excluded because they either focused on countries outside the USA or because they merely explained types of recreation for people with disabilities without explaining the history of how this type of recreation evolved. An example of an included article is, “Thirty-seven years of community recreation for people with disabilities.” This article was included because it covered the history of recreation for people with disabilities, and the abstract revealed that it focused on the USA.

The ancestors (i.e., references) of the articles that passed this initial screening were also screened for relevance. Additionally, each of the articles obtained through the database searches and ancestral searches were screened for their descendants (i.e., later publications that cited an obtained article). When new descendant articles were obtained, their references also were screened. The combined ancestor and descendent searches yielded an additional 811 citations that were screened. Google Scholar was also searched using the aforementioned search terms to capture relevant gray literature, which yielded over 247,000 hits. Therefore, only the first 100 hits per set of search terms were screened. The Google Scholar searches yielded no new sources. Overall, 16 articles and books were selected for inclusion in this literature review. Figure 1 gives an overview of the systematic historical literature search and screening process.

Figure 1 Flow-chart of the systematic historical literature review and screening process.



Alternative text description – The image depicts flow chart of the systematic historical literature review and screening process. The flow chart categorized in four sections and labeled “Identification”, “Screening”, “Eligibility”, and “Included” in the flow chart. In the identification category there are three different starting point boxes, the first box includes description “Records identified through database searching (n=444)”, the second box includes description “Records identified through ancestor and descendent searching (n=444)”, and the third box includes description “Additional records identified through Google Scholar (n = 247,000).” In the screening category, there are two different boxes. The first and second box in the identification section flows into the screening section’s first box that includes description “Records screened by title and abstract (n = 1,255).” The third box in the

identification section flows into the screening section second box that includes description “First 100 hits per search screened; yielded no new sources.” In the eligibility category there are two different boxes. The first box in the screening section flows into two different box, the first box includes description “Full-text articles assessed for eligibility (n = 40)” and the second box includes description “Full-text articles excluded (n = 24) (reasons: countries outside the USA (n = 4) and no explanation of evolution of recreation n = 20).” In the included category there is one box in which box one from the edibility box one flows into a box with the description includes “Studies included in qualitative synthesis (n = 16).”

## Discussion of Results

### Overview

Because the majority of the literature on the evolution of physical recreation for people with disabilities is qualitative in nature, a thematic synthesis was used to analyze the literature to identify the themes and present the themes in narrative, chronological format (Barnett-Page & Thomas, 2009). Specifically, the following themes were identified: therapeutic recreation, non-therapeutic recreation, society’s changing perspective on physical activity for people with disabilities, major recreational organizations’ role in this changing perspective, and the expansion of non-therapeutic recreation. Each of these themes will be discussed below.

### Therapeutic Recreation

As one researcher explains, recreation is “as old as recorded history” (Nesbitt, 1979, p. 12). Notably, the earliest formal recreation programs that included individuals with disabilities were therapeutic in nature. Some of the earliest roots of recreational therapy can be traced to the 1880s in the USA. During this time, physical activity and sports began out of a “medical concern” for the “correction of physical disabilities” (Mason, 2002, p. 82). Beginning in the 1900s, there is growing evidence of recreation for people with disabilities that was seen as having benefits other than just therapeutic. Many institutions, services for veterans, and options for children with disabilities began to offer recreational opportunities for people with disabilities. During the 1930s, the United States’ Veterans Administration created and provided recreational therapy services for veterans (Nesbitt, 1983). In the Works Progress Administration, the USA’s government stated the purpose of therapeutic recreation as “all activities, regardless of type, carried on for the benefit of disabled, maladjusted, or other institutionalized persons” (WPA Gov Docs, 1938). This definition reflects the widely held therapeutic mindset of the time, which viewed recreation for people with disabilities as rehabilitative in nature.

The 1940s brought an increase in therapeutic recreational services. During World War II, the American National Red Cross provided many therapeutic services to veterans in military hospitals and clinics (Austin, 2004; Nesbitt, 1983). As with many aspects of disability history, veterans were an early catalyst for societal acceptance and investment in

individuals with disabilities (Smart, 2009a). Following this historical pattern, therapeutic recreation services moved slowly from veterans' programs to public programs. In 1948, the Hospital Recreation Section of the American Recreation Society became the first professional organization for recreational therapy (Austin, 2004). The 1950s and 1960s ushered in a rise of recreational therapy organizations (Austin, 2004; Nesbitt, 1983). Generally, these were associated with medical institutions or associations, reflecting the emphasis on society's "medical concern" for people with disabilities.

As highlighted above, the earliest formal efforts in the USA of recreation for people with disabilities emphasized the therapeutic benefits of recreation. Nevertheless, access to recreational opportunities was generally only available through veterans and disability service institutions and organizations as a "service." It was not until the mid-twentieth century that organizations began to publically recognize recreation as having benefits beyond therapeutic.

### **Non-Therapeutic Recreation**

As early as 1906, records of institutions for people with disabilities in the USA indicate that many institutions had designated staff in charge of recreation (Nesbitt, 1983). From 1906-1909, the Playground Association of America surveyed institutions such as orphanages and homes for people with disabilities and found that many of these homes had appointed key people to provide recreational services. In the 1910s, the Hospital for Crippled Children and School for Crippled Children provided recreational options for people with disabilities, such as camp experiences. Mirroring that seen for therapeutic recreation, in 1917, the American National Red Cross provided recreation for veterans (Nesbitt, 1983). These institutional programs, camp experiences, and recreation for veterans outside of hospital settings demonstrate some of the USA's earliest physical activities without therapeutic purposes for people with disabilities.

The types of non-therapeutic recreational opportunities provided for people with disabilities increased in the 1920s, though most of these options were targeted for children with disabilities. This marked a shift from prior services that were targeted for veterans. In the Northeastern USA, disability camps for children with diabetes began (Eells, 1986). From 1921 to 1926, the Russell Sage Foundation provided training on recreation and physical education for many schools and institutions for children with disabilities (Nesbitt, 1983). In 1924, the Deaf Olympics formed (Legg, Emes, Stewart, & Steadward, 2004). These children's programs and the Deaf Olympics were non-therapeutic recreation options, as their purpose was to provide people with disabilities opportunities to engage in activities during their free time that did not have rehabilitative purposes.

During the 1930s, non-therapeutic recreational opportunities for people with disabilities began to expand beyond just options for children with disabilities. Specifically, the Recreation Center for the Adult Physically Handicapped in New York and the Recreation Department of Akron, Ohio opened (Nesbitt, 1983). Throughout the 1930s and 1940s,

summer camp programs for children with disabilities continued to expand (Blas, 2007). Just as the camps and programs for people with disabilities in the 1920s did not have therapeutic purposes, so Akron's Recreation Center and these new summer camp programs did not have therapeutic goals. Instead, the goals of these camps were to provide camping options for children with disabilities that were similar to their nondisabled peers (Blas, 2007; Nesbitt, 1983).

The 1940s saw an increase in non-therapeutic recreational options for people with disabilities that were a direct response to the WWII veterans with physical disabilities returning from war. In particular, many types of wheelchair sports, such as wheelchair bowling and basketball, became popular during this time (Neishloss, 1973; Szyman, 1993). In 1945, the first wheelchair basketball games for veterans were held, and in 1948, the first wheelchair games for civilians formed (Szyman, 1993). These new sports and recreational options were purely recreational in nature as opposed to having therapeutic purposes.

During the 1950s, non-therapeutic recreational opportunities for people with disabilities continued to increase. During this time, the San Francisco Recreation Center for the Handicapped, one of the first major recreation centers for children and adults with disabilities, opened (Nesbitt, 1983; Pomeroy, 1990). This Center included many types of recreational activities, such as outdoor environmental activities, aquatics, physical education, and theatre (Pomeroy, 1990). The first national wheelchair games, which exemplified non-therapeutic recreational opportunities for people with disabilities in the USA, were held in 1957 (DePauw & Gavron, 2005). These wheelchair games were organized by Wheelchair Sports, USA; the Paralyzed Veterans of America; and Adelphi College in New York (DePauw & Gavron, 2005; Wheelchair & Ambulatory Sports, n.d.).

The 1960s brought continued growth of non-therapeutic recreational options for people with disabilities (Nesbitt, 1979). In 1960, the USA wheelchair sports team competed internationally for the first time (DePauw & Gavron, 2005). The US government began to see the rising need for professionals who were trained in recreation for people with disabilities, and so the US Office of Vocational Rehabilitation offered grants for "training master's-level specializations in recreation for the ill and handicapped" (Nesbitt, 1983, p. 101). Likewise, the Physical Education and Recreation for Handicapped Children Section of the Mental Retardation Act Amendments provided research and training funds for recreation for children with disabilities (Nesbitt, 1983). In 1968, Special Olympics, which provided competitive sports opportunities for people with intellectual disabilities, was founded (Legg et al., 2004; Orelove, Wehman, & Wood, 1982).

Throughout the twentieth century, recreation opportunities for people with disabilities continued to expand. Most importantly, these opportunities reflected a change in society's view of people with disabilities. That is, recreation activities were no longer viewed as primarily therapeutic; rather, many of these activities allowed people with disabilities to engage in recreation at their own discretion during their free time. For example, children's

camping options and competitive wheelchair sports were just a few of the growing number of recreational activities for people with disabilities in the USA.

### **Society's Changing Perspective**

While the origins of recreation options for people with disabilities were rooted in the medical model, as the twentieth century progressed, recreation for people with disabilities expanded to include purposes beyond just therapy, reflecting a societal shift towards a sociopolitical view of disabilities. One author explains, “[t]he origins of physical activities and sport for people with disabilities are rooted in medical concern...for the ‘correction’ of physical disabilities through the use of exercise and physical therapy” (Mason, 2002, p. 82). The first individuals with disabilities who accessed physical recreation activities that were not seen as mainly therapeutic were veterans of WWII who had acquired physical disabilities (Mason, 2002; Stein, 1983).

The Civil Rights Movements in the 1960s sparked dramatic changes not only in African-Americans seeking their civil rights, but people with disabilities began to seek their civil rights as well (DePauw & Gavron, 2005; Smart, 2009a). This era was a turning point for recreation and people with disabilities as several new pieces of legislation formally recognized people with disabilities’ rights (DePauw & Gavron, 2005). Legislation that opened up doors for people with disabilities’ recreational options included the Education of All Handicapped Children Act of 1975 (renamed IDEA in 1990) and the Amateur Sports Act of 1978. Specifically, IDEA mandated a free, appropriate education for children with disabilities in public schools, which allowed these children access to physical education activities as well. The Amateur Sports Act recognized athletes with disabilities as part of the United States Olympic Committee (DePauw & Gavron, 2005). These laws reflect society’s shift towards inclusion of people with disabilities in recreational activities.

### **Major Organizations’ Influences on Recreation**

Just as laws began to reflect society’s shifting view of people with disabilities, several key organizations in the USA began to reflect this shift away from the medical model of disability. For example, towards the end of WWII, the Red Cross issued a statement that “recreation is an end unto itself” and further stated that their organization’s activities were not therapeutic (James, 1980, p. 14). This statement may have been the result of economic and other pressures; specifically, at the end of WWII, the Red Cross had a lack of funds which decreased the number of workers who could provide services to veterans. Also, around this time, the Surgeon General challenged the Red Cross that their untrained workers were providing occupational therapy services (James, 1980). Therefore, in an effort to eradicate any responsibility of their dwindling number of workers from providing therapeutic services, the Red Cross announced that their recreational services were “an end unto itself” and not therapeutic (James, 1980, p. 14). The Red Cross workers shifted from providing recreation services that were therapeutic to providing services that were for diversionary or enjoyment

purposes (Bullock & Mahon, 2001; James, 1980). This marked a shift from seeing recreational opportunities as being always therapeutic to being seen as having other purposes (James, 1980).

Another key turning point in the shift from viewing recreation as only therapeutic occurred with the formation of the National Therapeutic Recreation Society (NTRS) in 1966 (Austin, 2004). This organization posited that recreation could have nonclinical purposes for all people, and that recreation could also be used as clinical therapy (Austin, 2004). During this time, there was a growing debate between major recreation and therapeutic recreation organizations about the use and meaning of the term “therapeutic recreation” (Austin, 2004). In 1970, these major organizations came together in a meeting at Indiana State University to try to come to a consensus on the meaning of “therapeutic recreation.” However, Austin points out that no agreement could be reached during this meeting, and the organizations continued to debate the meaning of the term “therapeutic recreation” well into the 1980s.

In 1984, the American Therapeutic Recreation Association (ATRA) was formed with the sole focus on defining therapeutic recreation as providing clinical therapy purposes only. This organization’s philosophy reflects the medical model of disabilities, which views people with disabilities in need of fixing. The formation of the ATRA marked a division into two ideas of therapeutic recreation. That is, the NTRS maintained their stance that recreation could be for all people with or without having therapeutic benefits, while the ATRA held that therapeutic recreation had clinical purposes (Austin, 2004). Thus, these two organizations’ philosophies of recreation highlight the opposite perspectives of people with disabilities from the sociopolitical model and the medical model, respectively.

Currently, the NTRS is a branch of the National Recreation and Park Association. The NTRS provides recreational services in both the clinic and community setting (NTRS, 2005). The NTRS posits that everyone has a right to leisure and that engaging in leisurely (i.e., non-therapeutic) activities increases one’s quality of life, which demonstrates their position that recreation can be therapeutic and non-therapeutic in nature (NTRS, 2005). The NTRS’s perspective on recreation reflects a sociopolitical mindset, in that people with disabilities are not viewed merely as in need of medical rehabilitation. Rather, NTRS’s view of recreation for people with disabilities is a more inclusive view, as most people without disabilities also engage in recreation for non-therapeutic reasons.

In contrast, the ATRA maintains their stance that therapeutic recreation has therapeutic, health-related benefits. The ATRA’s website states that their “services play a critical role in the comprehensive rehabilitation of individuals with illnesses and/or disabling conditions” (Welcome to the ATRA, 2015). Indeed, the ATRA views their services as primarily a health care treatment for people with disabilities, which is a direct contrast to the NTRS’s position that recreation can be therapeutic and non-therapeutic. Today, recreational opportunities for people with disabilities involve those that are both therapeutic and non-therapeutic, which reflects the perceived benefits of both as well as society’s still-divided

views of people with disabilities.

Disability researchers note that society still holds contrasting views of people with disabilities, such as seeing people with disabilities as deficits in need of medical fixing to seeing people with disabilities as being limited only by the barriers society puts in place (Linton, 1998; Palmer & Harley, 2012; Smart, 2009a; Smart, 2009b). For example, recreational therapy reflects the medical viewpoint of people with disabilities, which sees people with disabilities as needing treatment from medical experts to help alleviate the effects of their disabilities (Smart, 2009a). In contrast, recreational options for people with disabilities that are not therapeutic in nature reflect a sociopolitical view of disabilities, whereas people with disabilities are hindered from participating in recreation only because of the barriers imposed by other people (Palmer & Harley, 2012; Smart 2009b).

### **Expansion of Non-therapeutic Recreation**

Today, there are literally hundreds of non-therapeutic recreational opportunities for people with disabilities. For example, the Christopher & Dana Reeve Foundation lists many recreational resources for people with disabilities on their website. This list exemplifies the vast array of different types of non-therapeutic recreational opportunities that are available, such as national park services, surfboarding, figure ice skating, geocaching, golf, and many more (Reeve Foundation, 2015).

Additionally, while there are many organizations that are specifically focused on providing recreation for people with disabilities, many organizations provide parallel recreation for people with and without disabilities. For example, the Chicago Park District (CPD) provides mostly separate services for people with and without disabilities. The CPD's website lists many recreation activities for people with disabilities under their "adapted sports" or "special recreation" sections, whereas it lists activities aimed at people without disabilities under other general categories by the name of the sport, such as "martial arts" or "ice skating." While the CPD's Special Recreation offers specialized programs for the following populations: blind or visually impaired, Deaf or hard-of-hearing, intellectual disabilities, physical disabilities, Special Olympics, and veterans, it unclear if these programs are integrated with people without disabilities (Chicago Park District, 2014).

Many parks and recreation programs across the USA offer similar programs as those in Chicago, although whether or not these programs are integrated reflects the continuing transition in how society views individuals with disabilities. For example, Special Olympics programs and Deaf and Hard-of-Hearing programs are presumably only for people with disabilities, which reflect the continued separation between people with and without disabilities. A typical posting of a Deaf event at a park on the CPD's website explains that the target population for this activity is "individuals whose primary disability is deafness or heard-of-hearing." Likewise, postings for the CPD's special recreation activities specify that these events target "individuals with a primary intellectual or developmental disability"

(Chicago Park District, 2014). Postings on the CPD's website that do not target people with disabilities generally are categorized by age, but typically do not specify if these programs are open to people with disabilities. While people with disabilities have access to many more types of recreational programs than in the past, these programs still largely run parallel to programs for people without disabilities.

### Summary

Our review explored the historical trends of recreation for people with disabilities in the USA. As with any historical literature review, this account is subject to the interpretive lens of the authors. Also, the dearth of information available, especially information on early recreation and therapy options for people with disabilities, is another limitation. Additionally, the focus on the history of recreational therapy in the USA limits the scope of this review. Future research could comparatively explore the transition of recreational therapy to non-therapeutic options in other countries.

Though originally viewed as having purely therapeutic purposes, by the mid-twentieth century, alternative views of recreation began to form. Additionally, although recreational opportunities for people with disabilities began mainly with services for veterans, these options expanded to include children with disabilities, and eventually recreation for all ages and types of disabilities began to form throughout the USA.

Most of the literature still reflects a medical view of people with disabilities. That is, most of our sources emphasized people's disabilities and how recreation can help people with disabilities. Even sources that do not claim that recreation need always be therapeutic often stressed other health benefits of recreation, such as reducing the risk of diseases, cancers, and diabetes. While not specifically claiming that recreation must be therapeutic for people with disabilities, by highlighting these other benefits, the literature still reflects a medical mindset of trying to help improve the lives of people with disabilities through recreation. Furthermore, none of these sources discussed the development of recreation for people with and without disabilities, thus highlighting the division that society places between people with and without disabilities.

Another noteworthy fact is the types of disabilities that are discussed in the literature. That is, most of the literature on physical activities for people with disabilities focuses on people with physical disabilities, with a smaller amount of attention on physical activities for people with intellectual disabilities (e.g., Special Olympics). This current literature review revealed virtually no literature on the evolution of physical activities for people with sensory, learning, or emotional disabilities. Future research could compare the historical physical recreation experiences of people with different types of disabilities.

Just as society is still in transition (Linton, 1998; Palmer & Harley, 2012; Smart, 2009a), so too is recreation, as many recreational programs for people with disabilities are still segregated from people without disabilities. As society continues to shift its perspective

in realizing that societal barriers hinder people with disabilities, this shift leads to including people with disabilities in all areas of the community. Therefore, as society becomes more inclusive of people with disabilities, recreational opportunities will likely become more integrated. While recreation has tended to follow society's leading in its view of people with disabilities, recreation could shift from merely following society's lead to being a leader in societal change. By systematically creating more programs that include both people with and without disabilities, recreation can be a catalyst for further integration of people with disabilities.

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