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The Real Difference Between Long-Term Injury and Disability in Athletes

Introduction: Why Distinction is Important

In athletics, is there an equivalence between a disability and a serious long-term injury? Both prevent an athlete from competing based on a particular disability, temporary or permanent. Wouldn't an equivalence between the two diminish the nature of a disability or alter the nature and meritocracy of a sport? Some may say that the two conditions are equivalent because both an individual with a disability and an individual with a long-term injury cannot perform in their sports at what most people would consider "one-hundred percent."

Let us first consider the 2000 case of Casey Martin and the PGA. *PGA Tour, Inc. v Casey Martin* attracted more public attention than any other case during the 2000 Supreme Court Term (Schauer, 2001). It set the scene for a well-liked and talented but physically disabled underdog taking on the tradition-bound sport of the rich. It also presented the comprehensible issue that the accommodations to Martin's physical disability were inconsistent with the principle of golf (Schauer, 2001). In other words, the PGA did not want to accommodate him because it altered the nature of the game. However, if the PGA did accommodate Casey, an argument can be made that they ought to accommodate others with long-term injuries. An example would be Tiger Woods, who has been absent from the sport for years due to multiple long-term back and knee

injuries. If accommodations were provided, Woods might have been able to play even given his condition. This raises the question of when an able-bodied athlete gets seriously injured, can it be considered the equivalent of a disabled athlete? This paper is going to explain and focus on disability and injury and how they are completely different and the circumstances that ultimately make them unlike. In this paper, I will argue that, for athletes, disabilities are not equivalent to serious long-term injuries.

***PGA Tour, Inc. v Casey Martin* & Able-Bodied Athletes Participating in Para-sports: The Inequivalence Between The Two Conditions**

PGA Tour, Inc. v Casey Martin and the situation of able-bodied athletes being able to participate in para-sports are important examples of how being disabled and having a long-term injury is not a two-way street. While Martin was denied a chance to participate in the PGA Tour because he requested to use a golf cart because of his disability, able-bodied athletes with long-term injuries were able to partake in wheelchair basketball, one of the events offered in the Paralympic Games. In this section, both situations will be further discussed and show how there is in fact an inequivalence between being disabled and having a long-term injury.

PGA Tour, Inc. v Casey Martin showed that the nature of the sport was of utmost importance, even if the overseers of the competition acted controversially by denying a disabled individual an accommodation. Casey Martin is a professional golfer and was a college teammate of Tiger Woods on the Stanford University golf team. Martin suffers from a congenital and degenerative circulatory disorder called Klippel-Trenaunay-Weber Syndrome. In Martin's case, this causes an obstruction of blood flow from his right leg back to his heart. Because of this, Martin's right leg causes him to feel a sharp, severe pain. Consequently, this makes it extremely

difficult for him to walk significant distances (Schauer, 2001). While professional golfers aren't required to carry their own clubs, the Professional Golf Association requires participants to walk the entire course when involved in tournaments like the PGA Tour (Schauer, 2001).

Martin's affliction allowed him to receive the accommodation of using a golf cart throughout his college career, but once he attempted to qualify for the PGA tournament, this accommodation was no longer granted to him. Martin's application for the exemption from the "no-carts" rule was denied by the PGA, which insisted that all competitors play under the same conditions. This rule disregarded Martin's affliction altogether. Martin sued the PGA under the Americans with Disabilities Act of 1990. He claimed that the PGA's failure to allow an accommodation to his disability violated a clause that included the "failure to make reasonable modifications" for disabled individuals (Schauer, 2001).

In response to this, the PGA relied on the clause that excused a failure to make a "reasonable modification" when the party engaging in the alleged discrimination "can demonstrate that making such modifications would *fundamentally alter* the nature" of the "goods, services, facilities, privileges, advantages, or accommodations" to which an accuser sought access (Schauer, 2001). In the end, Martin prevailed in the District Court. However, even though Casey got compensation from the court case, he still was not able to participate in the PGA Tour because of his request to use a golf cart. This is because the PGA did not feel that he should be participating in a competition made for able-bodied athletes if the nature of the sport was going to be compromised by Martin's accommodation request. I agree with the PGA on this stance because the nature of the game is important and should not be compromised.

The Paralympic Games in Rio in 2016, when able-bodied athletes were taking part in para-sports such as wheelchair basketball, is a controversial topic that further expands on the

inequivalence between the two conditions. It easily blurred the line between athletes that were born with disabilities when it comes to able-bodied athletes that are encumbered with long-term injuries. Some say that having able-bodied athletes participate in para-sports is helping to bring two types of athletes together, especially with the able-bodied athlete finding out what it means to live with a disability. They also share that it helps able-bodied athletes appreciate para-sport athletes and the amount of hard work and determination it takes to be able to compete while living with a disability (Parikh, 2016). However, I disagree with able-bodied athletes with long-term injuries playing para-sports because they are not disabled by nature and will eventually be able to heal from their injuries.

The main inequivalence that is shown between these two cases would be the fact that disabled athletes are not able to participate in competitions meant for able-bodied athletes while able-bodied athletes with long-term injuries can partake in events such as para-sports. While this situation can be seen as unfair by some, it also demonstrates that the two conditions are not the same.

Jessica Long and Oksana Masters: How the Paralympic Games Provide a Fair Playing Ground for Disabled Athletes

The two Paralympians, Jessica Long and Oksana Masters, are two athletes who, although disabled, were able to excel in the Paralympic Games. This is because they were competing against other athletes who also have disabilities. The stories of these two disabled athletes accentuate the point that because the nature of the competition is centered around disabled athletes, they were able to achieve what they wouldn't be able to in a competition for able-

bodied athletes. These stories also further explain how the nature of being disabled and having a long-term injury are not the same.

Paralympic swimmer Jessica Long faced many obstacles throughout her life before reaching such a high level of athleticism. Long was adopted from Siberia at the young age of 13 months old (Grevers, 2016). Due to a condition called fibular hemimelia, the congenital absence of the fibula, she had to have her lower legs amputated at 18 months. Despite this being a major setback at a very early time in her life, Jessica Long still managed to have an active childhood by learning to walk with a prosthesis. Her aptitude for swimming developed around 10 years old. Long was named Maryland's Female Swimmer of the Year with A Disability only a year later. In addition to that achievement, she qualified for her first Paralympic Games in 2004 at the age of 12.

Long went on to win three Paralympic gold medals in the S8 classification and by 2006, with 18 world record-breaking performances, she was named USOC's 2006 Paralympian of the Year (Grevers, 2016). During her second Paralympic Games in Beijing, Jessica Long won another four golds, a silver and a bronze. During her third appearance in London in 2012, she won another silver medal. She also received the 2012 ESPN Best Female Athlete with a Disability ESPY Award after her outstanding performance in London (Grevers, 2016). She managed to win many medals and become a major role model for disabled athletes all over the world.

Paralympic rower Oksana Masters was born in Khmel'nitsky, Ukraine, on June 19, 1989, with six toes on each foot, five webbed fingers on each hand and no thumbs (Rosen Berg, 2012). In addition to this, she also had a condition called tibial hemimelia, in which her left leg is six inches shorter than the other. Both of Oksana's legs were missing weight-bearing bones, and

the knee floated in her C-shaped left leg (Rosen Berg, 2012). Once her parents saw her afflictions, they walked out of her life forever. Oksana was then moved around and transferred to three different orphanages where she was frequently beaten and raped. The women who worked there pretended not to notice that this was occurring. Years later, Oksana found out that the cause of her afflictions was the fact that she was born within less than 200 miles of the Chernobyl power plant (Rosen Berg, 2012).

Oksana was later adopted by a speech pathology professor named Gay Masters. Oksana then moved to Buffalo, New York and there she went through multiple surgeries to lessen her conditions. She was also given a prosthetic leg. During her childhood, Oksana didn't look like an athlete. She didn't think she had what it took to become one, but once she started rowing for fun at 13 before her second amputation, she realized her potential and spirit for the sport.

Oksana shared that when she was alone on the water, she felt a sense of independence and that no one can tell her what to do. No one could abandon her. The boat moved as she made it move. She was in charge of her own destiny. Rowing without any lower-body muscles was excruciating, but she welcomed the challenge (Rosen Berg, 2012). When Oksana qualified for the Paralympics in 2012, she met her partner, Rob Jones. During the 2012 Summer Paralympics, they won bronze in the trunk and arms mixed double event.

Both Jessica Long and Oksana Masters were able to be successful within their individual sports because of the fact that they were competing on the same professional level with other disabled athletes. The Paralympic Games, the Olympic Games' counterpart, are especially made for athletes with physical, mental and sensorial disabilities to compete in. They are held every four years, following the Olympic Games. These Games accommodate athletes with a wide range of disabilities, such as quadriplegia and muscle dystrophy to limb amputations or visual

and intellectual impairments. They also did not have to ask for any accommodations during their competitive events.

These situations are different from Casey Martin's experience because Martin demanded special modifications because of his disability while trying to compete in the PGA Tour, which is a competition mainly tailored for able-bodied athletes. Some may see this as discriminatory, while others can view this as the simple fact that professional competitions have their own rules and regulations. Since these three athletes are afflicted with congenital, or inborn, disabilities, they are already a full step behind able-bodied athletes. There are no cures for their disabilities. Because of this, they must work hard to learn how to participate in their sport while handling their disabilities.

In addition to their preexisting disabilities, if Long and Masters were to get injured during their sport, they would have to juggle their disability while rehabilitating from the new injury that they amassed. This would make not only participating in their sport difficult, but it would make their daily lives even more challenging. In short, this provides evidence that a serious injury would affect disabled athletes more drastically and how disabled athletes and athletes with long-term injuries are not the same.

Able-bodied Athletes and Sports-related Injuries: How Tiger Woods and Thirty-Seven Injured Athletes Returned to their Sports After Injury

The examples of Tiger Woods coming back to golf after multiple debilitating injuries followed by surgeries and thirty-seven injured athletes returning to their sports after therapy and rehabilitation shows proof that gives another reason why disabled athletes are different from able-bodied athletes with long term injuries. Even if these injuries are considered long-term, they

are still more temporary than living with a congenital disability. Even though the injury can cause these athletes' daily lives to change in the slightest, through rehabilitation, they can get back to the way they were before the injury more easily than a disabled athlete. In this section, we will be discussing the background of Tiger Woods' career and his wide range of injuries and surgeries and how he was eventually able to return to the game of golf. We will also be talking about sports injury-related growth and recovery and how that shows evidence that athletes are able to go back to being a part of their sports again.

Based on a large body of evidence, participation in sport comes with many health benefits. However, studies also show that the excessive practice of sport, especially in the competitive context, can be the cause of many musculoskeletal injuries (Lemoyne, Poulin, Richer, Bussièrès, 2017). Musculoskeletal injuries are a range of problems involving muscles, bones, tendons, blood vessels, nerves, ligaments, and other soft tissues. The most common term to describe these issues is Repetitive Strain Injury (RSI) (Health and Safety, 2018).

Sport injuries are associated with high direct and indirect costs and can lead to early sport retirement for up to 24% of athletes. Sport injury may also lead to decreased sport participation and all-cause morbidity, overweight/obesity and post-traumatic osteoarthritis (Lemoyne, Poulin, Richer, Bussièrès, 2017). Multiple mechanisms contribute to explaining the high prevalence of musculoskeletal injuries among competitive level athletes. Some of these important risk factors are training volume, or the number of hours of vigorous training, and high training regimes. The number of hours of heavy training was significantly correlated with the presence of musculoskeletal overuse injuries. In addition to this, high training routines also appear to increase the risk of sustaining acute injuries in high contact team sports such as rugby and football (Lemoyne, Poulin, Richer, Bussièrès, 2017).

Some examples of musculoskeletal injuries are rotator cuff injuries that affect the shoulder, bone fractures, Anterior Cruciate Ligament (ACL) tears, herniated disks in the back, and Achilles tendon ruptures or tears. While these are serious long-term injuries and they can cause the athlete to be out of their sport for months or even years. These injuries could also be career-ending, but there is still a possibility that with the right treatment, rehabilitation, and surgery, these athletes will be able to return to playing and fully recover. Because these athletes were able-bodied to begin with, they had no difficulty participating in their sports before their injuries occurred.

Tiger Woods and his comeback to golf after injury after injury is an example of how with proper treatment, an able-bodied athlete can return to their sport and become a balanced athlete again. Woods was born on December 30, 1975. When he became a professional golfer in 1996, he eventually built up his competitive career, with 105 worldwide wins and 14 majors. In all, Woods has 80 PGA Tour wins. His major victories include the four Masters Tournaments, four PGA Championships, and three British Open Championships. Along with his second Masters victory in 2001, Tiger Woods became the first golfer ever to hold all four professional major championships at the same time (TGR Ventures).

He is the career victories leader among active players on the PGA Tour, and is the career money list leader. However, because of one of his injuries, he was unable to play the majority of 2016. This injury originally manifested itself on March 2, 2014. At age 38, Woods withdrew from the final round of the Honda Classic because of back issues. This injury marked the beginning of Woods' challenging year of back problems and failed attempts to break the top 25 in any tournament (Gibson, 2017). By March 18, 2014, back spasms began to ail him, causing him to be absent from the Arnold Palmer Invitational in 2014. Woods endured severe back pain

and missed multiple PGA Tour events for the next several months (Gibson, 2017). On April 1, 2014, he underwent a microdiscectomy for a pinched nerve in his back.

Several months later, on September 16, 2015, Woods underwent a second microdiscectomy, causing him to miss the cut in three of the four majors in 2015. Tiger Woods returned to golf in 2017 after undergoing multiple back surgeries and treatments. Despite this, Woods had to withdraw from the second round of the Dubai Desert Classic on February 3, 2017 because of recurring back spasms (Gibson, 2017). On April 20, 2017, Woods underwent his third back surgery at 43 years old. Woods stated that once he was healed, he looked forward to getting back to his normal life, playing with his kids, and competing in professional golf without experiencing the pain. Before this series of back injuries and surgeries, Tiger Woods endured shoulder injuries, a ruptured ACL, knee injuries, a torn Achilles Tendon, and neck injuries. These long-term injuries cost Woods a lot of time out of his sport and also caused him a lot of pain.

Nevertheless, Tiger Woods did not receive any accommodations due to his injuries. This is because accommodating him would alter the nature of the game, sparking the argument being presented here. By 2018, Tiger Woods was able to return to playing golf, just like he hoped for. He participated in the Valspar Championship for the first time, finishing only one stroke behind the winner. He also returned to Augusta competing in his first major since the 2015 PGA Championship. In addition to these feats, he placed in the top 50 on the OMGR, the first time since 2015 and captured the 2018 Tour Championship for his 80th victory on the PGA Tour (TGR Ventures).

Thirty-seven injured athletes that participated in a study that suggested sports injury-related growth are another example of how able-bodied athletes can come back to playing their

sports like they were before their injuries with the appropriate treatment and emotional support. Although sports injuries are said to cause the athlete to become discouraged and have a sense of hopelessness, research has shown that experiencing an injury can also act as a catalyst for self-development. This concept is known as sport injury-related growth (SIRG) (Roy-Davis, Wadey, Evans, 2016-17). This ideology can come about through extensive rehabilitation and a lot of emotional support. In this qualitative study, a fundamental theory was developed in order to explain the processes through which injured athletes experienced sport injury-related growth.

Thirty-seven injured athletes competing in a range of sports and competitive levels participated in qualitative interviews. These interviews and data analysis were conducted over a period of 24 months, or two years. This data documented many internal and external factors such as coping styles and received social support, that enabled the injured athletes to transform their injury into an opportunity for growth and development. Some of the mechanism through which this occurs are metacognitions, positive reappraisal, positive emotions, and facilitative responses (Roy-Davis, Wadey, Evans, 2016-17).

The participants of this study consisted of 23 injured men and 14 injured women. All of them were British and their ages ranged from 19-39 years old. They represented a variety of sports: rugby, football, triathlons/endurance events, field hockey, cross country, badminton, mixed martial arts, rowing, cricket, track and field, tennis, figure skating, Gaelic football, baseball, volleyball, and gymnastics. Competitive levels varied from recreational, like local and regional clubs, to elite, such as competing at international events such as the Olympics (Roy-Davis, Wadey, Evans, 2016-17). The injuries included fractures, dislocation, strains, and sprains of the knee, shoulder, back, hip, ankle, wrist, hamstring, elbow, cheekbone, and finger. These participants were at different phases of their injury at the time of the interview, such as during

the onset of their injuries, during their rehabilitation, or when they were just returning to their sports.

The first participant, a male professional rugby player who had previously torn his ACL through sport (Roy-Davis, Wadey, Evans, 2016-17). Rather than using a questionnaire with predefined subscales, the rugby player was asked if he felt he had changed psychologically, socially, physically, and/or behaviorally as a result of his injury experience. He was also asked whether he considered these changes to be positive and/or negative and in what contexts and situations. To these questions, he voiced that his injury experience brought him closer to his teammates and had improved his physical strength, which aligned with the study's conceptualization of sports injury-related growth (Roy-Davis, Wadey, Evans, 2016-17).

To gain a deeper understanding of this concept, some participants were recruited during injury onset or rehabilitation because they reported receiving social support or experiencing positive emotions. All of these injured athletes were subsequently reinterviewed during their recovery and upon their return to their competitive sports. All of these participants subsequently reported experiencing sport injury-related growth during follow-up interviews. One of the questions the partakers were asked by the interviewer was that if the athletes saw their injury in a different light. Every participant stated that they realized that their time away from competition can be a good opportunity for them to work on the reasons why they got injured in the first place. They decided to take some more time to work on their vulnerable/injured areas at the gym. This is evidence of the fact that they experienced sport injury-related growth. It allowed them to positively reappraise how they interpreted the situation they found themselves in. Instead of interpreting their injury as a threat and an obstacle, they were able to identify possible

opportunities and benefits that could be derived from being injured (Roy-Davis, Wadey, Evans, 2016-17).

Both Tiger Woods and the participants of the sport injury-related growth study were able to have various kinds of treatment and rehabilitation done to help their long-term injuries eventually heal and were able to return to playing their sports. Because they all were able-bodied before they got injured, these athletes were able to focus on devising a plan to ultimately get back on their feet and return to their sports. There are exceptions to this, regarding career-ending injuries. However, even though they wouldn't be able to return to their sports, they would be able to go through a treatment process and therapy to strengthen the injured part of their bodies and return to equilibrium. This is a very different situation from that of disabled athletes who have to cope and learn to live with an ailment that will affect them for the rest of their lives. For the psychological aspect, able-bodied athletes with injuries can easily have a more positive outlook because can look forward to their injury healing, while disabled athletes' debilities cannot be healed with treatment.

The Three Main Reasons Why Disabled Athletes and Athletes with Long-Term Injuries Aren't The Same

As discussed throughout this paper, supported by evidence through the stories and studies of disabled athletes and able-bodied athletes with long term injuries, both of these circumstances are very different and should not be regarded as the same. The first main point that makes disabled athletes and able-bodied athletes with long term injuries different from each other would be the fact that the incapacities disabled athletes have are lifelong. Because disabled

people are born with these disabilities, they must learn how to adapt to living with them at an early age.

Physical disability is defined as ‘the loss of motor function of varying degrees or limitations in movements or activities resulting from deformed limbs, body paralysis, or deformity caused by damage to the structure or function of body parts’ (Fatemeh, 2018). Because of being physically disabled, these individuals are unable to carry out normal social roles, and their daily life is affected by societal obstacles. Studies show that disabilities have caused a substantial disease burden and showed an increased trend in how disabled people experience more restrictions in social activities than healthy people. This important factor is associated with a lower level of well-being and relatively poor quality of life. Some quality of life determinants includes anxiety and depression, self-efficacy, and physical activity (Fatemeh, 2018).

Disabled individuals who participate in sports and other physical activities are less affected by anxiety and depression because exercise helps improve a person’s not only physical, but mental and emotional states. Because disabled athletes do not have all of the faculties that able-bodied athletes do, like they have adapted to a specific lifestyle dealing with their disabilities, they must also apply this method to whatever sport they are involved in. An example of this would be that those with limb amputations have to learn how to use prosthetic limbs in order to participate in sport. As for able-bodied athletes with long term injuries, even if the injuries keep the athlete out of their sport for a year, this is still more temporary and short-term than having to learn to live your whole life with a disability.

Even though able-bodied athletes with long-term injuries do have to learn to adjust to doing some things in their lives differently, with forms of therapy and rehabilitation, they have the possibility of getting back to the way they were before they acquired this injury. A scenario

of this would be if an able-bodied athlete were to tear their ACL, they would have to go through surgery to initially fix the tear, then after that they would have to go through extensive treatment in order to strengthen that muscle again. This would ultimately help the athlete be able to participate in their sport again. This situation confirms that long-term injuries only affect participation in the sport and not one's overall life prospects, as compared to a disability that calls for life changes that affect the full scope of one's life.

The second main point that shows how disabled athletes and able-bodied athletes with long term injuries different from each other would be the nature of their respective competitions. Aforementioned, the Paralympic Games are one of the many elite competitions that are specifically designed for disabled athletes to participate in. They are multi-sport disability events for athletes with physical, mental and sensorial disabilities (Disabled World, 2018). Some disabilities that are exhibited in these events include mobility disabilities, amputees, visual disabilities, and those with cerebral palsy.

The Paralympic games began in 1948 when Ludwig Guttman organized a sports competition which involved World War II veterans that had spinal injuries. After this, many disabled athletes had their chance to still compete in an elite competition against those who were on the same level as them. The number of athletes who participate in Summer Paralympic Games has increased from 400 athletes from 2 countries in Rome, Italy in 1960 to 3,806 athletes from 136 countries in Athens, Greece in 2004 (Disabled World, 2018). Competitions such as these also show the world insight on the disabled population, which can help people to further understand the nature of disability and how it is different from a long-term injury.

Although the Paralympic Games were created for those living with disabilities, able-bodied athletes with long-term injuries are also allowed to participate in these events. The

Paralympic Games in Rio in 2016 was when able-bodied athletes were now taking part in para-sports such as wheelchair basketball. Although the Paralympic Games were created for athletes with disabilities, since the 2016 Rio Paralympic Games, able-bodied athletes have been allowed to participate in sports such as wheelchair basketball and others. This might be seen as unfair by some and might blur the line between athletes that were born with disabilities when able-bodied athletes are encumbered with long-term injuries. However, some say that having able-bodied athletes participate in para-sports is helping to bring two types of athletes together, especially with the able-bodied athlete finding out what it means to live with a disability. They also suggest that it helps able-bodied athletes appreciate para-sport athletes and the amount of hard work and determination it takes to be able to compete while living with a disability (Parikh, 2016). Able-bodied athletes can compete in para-sports, an athlete with disabilities can't compete on able-bodied terms if they ask for an accommodation, like Casey did when he tried to participate in the PGA Tour. That's why there isn't automatic reciprocity when it comes to athletes with disabilities and able-bodied athletes with long-term injuries.

The third point that determines the difference between disabled athletes and able-bodied athletes with long term injuries would be that injury risk is common in both. While sports injuries pose problems for all athletes, for athletes with disabilities they often pose additional complications because of the further limitations they can impose on an already restricted lifestyle (Sports Medicine, 2016). In addition to this, it can be argued that athletes with a disability may find gaining access to emergency and ongoing healthcare services more difficult and obtaining the appropriate treatment may be even more challenging. The consequences of the injury can severely affect the abilities to carry out normal activities of daily living for disabled athletes, even more so than able-bodied athletes (Sports Medicine, 2016).

An example of a situation comparing an able-bodied athlete with a long-term injury and a disabled athlete with a long-term injury would be if an able-bodied athlete suffered from a torn Achilles tendon, this would evidently take the athlete out of their sport for a long period of time while making their daily tasks difficult. However, if a disabled athlete who is an amputee is already living with one leg becomes incapacitated with a torn Achilles tendon in the existing leg, this injury can potentially end the athlete's career on top of making their daily tasks even more difficult for them than they originally were. It is less likely that an able-bodied athlete will develop a disability than it is for a disabled athlete to become injured. This is because most the athletes are born with their disabilities, therefore they must adapt to living life with it. Because of this predicament, for those living with disabilities, prevention of injury may have even more importance than for the general population of able-bodied athletes (Sports Medicine, 2016).

Conclusion

The purpose of this paper was to show that disabled athletes and able-bodied athletes with long-term injuries are entirely different and that their respective experiences are unique in the sense that they are different in terms of sport. The first main point that was made was that injuries, even if they are considered long term, are temporary when compared with a lifelong disability. While an able-bodied athlete can receive treatment and rehabilitation to eventually be healed from their injury, a person born with a disability has to learn to adapt to living with it for the rest of their lives.

The second main point that was made was the nature of competition is different. Some elite competitions, such as the Paralympic Games, are especially made for disabled athletes so that they have an opportunity to compete internationally while also competing against others who

have the same limitations as them. However, because some able-bodied athletes are also allowed to participate in the Paralympic Games, some can see this as an unfair dilemma, while other can see it as able-bodied athletes learning to appreciate the hardships of disabled athletes.

The third and final main point that was made was the fact that injury is prevalent to both disabled and able-bodied athletes. While an injury can hinder an able-bodied athlete for a certain period of time from participating in their sport, with therapy and emotional support, that athlete will eventually be able to recover from their injury and return to their sport. With a disabled athlete becoming injured, it can dramatically disrupt their way of life because it is debilitating to juggle their disability along with a new injury.

We shouldn't think of the Paralympic Games and disabled athletes as impoverished forms of able-bodied athletes and the Olympic Games. Instead, we should treat these athletes and sporting events as having their own integrity and respect Paralympians as elite athletes competing in professional competitions.

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