Disability is an umbrella term covering not only impaired physical structure or function, but also activity and participation limitation in performing everyday tasks (1,2). It is estimated that 1 in 10 persons suffers from some kind of invalidity or disability, making it an important global public health problem (1). Since various concepts have been used to describe people with disabilities, in 1980 the World Health Organization (WHO) published the International Classification of Impairments, Disabilities and Handicaps (1), which gives a more detailed description of the 3 key concepts. Impairment involves any loss or abnormality of psychological, physiological, or anatomical structure or function. Disability results from impairment and is defined as any restriction or lack of capability to perform activities in a way or within the range considered normal for a human being, while handicap results from an impairment and/or a disability and limits or prevents the fulfillment of a role of an individual in the society and/or social integration, depending on age, sex, and cultural and social factors (1,2).

In 2001, the WHO published the new International Classification of Functioning, Disability and Health (ICF) (3), which specified 4 categories: physical functions, physical structures, domains of activity, and participation, with environmental factors. The ICF points out that the relation between health and disability is the result of interaction between factors of the mentioned categories. In the Republic of Croatia, several legal definitions of disability are used; one of the definitions, which corresponds the WHO classification from 2001, states that a disabled person is the person with physical, sensory or mental damage, which at least for a period of one year or permanently leads to reduced ability of satisfying personal needs in everyday life (4).

**DISABILITY MAKES SPORTING SUCCESS MORE VALUABLE**

Nowadays, a growing number of disabled persons are active in many aspects of everyday life, including different sport activities. They start doing sports usually after the completion of medical rehabilitation, when they have to adapt their kinetic activity to both medical and sport requirements (5,6). Sports for disabled persons developed in several directions (7,8):

- a) continuation of a rehabilitation, with an aim of reaching maximum physical function, along with improving mental condition and fostering socialization;
- b) recreational sport;
- c) competitive sport, which includes different disciplines.

Every day, we witness the media glorification of professional sportspersons from various disciplines. This is especially the case for medal-winners at the Olympic Games, which are considered the criterion for measuring the greatest sport achievements.

Right after the closing of the Olympic Games in Beijing in 2008, on the same playgrounds and in the same atmosphere, but with much less media hype, another kind of games took place – the Paralympic Games. They did not gather the world sports icons, but sportsmen and sportswomen who very often live and work hard on the sports’ and society’s margins. In spite of their physical handicaps, they promote the principles of a different kind of sport – sport of people with disabilities. The organization in charge of organizing the Games is the International Paralympic Committee, which gathers more than 150 member countries, represented by their national paralympic committees and international sport organizations classified by different disability groups (7,8).

At the Olympic Games in Sydney in 2000, an agreement on the cooperation between the International Paralympic Committee and the International Olympic Committee was made for the first time. The International Olympic Committee gave its support to the International Paralympic Committee in logistical and other matters needed in organization of the Paralympic Games and other activities. The International Paralympic Committee makes distinction between 6 disability categories of sportspersons:
wheelchair, amputee, visually impaired, cerebral palsy, intellectual disability, and \textit{les autres} (7,9). Within each category, disabled people can practice recreational or competitive sport, as well as participate in national and world competitions. Summer Paralympic Games include archery, athletics, basketball, bowling, boccia, cycling, equestrian, wheelchair fencing, power lifting, wheelchair rugby, football, goalball, judo, wheelchair tennis, volleyball, and sailing. Winter games include alpine skiing, nordic skiing, ice sledge hockey, and wheelchair curling (9).

**HISTORY OF PARALYMPICS**

The term paralympic is derived from 3 words: Latin adverb “\textit{par},” which means “similar” or “same,” Greek prefix “\textit{para},” which means “next to” or “by,” and the word “\textit{olympic},” which points out that the Paralympic Games take place alongside the Olympic Games (9). The history of the Paralympics began with the effort of a British neurologist of German descent, Sir Ludwig Guttmann (1899-1980). This excellent clinician and scientist is mostly remembered for his vision and organizing skills, which were the reason why Pope John the XXIII in 1960 called him “de Coubertin of the paralyzed.” The first games for spinal injury patients were organized in 1948 in Stoke Mandeville hospital, the British spinal injuries center in Aylesbury, founded and run by Dr Guttmann. Dr Guttmann strongly believed that sport was not just a continuation of medical rehabilitation, but a way to build patients’ self-esteem (9,10). The first competition took place on the meadow in front of the Center and included, besides the Center team, war veterans’ team from the London Star and the team from Garter home from Richmond; 6 competitors in wheelchairs competed in archery. Next year, no fewer than 5 teams from different homes and hospitals participated in the competition (10). In 1949, Dr Guttmann came to an idea to make the Stoke Mandeville Games an equivalent to the Olympic Games (9). His enthusiasm was contagious and gradually new sports were involved, such as athletics, wheelchair basketball, wheelchair fencing, and snooker. When the Dutch paraplegics joined the competition in 1952, the Games became an international event with a growing number of participants. This required specifically adapted sports grounds, adequate accommodations for participants, and generally more material and financial means (11,12).

There was also the need to coordinate the sports rules for people with spinal cord injuries, which is why the World Veteran Federation met in Paris in 1957. Solving the technical issues created preconditions for further competitions. In 1958, Dr Guttmann and an Italian professor, Antonio Maglio, came forward with the initiative to organize the competition in the same city where the Olympic Games were held, which in 1960 was going to be Rome (9,11,12). After long negotiations with the Italian government, the idea was finally realized in 1959. In the same year, the organizational committee of the Stoke Mandeville Games was founded, made up of members from Great Britain, Italy, Netherlands, Belgium, and France (9,11). The Stoke Mandeville Games, which took place in Rome in 1960, are considered to be the first summer Paralympic Games (12). After that, the Games were held every fourth year, representing the key sport event for sportspersons with disabilities.

At the Games held in Rome, 23 countries competed with 400 athletes strictly with spinal injuries; such was the case in Tokyo in 1964, Tel Aviv in 1968, and Heidelberg in 1972 (11,12). In 1976 in Toronto, athletes with amputations and blind or partially sighted sportspersons participated for the first time, and at the next Games, held in 1980 in Arnhem, sportspersons with cerebral palsy competed as well (11,12). Although the organizers’ wish was that Los Angeles, the city where the Olympic Games took place, hosts the Games, the
local organizational committee was not in favor of such an idea (11,12). Thus, the Paralympic Games, with around 1800 athletes, took place in New York; the opening ceremony was attended by the US President, Ronald Reagan. At the following Games, in Seoul in 1988 and Barcelona in 1992, all sports events were held on the same sports grounds as the Olympic Games (12). For the Paralympic Games in Seoul, a new Olympic village was built, and since the Games in Barcelona in 1992, the paralympians have used the same accommodation as the Olympic athletes (11,12). Since then, the Paralympic Games have been held in Atlanta in 1996, Sydney in 2000, and Athens in 2004.

At the last Paralympic Games, held in Beijing in 2008, no fewer than 3951 sportspersons from 146 countries competed in 20 sports: archery, athletics, boccia, cycling, football 5-a-side, football 7-a-side, goalball, judo, powerlifting, rowing, shooting, swimming, table tennis, volleyball (sitting), wheelchair basketball, wheelchair fencing, wheelchair rugby, and wheelchair tennis (13). The athletes were from the following disability groups: wheelchair, amputee, visually impaired, cerebral palsy, and *les autres*. It is important to point out that, aside from the mentioned summer Games, since 1976 the winter Paralympic Games have also been held regularly. Sports played at the winter Paralympics include alpine and nordic skiing, ice-sledge hockey, and wheelchair curling (13).

**CROATIAN PARTICIPATION AT THE PARALYMPIC GAMES**

Croatian athletes have a long tradition of participation at the Paralympic Games. In 1964, the Croatian Sport and Recreation League of Disabled was founded in Zagreb, which later evolved to the Croatian Sports Association of Disabled/Croatian Paralympic Committee (13). This organization is an umbrella association that organizes and coordinates sports events for disabled people at the local, national, and international level. In the scope of the Association, the following sports are represented: athletics, shooting, archery, goalball, equestrian, basketball, bowling, volleyball, darts, swimming, table tennis, chess, tennis, and tether ball bowling. Croatian athletes for the first time participated at the Paralympic Games in Heidelberg in 1972, as part of the Yugoslav team.

After Croatia had gained its independence, Croatian paralympians participated at the Paralympic Games in Barcelona in 1992 under the Croatian flag, which was very unusual because the Croatian Sports Association of Disabled became a member of the International Paralympic Committee not sooner than 1993 (13). In Barcelona, Milka Milinović won a bronze medal in athletics. No medals were won in Atlanta in 1996 and Sydney in 2000 (13), but in Athens in 2004, our paralympic athletes won as many as 4 medals: Jelena Vuković won a bronze medal in athletics and Mihovil Španja 3 bronze medals in swimming (13). The Games in Beijing in 2008 were the most fruitful for our athletes, who won 3 golds and one silver. Antonija Balek in the group F 33/34/52/53 won gold in shot put and javelin, setting 2 world records; Darko Kralj in the group F42 won a gold medal in shot put and set a world record; and Branko Budetić in the group F11/12 won silver in javelin (13). The outstanding results and medals in Beijing in 2008 are just some of the many successes of these devoted athletes who continued with great results at all other competitions in 2009.

Beijing in 2008 hosted the greatest number of Croatian athletes so far – 25 of them in the greatest number of sports – as many as 6 (Table 1) (data were obtained by personal communication with Croatian Paralympic Committee). The number of sports tripled compared with the Games in Atlanta. In general, the athletic sports were the

| TABLE 1. Number of Croatian paralympians by sports, 1996-2008 |
|-----------------|--------|--------|--------|--------|
|                 | Atlanta | Sydney | Athens | Beijing |
| Athletics        | 3      | 7      | 6      | 13     |
| Swimming         | 2      | 2      | 3      | 4      |
| Table tennis     | 0      | 4      | 4      | 2      |
| Shooting         | 0      | 1      | 2      | 3      |
| Equestrian      | 0      | 1      | 2      | 2      |
| Cycling         | 0      | 0      | 0      | 1      |
most represented, with the biggest increase in the number of athletes since 1996; table tennis was the only sport with decreased number of participants (Table 1).

Croatian paralympians are on average older than 30 years; according to the most recent information from the Games in Beijing, the average age was 33.5 (data were obtained by personal communication with Croatian Paralympic Committee). Despite of the relatively high age and difficult life and work conditions, Croatian paralympians achieved great results. The responsibility of the society and all of us is to ensure to disabled people conditions for high-quality practice of sport, with adapted kinetic activities, so that they can continue promoting the principles of equality.

The Government of the Republic of Croatia contributed to the promotion of the principles of equality by equaling the status of paralympians with that of other sportsmen and giving them equal monetary awards for achievements in large competitions. This has reduced the difference between high-profile top athletes and unknown heroes next door, and has been a step toward increasing disabled persons’ self-esteem and sense of equality with all other members of the community.

References