

AMERICAN ACADEMY OF PEDIATRICS

Committee on Sports Medicine and Fitness and Committee on School Health

Physical Fitness and Activity in Schools

ABSTRACT. Schools are in a uniquely favorable position to increase physical activity and fitness among their students. This policy statement reaffirms the American Academy of Pediatrics' support for the efforts of schools to include increased physical activity in the curriculum, suggests ways in which schools can meet their goals in physical fitness, and encourages pediatricians to offer their assistance. The recommendations in this statement are consistent with those published in 1997 by the Centers for Disease Control and Prevention.¹

ABBREVIATION. CDC, Centers for Disease Control and Prevention.

BACKGROUND

Scientific evidence shows that loss of functional capacity and increased morbidity and mortality attributable to chronic disease and injury are associated with a sedentary lifestyle in adults.¹ A primary goal of activity programs for youth is to promote physically active lifestyles that will be carried into adulthood and reduce health problems related to inactivity.¹⁻⁵

Some of the health benefits of regular physical activity during childhood and adolescence may be realized before adulthood.¹⁻⁵ Cross-sectional studies have shown an association between higher activity levels and lower levels of body fat, increased bone mineral mass, and lower levels of tobacco and alcohol use.^{1,4} Exercise has been successfully used in conjunction with other interventions to treat obesity, hypertension, and other chronic diseases.^{1,4} Some of these programs using exercise or physical activity have been successfully implemented in the school setting.^{1,4}

The development of a physically active lifestyle is a goal for all children. Traditional team and competitive sports may promote healthy activity for selected youth. Individual sports, noncompetitive sports, lifetime sports, and recreational activities expand the opportunity for activity to everyone. The opportunity to be active on a regular basis, as well as the enjoyment and competence gained from activity, may increase the chances that a physically active lifestyle will be adopted.¹

RECOMMENDATIONS

The following recommendations are adapted from those published by the Centers for Disease Control

and Prevention (CDC)¹ and the Council for Physical Education for Children.⁶ School personnel and pediatricians are urged to review these publications. School personnel are encouraged to:

1. Establish policies that promote enjoyable, lifelong physical activity. These include:
 - Comprehensive, preferably daily, physical education for children in grades kindergarten through 12;
 - Comprehensive health education for children in grades kindergarten through 12;
 - Commitment of adequate resources, including program funding, personnel, safe equipment, and facilities;
 - The use of appropriately trained physical education specialists and appropriately trained teachers for physical and health education classes, respectively;
 - Physical activity instruction and programs that meet the needs and interests of all students, including those with illness, injury, and developmental disability, as well as those with obesity, sedentary lifestyles, or a disinterest in traditional team or competitive sports.
2. Provide physical and social environments that encourage and enable physical activity in a safe setting. Adult supervision, teaching, and instruction in safe methods of physical activity training, safe facilities, and the appropriate use of protective equipment are all components of a safe environment for physical activity.
3. Implement physical education and health education curricula that emphasize enjoyable participation in physical activity and that help students to develop the knowledge, attitudes, motor skills, behavioral skills, and confidence needed to adopt and maintain physically active lifestyles.
4. Provide extracurricular physical activity programs (those occurring outside of formal classes) that address the needs and interests of all students.
5. Include parents and guardians in physical activity instruction and extracurricular physical activity programs. Encourage parents and guardians to support their children's participation in enjoyable physical activities, as well as to recognize their powerful influence as role models for active lifestyles.
6. Provide education to personnel from teaching, coaching, recreation, health care, and school administration to effectively promote enjoyable, lifelong physical activity among youths.

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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7. Regularly evaluate the school's physical activity programs, including classroom instruction, the nature and level of student activity, and the adequacy and safety of athletic facilities.
8. Establish relationships with community recreation and youth sports programs and agencies to coordinate and complement physical activity programs.

Pediatricians and other health care professionals are encouraged to support schools in their efforts to promote physical activity and fitness by:

1. Helping the school adapt programs to meet the needs of children and adolescents who have activity limitations because of temporary or chronic illness, injury, or developmental disability;
2. Providing schools and individuals with safe options for continuing with physical activity even when students are affected by illness, injury, or disability;
3. Identifying and encouraging the appropriate use of safety equipment for sports and physical activities in all settings;
4. Assessing activity patterns as part of routine health maintenance and providing advice about how physical activity levels can be increased;
5. Encouraging physical activity at the family and community levels in addition to the activity conducted in the schools or with organized sports;
6. Helping to identify and reduce barriers to regular physical activity—including doubts about the need for more activity, the fear of injury, the availability of safe settings, and the lure of more sedentary pursuits, and;
7. Working to ensure the availability of funding and personnel resources to permit every child the opportunity to be physically active and to receive appropriate direction and supervision from educated adults.

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