British Taekwondo Council

The Unit, Victoria Lane, Harlington
Middlesex. UB3 5EW ENGLAND
Tel: 01895 459949
Email: admin@tkdcouncil.com • Website: www.tkdcouncil.com

RESOURCE FOR BTC REGISTERED INSTRUCTORS AND WELFARE OFFICERS

GLOSSARY OF CONDITIONS AND DISABILITIES

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This glossary offers brief information on some of the more prevalent conditions and disabilities which may affect children, young people and adults participating in Taekwondo. Links are provided to signpost further information and advice. The list is not exhaustive and BTC Registered Instructors and Welfare Officers' first source of information is the individual or their parent or carer to assess whether the club can provide the facilities, knowledge and understanding to support the safe delivery of Taekwondo and a positive experience for the participant. The BTC Welfare and Safety Team is available to provide further information, advice or guidance to Club Instructors and Welfare Officers. BTC also invites Instructors and Welfare Officers with knowledge and experience from within their club to add to this resource for the benefit of other clubs.

In line with the BTC Code of Conduct and Ethics, the Equality, Diversity, Inclusion and Accessibility, and Health and Safety Policies, those working with children, young people and adults affected by any special need, condition, disability or injury should undertake a risk assessment, ensure a safe training environment and agree a personal access plan when developing and implementing a suitable programme of physical activity. Risk assessments and access plans should be regularly reviewed and amended when necessary.

ASTHMA

Asthma is a common ailment and currently over one million children, young people and adults take medication for the condition. The usual symptoms of asthma include:

- coughing
- wheezing
- shortness of breath and tightness in the chest

Attacks can vary from very mild, which require little or no treatment, to those that are so severe, they require prompt medical support. Generally speaking, exercise is good for people with asthma although, for some, it can bring on the symptoms of asthma. Adults working with children with asthma should ensure that:

- levels of fitness are increased gradually
- the child's inhaler is always available when exercising

Safe practice in physical education and school sport:

- where exercise triggers a child's asthma, they should use their inhaler before they warm up
- they should always warm up and cool down thoroughly
- the area is free of irritants that may trigger the child's asthma
- the child is allowed to stop exercising if symptoms occur and appropriate medical procedures are followed until the child feels well enough to take part

For further information, check Asthma and Lung UK, Asthma + Lung UK

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

People with ADHD find it difficult to pay attention, concentrate and thus find remembering instructions difficult. It is sometimes treated with medication to help focus and understand what is expected of them.

Instructors working with students with ADHD should:

- ensure instructions are clear and easy to follow
- encourage students and reward their efforts and achievements
- remain consistent in their approach
- carefully risk assess physical activities, ensuring that potentially difficult situations can be well managed

For further information, check National Attention Deficit Disorder Information and Support Service, www.addiss.co.uk/

AUTISTIC SPECTRUM CONDITION

Autism is a spectrum condition. All autistic people share certain difficulties but being autistic will affect them in different ways.

These differences, along with differences in diagnostic approach, have resulted in a variety of terms being used to diagnose autistic people. Terms that have been used include autism, autism spectrum disorder (ASD), autism spectrum condition (ASC), atypical autism, classic autism, Kanner autism, pervasive developmental disorder (PDD), high-functioning autism (HFA), Asperger syndrome and pathological demand avoidance (PDA).

Some autistic people also have learning disabilities, mental health issues or other conditions.

A person with an Asperger syndrome profile may have no significant delay in language or cognitive development but they still have social communication difficulties. They may also have specific delays in motor development as well as motor 'clumsiness'.

Instructors working with autistic students should:

- speak clearly and give students time to understand what is expected of them
- encourage and give prompts where necessary
- apply rules consistently
- prepare students as much as possible for the activity they will be doing, such as showing them photographs, sharing plans or seeing demonstrations

For further information, check What is autism? - NHS, and The National Autistic Society What is autism

CEREBRAL PALSY

Cerebral palsy is a group of conditions that results from damage to, or failure in the development of, part of the brain. It can affect movement and posture. It can present with a range of difficulties, including perceptual, communication, movement and control, sensory impairment, and short attention span.

Instructors working with students with cerebral palsy should:

- link with other professionals (eg physiotherapists) to develop an appropriate motor support programme, including the use of any specialist equipment
- encourage support from peers
- ensure the student understands what is expected of them, possibly through the use of demonstration

For further information, check Scope www.scope.org.uk

CONCUSSION

Anyone who has a head injury during a Taekwondo event needs to immediately stop all activity and not return to play that day. Being active again before the brain returns to normal functioning increases the person's risk of having a more serious brain injury.

Every person involved in a Taekwondo event (every instructor, coach, player, parent and trainer) needs to be trained to know the symptoms of a concussion. And all need to know the importance of getting medical help when a student has a head injury.

The decision about when a student can safely return to training must be made by a doctor. The doctor decides on a case-by-case basis. Things that help the doctor decide when the student can return to training include:

- The symptoms the student has
- The student's medical history
- The student's concussion history
- The student's medicine use
- The type of event, competition, training session
- The student's ability to stand and keep his or her balance
- The students' ability to pay attention and to answer questions that test learning and memory
- How quickly the student can solve problems

Doctors and other concussion specialists agree that a student must not return to training until symptoms are completely gone, both at rest and during exercise or exertion. Using medicine to improve concussion symptoms is not the same thing as being symptom-free. Medicines must be stopped before a student can be considered symptom-free. **Children and teens have longer recovery times**, so they may have to wait longer before they can return to training.

DIABETES

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. Having diabetes should not stop someone taking a full part in sporting activities. Indeed, keeping active is a part of a well-planned response to managing diabetes. Those working with people with diabetes should liaise with their parents (for children) and healthcare professionals to understand the individual needs of the person and how they may be addressed.

Instructors working with students with diabetes should be aware:

- of the symptoms associated with the onset of hypoglycaemia
- that a person with diabetes may carry with them a bag containing a blood glucose testing kit, food, glucose tablets, drinks etc, which they should be allowed to use as and when necessary
- that training programmes should be built up gradually

For further information, check Diabetes UK, www.diabetes.org.uk

DISABLED PEOPLE PARTICIPATING IN SPORT AND PHYSICAL ACTIVITY

UK Sport, all Home Country Sports Organisations, Government departments (eg Health, DCMS, Education) and Sport England System Partners (eg Active Partnerships and Disability Sport Organisations) are all committed to promoting the participation of disabled people in sport and physical activity for the benefits it offers in terms of physical, social, and mental health and wellbeing.

For a wealth of information about individuals rights, guidance, resources and support, including venues, check Living Sport, Disability Rights UK; Activity Alliance

DOWN'S SYNDROME (TRISOMY 21)

Down's syndrome is a congenital condition caused at conception. It arises from a failure in cell division of chromosome 21 (hence Trisomy 21), leading to 47, rather than 46, chromosomes developing. Among other characteristics, those with Down's syndrome can have reduced muscle tone, heart conditions, hearing and vision difficulties, respiratory difficulties and learning difficulties that can impact upon physical activity.

Note: all people with Down's syndrome are different and advice should be sought on the exact needs of each individual.

People with Down's syndrome should not be barred from physical activity. However, they do have a small risk of suffering acute dislocation of the atlantoaxial joint (top of the spine). As a result, should a person with Down's syndrome develop pain behind the ear or elsewhere in the neck, abnormal head posture, deterioration of gait, manipulative skills or bowel and/or bladder control, specialist advice should be sought immediately. Further, some people with Down's syndrome may have a heart condition. Therefore, should they complain of tiredness, he/she should be allowed to rest or sit out an activity and be monitored until he/she recovers.

In addition, those working with people with Down's syndrome should:

- use demonstration, sign and gesture to support learning
- offer regular encouragement and praise for efforts
- speak directly to the student to reinforce instructions and ensure he/she understands the task
- liaise with other professionals in the development of a healthcare plan.

For further information, check Down's Syndrome Association, www.downs-syndrome.org.uk

DYSPRAXIA

Dyspraxia is an impairment or immaturity in movement, often termed 'clumsy child syndrome'. The degree of difficulty experienced can vary greatly. Difficulties are often found with gross and fine motor skills. In addition, poor balance and difficulties in coordinating body parts can lead to poor performance in sport.

Instructors working with students with dyspraxia should:

- liaise with physiotherapists and occupational therapists in the preparation of physical-activity programmes; it is worth noting that such programmes are also often of value to other pupils as well
- encourage effort
- encourage support from peers through the use of a 'buddy' system

For further information, check The Dyspraxia Foundation, www.dyspraxiafoundation.org.uk

EPILEPSY

The effects of epilepsy vary from person to person. Indeed, it is possible that a person with epilepsy may never have a seizure while training. In all cases, the person, their parents (where appropriate) and, where necessary, healthcare professionals should be consulted in the formulation of the individual healthcare plan and associated risk assessment.

Instructors working with students with epilepsy should:

- make themselves aware of the precise nature of each person's needs with regard to epilepsy
- be aware of the appropriate first-aid response, should it be required

For further information, check Epilepsy Research UK, www.epilepsyresearch.org.uk and Epilepsy Action, www.epilepsy.org.uk

HEARING IMPAIRMENT

There are two main types of hearing loss.

There is **conductive hearing loss**, which is where sounds cannot pass through the outer or middle ear. This is often caused by a build-up of fluid, as in the case of glue ear. In most cases, conductive hearing loss is temporary. Such conditions can clear up or require surgery.

The second type of hearing loss is **sensorineural deafness**, which is caused by a problem in the inner ear or auditory nerve. This is likely to be permanent.

Instructors working with hearing-impaired students should:

- get advice on the exact nature of the loss and how it affects the student
- act appropriately on the advice received
- give the student time to understand what is required of him/her
- ensure the student can see the instructor and activity clearly
- ensure they have eye contact with the student and his/her full attention before starting an activity or explanation
- use gesture to encourage students
- regularly check understanding
- be aware of the need for a visual alternative to an auditory signal to stop either due to danger or during a game situation

For further information, please visit the following organisations' websites:

UKDeafSport have a useful resource for coaches; National Deaf Children's Society, www.ndcs.org.uk; Action on Hearing Loss UK, www.actiononhearingloss.org.uk

VISUAL IMPAIRMENT

Vision impairment refers to a limitation in a person's ability to see, which cannot be corrected to a normal level with glasses, contact lenses, or surgery.

Vision impairment encompasses a range of visual problems, from mild vision loss to total blindness.

If a person is blind or visually impaired, it is up to them whether or not they identify as disabled. Under the Equality Act 2010, if a person is registered with their local authority as either sight impaired or severely sight impaired, they automatically meet the act's definition of a disabled person, ie a substantial and long-term effect on a person's ability to carry out normal day-to-day activities.

Instructors working with students with visual impairment should:

- get advice on the exact nature of the loss and how it affects the student
- act appropriately on the advice received

- give the student time to understand what is required of them
- ensure the student can hear the instructor or has a training buddy close by who can repeat instructions if necessary
- ensure the instructor can see the student and confirm their full attention before starting the explanation of an activity
- use verbal feedback to encourage students
- regularly check understanding
- be aware of the need for an audible alternative to a visual signal to stop either due to danger or during a contact, sparring or game situation

For further information, check RNIB, Sport and leisure for people with sight loss | RNIB and Sense, Blindness and visual impairment - Sense