Fitness in the Preschool Child

Achieving fitness is a way of life, not a fad or a brief change in one's way of doing things. And, an early start is imperative. A flaw in our present system of health care is the emphasis on evaluation of anatomic or organic soundness and the presence or absence of disease—with less regard for the quality of physiologic function. In other words, dynamic performance is frequently ignored after the organic condition has been determined. An infant or child may well be regarded as healthy with the proper immunizations and absence of disease. But, is he/she able to meet daily tasks, recreational activities, and unforeseen emergencies with vigor and enthusiasm and without undue fatigue? Is he/she making adequate use of the musculoskeletal and cardiopulmonary systems?

Lack of encouragement to exercise in early life is reflected in the National Adult Physical Fitness Survey conducted by the President's Council on Physical Fitness in 1972. This study showed that 45% of all adult Americans do not engage in physical activity for the purpose of exercise. However, 63% of these nonexercisers said they believed they had enough exercise; only 57% of those who exercised regularly thought they did enough of it.

Normal growth and development in infancy should assure physical fitness for ordinary and even strenuous physical tasks because of innate, powerful drives toward functional development at this period of life. The infant who naturally strives for motor fitness can be on the way to a lifetime of improving physical fitness. The preschool child who characteristically uses his large muscles during many hours of the day is continuing a self-imposed program of physical fitness. Two- to 6-year-old children like to run, jump, climb, and balance themselves. They enjoy dancing, they are fond of rhythmic play, and they can use a cycle. They experiment in using their muscles in constantly growing fields of activity. As children approach elementary school age, their social development leads to increased activity in play with other children.

But, our present culture makes it difficult to maintain functional fitness. As children grow older, current sedentary life-styles tend to diminish opportunities for attaining physical fitness. Even preschool-age children use the many conveniences which eliminate physical effort.

Physical education should be a unique opportunity for increasing fitness with all children involved in tasks and activities which challenge their musculoskeletal and cardiopulmonary systems. If activities such as swimming, skiing, skating, cycling, hiking, running, and group competitive games are routinely enjoyed during childhood, there will be a tendency to continue such activities in later life. Inquiry, observation, and discussion about exercise and suitable ways to do it should lead parents to a better understanding of their children's needs. The pediatrician can be an important force by helping to form attitudes and influencing courses of action.

An estimate of physical fitness is an essential component of a health appraisal whether it is a periodic examination of a well child, a preschool or precamp evaluation, or an evaluation to authorize participation in strenuous exercise. It is

This statement has been reviewed and approved by the Academy’s Council on Child Health.
difficult to apply any of the recommended tests for evaluating fitness to infants and preschool children. However, the pediatrician can arrive at a reasonable estimate of fitness by specific questions about physical activity and by observing the child’s strength, agility, coordination, and endurance throughout the interview and health examination. For example, asking if the infant pulls up to a standing position is routine in evaluating development. This activity also requires strength; and, if the question includes the length of time the infant can stand, endurance can be determined. Most pediatricians routinely ask if a young child can operate a tricycle or bicycle. But, also ask if he/she actually does it, how often, and for how long. “Can he/she swim?” could be followed by, “How often?” Also ask, “How long does he/she play during waking hours?” Questions about fatigue, response to exercise, and motivation for strenuous activity all rightfully belong in the health history.

Pediatricians have an important and obligatory role in advising and motivating parents about fitness aspects of the young child’s development. The health benefits and the satisfactions from exercise, strenuous activity, and attainment of physical fitness may be established early in life by encouraging attitudes and behavior which carry over into later childhood and adult life. Thus, getting places “on your own,” using stairways instead of elevators, and physical play instead of sedentary recreation may lead to activities later which have beneficial effects on preventing obesity, lowering the incidence of coronary heart disease and atherosclerosis, and increasing cardio-pulmonary efficiency as well as developing a joie de vivre.

Committee on Pediatric Aspects of Physical Fitness, Recreation, and Sports
Melvin L. Thornton, M.D., Chairman
Gloria D. Eng, M.D.
Thomas G. Flynn, M.D.
John H. Kennell, M.D.
Robert N. McLeod, Jr., M.D.
Thomas E. Shaffer, M.D.
William B. Strong, M.D.
John C. Tower, M.D.
Consultant
Nathan J. Smith, M.D.
Liaison Representatives
Jack Bell, AMA Committee on Medical Aspects of Sports
Lucille Burkett, National Association for Sport and Physical Education, AAHPER

BIBLIOGRAPHY
National Adult Physical Fitness Survey: Newsletter (special ed), President’s Council on Physical Fitness and Sports.
Fitness in the Preschool Child

Pediatrics 1976;58;88

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://pediatrics.aappublications.org/content/58/1/88