

Mission Paralympic Games 2036 from Rehabilitation to Elite Competition: The Historical Development of Paralympic Sport, 1944–2024

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Abstract

Paralympic sport has developed from a small rehabilitation activity for injured servicemen into one of the largest international multi-sport events in the world. This paper traces that development from the introduction of sport at Stoke Mandeville Hospital in 1944 to the Paris 2024 Paralympic Games. It uses a historical-descriptive design based on the supplied study material, supported by the scholarly literature on the Paralympic movement. The paper examines the concept and meaning of Paralympic sport, the Stoke Mandeville Games of 1948 and 1952, the first official Paralympic Games in Rome in 1960, the founding of the International Sport Organisation for the Disabled (ISOD) in 1964, the expansion at Toronto 1976, the venue co-location at Seoul 1988, and the establishment of the International Paralympic Committee (IPC) in 1989. The growth of the Summer Paralympic programme from 8 sports in 1960 to 22 sports in 2024 is analysed numerically, and the history is organised into five evolutionary phases: clinical rehabilitation, regional wheelchair staging, multi-impairment integration, systemic institutionalisation, and elite high-performance sport. The analysis shows that each stage of expansion increased the demand for classification systems, accessible infrastructure, specialised equipment, trained personnel and unified governance. The paper concludes that the history of the Paralympic movement is also a history of the gradual recognition that fair competition for athletes with impairments depends on both sporting rules and an accessible environment. India is planning to organise Paralympics 2036; this article is the part of that mission.

Keywords: Paralympic Games; Paralympic Sports Disability Sports; International Paralympic Committee

1. Introduction

Paralympic sport is organised competitive sport in which athletes with eligible impairments take part under defined regulations, sport-specific classification and formal management structures. It gives athletes with disabilities the opportunity to take part in recreational sport and competition, from grassroots level to the elite level. The label "Paralympic" is commonly used for the sporting movement of athletes with

disabilities and for any sport contested at the Paralympic Games. Paralympic sport is not simply an adapted version of mainstream sport. Many sports have their own rules, equipment, classifications and competition formats designed for different types of impairment (Brittain, 2010; Howe, 2008). Paralympic sport rests on four basic ideas: sports participation, competitive opportunity, inclusion and equality. Together they provide a pathway along which a person can progress from general physical activity to competition at local, state, national and international levels. Classification is one of the most important elements of this pathway. It determines an athlete's eligibility to compete and groups athletes within each sport according to the extent to which their impairment affects performance in that sport. Its purpose is to minimise the impact of impairment on the outcome of competition so that results reflect athletic performance (Tweedy & Vanlandewijck, 2011). Effective para-sport therefore requires suitable facilities, equipment, coaching methods and support systems. In general terms, Paralympic sports are sport competitions in which athletes with disabilities take part under specific rules, regulations and classification systems. They include both individual and team sports. Athletics, swimming and powerlifting are examples of individual sports, while wheelchair basketball and goalball are examples of team sports. Other sports, such as archery, badminton and boccia, are contested in individual, pairs or team formats depending on the event.

The study has four objectives:

1. to trace the historical development of Paralympic sport from rehabilitation to elite competition;
2. to identify the milestones that shaped its internationalisation and institutionalisation;
3. to analyse the growth of the Summer Paralympic sports programme between 1960 and 2024
4. to examine the implications of this growth for classification, infrastructure and governance.

2. Methodology

The study uses a historical-descriptive method. Information on key events, dates, host cities and the number of sports at each Summer Paralympic Games was compiled from the supplied study material and interpreted with reference to published histories of the Paralympic Movement (Bailey, 2008; Brittain, 2012; Legg & Steadward, 2011). The sports-programme data were used to calculate the percentage change in the number of sports from one Games to the next. The history was then grouped into five phases according to the dominant institutional focus of each period. The number of sports at a given Games can differ between sources depending on whether sports and disciplines are counted separately, so the figures reported here follow the supplied material and should be read as indicative.

3. Historical Development of Paralympic Sport

3.1 Early Development of Disability Sport

In its early organised form, disability sport was seen mainly as a means of rehabilitation and was practised in clubs and rehabilitation centres. The Second World War increased the need for organised programmes, because conventional rehabilitation could not meet the physical and psychological needs of large numbers of injured soldiers and civilians. In 1944 Dr Ludwig Guttmann opened a spinal injuries unit at Stoke Mandeville Hospital, England, and introduced sport into the treatment of patients with spinal cord injuries (Guttmann, 1976; Scruton, 1998). It became clear that sport could do more than support medical recovery: it could also provide recreation and, eventually, competition. Guttmann's contribution lies not only in making sport part of rehabilitation but also in showing that participation could improve fitness, build sporting skills, strengthen social interaction and increase independence.

3.2 The Stoke Mandeville Games, 1948

On 29 July 1948, the day the London Olympic Games opened, Guttman organised the first Stoke Mandeville Games for wheelchair athletes. Sixteen injured servicemen and women took part in an archery competition. These Games are regarded as the starting point of the modern Paralympic Movement. Their significance is that they bridged rehabilitation and sport: a therapeutic activity became a competition, and the link between rehabilitation, participation and competitive performance was established (Bailey, 2008).

3.3 Internationalisation, 1952

In 1952 Dutch ex-servicemen joined the Stoke Mandeville movement and the International Stoke Mandeville Games were established. This gave the movement international status. It also created an immediate need for standard international rules, venue guidelines and uniform classification criteria.

3.4 Rome 1960: The First Paralympic Games

The modern Paralympic Games grew out of the Stoke Mandeville movement. The first Games recognised as Paralympic were held in Rome, Italy, in 1960, shortly after the Summer Olympic Games, with about 400 athletes from 23 countries (Brittain, 2012). The programme had eight sports: archery, athletics, darts, snooker, swimming, table tennis, wheelchair basketball and wheelchair fencing. Rome marked a clear shift from small rehabilitation-oriented events to a large international multi-sport competition. As the Games grew, so did the demand for competition venues, training areas, specialised equipment, transport, accommodation and medical services.

3.5 Expansion of Impairment Groups and Classification

During the 1960s and 1970s Paralympic sport expanded beyond athletes with spinal cord injuries. The International Sport Organisation for the Disabled (ISOD) was founded in 1964 to provide competition for groups outside the scope of the Stoke Mandeville movement, including athletes with visual impairments, amputations and cerebral palsy. The inclusion of these groups created a difficulty, because different impairments affect athletic performance in very different ways. Early classification, which relied largely on medical diagnosis, gradually gave way to functional, sport-specific systems (Tweedy & Vanlandewijck, 2011; Legg & Steadward, 2011). This in turn created a need for trained classifiers, classification services, and sport-specific facilities and equipment.

3.6 Toronto and Örnsköldsvik, 1976

In 1976 the first Winter Paralympic Games were held in Örnsköldsvik, Sweden, and the Summer Games were held in Toronto, Canada. Toronto saw large-scale participation of amputee and visually impaired athletes for the first time, which broadened the range of impairment groups represented. The programme included 13 sports. By this stage Paralympic sport had moved beyond hospital rehabilitation and had become an international movement that required specialised competitions and increasingly specialised equipment.

3.7 The 1980s: 1984 and Seoul 1988

The 1980s were a period of institutional development. The 1984 Games were organised at two sites, with events for different impairment groups divided between New York (USA) and Stoke Mandeville (Great Britain), which reflected the limits of available facilities. The 1988 Games in Seoul were a milestone because they were held in the same city and used the same venues as the Olympic Games. This raised the international profile of the Paralympic Games and gave athletes access to large facilities designed for major international competition. Accessibility, transport, accommodation, competition sites, medical services and technical facilities became integral parts of the Games environment.

3.8 Establishment of the International Paralympic Committee, 1989

The International Paralympic Committee (IPC) was formed in Düsseldorf, Germany, on 22 September 1989. It became the global governing body of the Paralympic Movement and resulted from a process of unification and strengthening of earlier structures (Legg & Steadward, 2011). Its creation led to more standardised systems for sport management, regulation, classification, athlete eligibility and competition.

4. Five Evolutionary Phases of Paralympic Sport

The history described above can be divided into five phases (Table 1).

Phase	Period	Institutional Focus and Characteristics	Major Milestones
I. Clinical rehabilitation	1944–1948	Sport used as a clinical tool for the physical and psychological recovery of people with spinal cord injuries.	Spinal Injuries Unit at Stoke Mandeville (1944); first archery competition (1948).
II. Regional wheelchair staging	1948–1960	Transition from local clinical activity to organised international wheelchair tournaments.	International Stoke Mandeville Games (1952); increased cross-border travel for sport.
III. multi-impairment integration	1960–1988	Opening of the movement to blind, amputee and cerebral palsy athletes; growth of sport-specific classification.	Rome 1960; founding of ISOD (1964); Toronto 1976 and first Winter Games.
IV. Systemic institutionalisation	1988–2000	Joint Olympic–Paralympic hosting and creation of a single global governing body.	Seoul 1988 co-located Games; founding of the IPC (1989).
V. Elite high-performance sport	2000–2024	Professionalised elite sport with high media value, commercial sponsorship and advanced sport science.	Growth to 22 sports; IPC Athlete Classification Code (first adopted 2007); Paris 2024.

Table 1. Five phases in the evolution of Paralympic sport

5. Growth of the Paralympic Sports Programme

The Summer Paralympic programme has expanded substantially. Figure :1 shows the number of sports at each Games since 1960-2024.

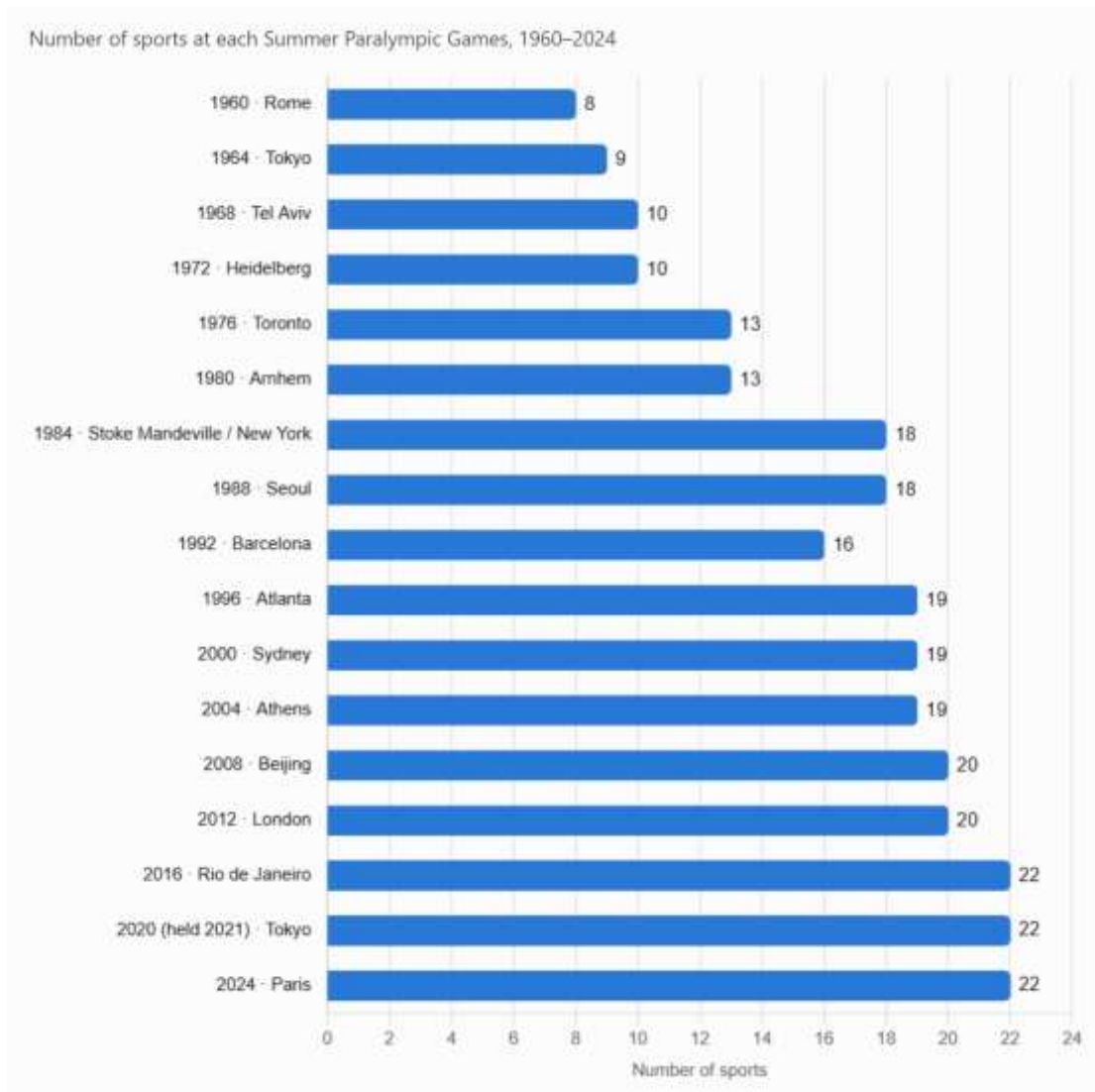


Figure: 1 Growth of the Summer Paralympic sports programme, 1960–2024

6. Discussion

6.1 From Medical Model to Sport Model

The history of the Paralympic Movement shows a long shift from a medical and rehabilitative understanding of disability to a sport-based one (Legg & Steadward, 2011). In the first phase athletes were patients, and sport was a therapeutic means to an end. By the fifth phase they are athletes, and the emphasis is on performance, training and competition. This shift also changed how classification works: the earliest systems grouped athletes by medical diagnosis, whereas current systems assess how an impairment affects performance in a particular sport (Tweedy & Vanlandewijck, 2011).

6.2 Infrastructure and Accessibility

Each step in the expansion of the Games increased infrastructure requirements. International participation required standard rules and venues. Multi-impairment participation required classification services and adapted equipment. Venue co-location with the Olympic Games required accessible stadiums, transport and accommodation at scale. Hosting also has a legacy dimension: investment in accessible urban infrastructure for a Games can benefit disabled residents long after the event (Gold & Gold, 2007). This

confirms that Paralympic sport depends on an enabling environment as well as on athletes and competition rules.

6.3 Governance and Standardisation

The creation of the IPC in 1989 was a turning point because it replaced several impairment-specific organisations with a single body able to standardise rules, classification, anti-doping policy and Games delivery. Governance of para-sport remains complex, because the same organisation must manage many sports, many impairment groups and varying levels of national development (Misener & Darcy, 2014; Patatas, De Bosscher & Legg, 2018).

6.4 Limitations

This paper is based on a limited body of historical material and a descriptive method. Sports counts vary by source and by counting convention. The Winter Paralympic Games are only briefly considered, and the experience of athletes in different regions, particularly in developing countries, deserves further study.

7. Conclusion

Paralympic sport began in 1944 as a rehabilitation programme at Stoke Mandeville, became international in 1952, and held its first official Games in Rome in 1960. The founding of ISOD (1964), the Toronto 1976 expansion, the co-located Seoul 1988 Games and the creation of the IPC (1989) made the movement larger, more inclusive and better governed. As the Summer programme grew from 8 sports in 1960 to 22 in 2024, so did the need for classification, accessible venues, specialised equipment and trained personnel. Five phases trace this shift from a medical model to elite sport. Future research should examine host-city accessibility legacies, fairer classification, and infrastructure for emerging nations. Government of India is planning to organised Paralympics in 2036; this article is the part of that mission.

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