ANALYSIS OF THE DIDACTIC ACTIVITY SPECIFIC TO KINETOTHERAPY IN ROMANIAN SPECIAL EDUCATION

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Abstract. *Kinetotherapy for students with special educational needs has a strong educational and therapeutic character due to the means and methods used to recover their associated conditions. In order to conduct this study, a questionnaire was applied between February and March 2021 to teachers carrying out kinetotherapy activities with students with special educational needs enrolled in special schools from all regions of Romania. The main purpose of the study is to analyse the process of implementing educational-therapeutic activities in the field of kinetotherapy in Romanian special education. The questionnaire is structured in two parts and extracts both demographic and socio-professional data about respondents as well as data on the main components of didactic activities, analysing educational documents, methods and teaching aids used in educational-therapeutic activities and the evaluation process, aspects regarding the relationship with parents and the collaboration with members of the multidisciplinary team. The validation of the questionnaire items is given by the value 0.920 of Cronbach's Alpha coefficient, which shows the excellent internal consistency of these items. The studied sample consists of 51 respondents whose gender distribution is 41.2% (21 participants) for males and 58.8% (30 participants) for females. In conclusion, the study has revealed that it is necessary to optimise educational documents to facilitate the individualisation of the kinetotherapy programme by adapting educational-therapeutic activities according to the particularities of the physical and psychomotor development of students with special educational needs.*

Keywords: *special educational needs, kinetotherapy, special education, students.*

Introduction

Students with special educational needs (SEN) enrolled in special education units have additional educational needs, which involves the adoption of teaching measures adapted to individual developmental characteristics in relation to disabilities or difficulties arising from mental, physical, speech, sensory, behavioural, socio-emotional or associated areas (Borca, 2010).

The European Commission (2019) states that child assessment in Romania is performed by both complex assessment bodies organized within the public services for child protection, which are subordinated to county councils, and assessment commissions working within special or integrated educational units. After establishing the degree of disability (mild, moderate or profound) for students with SEN, they are subject to a school guidance action and, depending on their associated conditions, are either integrated into mainstream education or enrolled in special schools.

Usually, students with mild or moderate disabilities (learning or speech difficulties, socio-emotional or behavioural disorders, etc.) are integrated into mainstream education through adapted educational measures, provided that all curricular requirements are met at this level. Students with moderate, severe or profound mental disabilities, visual or hearing

impairments, neuromotor or multiple associated disorders are enrolled in special education units where they follow a curriculum adapted to their degree of disability.

Kinetotherapy activities included in the special education system are conditioned by legislative regulations developed by the Ministry of Education (Effgen & Kaminker, 2014). According to the Framework Plan for special education, approved by Order 3622 of 2018 and issued by the Ministry of National Education (Ministerul Educației Naționale, 2018), the Kinetotherapy subject is included in the curricular area called "Specific and Compensatory Therapies". A limited number of hours per week is allocated for kinetotherapy activities, depending on the specifics of the classroom/group of students and their level of education (Table 1). The development of kinetotherapy activities (lessons) is recommended to be done in groups (2-3 students) or individually for 15-45 minutes.

Table 1. *Number of kinetotherapy classes allocated per week, depending on the specifics of the classroom/group of students and their level of education*

Level of education	Type of disability specific to the classroom/group	Number of hours/week
Pre-school	Intellectual disabilities	2-3
	Associated disabilities	4*
Primary school	Mild and moderate intellectual disabilities	1-2
Secondary school	Mild and moderate intellectual disabilities	1
Primary and secondary schools	Severe, profound and/or associated intellectual disabilities	2
	Severe, profound intellectual disabilities associated with locomotor disabilities	4
	Multiple sensory impairments/deafblindness	2
	Hearing impairments	1
	Visual impairments	2
	Locomotor disabilities	4

Note: *the number of hours is allocated on the recommendation of the internal commission of the school, without exceeding the total number of hours for the "Specific and Compensatory Therapies" curricular area.

Kinetotherapists employed in special education units offer recovery services through kinetotherapy activities with an educational-therapeutic character for students with SEN, which facilitates their access to the educational activities provided in the school environment (Pratt & Peterson, 2015).

The didactic activity specific to kinetotherapy is planned and developed according to the Framework Plan and the school curriculum for this subject, which are approved by the Ministry of Education. The curriculum is designed for each level of education and degree of disability. This document lists the general and specific competencies, the contents and learning/therapeutic activities, but also gives methodological suggestions regarding the development of kinetotherapy activities.

The kinetotherapy teacher designs the didactic activity at the beginning of the school year by drawing up the annual planning and the detailed planning of the learning/therapeutic units (per semester). In order to conduct a kinetotherapy lesson/activity, a didactic lesson plan is made, and for the adaptation of kinetotherapy activities to the individual particularities of the student, a "Personalised Intervention Programme" (PIP) is designed for each one.

In the school environment, the kinetotherapist plays an important role due to the individualised kinetotherapy programme, which is adapted to the student's bio-psycho-social

characteristics (Laverdure & Rose, 2012). The process of adapting kinetotherapy activities is achieved through a holistic approach to the student because educational-therapeutic activities are related to individual potential in relation to physical and mental development, thus pursuing the integration into activities specific to the social and educational school environment (Pratt & Peterson, 2015; Chiarello et al., 2016) and enabling the process of social integration (Reeder et al., 2010).

The main didactic means used in kinetotherapy lessons is therapeutic physical exercise. It becomes a therapeutic means for achieving somatic and functional recovery along with motor recovery, which helps to reduce the intellectual deficit; physical exercise is also considered a means of learning that facilitates the process of social integration of students with SEN (Ionescu et al., 2020).

The purpose of kinetotherapy activities is to reduce physical disabilities. These educational-therapeutic activities are adapted to behavioural disorders and learning difficulties (Laverdure & Rose, 2012) through individualisation in order to develop the motor potential of students included in the programme (Cioroiu, 2012). Kinetotherapy is also adapted to associated conditions and contributes to developing students' motor skills, thus increasing their chances to participate in several educational activities organized in the school environment, which allows them to benefit from new learning experiences and opportunities (Laverdure & Rose, 2012; Holt et al., 2015).

For school kinetotherapy, the literature recommends the use of standardised tests and tools to perform motor and somatic-functional assessments in order to identify the level of development, monitor progress and thus personalise kinetotherapy activities (Swinkels et al., 2011; Thomason & Wilmarth, 2015; Kennedy & Effgen, 2016).

To optimise the recovery process through kinetotherapy activities, the strategy used is based on knowledge about the student's family environment, medical context and socio-educational behaviour (McConlogue & Quinn, 2009; Francisco et al., 2020). For planning and implementing the recovery programme through kinetotherapy activities, the kinetotherapy teacher has a collaborative relationship with various specialists (teachers or auxiliary teachers) in the school but also with students' family members or legal relatives (Effgen & Kaminker, 2014; Lam et al., 2019; Wynarczuk et al., 2020). In this instance, the role of the kinetotherapist is to develop a collaborative relationship with students and their families by getting them involved in the recovery process (Morton et al., 2003; Laverdure & Rose, 2012; Wynarczuk et al., 2017).

The *goal* of this study is to analyse the teaching activity specific to the Kinetotherapy subject in Romanian special education.

The *objectives* of the research are to highlight, through the questionnaire applied, the opinion of kinetotherapy teachers about the quality of school documents, the implementation of kinetotherapy activities in the educational-therapeutic process, the ways of individualising the kinetotherapy programme according to the developmental characteristics of students with SEN, the assessment of progress in motor recovery, the collaboration relationship with the multidisciplinary team and the collaboration with students' families or legal relatives.

Methodology

The research methods used in this study are represented by the questionnaire survey method and statistical data analysis.

The questionnaire was conducted via the online Google Forms application, and the responses were automatically processed in real time by this application. The questionnaire is structured in two parts. The questions in the first part aim to collect demographic and socio-professional data about respondents, and the second part includes items that collect data on educational-therapeutic activities specific to the Kinetotherapy subject.

Different types of items are used in the questionnaire as follows: closed-ended questions, single-choice questions, a 5-point Likert scale, open-ended questions, multiple-choice questions.

The invitation to participate in this survey was made through e-mails sent to the human resources departments (administrative offices) of the schools in which respondent teachers were employed. All respondents were kinetotherapy teachers in special education units in Romania. They were asked to respond voluntarily and anonymously to this survey.

The contact data of special education units in Romania were collected by accessing the database of the Integrated Information System of Education in Romania (Ministerul Educației Naționale și Cercetării Științifice [Ministry of National Education and Scientific Research], n.d.). This is an online platform managed by the Ministry of Education, which provides public information about nationally accredited and authorised educational units. Analysing this database, 161 special education units were selected.

The study was conducted between February and March 2021, and the link to the questionnaire was sent via e-mail to the 161 identified schools, therefore the invitation was sent to kinetotherapists working in those institutions. The questionnaire received 51 responses from kinetotherapy teachers employed in schools located in all economic development regions of Romania.

The data obtained were processed using IBM SPSS Statistics software Version 22.0, and Microsoft Office was used for their statistical analysis and interpretation.

Results

The validation of the questionnaire items is given by the value 0.920 of Cronbach's Alpha coefficient, which shows the excellent internal consistency of these items. In the present study, 82 questionnaire items were analysed.

After collecting the responses, the participants' demographic and socio-professional data were analysed. The studied sample consists of 51 respondents whose gender distribution is 41.2% for males (21 participants) and 58.8% for females (30 participants).

The sample was analysed according to the variables of gender, age, seniority in education, level of education and location of the educational unit where participating teachers were employed. The data analysed according to the characteristics of the studied sample are summarised in Table 2.

Table 2. *Distribution of respondents according to age, gender, level of education, seniority in education and location of the special education unit*

Characteristics	Frequency (N = 51)	Percent
Gender		
Male	21	41.2%
Female	30	58.8%
Age		
Under 30 years	11	21.6%
Between 31 and 40 years	24	47.1%
Between 41 and 50 years	13	25.4%
Between 51 and 60 years	2	3.9%
Over 61 years	1	2.0%
Seniority in education		
Between 0 and 5 years	18	35.3%
Between 6 and 10 years	12	23.5%
Between 11 and 15 years	8	15.7%
Between 16 and 20 years	12	23.5%
Over 21 years	1	2.0%
Education		
Bachelor's degree	16	31.3%
Master's degree	34	66.7%
PhD	1	2.0%
Location of the educational unit		
North-East	11	21.6%
West	5	9.8%
North-West	7	13.7%
Central Romania	14	27.5%
South-East	2	3.9%
South-Muntenia	2	3.9%
South-West Oltenia	2	3.9%
Bucharest - Ilfov	8	15.7%

Analysis of the didactic activity specific to kinetotherapy in special education

A Likert scale with values between 1 and 5 was used to analyse the items of the questionnaire, where 1 represents the lowest rating level, and 5 indicates the maximum rating level. The values of the average scores obtained are included in this rating range.

After applying the questionnaire, the collected data reflected the respondents' interest in continuing professional specialisation in the fields of teaching and general pedagogy, medical recovery and kinetotherapy but also in the field of special education (Figure 1).

The values of the average score obtained for the interest shown by teachers in continuing their specialisation in the fields of medical recovery and kinetotherapy (3.71) are higher than those related to improving their skills in the field of special education (students with SEN) (3.44) or the field of teaching and general pedagogy (3.41), where the interest is lower.

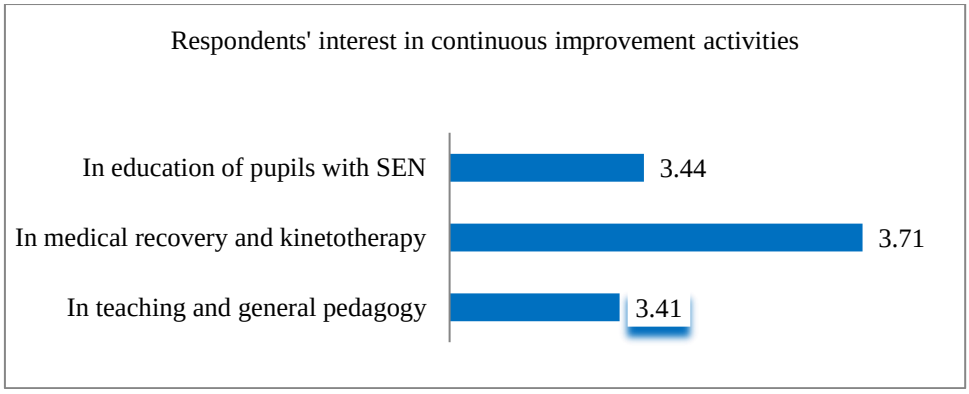

Figure 1. Respondents' interest in continuous improvement activities

Respondents state that they provide kinetotherapy activities for students with SEN from different levels of education as follows: 24 teachers at preschool level (47.1%), 45 teachers at primary level (88.2%), 48 in middle school (94.1%), 15 in high school (29.4%) and 2 teachers at post-secondary level (3.9%). As a result of data analysis, it has been found that respondents provide kinetotherapy activities that include students enrolled in all levels of special education (Figure 2).

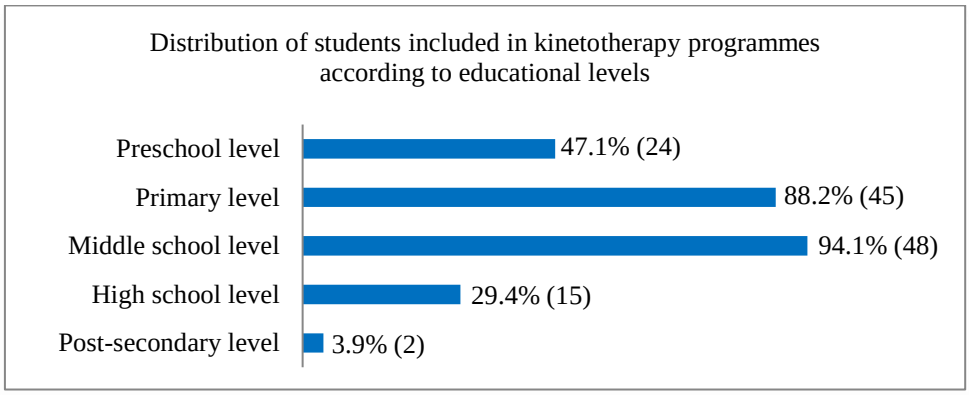

Figure 2. Distribution of students included in kinetotherapy programmes according to educational level

Regarding the type of mental disabilities encountered in most students attending the kinetotherapy programme, 15 teachers (29.4%) said they had programmes for students with mild mental disabilities, 40 teachers (78.4%), for students with moderate mental disabilities, 41 teachers (80.4%) had programmes designed for students with severe mental disabilities, and 10 teachers (19.6%), for students with profound mental disabilities (Figure 3). Data analysis has revealed that teachers include in their kinetotherapy programmes students diagnosed with mental disabilities from different categories, the largest share being represented by those with moderate and severe mental disabilities.

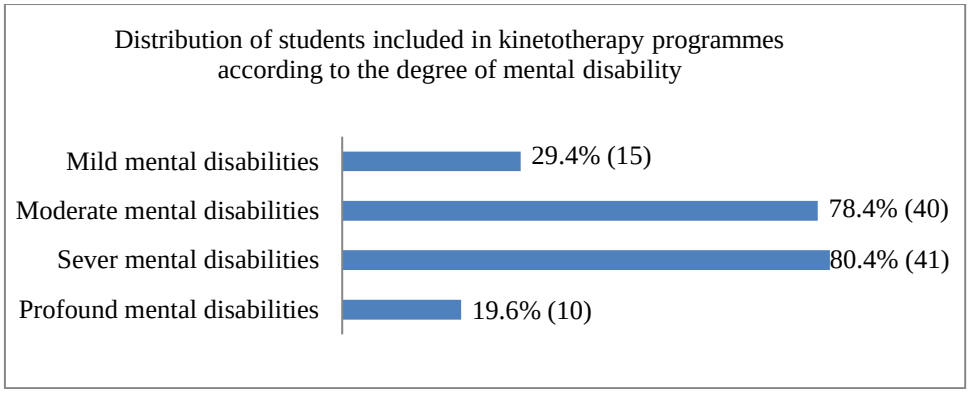

Figure 3. Distribution of students with SEN included in kinetotherapy programmes according to the degree of mental disability

Responses regarding the frequency of disorders or associated disabilities faced by students included in the kinetotherapy programme in special education units were analysed (Table 3).

The average score obtained for the frequency of students diagnosed with genetic syndromes is 4.00, for students with physical disabilities, 3.88, and for those with behavioural disorders, 3.98. These scores are close to the value 4, which shows that the frequency of these conditions is present to a large extent.

For the frequency of students diagnosed with neuromotor disabilities, the average score is 3.29, and in the case of students with autism and autism spectrum disorders, 2.96, therefore the scores are close to 3, meaning that the frequency encountered in these situations is average.

For students with sensory (hearing, vision) impairments, the average score is 2.10, a value that is close to 2, which shows that the frequency encountered in these situations is low.

Table 3. *Frequency of associated conditions encountered in students with SEN included in the kinetotherapy programme*

Associated conditions encountered in students with SEN	Mean (N = 51)	Std. Deviation
Genetic syndromes	4.00	.917
Behavioural difficulties	3.98	.990
Physical disabilities	3.88	.973
Neuromotor disabilities	3.29	.965
Autism Spectrum Disorders	2.96	.958
Sensory impairments	2.10	1.153

Respondents' opinions about the relationship between meeting the motor recovery needs of students through kinetotherapy activities and the number of hours allocated for the Kinetotherapy subject as provided by the Framework Plan applied in schools were also analysed. The analysis of this variable resulted in the average score of 1.94, which is close to the value 2, meaning that this need is covered only to a small extent by the number of hours allocated to kinetotherapy activities specific to special education.

Respondents also believe that meeting the real needs of motor recovery for students with SEN can be achieved by allocating a minimum number of hours for the Kinetotherapy subject (Figure 4); thus, 24 respondents (47.1%) consider it necessary to allocate a number of 3-4 hours, and 15 respondents (29.4%) say that 5-6 hours are needed. To a lesser extent, respondents consider that 2 hours (13.7%, 7 people) and 7-8 hours (9.8%, 5 people) would cover the real recovery needs of students with SEN. Analysing these data, we find the need for more hours allocated to kinetotherapy activities for students in special education.

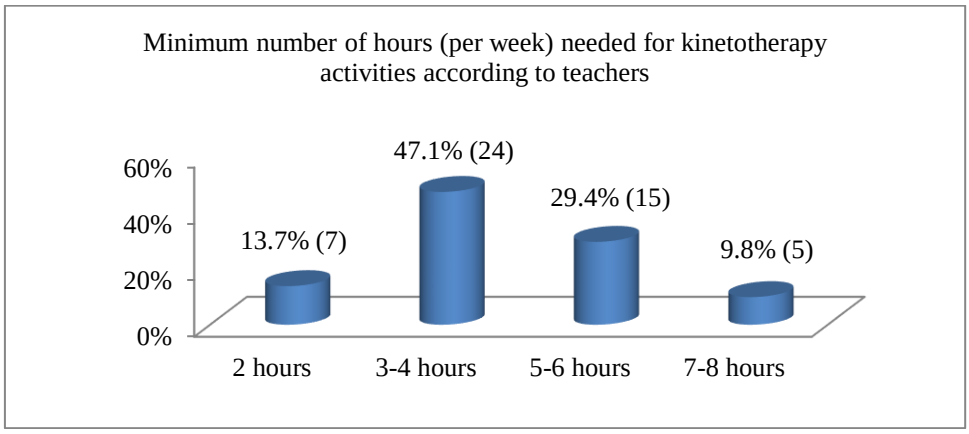

Figure 4. Minimum number of hours (per week) needed for kinetotherapy activities according to teachers

Regarding the usefulness of the Kinetotherapy curriculum, teachers claim that it has a degree of application rated at an average value of 3.16. In the opinion of respondents, the complexity of associated disabilities in students with SEN attending the kinetotherapy programme complicates the didactic design process if the individualisation of educational-therapeutic activities is achieved in full compliance with school curricular recommendations.

It is considered that the current school curriculum dating from 2019 and approved by Order 3702 of 2021 issued by the Ministry of Education (Ministerul Educației, 2021) has been very little optimised for the implementation of kinetotherapy activities adapted to the disabilities of students with SEN. Compared to the school curriculum of 2008, these school documents were evaluated at the average score of 3.08. This value suggests that the improvement of the new school curriculum has been superficially achieved compared to the needs reported by specialists working in this field.

Teachers also claim that the structure of the 2021 school curriculum partially covers the methodological guidelines necessary for them to design educational-therapeutic activities (Figure 5). The values of average scores chosen for general competencies (3.25), specific competencies (3.25), examples of activities (3.22), contents (3.18) and methodological suggestions focused on the process of assessing the motor component and progress (3.16) but also the average score for all these components (3.21) show that the curriculum partially meets the need to guide the teacher in terms of individualising the process of motor potential recovery through educational-therapeutic activities adapted to students with SEN.

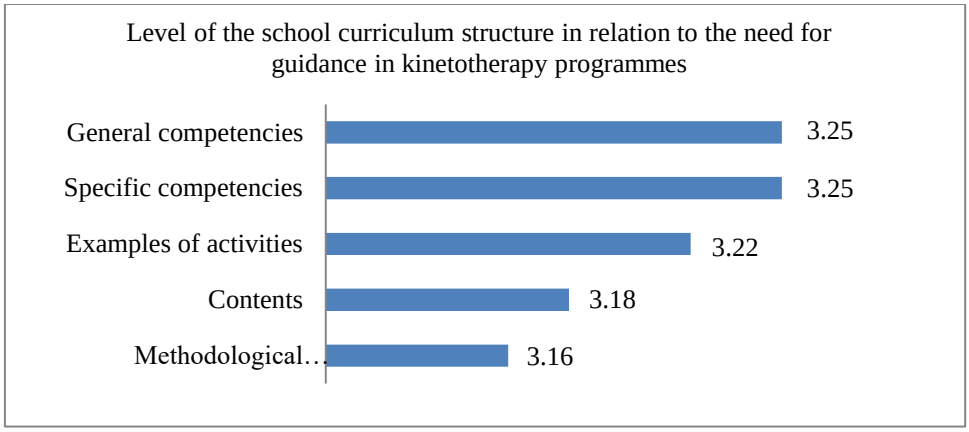

Figure 5. Level of the school curriculum structure in relation to the need for guidance in kinetotherapy programmes

The annual planning, the detailed scheduling of learning/therapeutic units (per semester), the lesson plan and the "Personalised Intervention Programme" are the school documents prepared by teachers, which compose the portfolio of any teacher who conducts kinetotherapy activities. According to the analysis of responses (Figure 6), teachers claim that these school documents are difficult to develop and comply with during the school year following the recommendations in the school curriculum due to the complex and associated disabilities of students. Regarding the applicability of school documents, the average score obtained for the annual planning is 3.08, for the detailed planning of the learning/therapeutic units (semester), 3.31, and for the lesson plan, 3.43. The average values obtained for these school documents are close to 3, which leads to the consideration that they can be achieved with an average level of efficiency only by following the guidelines provided in the school curriculum. A high value of the score (4.00) was obtained for the development of the "Personalised Intervention Programme", as this school document is thought to be useful for the teaching design of the activities adapted to the associated disabilities of students, due to the high degree of flexibility in designing adapted educational-therapeutic activities.

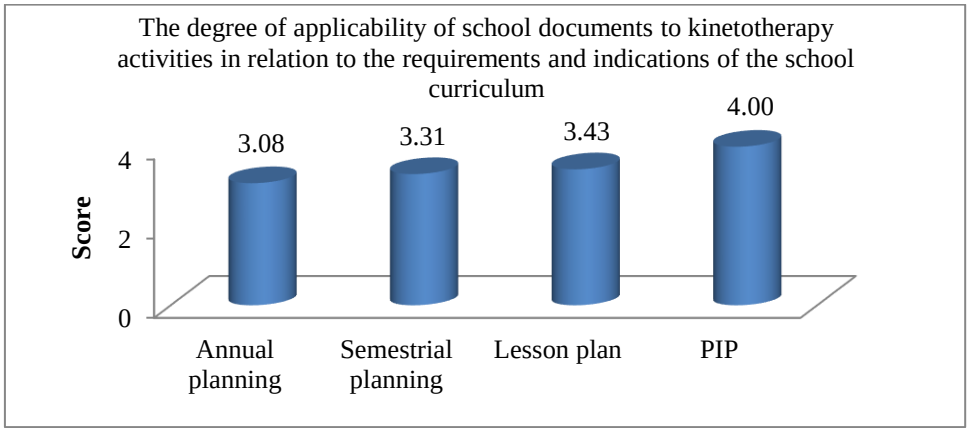

Figure 6. The degree of applicability of school documents to kinetotherapy activities in relation to the requirements and indications of the school curriculum

Teachers prefer to organize the group of students for kinetotherapy activities in the kinetotherapy room as follows: individually (41.18%), two students (31.37%), a group of 2-3 students (27.45%) (Figure 7).

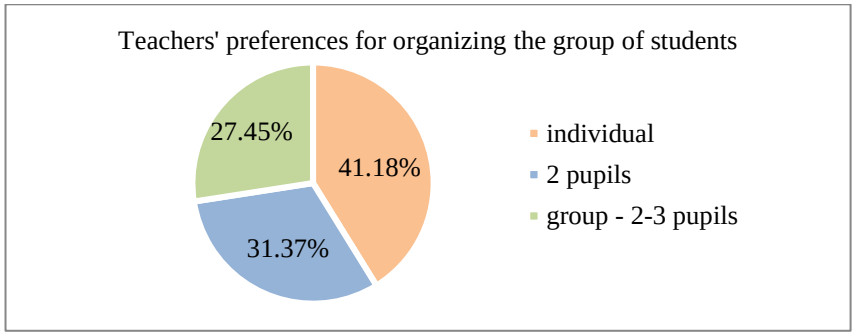

Figure 7. Teachers' preferences for organizing the group of students

In kinetotherapy programmes, teachers use different methods and means for educational-therapeutic activities (Table 4) adapted to the developmental particularities of students with SEN as follows: activities with gymnastics materials - cane, ball, elastic band, etc. (4.59), activities using gymnastics equipment/installations in the kinetotherapy room - stationary bike, fixed ladder (4.37), movement games (4.49), activities performed in different environments - water pool, nature, toy library, etc. (2.20), other activities (2.96) performed through postures, massage, kinesiological tapes, etc. The value of the average score shows a higher preference for kinetotherapy activities performed with gymnastics materials (4.59).

The means used are represented by physical exercise - passive, passive-active, active and other types (4.06), movement games with different materials - puzzles, cubes, musical instruments, LEGO, etc. (3.63), audio-visual aids - audio devices, movies, music, etc. (2.84), natural materials - seeds of different sizes, leaves, flours, etc. (2.96), IT resources - educational software, online applications (2.33). The value of the average score obtained indicates that kinetotherapy teachers mainly prefer to use physical exercise (4.06) in their recovery programmes, the other means being less used.

Table 4. *Use of educational-therapeutic activities and means in kinetotherapy programmes applied to students with SEN*

Educational-therapeutic activities and means used in kinetotherapy programmes	Mean (N = 51)	Std. Deviation
Therapeutic activities		
Activities with gymnastics materials	4.59	.669
Activities using gymnastics equipment/installations	4.37	.747
Movement games	4.49	.535
Activities performed in different environments	2.20	1.200
Other	2.96	1.296
Didactic and therapeutic means		
Physical exercise	4.06	1.173
Movement games (with different materials)	3.63	1.076
Audio-visual aids	2.84	1.317
Natural materials	2.96	1.216
IT resources - software, online applications	2.33	1.194

The questionnaire includes items developed to identify the opinion of teachers regarding the assessment process preliminary to the implementation of kinetotherapy programmes. In the process of motor and somato-functional assessment, teachers use methods and tools specific to the conditions/disabilities diagnosed in students with SEN. The kinetotherapy teacher selects tests and assessments according to students' associated disabilities. The assessment process is influenced by the specific measuring instruments/devices with which the kinetotherapy room of the school unit is equipped.

The average values recorded after processing the data obtained show that teachers prefer to perform measurements using subjective somatoscopy (4.43) to identify physical disabilities, which is an assessment method based on the visual examination of body alignment. The average values obtained from assessing the components of psychomotor skills - laterality and body schema (4.23) as well as balance and gait (4.33) indicate that they are constantly measured by teachers. The average score of 3.94 for the use of anthropometric measurements reveals that kinetotherapy teachers commonly use them to assess students' growth and physical development. To perform anthropometric measurements, teachers use a tape measure, a stadiometer and a scale.

There was also an average degree of using methods for assessing grip - digital forceps (3.78) to measure both muscle function and strength (3.65) through manual examination and the self-care ability (3.63). Lower values of the average score were obtained for the joint mobility assessment (3.14) achieved using the goniometer to measure the range of motion, but also for the assessment of cardiorespiratory parameters - blood pressure, respiratory rate, heart rate (2.96), which show that these methods are less used by kinetotherapy teachers.

The study reveals that the assessment of motor skills and abilities that play a role in the child's daily activities is very important, which suggests that the individualisation of kinetotherapy programmes facilitates the process of social integration of students.

The results obtained from motor and somato-functional assessments are recorded in the individual assessment sheet of each student. Teachers use these results as benchmarks to design activities, monitor the kinetotherapy programme and assess the progress made by students. In this instance, teachers believe that only certain results are essential and should be recorded in the individual assessment sheets.

From the average values obtained for these items, it can be observed that teachers pay special attention to grading the results obtained in the tests for assessing student's gait (4.65), balance (4.55), psychomotor components (4.47) and self-care ability (4.31) in the individual assessment sheets. Similarly, teachers believe that the results obtained by visual examination of the body using subjective somatoscopy (4.33) provide important information for the implementation of kinetotherapy programmes, followed by anthropometric measurements for longitudinal (4.14), transversal (3.88), circular (3.78) and body weight assessments (4.04).

When planning kinetotherapy programmes, teachers place great emphasis on the results obtained after both the direct investigation of body alignment in order to identify physical disabilities and the assessment of motor skills and abilities involved in daily activities.

Analysis of average scores for items referring to teachers' opinions about the importance of recording the results obtained from assessing the cardiorespiratory system (3.85) and the components of the musculoskeletal system (muscle value - 3.96 and joint value - 3.73) in

school documents highlights that students' results for these assessments are less used than those presented above, being necessary only if the disability requires to use these methods.

In order to personalise the educational-therapeutic process, kinetotherapy teachers collaborate with members of the multidisciplinary team and students' families. Teachers participating in this study claim that, in the process of kinetotherapeutic recovery of students, the contribution of specialists from the multidisciplinary team is important for the implementation of strategies to optimise the recovery process by establishing therapeutic and educational objectives.

The value of the average score recorded for this item is 4.51, which supports the idea that kinetotherapy teachers develop a very good collaborative relationship with members of the multidisciplinary team. This score also shows that the kinetotherapy teacher must know all the characteristics of students participating in the recovery process for the effective adaptation of the proposed kinetotherapy activities. The team with which the kinetotherapist collaborates is made up of teachers (special psycho-pedagogy teacher, form teacher, educator, teacher for specific therapies, teachers of different specialties, etc.) and non-teaching staff (school doctor, nurse, social worker, etc.).

The relationship of the kinetotherapy teacher with the student's family or legal representatives is important for this process in which people with SEN are included. The average value for this item is 3.39, which shows that the collaborative relationship with the student's family is at an average level. The number of kinetotherapy hours allocated for each classroom is low, a situation that makes it difficult to constantly communicate with the family members of all students involved in the kinetotherapy programme. In the process of relating to parents, the kinetotherapist is supported by the form teacher, who organizes regular meetings for classrooms or groups of students.

Discussion

The limitations of this study are given by the relatively small number of people who responded to the questionnaire. Although 161 special education institutions were identified, only 51 teachers responded to the invitation of completing the questionnaire. It should be noted that the number of kinetotherapists is low in an educational institution if we consider the reduced number of hours allocated to kinetotherapy activities out of the total educational-therapeutic activities for students with SEN.

According to Pratt and Peterson (2015), kinetotherapy teachers have an important role in special education because they include students diagnosed with various conditions associated with intellectual and physical disabilities in their kinetotherapy programmes.

For the design of individualised didactic and kinetotherapy activities, teachers need clear guidance from the school curriculum, which is prepared by the Ministry of Education. In this regard, this study demonstrates that the structure of the 2021 school curriculum only partially covers the methodological guidelines necessary to design educational-therapeutic activities.

In educational-therapeutic activities, the most important school document used by teachers is the "Personalised Intervention Programme", which is used to design didactic activities adapted to the particular needs of each student with SEN. This process of adapting kinetotherapy programmes to individual needs facilitates the social integration of students.

Our study shows that the collaboration of kinetotherapy teachers with each member of the multidisciplinary team and the student's family has an important role in personalising the educational-therapeutic process and helps to implement the strategies that optimise the recovery process by establishing therapeutic and educational objectives, an idea that is also supported by Morton et al. (2003).

Conclusion

Analysing the structure of the curriculum for the Kinetotherapy subject from the point of view of teachers, the average score of 3.21 reveals that it partially covers the teacher's needs for guidance in designing the educational-therapeutic activities specific to kinetotherapy. This situation is generated by the complexity of associated disabilities affecting students included in special education as regards their level of intellectual development.

School documents prepared by teachers at the beginning of the school year in order to plan kinetotherapy activities are drew up in most cases only because they are mandatory in the educational institution. In this study, teachers claim that school documents only have a guiding role through the proposed objectives and that they have to permanently adapt kinetotherapy activities to the contextual state of the student in terms of health. Taking this into consideration, teachers believe that the most useful school document (through the value 4.00 of the average score obtained) is PIP due to the high degree of adaptability to the individual particularities of each student.

In this situation, the collaboration of the kinetotherapy teacher with other members of the multidisciplinary team is important, as the average score of 4.51 obtained for this item shows that it is necessary for achieving personalised intervention programmes by getting to know students who attend kinetotherapy programmes as well as possible.

Regarding the assessment process, we recommend that, through educational institutions, the kinetotherapy teacher should have access to use standardised tests and assessment tools adapted to the degree of disability in order to identify the motor development of students but also to monitor and assess their progress after completion of kinetotherapy activities.

Analysing teachers' opinions and the overall needs of students in terms of motor recovery so as to facilitate their participation in as many school activities as possible, we can conclude that the number of hours provided by the Framework Plan for kinetotherapy activities in special education is insufficient, which is demonstrated by the value 1.94 of the score obtained for this item of the questionnaire.

We propose the allocation of more hours for the Kinetotherapy subject, thus offering the specialised teacher the opportunity to diversify the implementation of the kinetotherapy programme in order to develop students' motor skills and physical abilities through which their personality can develop. This idea is supported by the opinion of respondents, who claim (in proportion of 47.1%) that a number of 3-4 hours (per week) should be allocated for kinetotherapy activities in the school curriculum.

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