140 - DANCE IN BEARERS OF THE DOWN SYNDROME: A POSSIBLE ALTERNATIVE FOR PHYSICAL ACTIVITY

SHIRLEI DO NASCIMENTO,
MIRIAM BEATRÍS RECKZIEGEL.
Universidade de Santa Cruz do Sul, Santa Cruz do Sul - RS, Brasil.
Shilaknhansuir@hotmail.com

1 INTRODUCTION

The Down Syndrome (DS) was identified in 1866, by John Langdon Down, who used for the first time the term "mongoloid" (Bomfim apud GUÉRIOS,.2005). The children bearers of the Down syndrome presented specific characteristics which are results of the genes of the chromosome 21 extra among them can be highlighted: motor and cognitive limitations which are observed since the first childhood until school age, therefore also called trisomy 21 (GUÉRIOS, 2005). The alterations presented by children bearers of the Down Syndrome can be manifested functionally interfering with the capacity of these children to perform many activities and daily routines independently, this type of functional information is extremely relevant for health professionals once all expectations from the parents of the children bearers of the Down Syndrome are rather related to the functional information than to the information about syntomatology and specific components of performance (MANCINI, 2003).

The scarcity of evidences about the functional performance of this clinical group limits the professionals who deal with these children to predict outcomes and possible expectations to be achieved. Some functional alterations which may be highlighted are presented by Pueschel (apud GUÉRIOS, 2005) as being: congenital cardiac defect; pulmonary abnormalities; hands and the feet tend to be small and coarse, complicating the acquisition of fine motor abilities; slower physical growth; increased gain weight in the seconds and third year, tending to lead to obesity. Not all children with the Down syndrome present all the characteristics described above, or some present characteristics that are not mentioned. However, as the child gets older, the muscular tone and the muscular force can improve, mainly is there is a work directed to the necessities of the bearers of this syndrome, with emphasis in the possibilities to the detriment of the limitations.

The Bearers of Special Educative Necessities (PNEEs), as it is the case in SD, have the same basic necessities of a normal person, despite their limitations, therefore thinking about social interaction, quality of life, and conquer of citizenship of the person who is bearer of special necessities without passing by a better bodily conscience and of the world experienced, is not to be believe in the totality of the human being, is to keep the Cartesian ideas which give base to beliefs in the incompetence of the PNEEs person (OLIVEIRA et all., 2002)

Through Adapted Physical Education, it is possible to develop a pedagogy centered in the concept of health and quality of life, without distinction, once that all people are different, with potentiality to grow and to go beyond, conquering possibilities, social and intellectual autonomy, among others. Through Physical Education, adaptation of rules for children with or without deficiencies and for children with special educational necessities, can be generated. According to Moreira (2004) the programs adapted should provide collective actions envisioning serving the circumstantial and specific demands recognizing and respecting the child, the adolescent and the adult.

In this direction, Physical Education should provide the student with the knowledge of their body, leading the student to use it as an instrument of conscious expression in the search for his or her independence and in satisfying his or her needs. The dance appears as an alternative for intervention to be used which improves all the capacities of the human being cognitive as well as physical and affective. It is characterized by the rhythmic and harmonious use of all bodily, mental and spiritual functions. That is because when one dances, the muscles, the feelings and the mind become active, communicating thoughts and emotions (Robinson apud OLIVEIRA et all., 2002).

School dance, associated to Physical Education should, according to Verderi (1998), have a role as pedagogical activity and awaken the student in a concrete relation of subject-world. The activities should generate action and comprehension, in order to enable the stimulus for the action, to strengthen the self-esteem, the self-image, the self-confidence and the self-concept. Through activities of dancing, it is intended that the child evolve in regards to the dominance of his or her body, developing and improving his or her possibilities of movement, finding new spaces, new forms, overcoming their limitations and conditions in order to face new challenges related to the motor, social, affective, and cognitive aspects. According to Liano, apud OLIVEIRA et all. (2002), simple elements such as, music, rhythm, movement, colors and textures are valuable tools in the recovery of the physically and mentally disabled.

Dance stimulated regions of the brain which other techniques cannot achieve, because the disabled faces the sessions with pleasure, resulting in a more rapid and continuous development. The improvement obtained in the variables of fine or ample motricity, balance, bodily scheme and temporal organization are presented in different studies such as the ones from Oliveira et all., (2002) and of Vargas, cited by the same author, where the practice of dance has improved the mentioned motor functions substantially.

The Dance associated to Physical Education can provide experiences that are favorable to the development of the children with or without DS, if developed in schools in an integrated form it can multiply the observed effects. With the intuition of enabling subsidies for the consolidation of the validation of techniques of intervention in differentiated personal contexts, this case study had as an objective to characterize the lifestyle of bearers of the Down syndrome and to describe how musical activities can intervene in its development, when in integrated school environment.

2 METHODOLOGY

This case study looks for a comprehensive attitude and an active participation in the "lives" of these subjects, investigating, according to Gaya et all., (2008) a contemporary phenomenon situated in the context of real life, and to search for particular information looking to widen the spectrum of the situation, reason for which various techniques for collection of data were used, among which interviews, testimonies, and observation of school routines of the children, can be highlighted.

The collection of data included an initial contact with the school in questions, where necessary information was obtained for the start of the work itself, such as, number of disabled, types and characteristics of the deficiencies existent at the school, the relationship between the school and the parents, the behavior of the children bearers of the Down syndrome, among others. A class with 8 student was intentionally chosen, with the age group of 6 to 9 years of age, being the analyzed students, two children bearers of the Down Syndrome, one of the male sex and another of the female sex, of 6 and 9 years of age respectively, who attended a school of education for children in Santa Cruz do Sul/RS.

Based on this initial information, two questionnaires were created regarding the history of life, health habits, quality of

life of the children, of the socio-affective relations and the motor development, which were answered by the parents and teachers of this class.

After observing the children in their daily routines, and evaluation of the limitations and possibilities of each child involved, sessions of intervention were elaborated with the class, once a week, totaling in 11 sessions with duration of 30 to 40 minutes. In the classes, a demonstrative method was used predominantly, with a session history and re-creative dominance, having as a goal to develop the bodily expression, the general dynamic coordination, the rhythm, the fine motricity, the balance, the cognitive and spatial perception, the interaction and the physical contact, in an integrated environment with the other classmates. At the end of the application of each session, observations were made in regards to the development and participation of each student.

3. RESULTS AND DISCUSSION

The data was analyzed and discussed according to the questionnaires applied and to the observations realized in class and then presented.

3.1 Questionnaires for the Teachers

The school presents professionals enabled to work with the bearers of the Down Syndrome, as physiotherapists, phonoaudiologists and teachers specialized in special education, which meets the indications of Simões (2004) for which the teaching institutions should offer services, partnerships and actions with the objective of awakening in people the respect for differences, not stopping producing knowledge. With relation to the other activities developed in the school, and described by the teachers, the children had already had experiences with capoeira, swimming, physical education, computer sciences, etc., during determined periods of the year, which aggregated positive experiences in the process of their development.

The teachers related that the children enjoy learning new activities and do not show prejudice, however, there had been moments when prejudice was demonstrated by some parents, who when getting to know the school, ended up choosing to not enroll their children, because there were various children in need of special necessities.

According to the teachers, the children bearers of the Down syndrome, know how to identify parts of the body, are self-confident, have balance and rhythm in the performance of the activities, as well as having normal sight and hearing. The present more difficulties in motor coordination, lateral and spatial perception. They are creative, when motivated.

In regards to the children's' studies, they highlighted that the boy, in school, appears to be happiest during the break when there are games, however he presents difficulties in counting numbers. He participates in activities and listens to people in a concentrated manner mainly if the subject is of his interest, and possesses good memory. The boy, just like the girl is children who care a lot for everyone and enjoy feeling helpful.

3.2 Questionnaires for the parents and initial observations

In regards to the development and personal characteristics of the **boy** it can be highlighted that the type of his syndrome is typical. In the administered period there was retardation in the growth, and as the doctors explained the possible causes and consequences related to the Down Syndrome, which made the mother anxious, agitated and out of breath, needing to be hospitalized at an Intensive Care Unit (ICU) , for three days after giving birth. With one year of age, he crawled and started walking with 2 years and 2 months of age; he has always been communicative, emitting sounds, however he does not speak properly, and is today with 6 years and 3 months of age. He understands everything people say and when he is not understood he repeats until he is understood. His sight and hearing are normal. He has notions of quantity; however he does not know how to count. He concentrates in activities and participates with enthusiasm in the activities applied by the phonoaudiologist. He has good memory. He always goes out with his parents and shows good socio-affective behavior in all places. He has already has cardiac and respiratory complications or hypotonia, however he has recovered. He has always fought for his space: eating with his hands, dressing himself, entering and exiting the care, carrying his backpack. Whenever he is successful in these activities he cheers and is encouraged by his parents. As for prejudice, his parents emphasize that the same can be witnessed in the parents and not in the children, mentioning also negligence by some doctors who treat bearers of the Down syndrome, showing scarcity of information and lack of humanization when attending.

In regards to the information about the **girl**, the type of Down syndrome is unknown, possibly due to lack of depth of the case in studies by professionals of health involved. She is 9 years and 6 months of age. She did not crawl; she only dragged herself on the floor after three and a half years. She uses gestures and sound to be understood, when she wants to refer to objects which she does not know how to call. The parents try to speak correctly, because she possesses good comprehension of the meaning of words. She has great sight and hearing. She counts number from one to three; however she still gets confused when doing so. She concentrates when the activity is of her interest. She has good memory. She has a great social life. She appears to be happy when she goes to school and during weekends when the family gets together. She is rarely stubborn, and when she is, she only behaves when the adults makes a sad or upset face; however if the adult speaks firmly she does not obey. She gets happy when learning something new, even when she does not learn during the first try. The girl captivates everyone for being well behaved and for not behaving aggressively.

When comparing the positioning of the parents, the administering period of the mother of the girl was calm; however the boy's period was disturbing, because the mother did not know for certain the reasons of the facts that had occurred with the boy during pregnancy. In this direction, Guérios (2005) reaffirms that the Down syndrome occurs because of a genetic accident, and that no attitude taken during the pregnancy, or before the pregnancy could avoid the appearing of the trisomy. He affirms that there is no consensus about the cause of the Down syndrome and, while a conclusion is not reached, it can be affirmed that the internal and external factors can be responsible for the occurrence of the birth of children with the Down syndrome.

The boy crawled and walked earlier than the girl, and furthermore the boy shows better motor coordination than the girl. For Mancini (2003) the magnitude of the differences in motor and cognitive development of the children with DS in regards to the children with normal development, might not remain constant along the development. The alterations presented by children bearers of DS might be manifested functionally interfering in with the capacity of these children to perform independently, various activities and tasks of daily routine. This type of functional information is of great importance for the professionals in the fields of health. Both children have difficulties in counting numbers and speaking. Thus, it is important that the parents of children with DS have access to other parents with children with DS in order to clear doubts. The children, just like adults, have curiosity about DS; therefore the parents can answer the questions normally. There is prejudice, however they are not bypassed.

3.3 Observation of the sessions of intervention

When observing the sessions of intervention, in regards to the realization of movements, there was a certain motor

difficulty in the student with DS, however, all were able to execute the activities required. For Simões (2004), the inclusion requires an environment close to normal where any individual participates actively, be it in a regular practice of learning or attending all the individual necessities of the participants. In order for there to be inclusion, the teachers of Physical Education need to recognize the necessities of the groups to be attended in the schools, recognizing the differences and the promotion of learning, because everyone has the right to Education.

From a socio-affective point of view, it can be highlighted that some students not bearers of DS stated that the classmates could not execute the activities provided during dance class; therefore the teacher encouraged, and if needed, helped both students with DS showing that they were able to perform the movements required. For Guérios (2005), physical education can contribute in a significant manner in this process, creating concrete possibilities for motor development, resulting in progression in the other areas, if there are professionals really involved in this process of interaction.

The Physical Education classes, for appearing dynamic, can sometimes, reduce the participation of bearers of the Down syndrome, for being more difficult in execution of more complex motor abilities. Yet, when well planned they contribute to the general development of the bearer of DS, besides favoring in the process of inclusion, considering that one will be more accepted by the rest of the students due to his or her capacity to perform motor activities with more success. This fact could be observed at the moment the students were in a circle, spontaneously the children not bearers of DS were closer and the students with DS were side by side with the same. Facing this situation, the teacher organized dynamics which alternated the children proportioning more interaction among them.

The boy with DS was very participative in the classes with physical activities, appearing to have motor coordination more elaborate than the girl, which the girl with DS showed in the beginning, resistance to go to the dance room, as well as she refuses the execution of certain activities. She enjoyed staying in the normal classroom, where she felt safer and her attitudes presented more autonomy. The dance teacher stimulated the participation of the girl by inviting her to participate and taking her by the hand, thus the participation became more effective. According to Simões (2004), the professionals in the field of education, if necessary, should perform pertinent adaptations, they student should learn according to his or her potentialities, always being valued. There should also be a transformation in education and the stimulation of the teacher to better enable his or her student

According to Gomes and Almeida apud Guérios (2005), “Physical Education should search for diverse resources so that the facilitation and the motor appropriation occur, helping the bearer of a disability in this interchange disabled-society.” It is necessary to provide these children, practices of Physical Education which stimulate and promote the motor development, in order to provide them with a better acceptance towards society, because the closer a bearer of the Down Syndrome is to a normal standard of development in his or her different areas (cognitive, affective, social and motor) the less he or she will be discriminated at school environments and in society. Applying a class where the objectives need an answer from the cognitive and temporal perception was possible, however, with little evolutions, which can be justifies in part for believing in this activities, for involving a greater quickness in thinking and movement, therefore a higher complexity, require a work of longer duration in order to obtain more positive results.

According to Rosadas apud Oliveira et all., (2002) whenever the children feel useful and important in their school environment, they value more the actions, are more motivated and learn to be persistent, which will stimulate the brain and retain information and to re-use this information whenever necessary. In this sense, it was proposed, in the beginning of class, that the girl with DS would be the day's assistant having to help the teacher, it was observed that her behavior was participative, highlighting that the girl entered the dance room animated and active.

In dancing, one does not only look to work the execution of movement; one looks towards the participation of all, living, expressing and thinking about his or her own movement, with subjectivity, so that one can create and act with autonomy (Vargas apud Oliveira et all., 2002). During the classes, gestures and free movements were worked without requirements and correction of technical movements, however, at the same time the dance teacher always stimulated the active participation of all students.

In the report of the class' teachers, they affirmed that generally there are many oscillations in behavior of the bearers of DS, depending or not on the methodology used, which meets with what was observed in dance classes, although it can be affirmed that the activity mentioned above was well accepted by the children. This oscillation was observed mainly in the girl, who many times participated with disposition and at other times with low motivation. However, the boy was always motivated and show greater evolutions in the abilities that were worked. Each class there were new perceptions of the necessities of the group of students and it was up to the teacher to alter her class' plane in order to supply to these necessities, thus collaborating with the development of everyone.

In regards to the inclusion of the children bearers of DS during dance classes, it can be observed that a behavior filled with receptivity and acceptance by all, not witnessing misunderstanding and not even prejudices. In this sense, in order to interact the children into the environment, we should be strict with these children, however, we should never evaluate them or make them undergo radically, not understanding that the human being is prone to errors, which can be corrected, however, not taken seriously to the point where we extrapolate our relations (OLIVEIRA et all., 2002).

When analyzing the motivation and emotional involvement of the children bearers or not of the Down syndrome, the firsts appeared more active in class, besides remaining in the same game for a greater period of time. However, when the activities involved a greater cognitive involvement, the class appeared de-motivated. The activities involving physical contact, gestures and/or sounds of animals, the students with DS appeared to be interested and participative.

Finally, the bearers of special necessities are capable of evolving, and have to be encouraged with the finality of improving the motor ability and the physical aptitude as well as the capacity to think and behave concomitantly and, develop too his or her creative potentialities, socio-affective and spontaneous (Vargas apud Oliveira et all., 2002). Activities of bodily conscience, spatial conscience, balance, etc should be worked on, so that later more complex activities can be introduced such as, the temporal conscience. It is necessary, in order to achieve an effective evolution, a longer period of time, with greater weekly frequency, so that there is more knowledge about the particularities of the students, and consequently, that the results of the objective be each time more satisfactory.

4. CONCLUSION

The results point to a good profile of lifestyle of the children evaluated, once they demonstrate social integration, currently with the absence of illnesses and follow-up by different professionals of health, who search for, as a group, to an improvement in the cognitive, socio-affective and motor development of the children.

During dance classes it was identified that the bearers of DS participate normally, presenting little motor and cognitive retardation. These characteristics do not keep them from participating and enjoying the classes, besides propitiating a healthy life in the social group in which they are inserted. In the same way, all the other people not bearers of the Down Syndrome, the bearers of trisomy, also have the right to make good use of the follow-up of pedagogy professionals and of the field of health in order to

guarantee their development and so that they can have autonomy in the social conviviality.

In regards to both participants studied, in the sessions of intervention, the student with DS showed differentiated behavior, being that the boy was motivated and autonomous and the girl had reduced bodily expression and oscillations in humor, predominantly in the activities with music.

Dancing in any environment, formal or informal, when well planned, inclusive and spontaneous, it awakens the attention and the interest for the activity and contributes positively in the social, affective, physical and cognitive development of the children with or without special needs. The search for inclusion of the bearers of DS is compensating and should be a constant work with governmental and non-governmental actions. Thus, it may be concluded that, for the children in this study, the activities with music appeared to be a positive instrument in the works with bearers of the Down Syndrome, however it is suggested that the sessions have a longer duration and weekly frequency, once small improvements were observed in the development of both children with DS, in a classroom integrated environment. In this sense one may suggest that other studies be done with an amplification in the spectrum of the performance together with the children, deepening the diagnosis of reality with other items of lifestyle with the finality of presenting more effective results and orienting strategies, political or alternative interventions, thus, producing indicators that might subsidize much assistance.

Key words: down syndrome, motor activity and therapy through dancing

BIBLIOGRAPHICAL REFERENCES

GAYA, A.; GARLIPP, D.C.; SILVA, M.F.; and MOREIRA, R.B. **Sciences of human movement**: introduction to research methodology. Porto Alegre: Artmed, 2008.

GUÉRIOS, L. C. Analysis of a program for the development of fundamental standards of movement in children bearers of the Down syndrome. **Magazine Digital.** Buenos Aires, Year 10, No. 83, April 2005. Available at http://www.efdeportes.com Assessed on 04/23/2008

MANCINI, M. C. Comparison of the functional performance of children bearers of the Down Syndrome and children with normal development at 2 and 5 years of age. **Arq. Neuro.Psiquiatr.** São Paulo, Vol. 61, no. 2B, June 2003. Available at: http://www.scielo.br/scielo. Assessed on: 04/23/2008

MOREIRA, L.M.A.; EL-HANI, C.N.; and GUSMÃO, F.A.F. The Down syndrome and its pathogenesis: considerations about the genetic determinism. **Rev. Bras. Psiquiatr**. 2000; 22(2):96-9. Found at: http://www.scielo.br/scielo . Assessed on: 04/23/2008.

OLIVEIRA, L.; ZANCAN, R.F.; KRUG, M.R.; and BATISTELLA, P.A. Dancing and the motor development of bearers of special educational needs- PNNEs. **Cadernos**, n° 20, 2002. Available at: http://coralx.ufsm.br/revce/ceesp/2002/02/a6.htm. Assessed on: 04/23/2008.

SIMÕES, F.G. Special education, physical education and inclusion. In: MOREIRA, E. C. **School physical education**: challenges and proposals. Rio de Janeiro: Editora Fontoura, 2004.

VERDERI, É.B.L.P. **Dancing in school**. Rio de Janeiro: Sprint, 1998.

Rua 28 de Outubro, 190, AP 201, bairro Centro – Santa Cruz do Sul
Tel. 96129814 – email: shilaknhansuir@hotmail.com

DANCE IN BEARERS OF THE DOWN SYNDROME: A POSSIBLE ALTERNATIVE FOR PHYSICAL ACTIVITY

ABSTRACT

The dance provides favorable experience for the development of children who are bearers or not of the Down Syndrome (DS), for involving the child in their sphere, in socio-affective and psychomotor aspects. This case study had as an objective to identify the lifestyles of bearers of the DS and to describe how activities such as, music may alter aspects in their development, in an integrated environment. The subjects analyzed were two children bearers of the DS, one of the male sex and another of the female, 6 and 9 years old, respectively, who attended a school of education for children in Santa Cruz do Sul/RS. Questionnaires were applied to the parents and teachers of a class and, following weekly sessions, of 30 to 40 minutes, for 11 weeks, which stated history of the sessions, re-creative dominance, development of bodily expression, coordination, rhythm, balance and spatial perception, through methods directive with music, in an integrated environment with the classmates. After each session, observations of the involvement and participation of each student were made. The results point a good profile of lifestyle, once they demonstrate social integration, absence of illnesses and follow up with different health professionals. In the intervention sessions, the students with the DS presented differentiated behavior, being that the boy was motivated and autonomous and the girl with reduced bodily expression and mood oscillations, alternating movements in the evolutions and involutions, being that the firsts manifested predominantly in the activities with music. In such case, it can be concluded that music is a positive instrument in the work with the DS, yet suggesting that the sessions occur with weekly frequency and longer duration, once it was small improvements were observed in the development of two children with the DS, in an environment integrated of classroom.

Key words: down syndrome, motor activity and therapy through dancing

LA DANCE EN PORTEURS DE SINDROME DE DOWN: UNE ALTERNATIVE POSSIBLE DE L'ACTIVITÉ ADAPTÉ

RÉSUMÉ

La Dance associé à l'Education Physique peut proportionner des experiences favorables au développement des enfants porteurs ou non de Síndrome de Down (SD), à fin d'engager les enfants dans sa globalité, dans les aspects affectif-sociaux et psycomoteurs. Cet étude de cas a eu comme objectif d'identifier le style de vie des porteurs de SD et décrire comme les activités avec la musique puissent changer les aspects de son développement, dans une ambience integrée. Les individus analisés ont été deux enfants, porteurs de SD, un du sexe masculin et l'autre du sexe féminin, âgés de 6 et 9 ans, respectivement, que frequentaient une école d'éducation infantil de Santa Cruz do Sul/RS. Des questionaires ont été apliqués aux parents et aux professeurs du groupe et, plus tard, les séances hebdomadaires de 30 à 40 minutes pendant 11 semaines, que faisaient partie de séances histoiriés, predominance récreative en développent l'expression corporelle, coordination, ritmes, fine, équilibre, perception cognitive et spatial, interaction et contact physique, à travers des méthodes direccionés via la musique, dans une ambiance integrée avec les autres collègues du groupe. Après chaque séance des observations ont été faites concernant l'engagement et la participation de chaque élève. Le resultat démontre un bon profil de style de vie des enfants qu'on été évalués, une fois que ça prouve une intégration social, absence de maladie et assistance par différents professionels de la santé. Dans les séances d'interventions les élèves avec SD ont presenté des comportements différents, le garçon étant motivé et autonome et la

fille présentant une réduite expression corporelle et des oscillations d'humeur, en alternance avec des moments d' évolutions et d'involutions, les premières étant manifestés surtout dans les activités musicales. Ainsi on peut conclure que la musique est présenté comme un instrument positif dans le travail avec le porteur de SD, néanmoins on suggère que les séances soitent avec une fréquence hebdomadaire et avec une plus longue durée, une fois que il a été observé des petits progrès dans le développement des deux enfants avec SD, dans une ambiance integrée dans la salle de classe.

Mots-clefs : Síndrome de Down, l'activité motricité, dans.

LA DANZA EN PORTADORES DE SÍNDROME DE DOWN: UNA ALTERNATIVA POSIBLE DE ACTIVIDAD FÍSICA ADAPTADA

RESUMEN

La Danza asociada a la Educación Física puede proporcionar experiencias favorables al desarrollo de niños portadores (o no) del Síndrome de Down (SD), porque involucra al niño en su globalidad, en los aspectos afectivo-sociales y psicomotores. Este estudio de caso tuvo como objetivo identificar el estilo de vida de los portadores del SD y describir cómo actividades con música pueden alterar aspectos de su desarrollo en un ambiente integrado. Los sujetos analizados fueron dos niños portadores del SD, uno del sexo masculino y otro del femenino, de 6 y 9 años, respectivamente, que frecuentaban una escuela de educación infantil de Santa Cruz do Sul/RS. Fueron aplicados cuestionarios a los padres y profesores del grupo y, posteriormente, las sesiones semanales, de 30 a 40 minutos, por 11 semanas, que constaban de sesiones historiadas, dominancia recreativa, desarrollando la expresión corporal, coordinación, ritmo, motricidad fina, equilibrio, percepción cognitiva y espacial, interacción y contacto físico, a través de métodos directivos con música, en un ambiente integrado con los demás compañeros del grupo. Tras cada sesión fueron hechas observaciones del envolvimiento y participación de cada alumno. Los resultados apuntan un buen perfil de estilo de vida de los niños evaluados, a la vez que demuestran integración social, ausencia de enfermedades y acompañamiento por distintos profesionales de la salud. En las sesiones de intervención, los alumnos con S.D. presentaron comportamientos distintos, mostrándose el niño motivado y autónomo y la niña con reducida expresión corporal y oscilaciones de humor, alternando momentos de evolución e involuciones, siendo las primeras manifestadas predominantemente en las actividades con música. Así pues, se puede concluir que la música se presenta como un instrumento positivo en el trabajo con portadores del S.D., pero se sugiere que las sesiones sean con una frecuencia semanal y de mayor duración, ya que se han observado pequeñas mejoras en el desarrollo de los dos niños con S.D. en un ambiente integrado del aula.

Palabras clave: síndrome de down, atividade motora, terapia a traves de la danza.

A DANÇA EM PORTADORES DE SÍNDROME DE DOWN: UMA ALTERNATIVA POSSÍVEL DE ATIVIDADE FÍSICA ADAPTADA

RESUMO

A Dança associada à Educação Física pode proporcionar experiências favoráveis ao desenvolvimento de crianças portadoras ou não da Síndrome de Down (SD), por envolver a criança na sua globalidade, nos aspectos afetivo-sociais e psicomotores. Este estudo de caso objetivou identificar o estilo de vida dos portadores de SD e descrever como atividades com música podem alterar aspectos do seu desenvolvimento, em um ambiente integrado. Os sujeitos analisados foram duas crianças, portadoras de SD, uma do sexo masculino e outra do feminino, de 6 e 9 anos, respectivamente, que freqüentavam uma escola de educação infantil de Santa Cruz do Sul/RS. Foram aplicados questionários para os pais e professores da turma e, posteriormente, as sessões semanais, de 30 a 40 minutos, por 11 semanas, que constavam de sessões historiadas, dominância recreativa, desenvolvendo a expressão corporal, coordenação, ritmo, motricidade fina, equilíbrio, percepção cognitiva e espacial, interação e contato físico, através de métodos diretivos com música, num ambiente integrado com os demais colegas da turma. Após cada sessão foram feitas observações do envolvimento e participação de cada aluno. Os resultados apontam um bom perfil de estilo de vida das crianças avaliadas, uma vez que demonstram integração social, ausência de doenças e acompanhamento por diferentes profissionais da saúde. Nas sessões de intervenção, os alunos com S.D. apresentaram comportamentos diferenciados, sendo o menino motivado e autônomo e a menina com reduzida expressão corporal e oscilações de humor, alternando momentos de evoluções e involuções, sendo as primeiras manifestadas predominantemente nas atividades com música. Assim sendo, pode se concluir que a música se apresenta como um instrumento positivo no trabalho com portadores de S.D., contudo, sugere-se que as sessões sejam com freqüência semanal e de maior duração, uma vez que se observou pequenas melhorias no desenvolvimento das duas crianças com S.D., num ambiente integrado de sala de aula.

Palavras-chave: síndrome de down, atividade motora e terapia através da dança