

Perspectives of Special Education Implementers on Promoting Physical Activity among Children with Disabilities: A Cross-sectional Study

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ABSTRACT

Background. Children with disabilities (CWD) generally have limited opportunities for physical activity (PA), leading to low participation, comorbidities, and social isolation. Engagement in regular PA improves CWDs' functional independence, social integration, and overall quality of life. Special education implementers (SEI) play an important role in promoting PA for CWD. However, there is limited understanding of their perceptions, capabilities, opportunities, and motivations in fulfilling this role.

Objective. We aimed to describe the perspectives, capabilities, opportunities, and motivations of special education teachers and administrators in promoting PA among Filipino CWD.

Methods. Using a descriptive cross-sectional design, we administered the Promoting Active Lifestyle among Children with Disability questionnaire for Teachers (PALS-Teach) to explore the perceptions and PA-promoting behaviors of Filipino educators. The PALS-Teach questionnaire was developed based on the Capabilities, Opportunities, and Motivations model of Behavior. It was administered to teachers and administrators actively serving in private and government special education schools in the Greater Manila Area, Philippines. Participants completed either the Filipino or English version of the questionnaire in printed or online format. Descriptive statistics were used to analyze findings.

Results. Fifty-three (53) SEI participated in the study. Most were female (92%), teachers (85%), and worked in public schools (72%). While some had misconceptions about PA (75%) and sedentary behavior (89%), all respondents agreed that CWD can engage in PA and gain benefits from it. On capabilities, the majority of respondents felt confident in their skills to promote PA. For opportunities, most (~70%) deemed resources for PA promotion to be generally sufficient. For motivations, while most agreed that SEI should be role models in promoting PA (98%), worries about safety, bullying, discrimination, and emotional exhaustion (55–75%) affect their desire to promote PA to CWD.

Conclusion. Special education implementers exhibited adequate knowledge of PA and sedentary behavior, and optimistic perspectives about their capabilities, opportunities, and motivations to foster an active lifestyle among CWD. However, a gap persists between the perceived competencies of SEI and the current level of PA of CWD in the Philippines. Some misconceptions about the relationship between PA and sedentary beha-



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avior, safety concerns, and stigma about disability also need to be addressed to facilitate PA efforts for CWD better. Reinforcing existing capabilities of SEI through targeted training, use of collaborative and participatory approaches, and strengthening institutional leadership are crucial in bridging the gap between perceived SEI competencies and opportunities and actual practice toward more effective PA promotion for CWD. Future studies exploring the lived experiences of SEI and conducting a broader scope of data collection would help generate more comprehensive and generalizable findings.

Keywords: *physical activity, children with disability, special education*

INTRODUCTION

Over the past two decades, the number of children with disability (CWD) worldwide has increased and continues to rise. The estimated number of children with some form of disability between the ages of 0–17 years is 240 million, with 236.4 million CWD projected to have moderate to severe disability according to the United Nations International Children's Emergency Fund.^{1,2} In the Philippines, the estimated population of CWD based on the most recent national data is approximately 1.5 million, comprising 1.4% of the total population.³ The first Para Report Card of the Philippines on physical activity (PA) revealed widespread prevalence of insufficient levels of PA among Filipino children and adolescents with disabilities.⁴ Aligned with international and local recommendations and policies, the promotion of PA across settings of influence is one of the many recognized strategies to improve the overall quality of life of CWD and reduce their risks for developing non-communicable diseases.^{5–8}

Any movement generated by the body that increases energy expenditure is considered PA.^{5,6} Engagement in PA has been established to improve physical fitness, motor development, mental health, emotional well-being, social skills, and overall quality of life.^{9–16} The World Health Organization (WHO) recommends at least an average of 60 minutes of moderate- to vigorous-intensity PA, primarily composed of activities that strengthen the cardiopulmonary and musculoskeletal systems daily across the week for CWD to maximize its health benefits.⁶ However, many CWD still do not meet the daily recommended amount of PA and are at a higher risk for developing sedentary behaviors.^{6,10} Sedentary behavior involves prolonged activities done in sitting or lying down, requiring minimal energy expenditure of ≤ 1.5 METs.^{5,6} This has been shown to bring about detrimental effects on the physical health of CWD, such as higher adiposity, poor sleep, poor mental health, and heightened likelihood of acquiring comorbid conditions later in life.^{17,18}

Special education teachers and administrators, collectively referred to in this study as special education implementers (SEI), are key contributors in proactively engaging CWD in an active lifestyle at an early developmental age.¹⁹ The role of SEI in modeling PA engagement in the school setting is essential, especially because CWD spend a significant amount of time in school.^{9,20,21} Aside from being role models of healthy behaviors to their students, SEI are vital in creating these opportunities for their students with disabilities.^{19,22} Teachers are responsible for designing and integrating physical activities in learning activities, and special education administrators are key in establishing and implementing PA policies and programs within the school.^{22,23} However, in some settings, studies have reported a lack of PA programs accessible to SEI. Participation of CWD in PA should be promoted in schools, alongside home and community settings, to maximize opportunities for PA engagement.

In the Philippines, SEI are required to integrate PA in the curriculum and undergo training to implement PA for CWD as part of inclusive education.^{24–26} Collaborating with PA professionals, physical education teachers, and specialists is also mandated to support SEI in the design and implementation of PA programs.^{24,26} At the national level, government agencies (e.g., Department of Education, Department of Health, National Council for Disability Affairs, Department of Social Welfare and Development, local government units, etc.) are mandated to integrate policies within their respective scopes of function and coordinate with one another to harmonize efforts, facilitate widespread dissemination, and ensure the efficient execution of the Inclusive Education Act.²⁶

Despite existing policies to promote PA, the implementation of effective and sustainable programs is still lacking.^{7,23} There is also limited research that examines perceptions of Filipino SEI on their role in PA promotion. Exploring their understanding of PA and their capabilities, opportunities, and motivations in fulfilling this responsibility is necessary to identify and tailor strategies to support SEI in their role as PA influencers for Filipino CWD. This is supported by literature suggesting that various factors, including knowledge and skills of teachers, availability of resources, administrative support, and willingness, influence the SEI's promotion of PA in school settings.^{22,27}

This study, therefore, aimed to describe the Filipino SEI's understanding of PA and sedentary behavior, and perspectives about their capabilities, opportunities, and motivations in promoting PA among Filipino CWD. The results of this study can provide insights that can be used for initiatives that support SEI in their role in promoting PA and encourage the development and implementation of effective and sustainable PA programs for CWD in schools.

METHODS

Study Design

The study administered a cross-sectional survey to determine the understanding of SEIs about PA and sedentary behavior, and perspectives on their capabilities, opportunities, and motivations in promoting PA among CWD.

Study Participants

The target participants were SEIs from the 89 special education schools recognized by the Philippine Department of Education within the Greater Manila Area at the time of the study. A minimum target of 20 respondents, determined through power analysis, was purposively sampled. To participate in the survey, participants must: 1) be a special education teacher or an administrator of a special education program, 2) be aged 18 years and older, 3) have a minimum of one year of work experience in special education at the primary level, and 4) be currently employed in private or public special education schools within the Greater Manila Area. There were no exclusion criteria set for the study.

Materials

The Promoting Active Lifestyle among Children with Disability questionnaire for Teachers (PALS-Teach) is a 55-item questionnaire that determines the SEIs' perspectives about PA and their capabilities, opportunities, and motivations related to PA promotion. The questionnaire was developed based on the Capability, Opportunity, Motivation, Behavior (COM-B) Model, a framework that illustrates the influence of various factors on behavior and vice versa.²⁸ Capability is described as one's capacity to engage in a particular behavior, which can be physical or psychological in nature.²⁸ Opportunity involves external factors that affect one's behavior.²⁸ Motivation refers to one's internal reflective and automatic processes that influence behavior.²⁸

The PALS-Teach has a demographics section and a main survey with four sub-sections (Appendix). The demographics section collects data on age, sex assigned at birth, educational attainment, income, employment information, and own participation in PA. The main survey comprises the subsections below.

Understanding of PA and sedentary behavior (Q1–Q16): Sample questions include 'Physical activity does not need to be planned, organized, or structured', 'A person who regularly engages in physical activity may still experience the effects of prolonged sitting and lying', 'Students with disabilities can participate in physical activity'

Capabilities (Q17–Q30): Sample questions include 'I have a good understanding of the WHO physical activity guidelines for children with disabilities', 'I can collaborate with other professionals to create physical activity opportunities for students with disabilities', 'I can keep up with the physical demands of promoting physical activity to students with disabilities'

Opportunities (Q31–Q39): Sample questions include 'There are programs and activities for physical activity of students with disabilities that are within our local community', 'There are available adaptive equipment and materials that I can use for promoting physical activity of students with disabilities in our school', 'There is adequate institutional support to promote physical activity for students with disabilities in the form of an ideal student-teacher ratio'

Motivations (Q40–Q55): Sample questions include 'I believe that I have to be proactive in ensuring that students with disabilities have an active healthy lifestyle', 'I do not believe that engaging students with disabilities in physical activity is stressful or emotionally exhaustive', 'I do not worry that students with disabilities may be bullied by other children when engaging in group physical activity'

The PALS-Teach is available in English and Filipino and utilizes a Likert scale, ranging from a score of 1 (Strongly Disagree) to 4 (Strongly Agree), to determine the extent of agreement to each item. The Opportunities section has an additional "I don't know" option to obtain data on awareness. The PALS-Teach was found to be a valid (scale CVI = 0.96) and reliable tool ($k^* = 0.82 - 1.00$) for determining the perceptions of Filipino SEI on promoting PA among CWD.²⁹

Data Collection

After acquiring approval from the University of the Philippines Manila Research Ethics Board (UPM REB 2022-0157-01), an endorsement for the implementation of the study was also obtained from the Schools Division Offices of the Department of Education, Philippines. Digital and printed recruitment posters were sent to special education institutions across the Greater Manila Area using publicly available email addresses. Interested SEIs communicated with researchers to signify their willingness to participate. They were given an informed consent form to read, sign voluntarily, and keep a personal copy for reference. Once a signed informed consent was received, the PALS-Teach was administered either online through Qualtrics (2020) or in pen-and-paper form. Follow-ups were conducted through onsite visits and phone calls to the special education institutions. Data collection ran from December 2023 to October 2024.

Data Management and Analysis

The responses collected through Qualtrics (2020) were exported into an MS Excel spreadsheet. The data gathered through pen-and-paper mode were also encoded on a separate sheet for data analysis and cross-checked by another member of the research team, then combined with the data gathered using Qualtrics (2020). The demographic information was analyzed using frequency counts and percentages to describe the characteristics of participants.

The median interquartile range (IQR), frequencies, and percentages were calculated from the Likert scale responses. For data analysis, the responses to fifteen negatively phrased statements (Q2B, Q2C, Q2H, Q8–Q11, Q15, Q44–Q45,

Q49–Q53) in the Perceptions and Motivations sub-sections were transposed. Sub-section scores were computed by taking the average IQR and median for items under perceptions, capabilities, opportunities, and motivations of the PALS-Teach.

RESULTS

Fifty-three (53) early- to middle-aged adults responded to the survey through a combination of online (66.04%) and pen-and-paper modes (33.96%). Many of the participants were female (92.45%), married (50.94%), and earned PhP 21,194.00 to PhP 43,838.00 per month (49.06%). A college degree is the highest educational attainment of the majority of the participants (62.26%). Most respondents were teachers employed in public institutions (71.70%). Other respondents were school administrators, consultant teachers, administrative assistants, and reading interventionists. Table 1 shows the characteristics of SEI who participated in this study.

Table 1. Characteristics of Special Education Implementers (n=53)

Characteristic	n = 53
Age	
Early adult (18 to 34 years old)	20
Early middle age (35 to 44 years old)	20
Late middle age (45 to 64 years old)	13
Older adult (65 years old and above)	0
Sex assigned at birth	
Male	4
Female	49
Civil status	
Single	24
Married	27
Divorced/Separated	0
Widower	2
Average monthly income (PhP)	
Less than PhP 9,520.00	3
PhP 9,520.00 to PhP 21,194.00	9
PhP 21,195.00 to PhP 43,828.00	26
PhP 43,829.00 to PhP 76,669.00	12
PhP 76,670.00 to PhP 131,484.00	3
Education	
College	33
Postgraduate	20
Occupation	
Teacher	45
Administrator	2
Both	2
Others	4
Institution	
Public	38
Private	15

Across all sub-sections of the PALS-Teach, the median rating was 3, indicating participants' generally good understanding of PA and positive perspectives about their capabilities, opportunities, and motivations for promoting PA to CWD. The interquartile range for the majority of the questions ranged from zero to one, with only one item, on the availability of adaptive equipment and PA promotion materials online (Q32C), with an IQR of 2. The summary table containing the questionnaire items and all median and IQR values can be found in the Appendix.

Understanding of SEI about PA and Sedentary Behavior

Figure 1 illustrates the response distribution for the sub-section on perceptions. Most respondents agreed (86.79%) that PA leads to an increased heart rate and breathlessness. This was further validated by their agreement that activities requiring more effort and movement, such as sports (94.34%), playing in the park (98.11%), and helping out with chores (96.23%), are considered PA, and sedentary activities such as playing on electronic devices (88.68%) and watching TV (75.47%) are not. However, they also considered doing arts and crafts as a form of PA (75.47%).

Most respondents also agreed that PA improves physical (96.23%), emotional (96.23%), and cognitive health (86.79%). Many respondents also knew that PA engagement prevents lifestyle diseases (98.11%) and enhances social skills (100%). A majority understood that sedentary behavior has detrimental effects on health (86.79%). However, some (11.32%) also believed that regular PA engagement can prevent the deleterious consequences of prolonged sitting or lying down.

Respondents disagreed that PA does not need to be structured (98.11%) and agreed that it can be done anywhere (96.23%). They also recognized that PA requires dedicated time (100%), equipment (49.06%), and money (37.74%). All but one SEI believed that CWD can participate in PA, and most believed that people who promote PA also need to be physically fit (90.57%).

Capabilities of SEI to Promote PA

Figure 2 shows that almost all SEI perceived themselves as knowledgeable and capable of promoting PA among CWD. All reported adequate understanding of CWD's unique capabilities (100%), proficiency in using various strategies to engage CWD in PA (100%), and capability to collaborate with other professionals for PA (100%). Similarly, SEI fully agreed that they possess the necessary competencies to modify PA (100%), manage students with disabilities in group activities (100%), advocate for CWD's rights to PA (100%), and keep up with the physical demands of PA promotion (100%).

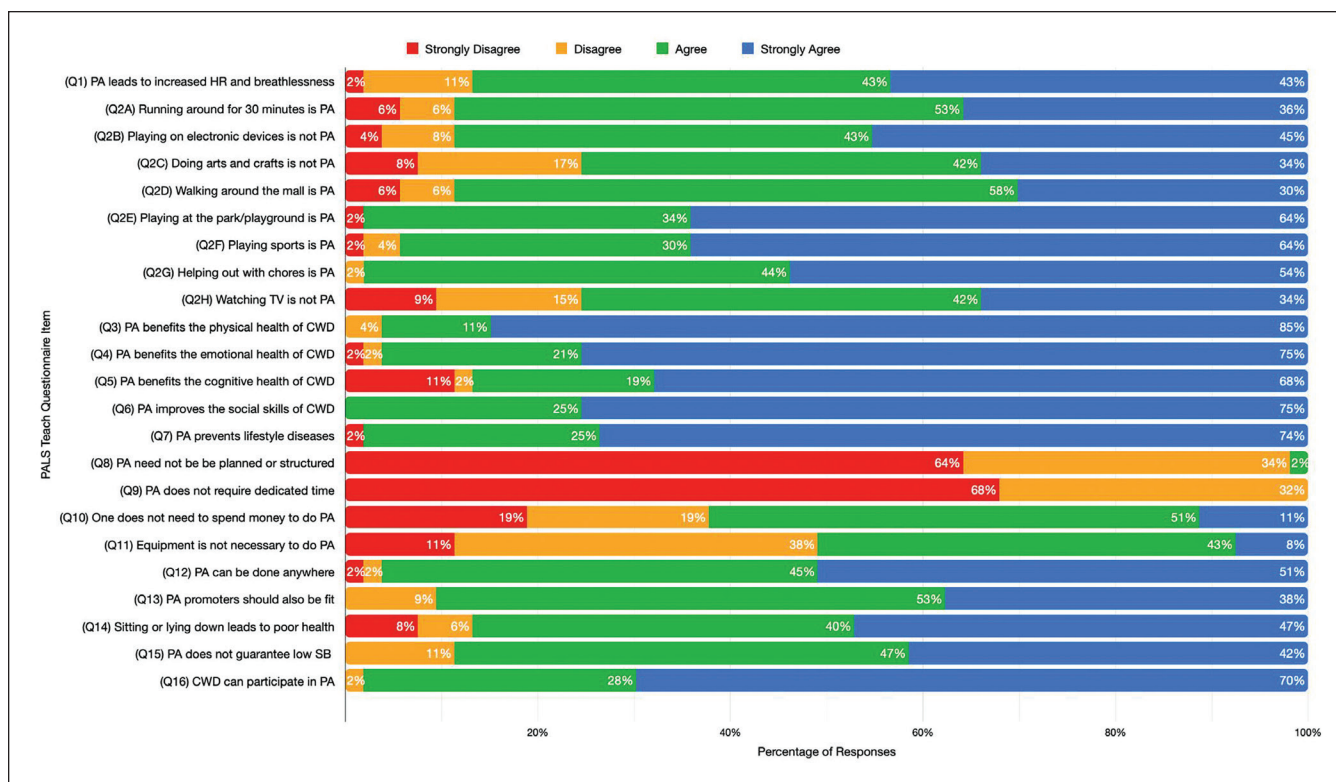


Figure 1. Understanding of special education implementers about PA and sedentary behavior (n = 53).

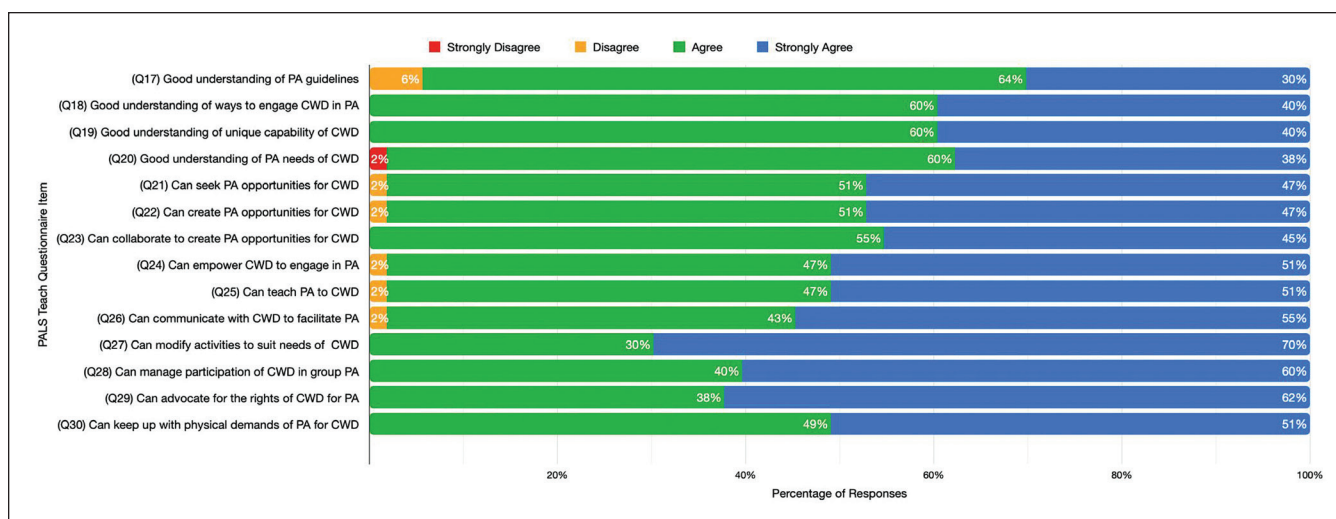


Figure 2. Capabilities of special education implementers in promoting PA for CWD (n = 53).

Opportunities for SEI

In general, respondents recognized the presence of programs and adaptive equipment for PA promotion in their school (86.79% and 73.58%, respectively), local community (73.58% and 62.26%, respectively), and online (58.49% and 64.15%, respectively) (Figure 3). A majority of SEI perceived that adaptive equipment, safe spaces, and adequate physical facilities for PA promotion are available in their respective

institutions (79.25% and 88.68%, respectively) and local communities (77.36% and 79.25%, respectively). Nearly all respondents were aware that support groups and other professionals could be willing to share their expertise in the school (90.57% and 90.57%, respectively), local community (75.47% and 75.47%, respectively), and online (79.25% and 83.02%, respectively). Many SEIs (83.02%) also recognized that other individuals apart from them could be tapped to

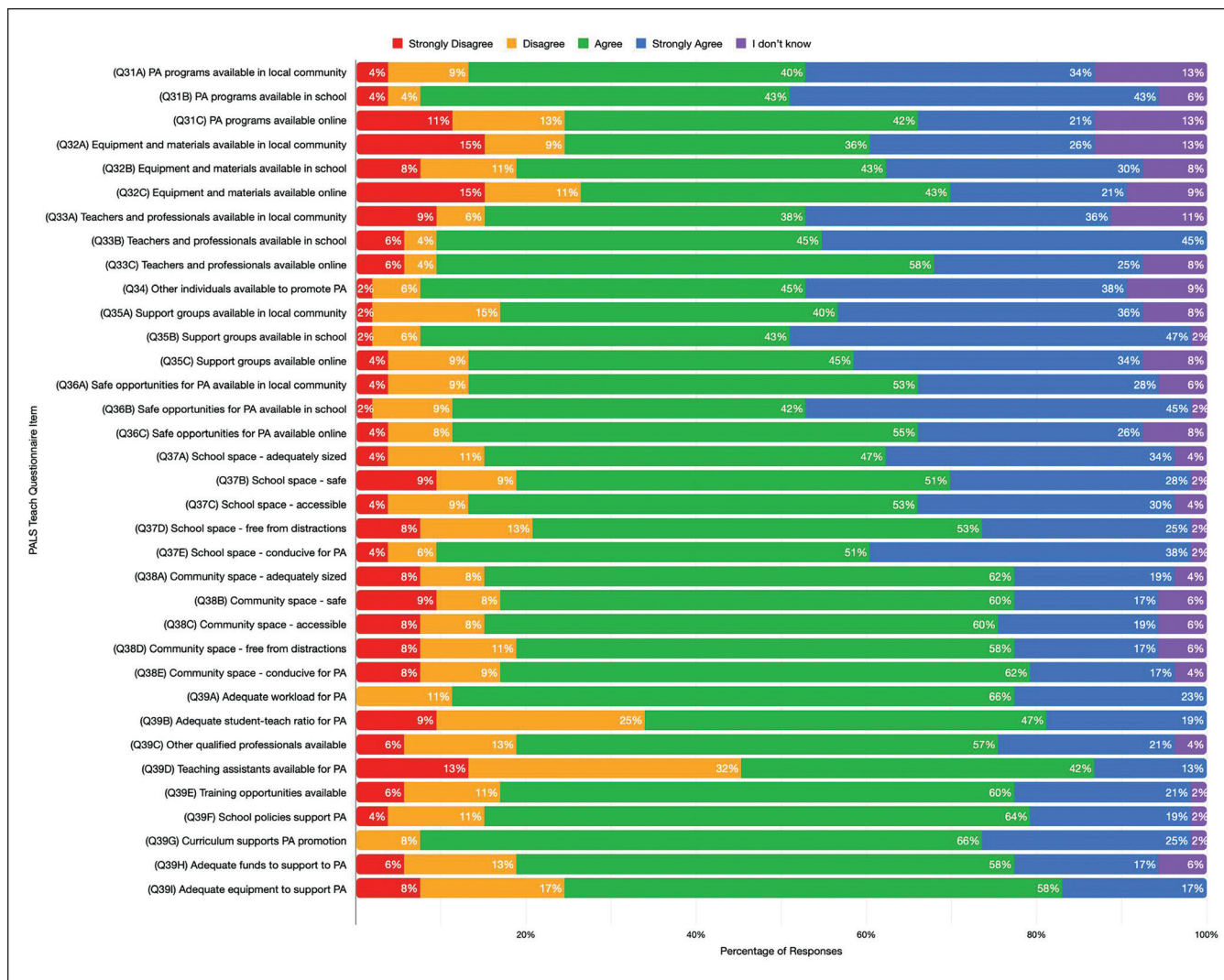


Figure 3. Opportunities for special education implementers on PA for CWD (n = 53).

help them in promoting PA for CWD. A majority of the respondents also agreed that there are safe opportunities for CWDs to engage in PA free of bullying and discrimination in their school (86.79%), local community (81.13%), and online (81.13%).

Most respondents likewise agreed that there is adequate institutional support to promote PA, including workload (88.68%), access to qualified professionals (77.36%), training opportunities (81.13%), policies (83.02%), PA-inclusive curriculum (90.57%), equipment (75.57%), and funding (75.47%). However, some disagreed (33.96%) that the CWD student-teacher ratio is ideal. About half of SEIs disagreed (45.28%) that teaching assistants are adequate in their school to support the teacher's role inside the classroom.

Motivations of Special Education Implementers

Figure 4 illustrates the distribution of responses for this sub-section. Results show that the majority of the respondents

believe in CWD's capacity to engage in PA (98.11%) and that SEI has to be proactive in facilitating PA for them (96.23%), such as by modeling PA engagement to their students (98.11%). Nearly all respondents reported confidence in their capacity to help CWD engage in PA (98.11%) and in the support that primary carers can provide to aid them in this endeavor (98.11%). Additionally, all of them agreed that learning more about PA can help them improve in this role.

While most of them believed that engaging in PA is just as important as any schoolwork (98.11%), many respondents disagreed that resources are better spent on other priority areas in school instead of PA (30.19%). Further, although nearly all respondents viewed promoting PA to CWD as enjoyable (98.11%), more than half of them reported that this could also be emotionally exhausting (45.28%). Many had concerns about the safety of both CWD (35.85%) and peers (45.28%) when engaging in PA together, and had worries about bullying (30.19%), isolation of CWD by peers

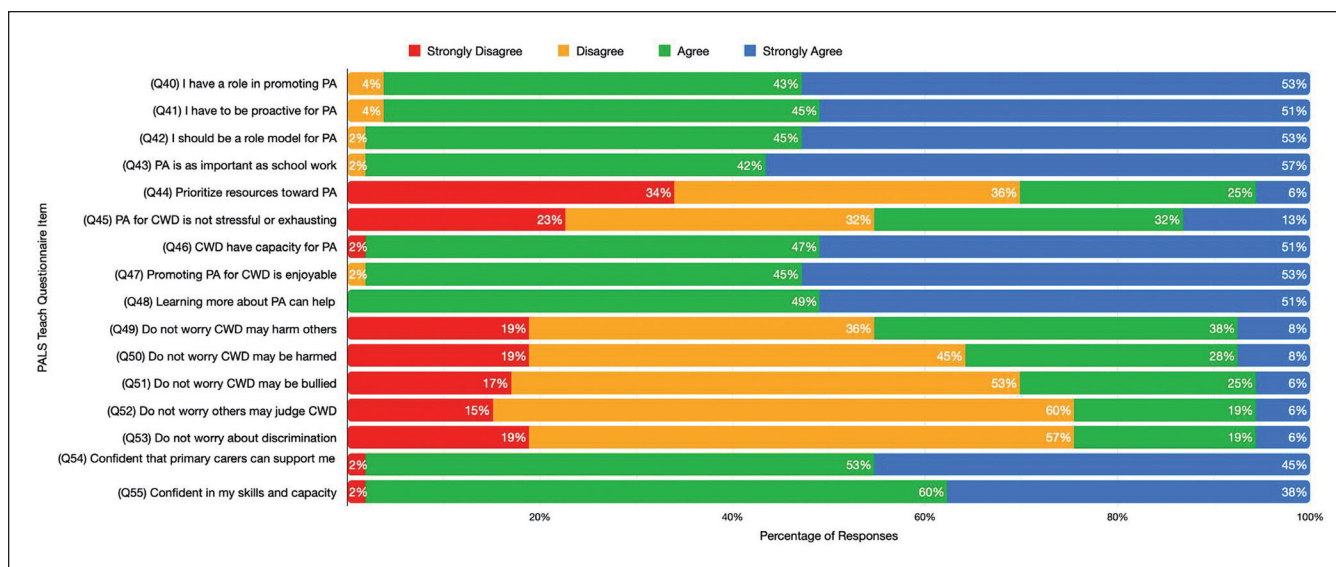


Figure 4. Motivations of special education implementers on PA for CWD (n = 53).

(24.53%), and prejudice about the potential of CWD to engage in PA (24.53%).

DISCUSSION

This study aimed to describe the understanding of SEI about PA and sedentary behavior and their capabilities, opportunities, and motivations in promoting PA among Filipino CWD. This study found that the participants generally have a good grasp of the concepts of PA and sedentary behavior, except for some misconceptions about what could be considered as PA and their perceived requirements for promoting PA. Perspectives about their capacity to promote PA, the resources and support available to them, and their confidence and sense of purpose in promoting PA among CWD were generally positive. However, these findings are inconsistent with the poor overall status of PA among CWD in the Philippines, suggesting an implementation gap.⁴ The SEI's concerns about potential harm, bullying, discrimination, and stigma against CWD could have significantly affected their motivation to promote PA among CWD, albeit further studies are needed to confirm this.

The challenges in finding a dedicated time for PA, given SEI's work demands and their concerns about discrimination, bullying, and isolation of CWD identified in this study, have been documented in previous literature. Cheung et al. found that incorporating PA in both curricular and extracurricular activities (e.g., recess, free play, etc.) is lacking in some school contexts because of ineffective structuring of programs.²² The safety of CWD and their peers when performing PA is a significant consideration for SEI.²² The high physical, emotional, and mental demands of teaching CWD can be a hindrance to teachers in consistently encouraging safe

and effective PA participation in CWD.²⁷ Addressing such challenges, while maximizing their existing competencies and motivations, is necessary to support SEI in their role as PA influencers for Filipino CWD.

This study provided a snapshot of the context in which Filipino special education teachers operate in the broader picture of physical activity promotion. Contextual factors at the personal, professional, and social levels from the viewpoint of Filipino SEI were evident and could provide helpful information to address gaps in implementation.³⁰ Hence, following suggestions from the COM-B model and PA literature, recommended actions include 1) reinforcing SEI's existing competencies in PA promotion through education and training, 2) utilizing a collaborative and participatory approach in creating opportunities for better PA engagement of CWD, and 3) strengthening leadership to provide direction and necessary institutional support.²⁸ Each of these is discussed in the succeeding sections.

Reinforcing SEI Knowledge and Skills

Although SEI were well-informed of the importance of PA, they would benefit from having a clearer understanding of the technical concept of PA and its relationship with sedentary behavior. Clarifying that PA and sedentary behavior are not direct opposites could facilitate creating opportunities for meeting the recommended daily amount of PA and for reducing time spent being sedentary.³¹ A key message of the PA guidelines, which can also be emphasized to SEI, is that any movement is better than none.³² Following this principle, increasing their awareness of the WHO guidelines on PA, especially for CWD, will allow them to design activities that will help students maximize the benefits of PA while promoting safety. Special education teachers can also facilitate CWD PA engagement by modifying the environment and

adapting activities to suit CWD needs.^{33,34} Additionally, the capacity of physical education teachers and specialists can be strengthened to support PA promotion. By identifying key aspects of PA that can be adjusted (i.e., movement pattern, intensity, duration, complexity), teachers can design inclusive and accessible PA opportunities for CWD.

The participants also perceived that PA requires a set schedule, dedicated funding, and clearly structured activities. Broadening SEI's perspectives about PA could introduce them to a range of less resource-intensive ways to promote PA and enable them to be more creative in maximizing existing resources. While structured activities such as physical education and organized sport are the most common and feasible forms of PA that SEI implement in schools, SEI can encourage CWD to engage in less structured, less burdensome, but equally enjoyable types of PA, such as active play during school recess, breaks in between classes, and after class.^{22,35,36} Movements could also be creatively integrated during class activities to reduce sedentary time (e.g., classroom-based physical activity or movement integration).^{37,38} Light-intensity PA (e.g., walks, standing breaks, seated exercises, etc.) interspersed throughout the day can be a realistic starting point for CWD towards an active lifestyle.³⁹

Reinforcing the understanding of SEI about PA and sedentary behavior through targeted capacity-building not only addresses gaps in knowledge and misinformation but also improves motivation to promote PA to CWD by eliciting positive feelings toward a target behavior.²⁸ Moreover, gaining insights on best practices and emerging trends in inclusive education, such as adapted physical activities, could lead to SEI's better appreciation of their role in promoting PA participation.

Adopting a Collaborative, Participatory Approach

Another recommendation to support the promotion of PA is to adopt a collaborative and participatory approach to creating PA opportunities for CWD.⁴⁰⁻⁴³ This can be done by involving relevant stakeholders, such as school staff, students, health and community professionals, as well as the CWD and their families, in identifying and designing PA-promoting strategies in the school setting. Adopting this approach concretizes the multi-faceted and complex nature of PA promotion and may help inform holistic and grounded approaches to encouraging active lifestyles among Filipino CWD.⁴¹ Creation and strengthening of partnerships at different levels (e.g., with families, health professionals, communities) may also improve the sustainability of PA promotion beyond the school setting. Special education implementers and other stakeholders may start by sharing resources and information on available PA opportunities in CWD's immediate contexts prior to exploring a higher level of collaboration, including the co-creation of PA programs.

Overall, this strategy complements the previous recommendation for improving SEI capacity and motivation, as their involvement not only strengthens their perceived

proficiency but also facilitates enablement and ownership of plans, thus improving their sense of purpose and drive.²⁸ Collaboration facilitates the sharing of expertise, fosters high engagement, increases self-efficacy among SEI, and supports the consistent implementation of PA programs.⁴¹ Further, the involvement of the other school staff and students fosters commitment and cooperation toward supporting the endeavor, potentially unburdening SEI from the physical and emotional demands of promoting PA. It also increases their awareness about CWD and PA, which could address prejudices they might have toward CWD.²⁰

Strengthening Leadership

Strong leadership that supports the promotion of active, healthy lifestyles among students is crucial to support SEI in their role. Leadership is vital in providing direction and enforcing school-based strategies to increase opportunities for PA within the school.⁴⁴ School leaders also have the responsibility to allocate and prioritize funds to ensure that SEI and CWD have access to necessary equipment and materials for PA.³⁵

Leadership should understand the wide-ranging benefits of increasing PA engagement among CWD to recognize PA as an integral component rather than a competing priority in a comprehensive educational approach. Such a shift in mindset would enable a more mindful allocation of resources and the creation of opportunities for PA promotion. Previous studies have shown that the transformation of culture and a clear prioritization of PA within institutions are essential for teachers to ensure that there is a balance between academic work and promotion of PA for CWD.^{20,45} In turn, SEI's motivation to promote PA may strengthen as the school system becomes more conducive to this role.²⁸ School leaders who advocate for CWD being physically active and healthy would be more driven to provide capacity-building opportunities for SEI, incentivize PA promotion efforts, allocate adequate workload for this, purchase necessary equipment, and support inclusion-focused programs.⁴⁶

Limitations

The findings of this study mainly presented the perspectives of special education teachers, as there was a smaller percentage of school administrators among the participants. Although the composition of the sample seemed to reflect the real-world proportion of special education teachers with and without administrative responsibilities, involving more school administrators could have highlighted other unique perspectives of those with leadership roles. A potential direction for research is to probe in more depth the lived experiences of SEI with and without leadership roles to identify further strategies to support their promotion of PA for CWD. In addition, the scope of this study was limited to a small sample of special education institutions in the Greater Manila area, which may affect its applicability to the unique contexts of special education schools in other

regions of the Philippines. Future research with a wider scope of data collection would aid in generating more generalizable findings.

CONCLUSION

Special education implementers showed an adequate understanding of PA and positive perspectives about their capabilities, opportunities, and motivations in fostering an active lifestyle among CWD. However, some misconceptions, safety concerns, and disability-related cultural and societal barriers must be addressed. Some recommendations to address these factors include reinforcing SEI knowledge and skills, adopting a collaborative and participatory approach to creating PA opportunities for CWD, and strengthening leadership to create better conditions for promoting PA for CWD at schools.

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Statement of Authorship

All authors certified fulfillment of ICMJE authorship criteria.

Author Disclosure

All authors declared no conflicts of interest.

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APPENDIX

#	Question	Summary of Ratings					IQR	Median
		1	2	3	4	5		
Q1	Physical activity is any activity that leads to increased heart rate and breathlessness	1	6	23	23	-	1	3
Q2A	Examples of physical activity for children include running around for 30 minutes	3	3	28	19	-	1	3
Q2B	Examples of physical activity for children do not include playing on the computer/tablet/mobile phone	2	4	23	24	-	1	3
Q2C	Examples of physical activity for children do not include doing arts and crafts	18	22	9	4	-	1	2
Q2D	Examples of physical activity for children include walking around the mall	3	3	31	16	-	1	3
Q2E	Examples of physical activity for children include playing at the park/playground	1	0	18	34	-	1	4
Q2F	Examples of physical activity for children include playing sports	1	2	16	34	-	1	4
Q2G	Examples of physical activity for children include helping out with chores	0	1	23	28	-	1	4
Q2H	Examples of physical activity for children do not include watching TV	5	8	22	18	-	1	3
Q3	Physical activity benefits the physical health (e.g., strength, endurance) of children with disabilities	0	2	6	45	-	0	4
Q4	Physical activity benefits the emotional health (e.g., self-confidence, resilience) of children with disabilities	1	1	11	40	-	0	4
Q5	Physical activity benefits the cognitive health of children with disabilities (e.g., decision-making, problem-solving)	6	1	10	36	-	1	4
Q6	Physical activity helps improve the social skills of children with disabilities (e.g., interacting, sharing, turn-taking)	0	0	13	40	-	0	4
Q7	Physical activity prevents lifestyle diseases (e.g., heart conditions, diabetes, hypertension, etc.)	1	0	13	39	-	1	4
Q8	Physical activity does not need to be planned, and organized or structured	34	18	1	0	-	1	1
Q9	Physical activity does not require dedicated time	36	17	0	0	-	1	1
Q10	One does not need to spend money to do physical activity	10	10	27	6	-	1	3
Q11	Equipment is not necessary to do physical activity	6	20	23	4	-	1	3
Q12	Physical activity can be done anywhere	1	1	24	27	-	1	4
Q13	A person who promotes physical activity needs to also be physically fit and have adequate energy	0	5	28	20	-	1	3
Q14	Sitting or lying down for long periods of time leads to poor health	4	3	21	25	-	1	3
Q15	A person who regularly engages in physical activity may still experience the effects of prolonged sitting and lying	22	25	6	0	-	1	2
Q16	Students with disabilities can participate in physical activity	0	1	15	37	-	1	4
Q17	I have a good understanding of the World Health Organization (WHO) physical activity guidelines for children with disabilities	0	3	34	16	-	1	3
Q18	I have a good understanding of the different ways to engage a child with disability in physical activity	0	0	32	21	-	1	3
Q19	I have a good understanding of the unique capability of students with disabilities and how it influences their physical activity participation	0	0	32	21	-	1	3
Q20	I have a good understanding of the physical activity needs of students with disabilities	1	0	32	20	-	1	3
Q21	I can seek physical activity opportunities for students with disabilities	0	1	27	25	-	1	3
Q22	I can create physical activity opportunities for students with disabilities	0	1	27	25	-	1	3
Q23	I can collaborate with other professionals to create physical activity opportunities for students with disabilities	0	0	29	24	-	1	3
Q24	I can empower students with disabilities to engage in physical activity	0	1	25	27	-	1	4
Q25	I can teach physical activities to students with disabilities	0	1	25	27	-	1	4
Q26	I can communicate with students with disabilities to facilitate their participation in physical activity	0	1	23	29	-	1	4

#	Question	Summary of Ratings					IQR	Median
		1	2	3	4	5		
Q27	I can modify activities to suit needs of students with disabilities	0	0	16	37	-	1	4
Q28	I can manage participation of students with disabilities in group physical activity	0	0	21	32	-	1	4
Q29	I can advocate for the rights of students with disabilities to participate in physical activity	0	0	20	33	-	1	4
Q30	I can keep up with the physical demands of promoting physical activity to students with disabilities	0	0	26	27	-	1	4
Q31A	There are programs & activities for physical activity of students with disabilities (e.g., physical education, sports clinics, community events, physical recreational activities, etc.) that are within our local community	2	5	21	18	7	1	3
Q31B	There are programs & activities for physical activity of students with disabilities (e.g., physical education, sports clinics, community events, physical recreational activities, etc.) that are in our school	2	2	23	23	3	1	3
Q31C	There are programs & activities for physical activity of students with disabilities (e.g., physical education, sports clinics, community events, physical recreational activities, etc.) that are online	6	7	22	11	7	1	3
Q32A	There are available adaptive equipment & materials that I can use for promoting physical activity of students with disabilities within our local community	8	5	19	14	7	1	3
Q32B	There are available adaptive equipment & materials that I can use for promoting physical activity of students with disabilities in our school	4	6	23	16	4	1	3
Q32C	There are available adaptive equipment & materials that I can use for promoting physical activity of students with disabilities online	8	6	23	11	5	2	3
Q33A	There are teachers and other professionals who can help me encourage students with disabilities to engage in physical activity within our local community	5	3	20	19	6	1	3
Q33B	There are teachers and other professionals who can help me encourage students with disabilities to engage in physical activity in our school	3	2	24	24	0	1	3
Q33C	There are teachers and other professionals who can help me encourage students with disabilities to engage in physical activity online	3	2	31	13	4	1	3
Q34	Aside from teachers and other professionals, there are other individuals who are willing to help me in promoting physical activity of students with disabilities	1	3	24	20	5	1	3
Q35A	There are support groups (e.g., parent groups, organizations for children with disability) who I can approach for help in promoting physical activity of students with disabilities within our local community	1	8	21	19	4	1	3
Q35B	There are support groups (e.g., parent groups, organizations for children with disability) who I can approach for help in promoting physical activity of students with disabilities in our school	1	3	23	25	1	1	3
Q35C	There are support groups (e.g., parent groups, organizations for children with disability) who I can approach for help in promoting physical activity of students with disabilities online	2	5	24	18	4	1	3
Q36A	There are safe opportunities for students with disabilities to engage in physical activity free of bullying and discrimination within our local community	2	5	28	15	3	1	3
Q36B	There are safe opportunities for students with disabilities to engage in physical activity free of bullying and discrimination in our school	1	5	22	24	1	1	3
Q36C	There are safe opportunities for students with disabilities to engage in physical activity free of bullying and discrimination online	2	4	29	14	4	1	3
Q37A	Within our school, there is available physical space for physical activity of students with disabilities. The space is adequately sized	2	6	25	18	2	1	3
Q37B	Within our school, there is available physical space for physical activity of students with disabilities. The space is safe from physical hazards	5	5	27	15	1	1	3
Q37C	Within our school, there is available physical space for physical activity of students with disabilities. The space is accessible to wheelchairs & adaptive mobility equipment	2	5	28	16	2	1	3
Q37D	Within our school, there is available physical space for physical activity of students with disabilities. The space is free from or with minimal distractions (e.g., noise, crowds, etc.)	4	7	28	13	1	1	3

#	Question	Summary of Ratings					IQR	Median
		1	2	3	4	5		
Q37E	Within our school, there is available physical space for physical activity of students with disabilities. The space has enough ventilation, optimal room temperature (not too warm or cold), has protection from rain or direct sunlight, and other environmental hazards	2	3	27	20	1	1	3
Q38A	Within our local community (aside from school), there is available physical space for physical activity of students with disabilities. The space is adequately sized	4	4	33	10	2	0	3
Q38B	Within our local community (aside from school), there is available physical space for physical activity of students with disabilities. The space is safe from physical hazards	5	4	32	9	3	0	3
Q38C	Within our local community (aside from school), there is available physical space for physical activity of students with disabilities. The space is accessible to wheelchairs & adaptive mobility equipment	4	4	32	10	3	0	3
Q38D	Within our local community (aside from school), there is available physical space for physical activity of students with disabilities. The space is free from or with minimal distractions (e.g., noise, crowds, etc.)	4	6	31	9	3	0	3
Q38E	Within our local community (aside from school), there is available physical space for physical activity of students with disabilities. The space has enough ventilation, optimal room temperature (not too warm or cold), has protection from rain or direct sunlight, and other environmental hazards	4	5	33	9	2	0	3
Q39A	There is adequate institutional support to promote physical activity for students with disabilities in the form of assigned workload for promoting physical activity to students with disabilities	0	6	35	12	0	0	3
Q39B	There is adequate institutional support to promote physical activity for students with disabilities in the form of ideal student-teacher ratio	5	13	25	10	0	1	3
Q39C	There is adequate institutional support to promote physical activity for students with disabilities in the form of other qualified professional aside from teachers/ administrators to help with promoting physical activity of students with disabilities	3	7	30	11	2	0	3
Q39D	There is adequate institutional support to promote physical activity for students with disabilities in the form of teaching assistant	7	17	22	7	0	1	3
Q39E	There is adequate institutional support to promote physical activity for students with disabilities in the form of training and development opportunities for better promotion of physical activity to students with disabilities	3	6	32	11	1	0	3
Q39F	There is adequate institutional support to promote physical activity for students with disabilities in the form of school policies on promoting physical activity for students with disabilities	2	6	34	10	1	0	3
Q39G	There is adequate institutional support to promote physical activity for students with disabilities in the form of curriculum that includes physical activity engagement	0	4	35	13	1	1	3
Q39H	There is adequate institutional support to promote physical activity for students with disabilities in the form of allocated funds for physical activity promotion	3	7	31	9	3	0	3
Q39I	There is adequate institutional support to promote physical activity for students with disabilities in the form of equipment and materials for promoting physical activity	4	9	31	9	0	0	3
Q40	I believe that I have a significant role in promoting physical activity for students with disabilities	0	2	23	28	-	1	4
Q41	I believe that I have to be proactive in ensuring that students with disabilities have an active healthy lifestyle (e.g., creating opportunities, advocating for a child with disability)	0	2	24	27	-	1	4
Q42	I believe that I should engage in physical activity to serve as role model to a child with disability	0	1	24	28	-	1	4
Q43	I believe that physical activity is just as important as school work for students with disabilities	0	1	22	30	-	1	4
Q44	I do not believe that resources (time, finances, energy) are better spent on other priorities than on physical activity for students with disabilities	18	19	13	3	-	2	2

#	Question	Summary of Ratings					IQR	Median
		1	2	3	4	5		
Q45	I do not believe that engaging students with disabilities in physical activity is stressful or emotionally exhaustive	12	17	17	7	-	1	2
Q46	I believe that students with disabilities have the capacity to engage in physical activity	1	0	25	27	-	1	4
Q47	I believe that promoting physical activity to students with disabilities is enjoyable	0	1	24	28	-	1	4
Q48	I believe that learning more about physical activity can help me better promote it to students with disabilities	0	0	26	27	-	1	4
Q49	I do not worry that students with disabilities may harm other children when engaging in physical activity together	10	19	20	4	-	1	2
Q50	I do not worry that students with disabilities may be physically harmed when engaging in physical activity with other children	10	24	15	4	-	1	2
Q51	I do not worry that students with disabilities may be bullied by other children when engaging in group physical activity	9	28	13	3	-	1	2
Q52	I do not worry that others may judge the potential of students with disabilities in engaging in physical activity	8	32	10	3	-	0	2
Q53	I do not worry that others may not let students with disabilities participate in physical activity	10	30	10	3	-	0	2
Q54	I am confident that primary carers can support me in promoting physical activity for students with disabilities	1	0	28	24	-	1	3
Q55	I am confident in my skills and capacity to help students with disabilities engage in physical activity	1	0	32	20	-	1	3