

Remedial Physical Education in the Czech education system

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Abstract: Remedial Physical Education (RPE) in the context of education is a school subject focused on promoting health and developing physical literacy in children with special educational needs (SEN). The subject RPE has more than seventy-years long tradition in Czech Republic and support in legislation and the Framework Educational Program. However, despite the emphasis on the importance of supporting children with SEN, the number of schools that offer this subject is declining. For systemic change, it is extremely important to carefully analyze factors leading to this situation. These include, e.g. possibility to exempt pupils from physical education classes, organizational demands and non-enforcement of the provision of SEN, insufficient preparation of future teachers, the outdated paradigm of the field, and negative attitudes of students and parents to physical education in schools.

Key words: Adapted Physical Education, Special Educational Needs, Physical Education in Schools, Framework Educational Program

Introduction

Remedial Physical Education (RPE, also sometimes translated as Physical Health Education, Health PE, Health Related PE or Health Enhancing PE) in the context of basic education is understood as a form of physical education (PE), which is primarily focused on using health aspects of movement for the benefit of students. The Framework Educational Program for Basic Education (FEP BE) states that physical education includes, in addition to comprehensive physical development, also preventive influence on the field of health impairments (RVP ZV, 2017). It is literally stated here: “It is particularly important to discern pupils’ physical weaknesses and to correct these through joint and individual forms of physical education – both through mandatory physical education as well as, if necessary, through physical health education. For this reason, an inseparable part of physical education

are corrective and special balancing exercises applied preventively during physical education for all pupils as needed or assigned to pupils with physical impairment in place of activities which are counterindicative of their impairment.” (RVP ZV, 2017, p. 92, FEP BE, p. 83).

The role of health related PE in the field of prevention of movement disorders is desirable. Understanding the basic principles of physical activity as prevention and mastering the basic compensatory tools can be clearly considered a suitable educational content falling within the development of basic physical literacy and beneficial for the whole life. In this article we present the basic RPE definition in the context of the Czech education tradition and current legislation. We outline the factors that need to be taken into account when developing physical literacy from the point of view of health and physical education.

Remedial Physical Education

RPE could be understood as an area of PE consisting in the application of movement in order to promote health. RPE as an educational subject that has preventive and therapeutic significance in maintaining and improving health (Dostálová, Sigmund, Kvintová, 2013, Hošková, Matoušová 2007). The term RPE can be encountered in three different meanings that need to be differentiated. These are a) RPE as a synonym for health exercises, b) RPE as a school educational subject and c) RPE as didactic taught as a subject at universities with a focus on physical education (PE). Understanding the context is important, as it may be confusing if it is insufficiently specified. While the history of health exercise dates back to antiquity and we consider the entire population as a potential target group for RPE, including groups with special needs (young children, seniors, pregnant women, individuals with disorders and disabilities), the emergence of Special PE (later renamed Health PE) as a school subject dates to years 1948/1949 and the target group were clearly pupils or students (including pupils with special educational needs, SEN).

- a) **RPE as health exercise** can be defined as a set of specific physical education procedures aimed for promoting health. It can be applied to healthy individuals (primary prevention, self-development and health promotion) or individuals with pre-existing disorders (secondary prevention). It can be implemented both in the field of education and in the context of comprehensive rehabilitation or leisure and can be intended for individuals of any age. This includes individually led lessons and individual exercises. In this broad context, we perceive RPE as an umbrella term, which also includes, for example, exercises for seniors, exercises for pregnant women, RPE at children's clubs and youth

homes or other children's leisure organizations, but also RPE as an optional subject for university students in non-pedagogical fields of study (for example at technical universities or medical schools).

- b) **RPE in the context of school education** has a tradition of more than 70 years in our country (Strnad, Krejčík, Vařeková, 2019). Ješina et al. (2020) classifies RPE among one of the forms of adapted physical education (APE), ie PE provided for pupils or students with special educational needs (SEN), while the conditions and content of education are modified (Ješina and Kudláček 2011).

School RPE is defined by the Framework Educational Program (FEP) as a specific form of PE, which is intended primarily (but not only) for students/pupils with special needs. “Schools are recommended to offset the movement deficits of pupils and to provide corrective exercises by assigning a mandatory or elective subject” (FEP BE, p. 77). It’s content includes health-oriented activities that can be used as prevention or as a therapy. RPE can be taught in schools:

- as a part of **regular PE lessons**, when it has a character of health exercises for all pupils in order to increase their physical literacy.
- as a **subject for students with SEN**. According to the Framework Education Programme, RPE is provided “as a satisfactory replacement for mandatory physical education or for expanding the range of physical exercises” (FEP BE, p. 77, RVP ZV, 2017, p. 100).
- as a **subject of special pedagogical care (SSPC)** within support measures for pupils with SEN (for example, with physical or visual disabilities, mental illness, specific learning disabilities, etc.). According to the current legislation (Decree No. 27/2016 Coll., Appendices), pupils with SEN are entitled to 1st - 5th level support measures on the basis of school counseling center recommendation. From the 2nd level (support for pupils with mild problems) to the 5th level, the possibility of establishing a special pedagogical care subject (SSPC), where an individual approach in assessing the pupil's needs and methods for correction are offered. The decree thus clearly allows pupils to be diagnosed with specific needs in the field of psychomotor development and to offer methods for their development. RPE in this form can be organized for pupils with SEN in groups of up to 4 pupils in a time allowance of one hour per week.

As in other subjects, the goal of educational activities in RPE is to gain literacy. In RPE, this means that the subject is not just about performing health exercises, but also about gaining knowledge, habits and motivation for their further use during life. The following tasks are further subject to gain the Physical Literacy (Silverman, Mercier 2015):

- **Skills** - to have a positive effect on motor and other (mental, cardiovascular, etc.) functions of the pupil / student with the use of basic means of RPE;
- **Knowledge** - to deepen the individual's knowledge of one's own body, health, about risk factors for the development of functional disorders of the musculoskeletal system and the possibilities of influencing them;
- **Attitude** - to teach individuals to have a lifelong habit of performing healthy physical activity, to motivate to move regularly, to develop a positive attitude towards their own body and to movement. (Beránková, Grmela, Kopřivová, Sebera, 2012, Vašíčková, 2021).

c) RPE as a didactic subject for future educators

The third meaning in which we can meet the term RPE is a didactic subject taught at pedagogically or health-oriented universities preparing future professionals (PE teachers, special pedagogues, physiotherapists) for the implementation of RPE in practice (Šimeková, 2017).

If the school subject RPE implemented in primary and secondary schools is to educate students to physical literacy in relation to RPE and to fulfill the above-mentioned tasks of health, education and training, the training of future teachers should also aim towards these goals. There is currently a demand from many pedagogical faculties to pay more attention to the didactics of the fields studied, ie learning skills themselves (eg. <https://otevreno.org/nase-vize/>).

With teacher training, any change in education begins. If we are striving for systemic change in the field of RPE, it is necessary to carefully analyze educational plans, ask about the competencies of existing students and graduates of relevant fields, and then innovate educational plans in an appropriate way.

Analysis of factors influencing the current situation of RPE in schools

The 2016 Czech School Inspectorate's (CSI) survey showed that less than a 10% of schools already provide RPE, while all schools had pupils exempted from PE. Despite the CSI's recommendations for wider support of RPE in schools for further decline (Krejčík, Vařeková, 2020). So what are the factors that lead to this situation?

1) Obsolete paradigm

RPE is a unique system concept with great potential, however, the paradigm of the field has not been adequately revised in the long run. The Czech Republic is a country with a strong kinesiological tradition: we have top experts in the field of physical education, physiotherapy, psychomotorics and applied physical activities. There is an interest in new and traditional methods and concepts in vocational schools and courses, considerable attention is paid to research, and the general public pays attention to various types of health exercises. University teachers publish original texts including the creative use of physical means to influence children's psychomotor development. Nevertheless, in RPE textbooks, chapters are often rigidly arranged, some information is taken over for decades, and new perspectives are rarely incorporated.

RPE aims to promote health which is perceived in a biological, psychological and social context. Thus, RPE uses a diverse range of psychomotor agents with a comprehensive impact on the child's development in all aspects.

In the biological context, it is, for example, support of posture, improvement of muscle balance, coordination, breathing stereotype, physical condition, fine and gross motor skills. In the psychological context, the goal is to support the child's psychological development by improving his/her psychological resilience, experiencing feelings of victory and managing losses, experiencing feelings of joy in play and artistic activities, practicing relaxation and self-awareness. In the social context, it is about supporting relationships, communication, cooperation, inclusion (Vařeková, 2020).

These goals can be achieved through means that may be differentiated differently according to different authors. Here we offer the concept of Five Pillars of Prevention of Movement Disorders (Vařeková, Fiedlerová 2021):

1. **Movement.** Exercise is the basis of RPE. In the 21st century, we will no longer be able to get along with “stretch and strengthen“ thesis. The range of exercises is very broad and is inspired by both modern kinesiological knowledge (exercises on a neurodevelopmental basis) and psychological and special pedagogical knowledge (movement exercises for the development of rhythm, coordination, body scheme, etc.). They intersect with all the other pillars mentioned.
2. **Postural correction.** At RPE, we lead children to conscious work with posture and develop it through exercise as well as physical self-awareness and habit building.
3. **Breathing exercises** are a key element in RPE. Through the breath we work with the body's self-awareness, during the practice of relaxation and in strength training.
4. **Perception.** Sensorimotor relationships are important and the development of different types of perception undoubtedly belongs to RPE. We strive to develop tactile perception (necessary especially for the development of hand and foot function), but also body self-awareness (kinesthetic perception, proprioception), visual and auditory perception.
5. **Working with the mind** or the use of psychomotor principles for the development of alternating relaxation and activation, motivation, concentration.

All the mentioned pillars intertwine in individual activities. The choice and understanding of their principles must be based on appropriate education, which will connect elements of physical education, health and special education.

2) *Legislative contradictions and organizational demands*

The biggest paradox of the current system is how affordable and easy it is to completely free a student from physical education, and how organizationally difficult it is to organize RPE. We encounter the practice that the form “Application for releasing of a pupil / student from PE” will be automatically received by parents in schools in the first days of September. This situation is set directly by the Education Act (Act No. 561/2004 Coll. § 50 para. 2), which allows school principals to release a pupil from the PE without compensation only on the basis of a doctor-confirmed application submitted by the parents (Ješina, 2017, Kotlík, Jansa 2020).

On the other hand, the establishment of a separate subject RPE as a replacement for PE or its addition in the extended offer is very demanding. Due to the fact that RPE lessons are

organised together for students from different grades, it is difficult to schedule the lessons and they are usually organised as early morning lessons (before the start of classes) or during late afternoons.

Teaching RPE as a subject of special pedagogical care (SSPC) also for small groups of pupils with the number 1 - 4 (according to Decree No. 27/2016 Coll.) For pupils with SEN could be a desirable reeducation of psychomotor development disorders, which are often related to specific disorders learning. However, the decree states that the subject is provided by pedagogical staff of the school with extended competence in the field of special pedagogy, special pedagogues or psychologists of the school or school counseling facility. Thus, PE teachers are not listed here - and, conversely, there are experts who do not have the necessary competencies to teach RPE. This legislative ambiguity thus further exacerbates the ability of RPE schools to provide as a subject.

In this context, it is important to strive to amend the existing legislation so that the subject of RPE can be taught by certified PE teachers or graduates of study fields focused on applied physical activities.

3) *Training of future teachers*

One of the factors that have long contributed to the current state of RPE is the preparation of PE and sport students for the implementation of RPE in practice. At the faculties or universities of physical education and sport, RPE classes are reduced, and teaching does not contain a sufficient didactic framework for teaching in schools (clear guidelines for diagnosing specific psychomotor difficulties of pupils and the possibilities of influencing them, the context of health and physical education literacy, linking to health education). Another negative factor is also that students do not encounter RPE in any form within their compulsory study practice at schools, which further reduces their commitment to RPE in their future practice (Šubertová, 2020).

4) *Science and research*

As an area of research, RPE has long been underestimated. In order to systematically support the state of RPE in schools, it is necessary to substantiate sufficient factual arguments as a basis for further negotiations. The CSI dealt with the state of RPE in 2016 and called on schools to change it. However, no more data is available. We consider it appropriate to focus

attention on the regional and comprehensive investigation of the current situation of the school subject RPE in all its three forms (within PE, independent classes and as SSPC). It is appropriate to examine the self-efficacy of future teachers to implement PE in schools and other factors. It is also necessary to collect, compare and present research.

5) *Patronage of professional organizations*

There is no organization that specializes in RPE in the context of a school subject in the Czech Republic. In 2021, the RPE working group was established under the auspices of the Czech Association of Adapted Physical Activities (ČAAPA). At the professional meetings of this group, a call was made to continue and expand further cooperation.

6) *Public education*

The demise of RPE teaching in schools is gradual and smooth, so it has escaped from the attention of experts, parents, and the media long time ago. There is no media discussion about RPE, nor are parents demanding it. There is a need for a wider discussion on topics related to RPE: legislative norms, the position of RPE in school curricula, the recommendations of RPE as a SSPC from counseling facilities, the issue of release (and its prevention through offering RPE), etc. Parents often find it difficult to arrange health exercises for their children, time-limited or regionally limited programs are supported for considerable resources, while the traditional systemic solution is neglected.

Conclusion

The CSI survey (2016) shows the dreary state of teaching the subject of RPE in schools and a high percentage of pupils released from PE. At present, worsening of this situation can be expected, also due to the Covid-19 pandemic, when there was a significant reduction not only in special RPE classes, but physical education as a subject itself was significantly affected as a school subject, whose teaching was reduced for entire school groups for a very long time.

When returning to regular classes, there should be no complete omission of RPE. Remedial Physical Education was established more than 70 years ago as a unique bridge between medical rehabilitation and school physical education with the aim of offering health-promoting physical activities to children and young people with disabilities. Today, RPE can be offered in schools in three forms (part of PE, separate RPE lessons or RPE as a subject of special pedagogical care) and we believe that this unique concept should be maintained and

further developed in accordance with modern knowledge so that RPE can be easily organized and professionally provided within each school. Promoting research, collaboration, education and quality training for future teachers in relation to RPE is a prerequisite.

References

Beránková, L., Grmela, R., Kopřivová, J., & Sebera, M. (2012). *Zdravotní tělesná výchova*. Masarykova univerzita.

Dostálová, I., Sigmund, M., & Kvintová, J. (2013). Theoretical and practical aspects of health physical education in the Czech Republic. *E-Pedagogium*, 13(2), 110–124. Retrieved from: <https://doi.org/10.5507/epd.2013.023>

Framework Education Programme for Basic Education (2021). Online: <https://www.msmt.cz/vzdelavani/zakladni-vzdelavani/framework-education-programme-for-basic-education>

Hošková, B., & Matoušová, M. (2007). *Kapitoly z didaktiky zdravotní tělesné výchovy: pro studující FTVS UK* (2. vyd). Univerzita Karlova v Praze, Karolinum.

Ješina, O., & Kudláček, M. (2011). *Aplikovaná tělesná výchova*. Univerzita Palackého v Olomouci.

Ješina, O. (2017). Fenomén neoprávněného uvolnění z tělesné výchovy v základním a středním školství. *Tělesná kultura*, 40(1), 16–22.

Ješina, O. (2020). *Otázky a odpovědi aplikované tělesné výchovy I, aneb, Inkluzivní tělesná výchova pro I. stupeň základních škol s přesahem do mateřských škol*. Univerzita Palackého v Olomouci.

Kotlík, K., & Jansa, P. (2020). K současnému fenoménu osvobození z tělesné výchovy. *Tělesná výchova a sport mládeže: odborný časopis pro učitele, trenéry a cvičitele*, 86(2), 2–8.

Krejčík, P., & Vařeková, J. (2020). Zdravotní tělesná výchova - otázky a výzvy. *TVSM*, 86(1), 2–9.

RVP ZV. Rámcový vzdělávací program pro základní vzdělávání [online]. Praha: MŠMT, 2017 [cit. 2020-12-18]. Retrieved from: http://www.nuv.cz/uploads/RVP_ZV_2017.pdf

Silverman, S., & Mercier, K. (2015). Teaching for physical literacy: Implications to instructional design and PETE. *Journal of Sport and Health Science*, 4(2), 150–155.
Retrieved from: <https://doi.org/10.1016/j.jshs.2015.03.003>

Strnad, P., Vařeková, J., & Krejčík, P. (2019). 70 let zdravotní tělesné výchovy. *Tělesná výchova a sport mládeže*, 85(6), 2–10.

Šimeková, P. (2017). *Zdravotní tělesná výchova ve studijních programech Tělesná výchova a sport fakult se sportovním zaměřením v České republice* [Diplomová práce, Univerzita Palackého v Olomouci, Fakulta tělesné kultury]. Retrieved from:
https://theses.cz/id/qtr6ub/_imekov-DP-2017.pdf?lang=sk

Šubertová, A. (2020). *Self-efficacy studentů závěrečného ročníku programu Tělesná výchova a sport na UK FTVS ve vztahu k výuce zdravotní tělesné výchovy* [Bakalářská práce, Univerzita Karlova, Fakulta tělesné výchovy a sportu, Zdravotní TV a tělovýchovné lékařství]. Retrieved from:
<https://dspace.cuni.cz/bitstream/handle/20.500.11956/124431/130299452.pdf?sequence=1&isAllowed=y>

Vařeková, J. (2020) Diagnostika ve zdravotní tělesné výchově. *Tělesná výchova a sport mládeže*. 86 (6) 12–20.

Vařeková, J., & Fiedlerová, K. (2021) Pět pilířů prevence pohybových poruch. *Tělesná výchova a sport mládeže*. 87 (1) 10–17.

Vašíčková, J. (2021) *Pohybová gramotnost (průvodce studiem)*. Online (20. 5. 2021):
Retrieved from:
https://www.pdf.upol.cz/fileadmin/userdata/PdF/VaV/2018/odborne_seminare/Pohybova_gramotnost.pdf