

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.

PEDIATRICS (ISSN 0031 4005). Copyright © 2000 by the American Academy of Pediatrics.

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.

COMMITTEE ON SPORTS MEDICINE AND FITNESS,
1999–2000

Steven J. Anderson, MD, Chairperson
Bernard A. Griesemer, MD
Miriam D. Johnson, MD
Thomas J. Martin, MD
Larry G. McLain, MD
Thomas W. Rowland, MD
Eric Small, MD

LIAISON REPRESENTATIVES

Claire LeBlanc, MD
Canadian Paediatric Society
Robert Malina, PhD
Institute for the Study of Youth Sports

Carl Krein, AT, PT
National Athletic Trainers Association
Judith C. Young, PhD
National Association for Sport and Physical Education

SECTION LIAISONS

Frederick E. Reed, MD
Section on Orthopaedics
Reginald L. Washington, MD
Section on Cardiology

COMMITTEE ON SCHOOL HEALTH, 1999–2000

Howard L. Taras, MD, Chairperson
David A. Cimino, MD
Jane W. McGrath, MD
Robert D. Murray, MD
Wayne A. Yankus, MD
Thomas L. Young, MD

LIAISON REPRESENTATIVES

Harold Magalnick, MD
American School Health Association
Missy Fleming, PhD
American Medical Association
Maureen Glendon, RNCS, MSN, CRNP
National Association of Pediatric Nurse Associates and Practitioners
Lois Harrison-Jones, EdD
American Association of School Administrators
Linda Wolfe, RN, BSN, Med, CSN
National Association of School Nurses
Jerald L. Newberry, Executive Director
National Education Association, Health Information Network
Mary Vernon, MD, MPH
Centers for Disease Control and Prevention

REFERENCES

1. Centers for Disease Control and Prevention. Guidelines for school and community programs to promote lifelong physical activity among young people. *MMWR Morb Mortal Wkly Rep.* 1997;46(RR-6):1–36
2. Sallis JF, ed. Physical activity guidelines for adolescents. *Pediatr Exerc Sci.* 1994;6(special issue):299–463
3. Simons-Morton BG, Parcel GS, O'Hara NM, Blair SN, Pate RR. Health-related physical fitness in childhood: status and recommendations. *Annu Rev Public Health.* 1988;9:403–425
4. Bar-Or O. Childhood and adolescent physical activity and fitness and adult risk profile. In: Bouchard C, Shephard RJ, Stephens T, eds. *Physical Activity, Fitness, and Health: International Proceedings and Consensus Statement.* Champaign, IL: Human Kinetic Publishers; 1994
5. US Department of Health and Human Services. *Physical Activity and Health: A Report of the Surgeon General.* Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion; 1996
6. Council for Physical Education for Children (COPEP) of the National Association for Sport and Physical Education. *Physical Activity for Children: A Statement of Guidelines.* Reston, VA: NASPE Publications; 1998:1–21

Physical Fitness and Activity in Schools
Committee on Sports Medicine and Fitness and Committee on School Health
Pediatrics 2000;105;1156
DOI: 10.1542/peds.105.5.1156

Updated Information & Services	including high resolution figures, can be found at: /content/105/5/1156.full.html
Citations	This article has been cited by 12 HighWire-hosted articles: /content/105/5/1156.full.html#related-urls
Subspecialty Collections	This article, along with others on similar topics, appears in the following collection(s): Council on School Health /cgi/collection/council_on_school_health Council on Sports Medicine and Fitness /cgi/collection/council_on_sports_medicine_and_fitness Endocrinology /cgi/collection/endocrinology_sub Obesity /cgi/collection/obesity_new_sub
Permissions & Licensing	Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at: /site/misc/Permissions.xhtml
Reprints	Information about ordering reprints can be found online: /site/misc/reprints.xhtml

PEDIATRICS is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. PEDIATRICS is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2000 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 0031-4005. Online ISSN: 1098-4275.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Physical Fitness and Activity in Schools

Committee on Sports Medicine and Fitness and Committee on School Health

Pediatrics 2000;105;1156

DOI: 10.1542/peds.105.5.1156

The online version of this article, along with updated information and services, is located on the World Wide Web at:

[/content/105/5/1156.full.html](#)

PEDIATRICS is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. PEDIATRICS is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2000 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 0031-4005. Online ISSN: 1098-4275.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

