Background and Purpose
According to the Centers for Disease Control and Prevention, “26% of adults in the United States have some type of disability” (2020). That is 61 million people (CDC, 2020)! People with disabilities may face physical, social, and/or cognitive barriers as a result of their disabilities. It is common knowledge that exercise and recreational activity can positively affect one’s physical, social, and cognitive health and well-being; however, all too often the barriers faced by people with disabilities hinder their ability to participate in exercise and recreational activity. This is where recreational therapy comes into play. According to the American Therapeutic Recreation Association, “Recreational therapy, also known as therapeutic recreation, is a systematic process that utilizes recreation and other activity-based interventions to address the assessed needs of individuals with illnesses and/or disabling conditions, as a means to psychological and physical health, recovery and well-being” (n.d.). The purpose of this study was to compare the activity levels of people with disabilities in the U.S. with the availability of therapeutic recreation programming.

Methods
For this study, several sources were analyzed in an attempt to identify physical activity levels of people with disabilities and compare that with current provision of therapeutic recreation programming. Limitations were identified and suggestions for future research were made.

Literature Analysis

- In a study conducted by Foley, Bryan, and McCubbin (2008), the physical activity levels of nine students with mental retardation (MR) and thirty-three students without MR were measured across four different time categories: recess, inclusive physical education, after school, and on the weekend. There were set times for which physical activity was measured across these categories. The Actiwatch AW 16 accelerometer, “...an omnidirectional accelerometer...that detects changes in acceleration” (Foley, Bryan, & McCubbin, 2008, p. 368) was worn by participants and used for measuring physical activity levels. Physical activity levels of children with MR were significantly lower than children without MR across all four time categories (Foley, Bryan, & McCubbin, 2008).

- In a study conducted by de Hollander and Proper (2018), physical activity levels of people with disabilities ages 19 and older were examined using health care registration data. Data from 321,656 were examined. According to the study, “all three PA (Physical Activity) measures showed lower levels among adults with a physical or sensory disability than among adults without a physical or sensory disability” (de Hollander & Proper, 2018, p. 372).

- In a review of eight studies regarding physical activity (PA) levels of people with Down Syndrome (DS), “the overarching result of the full-text review supported that children with DS are not meeting the recommended PA guidelines of at least 60 minutes of moderate to vigorous PA daily” (Fox, Moffett, Kimminson, Brooks, and Case, 2019, p. 35).

- Wouters, Evenhuis, and Hilgenkamp (2018) measured physical activity levels of individuals ages 2 to 18 years with moderate-to-severe intellectual disability by having them wear accelerometers on their hips for four to eight consecutive days. Over half of the participants (53%) were not meeting physical activity recommendations (Wouters et al., 2018).

Where are Certified Therapeutic Recreation Specialists?

- According to the National Council for Therapeutic Recreation Certification (NCTRC), there are approximately 18,000 Certified Therapeutic Recreation Specialists (who hold active, inactive, or eligible for re-entry status) throughout the U.S., Canada, and fifteen other countries.

- According to the NCTRC, Certified Therapeutic Recreation Specialists work among the following employment sectors as follows: Hospital (38%), Skilled Nursing Facility (19%), Residential/Transitional (11%), Human Services (6%), Community Parks & Rec (6%), Adult Day Program (4%), Outpatient/Tax (4%), Correctional (3%), Disability Org (2%), School (1%), and Other (7%).

- Going off the NCTRC approximation of 18,000 Certified Therapeutic Recreation Specialists, estimates of CTRS per employment sector are as follows: Hospital (6,840), Skilled Nursing Facility (3,420), Residential/Transitional (1,980), Human Services (1,080), Community Parks & Rec (1,080), Adult Day Program (720), Outpatient/Tax (720), Correctional (360), Disability Organization (360), School (180), and Other (1,200).

Conclusion

- According to the literature analysis, it appears that physical activity levels of people with disabilities may be significantly lower than people without disabilities and/or physical activity guidelines.

- There are few Certified Therapeutic Recreation Specialists compared to the extremely large number of people with disabilities. Using the estimates provided in this poster, the ratio of Certified Therapeutic Recreation Specialists to people with disabilities is 1 to 3,388.89. Theoretically, that is one CTRS per 3,489 potential clients.

Discussion

- There is an obvious need for increasing physical activity levels among people with disabilities. Therapeutic Recreation can play a crucial role in helping increase physical activity levels among people with disabilities by providing adapted leisure and recreation activities according to the various interests of participants. In order to provide effective therapeutic recreation programming with proper assessment, implementation of appropriate interventions, and documentation, it is necessary to have a CTRS leading the programming. Based on the information provided in this poster, there is a significant difference between the number of people with disabilities and the number of Certified Therapeutic Recreation Specialists. Therefore, there appears to be a critical need for more Certified Therapeutic Recreation Specialists in order to effectively implement therapeutic recreation programming.

- To answer the question of our current standing between physical activity levels of people with disabilities and therapeutic recreation programming, it appears that we are not in the best standing. It seems that there is a dire need to increase the number of CTRS in order to offer more therapeutic recreation programming for our special populations.

- Limitations include lack of representativeness among the samples and the lack of study replications. Each study reviewed examined participants of various ages and/or disabilities. There is a definite need for more research to be conducted regarding physical activity levels of people with disabilities.

- It is suggested that future research includes larger samples representative of the population and replication of studies is conducted in order to obtain more confidence in research findings and apply these findings to therapeutic recreation practice.

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