

## **Physical Education in the first years of the elementary school: a research about its pedagogical organization the hospital class <sup>1</sup>**

*Lisandra Invernizzi<sup>\*</sup>*  
*Alexandre Fernandez Vaz<sup>\*\*</sup>*

**Abstract:** Physical Education is a subject that deals with the body and its expressions, a condition also present to the hospital classes, pedagogical service structures for interned children and youngsters. The research analyzed the organization of a teaching experience's pedagogical time, taking into account the themes General Gymnastics, Traditional Games and Children's Plays and Rhythmic and Expressive Activities. For six weeks, the practice was organized by weekly cycles for each theme, repeated after three weeks. The data were collected along the planning, teaching and class assessment, which were observed and recorded on a field book. The analysis categories chosen within this article's scope are participation and inclusion and health and participation. The results point to the experiment success, but warn, among other aspects, to the need of further knowledge about the diseases' specificities and the control devices within the hospital environment.

**Key-words:** Hospitalized child. Hospitalized teenager. Games and toys. Physical Education. Recreation.

### **1 Introduction – Physical Education in hospital classes?**

Hospital classes are educational environments destined to the pedagogical service to interned children and youngsters and, therefore, prevented from attending their origin schools. In Brazil, they arose with the purpose to give continuity to the interned children education, regardless of the internment time (FONSECA, 2003). The Brazilian legislation acknowledges the right of hospitalized children and youngsters to pedagogical-educational service, like for instance, through the National Policy of Special Education (BRASIL, 1994).

It was with this background that, from a covenant between Hospital Infantil Joana de Gusmão –HIJG [Infantile Hospital Joana de Gusmão – HIJG], from Florianópolis, and the Education and Health Secretariats of the State of Santa Catarina, in August 1999, a Hospital Class was implemented in connection with Escola Estadual Padre Anchieta [Padre Anchieta State School]. The class is intended to the service of hospitalized people come from all over the State of Santa Catarina and even out of it, with education groups composed of children

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<sup>\*</sup> Teacher licensed in Physical Education from the UFSC. Member of Núcleo de Estudos e Pesquisas Educação e Sociedade Contemporânea - CED/UFSC/CNPq [Center for Studies and Researches Education and Contemporary Society - CED/UFSC/CNPq], Florianópolis, SC, Brazil. E-mail: lisandrainvernizzi@gmail.com

<sup>\*\*</sup> Doctor from the University of Hannover. Professor in the Post-Graduation Program in Education and Physical Education at the Federal University of Santa Catarina (UFSC). Coordinator of the Núcleo de Estudos e Pesquisas Educação e Sociedade Contemporânea (CED/UFSC/CNPq). Researcher for CNPq. Florianópolis-SC, Brazil. E-mail: alexfvaz@pq.cnpq.br

aged four to six years, from the first to fourth grades and from the fifth to eighth grades.

The Hospital Class must be connected to a regular educational school, being an extension of it. For each student attending the class, a registration is filled up with personal information, hospitalization and origin school data. At the end of each class, the teacher records on an index the contents worked on and other information he/she deems as relevant. For the student attending the class three days or more, it is necessary to contact (via phone) his/her origin school, informing of his/her participation in the educational activities at the hospital and seeking to obtain information related to the contents that would be worked on at that moment in his/her group. When being discharged from hospital, a descriptive report is sent to the school informing the activities performed, as well as his/her performance, notes about his/her behavior and difficulties expressed.

The education in the first years of the elementary school assists students from the first to fourth grade in the same group, providing today three teachers, one of them acting in the classroom and the other two assisting the children who are unable to go to the classroom, who are assisted on their own beds<sup>1</sup>.

Considering this context, a research was developed in 2005 and had the purpose to seek elements for an organization of the pedagogical work of the Physical Education subject in early grades of the elementary school in hospital class. The research theme can not be seen as “evident”, once that the fact that calls the attention is that the Physical Education classes are usually given to students who do not present health problems or which therapeutic purposes. Contrary to this comprehension of the common sense record, we opted to consider Physical Education as a field of knowledge that deals with the corporal abilities or corporal experiences, in such a way that the themes dealt with in inside it could be doubly known: for the corporal apprehension (technical or mimetic), but also for the possibility of a learning that went beyond the practice and with a view to the comprehension of the cultural phenomena that are primarily expressed through the body and its possible cognitive and esthetic use.

## **2 Physical Education Classes in Hospital Class – a proposal and its difficulties**

Physical Education classes have been offered during the six-week period in on

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<sup>1</sup> Pedagogical assistance performed at the bed lasts between 30 and 40 minutes with each student, being a responsibility of the teacher who is not the same as the one responsible for the class.

each alternate day, given by two academicians enrolled in the School Physical Education Teaching Practice II<sup>4</sup> subject. The purpose was to perform the classes on two consecutive days, with a view to attempting to ensure a certain theme and audience continuity, once that the class turnover is big due to the internments and discharges from the hospital and the attendance at it, contrary to the regular school, is optional. However, we ended up giving the classes on Tuesdays and Thursdays, what at least excluded the Mondays and Fridays, which were internment and discharge days, respectively and, therefore, a reduced number of interned people.

The classes were organized into cycles composed of three themes, developed one at each week so that they could be resumed afterwards in the same order. We the cycles, we intended, at the same time, to give a sense to the fact that there must be a continuity in the knowledge worked on in Physical Education, as well as to contemplate, when reaching any level of conclusion at every week, students who remained few days hospitalized. It reduced the classes' episodic character, something unfortunately very common in the Physical Education practices. The table 1 synthesizes the proposal accomplished:

<b>WEEK</b>	<b>THEME</b>	<b>WEEK</b>	<b>THEME</b>
First	Games and children's plays Traditional	Fourth	Traditional Games and Children's plays (b)
Second	General Gymnastics	Fifth	General Gymnastics (b)
Third	Rhythmic and Expressive Activities	Sixth	Rhythmic and Expressive Activities (b)

**Table 1:** Proposal for a Physical Education class program in the hospitalized people class.

Data collection was carried out between 08/16 and 09/22/2005<sup>4</sup>. The first theme, called Traditional Games and Children's plays, was selected in the attempt to value the knowledge that the students already had before attending the class. For the second theme, we proposed the General Gymnastics theme, which, in its turn, aimed at providing experiences to know their own bodies and with different possibilities of movement, valuing one of the classic School Physical Education practices. The Rhythmic and Expressive Activities theme was proposed as the third theme. We sought to explore manifestations that combined expressions and sounds, like dances, mimes and sung children's plays, provided that the student can characterize by means of them different expressive moments, their intensity and duration.

Even aware that the pedagogical time necessary for the development of an activity should not depend only on the teacher, but on the work developed with the students and, bearing in mind that planning is not a straitjacket, we opted, within the limits of such pedagogical experiment movement, not to explore the previously determined time of one week for each cycle.

As the themes have been developed in two weekly meetings, in the first class, there was a general explanation of what would be worked on. At the beginning of each meeting, a synthesis of what was going to be performed was announced, not only in that, but also along the respective theme. When we moved to another theme, when there were students who participated in the previous class, we briefly explained what had been performed there, always seeking to count on the present children's collaboration.

One of the difficulties found was related to the group heterogeneity, both due to its multi-series character and each student's general conditions. Taking into account that each child presented him/herself in a singular situation and lived distinct experiences, because the difficulties of a child were different from another's, we could have in the same class students with traumatic lesions, someone undergoing chemotherapy, in post-surgical period or even someone who was only interned for some medical tests, not appearing to carry any illness.

Another factor taken into account was that the students sometimes arrived after the activities had started or needed to leave earlier due to the medical treatment, which obliged us to constantly develop inclusion strategies. In the first case, our proposal was for the attendants to collaborate to make the classmate familiar to what was being performed and, in the second, we suggested a means so that they concluded the activity, whether in the classroom or at another moment in which they could and wanted to.

In order to consider the Physical Education as an important subject for the children's formation, we proposed out-of-class activities, usually school-type research. We believed that such task wouldn't be easy to be operated, provided that in regular schools, the students usually have homework about all the subjects, except for Physical Education. It was not the cases, as it will be seen. Another limiting factor was the environment, which, for being a hospital, made difficult moving from place to place, whether due to motor disabilities or even to a certain embarrassment for the patient's condition<sup>4</sup>.

### **3 Depictions of the pedagogical experience**

Through the analysis of the information on both complete cycles that are recorded on the field book, and also in possession of the reports of the trainees who gave the classes, it was possible to categorize and analyze the pedagogical experiment carried out into four thematic axes that synthesize the experience: a) Participation and inclusion processes; b) Differences in teaching and learning times; c) Children's previous knowledge and class organization; d) Health, uncertainties, participation. Considering this text's limits and the richness of the results found, we are going to deal herein only with the first and the last thematic axis.

#### **3.1 Participation and inclusion**

Participation was one of the issues that enable organizing a narrative around the pedagogical practice analyzed. We consider that it occurred when the children performed the activities proposed, whether actively or passively, with possibilities of differentiated roles among the actors. Participating is somehow taking part in the decision-making process, in the discussions. Let's see how it could happen in several of the classes.

In the second class related to the theme Rhythmic and Expressive Activities, in the first cycle, since the moment he came into the classroom, a boy alleged that he didn't want to participate. Noting that, the trainees used several inclusive strategies to persuade him. The constant invitation was fundamental, which resulted in small incursions into the activities. In such activities, he took part in the decision-making process, collaborated in the choices, until the invitation became unnecessary.

In other situations, even if the child wanted to participate, he/she could not do it in a manner identical to the classmates, in light of the individual limitations – and furthermore, it's worth emphasizing the fact that we took as reasonable that all students must perform the same activities assigned by a "normality" standard that is quite questionable in itself. Holding the intravenous rehydration solution in the hand, plastered arm, movements disabled as a result of surgeries, among other factors, limited the students' participation. At such moments, we suggested the performance of distinct roles in the activity, because although they didn't do the same as the classmate, they performed another function, ensuring, thus, the participation in the collective actions. On the field book, there are records of several situations that describe such

inclusion moments:

All the children participated in the construction of small balls, and a boy who was unable to construct it alone as he held the intravenous rehydration solution in one of his hands participated in the activity modeling it, giving shape to the toy. (Field Book, Aug 23, 2005).

First of all, they should toss the ball up and clap hands, except the boy holding the intravenous rehydration solution in the hand, who should touch his nose... (Idem).

There was a boy in the class with a plastered arm and, for being the tallest of all, he caught the balloons for his classmates. (Field Book, Aug 31, 2005).

The participation/inclusion was more problematic mainly in the first cycle, because as the classes were performed, it was noted that this aspect was worthy of attention, provided that there was always a child that at first renounced participating.

In the second cycle, there were no problems in relation participation, and there were only situations in which it was necessary to include the child in the activity, what was surprisingly performed successfully in all situations. In order to give examples, we resorted to the field book:

The activity started with only one balloon, which ended up not including all the children somehow. With this perception, so that everyone could participate, the trainees added more balloons, until everyone were involved in the play. (Field Book, Sep 8, 2005).

In the same class, another situation shows how the trainees dealt with it at the moment when two children renounced participating:

[...] two children didn't want to participate, alleging that they didn't like to burst balloons. [...] So that everybody could participate, the suggestion was for the balloon tail to be replaced by the paper tail fastened to waist. (Field Book, Sep 8, 2005).

In the Hospital Class, it is usual the occurrence of some hindrances that prevent the child from participating, in spite of expressing the wish to do it, due to factors like being experiencing a post-surgical period, limitations in movements caused by splints, intravenous rehydration solutions, needles, situations that cause pain, among other possibilities. Under such circumstances, it's necessary to make planning flexible and show some capacity of improvisation so that the situation can be coped with and the student can participate in the activities. According to the field book:

A girl who had undergone a surgery didn't participate running, but controlled those who remained overtime on the bar and who was the catcher. (Field Book, Sep 9, 2005).

The intravenous rehydration solution in a girl's hand prevented her from performing the task like the classmates; however, it didn't exclude her from the activity, provided that she was in charge of molding the balls, making them round-shaped. (Field Book, Sep 13, 2005).

With the examples above, it's possible to comprehend that in the activities, the students can perform different roles, what does not mean that someone participates more intensively and others participate less, as long as the activities are not centered in competitive structures, something still very common, even if as a parody (BASSANI; TORRI; VAZ, 2003)<sup>4</sup> in the Physical Education classes – and expected by a large number of students that attend the class when they know that there will be classes in this discipline. In the second example, the activity performed by the girl is also important and nothing prevented her or even other children from taking that social place. It's important, however, that the roles are not hierarchized, otherwise we will reproduce a feral school situation, which means to destine to some people disabled by any reason – their inability or lack of strength, for instance – a secondary and comforting role in the activities.

As it has already been mentioned, one of the purposes of the education in Hospital Classes is to include children and teenagers who, for being interned, cannot attend classes at the origin schools. Thus, the inclusion that must occur in the Hospital Class classes would be a kind of inclusion of inclusion, provided that the Hospital Class is a modality that is part, pursuant to the National Education Guidelines and Bases Law, of the Special Education. (BRAZIL, 1996)

The initial supposition that children would be reluctant to participate in the classes just for being Physical Education classes, provide that several of them, in situations in which we observed prior to the research, had already been excluded from this subject's classes in their origin schools due to their precarious health conditions, was not confirmed. There is an interesting schooling paradoxes, especially the Physical Education, once one quite often says that its practice is beneficial to health, at the same time that those who do not present "good" health conditions for its practice are frequently excluded.

Working with diversity implies in an opening to the new and the distinct, in a facing of

the impact caused by the deficiency that touches our omnipotence feeling and in the construction of a shared deficiency notion. All of us present difficulties we must overcome, provided that, as educators, working with diversity also demands a commitment with this work, courage, scientific curiosity and interest (LIMA, 2002). That's about a recognition of plurality.

In all classes, the proposal was to work the same activity with all the students, even though with different roles, whenever necessary. Perhaps it was the moment to advance in relation to the proposal and experiment distinct activities that occur simultaneously, that means, propose that two activities be developed simultaneously in the class by different children. Thus, while a trainee explained to a group, the other one would be responsible to apply a distinct dynamics to the other students. It would be easier because two trainees would be giving the class. The reduced number of students can be considered as positive for the performance of distinct activities, because the instructions can be more individualized. On the other hand, it may present a problem, if the proposition of an activity enhances any stigmatization.

The organization of the themes into thematic cycles aimed at attenuating the problem of the occasional lack of participation. We noted that the decision seems to be right, provided that, as the theoretical-methodological elements predicted, the theme repetition would be a possibility to advance in relation to the first intervention. Through the analysis, reflection and re-planning of the activities, it was possible, for example, to cope with moments of non-participation that occurred in the first cycle.

### **3.2 Health, uncertainties, participation**

Linked to the participation issue, in some moments of the interventions, we found ourselves in the middle of situations that made us consider more closely its relation with the children's health. Bearing in mind that they were at the hospital primarily for medical treatment, it was evident that they presented limitations to perform some activities – just like the children considered as healthy also presented something very apparent in the Physical Education classes. Thus, the proposition of a more intense rhythm or even a movement that may perchance impair a child's recovery or treatment may become unsuitable and even hazardous in some class situations. In the first class, upon the performance of an activity that

involved a lot of movement, the following situation occurred: “In such activity, the children showed enthusiasm, which was considered as the class peak, provided that the students moved until presenting physical fatigue.” (Field Book, Aug 16, 2005).

In the first classes, there were two episodes in which, given the group’s fuss, two children bumped against each other, where one of them were holding the intravenous rehydration solution and the outcome was pain. Besides, one must consider the limitations that some of them may have in relation to certain movements like, for instance, pains resulting from injections. So that the events were not repeated in the following classes, the trainees started to request caution in the activities. Even though, sometimes the children were rather agitated, maybe because that moment was one of the few situations in which they could move in a freer manner, transgressing the order to which they are exposed at the hospital:

Although the trainees tell them to calm down for several times, the children remained agitated, running, some of them panting and showing fatigue. (Field Book, Aug 25, 2005).

Despite the several manifestations and claims for calm by the trainees, the children remained agitated until an agitated boy hit his classmate’s hand that held the intravenous rehydration solution, resulting in pain, what was similar to the previous class’ fact. (Field Book, Aug 25, 2005).

The information about each student were acquired at the infirmaries and, mainly, during conversations with the group’s teacher prior to the class, who informed us about the conditions of those who had already attended the class and about whom, therefore, she had made some records with a number of data, including the reasons for internment, always through questions addressed to them, whose knowledge about the extension of the illness that affected them was vast.

In the first class, when the “Dance with Chairs” activity was proposed, one student replied the following: “I don’t want it, I won’t kill myself.”

In that situation, we considered that the manifestation could be observed as an attempt of self-preservation, in light of his health conditions, and we could note that the boy kept pondering whether that activity could or not cause any harm to him. In a similar situation that demanded intense movements: [...] “a girl performed it cautiously, as she was in a post-surgical period. Even unable to perform some movements, she participated in the whole class,

according to her possibilities.” (Field Book, Sep 15, 2005).

At the end of the first cycle, we analyzed whether or not there was the need to restructure the class planning. As a result of the problem of health-related activities, concerning the benefits or harms that some of them could cause, in the second cycle, the trainees opted to exclude from the planning a practice that had been rather agitated in the first cycle and, at the end of which, the students presented fatigue, becoming panting and drinking water some times during the dynamics. In that occasion, we evaluated that: “It was the trainees’ cautious option, because in that class, claiming children for calm didn’t help, and one of them even bumped against a classmate that held the intravenous rehydration solution, what resulted in pain for this latter.” (Field Book, Sep 15, 2005).

Given the peculiar and evident health conditions under which children are found in a hospital, there were specificities in the participation in the activities. Equipments that the students held compulsorily, like plaster, splints, needles, wheelchair, intravenous rehydration solution spindle support, urinary collector, are marks to be considered in the classes development.

In addition to that, another conditioning factor is the medical treatment, because sometimes the child is unable to participate in the class for being in a pre or post-surgical period or because the time of the medical tests to which he/she is going to undergo coincides with the class time, presenting not only some physical and/or emotional debility, but even withdrawing along the activities, sometimes returning or not.

#### **4 Some considerations**

The Physical Education insertion into Hospital Classes is something very recent, and at Hospital Infantil Joana de Gusmão, it was first initiated from the second semester of 2003. This work had the purpose to be a reply to some impacts of the School Physical Education pedagogical organization, taking as a reference a hospital class’ experience.

The organization into thematic cycles aimed at attenuating some difficulties found along our experience, like the combination between students turnover and the permanence of others and even the issue of the knowledge organization in an order that could favor learning process – something that continues to be a challenge for the school Physical Education as a whole.

The core issues focused around the students' participation, a controversial theme within the school education scope, especially in Physical Education. An example of this is the fact that the students not always look forward so vehemently to the Physical Education classes, according to common sense, but they seek indeed to steal away from classes into the classroom (VAZ; BASSANI; SILVA, 2002). In the hospital class, this issue is partially coped with for the voluntary character of the attendance to classes. However, on the other hand, the participation is related to two other aspects: a) the exposure to body movements not always facilitated by the equipments and b) treatment needs, limitations imposed by the sometimes precarious health conditions.

It requires a less superficial knowledge of the students' health conditions. We had proposed that prior to starting each class, the trainees read the potential students' medical records for a pre-knowledge of the limitations for that intervention, so that they could adapt or exclude activities that might be unsuitable, if necessary. At that moment, however, and contrary to what had occurred in other opportunities, it was not possible to consult them. Thus, we limited our information about the students to the replies provided by infirmaries or the group's teacher, which makes the illnesses knowledge even more restricted, if it weren't the lack of theoretical and practical resources we already presented.

There is a double problem here: the hospital is not, deliberately, a pedagogical environment (although it has a discipline pedagogy and body control), in such a way that the educational issues end up being relegated to the background; on the other hand, there is a sign of the hospital's pedagogical service that one must not discuss about the students' illnesses in the classroom, unless required by them. However, we understand that it must be questioned, provided that there might be, through such procedure, something like a repression of objective conditions that interfere directly in the students' subjectivity.

On the other hand, the fact of the teacher/trainee having free access to the medical records does not help if he/she does not comprehend what is written in such document. One must consider that the educators need to have a minimum knowledge of different illnesses and medical procedures, but above all, there must be interaction among the health team members of which the educator must be part somehow.

The group turnover and heterogeneity, something already seen in other situations (VAZ; VIEIRA; GONÇALVES, 2005) were present in the experience researched, showing

that they are typical problems in such environment. Regarding the first one, there is not much to be done, provided that it does not depend on the teacher nor the student, but on the circumstances. What can be pondered is the organization of contents as themes with a purpose within a shorter cycle and in running days, or even an investment in differentiated activities and rhythms that contemplate students with different permanence times at the hospital and in the class.

Also in relation to heterogeneity, we should go ahead in the proposal of distinct activities that occur simultaneously in the same class and in the experimentation of distinct roles in the dynamics. As there are children from the 1<sup>st</sup> to the 4<sup>th</sup> grades in the group and, consequently, with different ages, capacities, limitations, etc, suggesting the same activities may imply the reaffirmation of a problem present in the regular school, in which a 5<sup>th</sup>-grade student participates without any problem at all in a Physical Education class designed for the 8<sup>th</sup> grade, without regard to the differences of physical capacity determined by maturity. The serious problem in the curricular organization exposed thereby is the lack of connection and progression in learning and experimentation of Physical Education knowledge. When we say that in the same situation there should be different activities, we are not adhering to a hyper-individualism that would reject collective practices, but stating that sometimes it may be interesting to experiment the idea for a time that is sufficient for assessment and reflection purposes.

When creating the marking elements, we point that the students who participated in a theme in the first cycle would hardly be present in the respective class in the second cycle. And it was what happened indeed, provided that we didn't have the presence of any child twice in the same theme. Thus, the organization in cycles is deemed by us as a good guiding element, as it allows the interventions to be thought and pondered for a new experimentation, always with the purpose to go beyond in relation to what has been effective. On the other hand, we had several experiences with children in both one-week classes, showing that we kind of chose the right option.

We can presume that the organization in thematic cycles is a possible alternative for the Physical Education teaching in Hospital Classes. We suggest the addition of more themes to the cycles in later researches. We also propose the development of three cycles in order to enable the classes reorganization and restructuring, with a view to going beyond in relation to what has already been reached, confirming or pondering the results of two cycles

and reducing the eventuality of experiences.

At last, it's necessary to emphasize the temporary character of the considerations presented herein, also remembering that some more shall be incorporated to the researches, among which the consideration for the themes to be worked on in School Physical Education, the social condition of the experience of being a child – something that is not excluded from the hospital experience – and the bond such students establish with Physical Education experienced in their origin schools.

### **Educação Física nos primeiros anos do ensino fundamental: uma pesquisa sobre sua organização pedagógica em classe hospitalar**

**Resumo:** A Educação Física é uma disciplina que trata do corpo e suas expressões, condição presente também para as classes hospitalares, estruturas de atendimento pedagógico de crianças e jovens internados. A pesquisa analisou a organização do tempo pedagógico de uma experiência de ensino, considerando as temáticas Ginástica Geral, Jogos e Brincadeiras Tradicionais e Atividades Rítmicas e Expressivas. Durante seis semanas a prática foi organizada por ciclos semanais para cada temática, repetido depois de três semanas. Os dados foram coletados ao longo do planejamento, docência e avaliação das aulas, que foram observadas e registradas em caderno de campo. As categorias de análise escolhidas nos limites desse artigo são participação e inclusão e saúde e participação. Os resultados apontam para o sucesso da experimentação, mas alertam, entre outros aspectos, para a necessidade de mais conhecimento sobre as especificidades das doenças e os dispositivos de controle no ambiente hospitalar.

**Palavras-chave:** Criança hospitalizada. Adolescente hospitalizado. Jogos e brinquedos. Educação Física. Recreação.

### **Educación Física en los primeros años de la escuela fundamental: una investigación sobre su organización pedagógica en turma hospitalaria**

**Resumen:** La Educación Física es una disciplina que trata del cuerpo y sus expresiones, algo presente también en las turmas hospitalarias, estructuras para el trato pedagógico de niños y jóvenes internados. La investigación analizó la organización del tiempo pedagógico de una experiencia de enseñanza, teniendo en cuenta las temáticas *Gimnástica General*, *Juegos Tradicionales* y *Actividades Rítmicas y Expresivas*. Durante seis semanas la práctica fue organizada por ciclos semanales para cada temática, repetido después de tres semanas. Los datos fueron colectados al largo del planeamiento, docencia y evaluación de las clases, que fueran por su vez observadas y registradas en cuaderno de campo. Las categorías de análisis elegidas nos límites de este artículo son *participación y inclusión y salud y participación*. Los resultados apuntan para la buena consecución de la experimentación, pero alertan, entre otras cuestiones, para la necesidad de más conocimiento sobre las especificidades de las enfermedades y los dispositivos de control en el ambiente hospitalario.

**Palabras-clave:** Niño hospitalizado. Adolescente hospitalizado. Juego e implementos del juego. Educación Física.

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