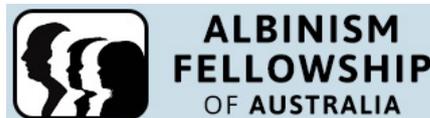


Fitness considerations for children with albinism



As games at kindergarten and early school grades are slower paced, most children with albinism can participate, developing basic fitness and movement skills. As they cannot see the detail of the faster movement of skipping or hopping, they may have to be taught these skills individually, rather than copying friends. Parents can also support them in climbing activities, with some basic rules of always having at least one hand and one foot on the apparatus, and checking the height from the ground before you jump off. Using balls with high contrast colours or rattles within the ball can assist children to gain basic ball skills. Encourage them to try everything, including bike riding – they may take a little longer on training wheels, but they will eventually manage. Make sure they have a clearly marked and safe pathway and if riding in a new area, have them follow another rider. Most will quite competently ride on a known pathway, although road riding when they are older needs to be supervised – perhaps with a lead rider out front.

As games become faster moving you may find that your child is unable to keep up with peers (especially in a crowded playground) or needs to seek shade at lunchtimes, missing out on the valuable play activities that would keep them fit. They may need to undertake activities that will improve strength and aerobic fitness outside school hours, either with friends or family, such as bike riding, trampolining, dancing, long walks or jogging (with a tether if necessary). Walking or riding to school (with or without a parent) rather than being driven can also add to their fitness and independence. Listening to what your child says about school activities will give you an idea of how much activity they may need to undertake at home in order to maintain basic fitness.

At about 9 or 10 years of age, peers are beginning to be involved in organised sports (both competitive and informal). Encourage them to continue with any activity where they can still participate with peers, even as a scorer or spectator to maintain social connections. If they are unable to be actively involved, investigate activities where their vision may not be an issue, and if necessary access funding through NDIS for a support person to assist in the chosen activity. It is important to role model and set an expectation of basic levels of activity for health and fitness from this age onward, whether it is through formal sports, or leisure activities like ten pin bowling, shooting hoops, kicking a ball with mates, bush walking, bike riding, swimming, jogging, yoga, dancing, aerobics or simply going for long walks with friends or family.