

Mobility Impairments

Most mobility impairments result from a broad range of neuromuscular and orthopedic conditions. Several common mobility impairments include:

- Arthritis – an inflammation of one or more joints characterized by pain and loss of mobility; periods of reappearance (flare ups) and remissions
- Cerebral Palsy – a disorder of body movement and posture that develops as a result of a disruption in brain development; may include the presence of a limp, uncoordinated walking, or inability to control various parts of the body; the individual's condition does not deteriorate over time
- Multiple Sclerosis – a disruption or signals transmitted throughout the central nervous system caused by destruction of the myelin that insulates nerve fibers; it is characterized in early stages by numbness, weakness, and loss of coordination and in later stages by fatigue and changes in thought processes or perception, progression varies for each individual
- Muscular Dystrophy – a progressive weakening of the muscles that control movement typically in the legs, arms, and hands, but can also affect the heart, throat, and eyes
- Paraplegia – a paralysis of the lower extremities and lower trunk as a result of disease or injury
- Spina Bifida – an improper formation of the vertebrae in the spine resulting in the spinal cord bulging out of the spine; when, severe, there can be problems with walking, body control, and coordination

It is important not to generalize the specific limitations of students with mobility impairments and not to assume that students with mobility impairments also have other impairments. Functional abilities vary widely not only among the different impairments, but also among students with the same impairments. General conditions that affect the degree of limitation may include: age of onset, progression rate, level and extent of injury, and response to treatment. A student's physical ability may vary from day to day. Some impairment is progressive (muscular dystrophy); others are not (cerebral palsy). Limitations associated with some impairments fluctuate with periods of remission and exacerbation (multiple sclerosis); some may remain constant (cerebral palsy), and others may improve with time and therapy (paraplegia).

Mobility impairments can be permanent or temporary. Cerebral Palsy and paraplegia are permanent mobility impairments. A broken bone, an injury, or a surgical procedure can temporarily impact a student's ability to walk or write independently.

Examples of how a student may be impacted by mobility impairment include:

- A student with arthritis may have a decreased endurance for writing for extended periods of time and may need access to a laptop for note-taking purposes or for completing an essay test or an essay portion of a test
- A student with multiple sclerosis may not be able to manipulate small laboratory equipment and may require a lab assistant
- A student with paraplegia who is confined to a wheelchair may require preferential seating and access to a table instead of a student desk

Common Accommodations:

- orientation to campus
- accessible classrooms and classroom locations
- access to accessible parking, restrooms and elevators
- note-taking services/access to class notes
- tape recordings of class lectures
- use of laptop computer for note-taking purposes
- extended test time
- alternative test arrangements (i.e. scribe, being able to dictate responses, etc.)
- additional time to complete assignments
- lab assistants
- access to computers with speech recognition software