

  

# AMERICAN ACADEMY OF PEDIATRICS

Committee on Pediatric Aspects of Physical Fitness, Recreation, and Sports

## Competitive Athletics for Children of Elementary School Age\*

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Competitive sports sponsored by schools or other community agencies are now so universally played by boys and girls 13 years old and younger that there is a compelling need for positive and realistic guidelines to govern participation.

Young children are not miniature adults; they are boys and girls in the process of maturing into adults. They seek and can profit from suitable play opportunities, but the benefits do not come without prudent planning. High quality supervision and a broad range of physical education activities, including sports adapted to the needs and capacities of growing children, are required for a full realization of benefits.

A sound physical education program includes a variety of competitive and recreational sports to guarantee that all children in the school system or community have a fair share of available funds, facilities, instruction, and leadership. A varied sports program provides a meaningful experience for all children, not just the physically gifted, the well developed, or the precocious.

Sports have important effects on stamina and physiologic functioning, and some have lifelong value as recreational activities. These positive aspects should be emphasized in athletic programs by encouraging sports that are appropriate for children of elementary school age. These sports include bowling, golf, skating, swimming, tennis, and running.

There is no physical reason to separate preadolescent children by sex in sports, physical education,

and recreational activities. However, girls should not participate against pubertal and postpubescent boys in heavy collision sports because of the risk of serious injury due to their lesser muscle mass per unit of body weight.

Sports activities with varying degrees of collision risk include baseball, basketball, football, ice hockey, soccer, softball, and wrestling. The hazards of these types of competition, when proper safeguards are provided, are debatable. The risks are usually associated with the conditions under which practice and play are conducted and the quality of supervision affecting the participants. Boxing should not be included in programs for children of elementary school age because its goal is injury; the educational benefits attributed to boxing can be realized through other sports activities.

With all of the contributing factors in mind, decisions about athletic programs for children of elementary school age should include considerations of the following.

1. Adequate medical care<sup>1</sup>: (a) periodic health appraisal of children, including a comprehensive health history; (b) availability of a person qualified and competent in recognition and care of injuries during games and practice; (c) establishment of policies, procedures, and responsibilities for first aid and referral of injured participants, definitive treatment and follow-up, and evaluation and certification for return following injury to illness; (d) attention to physical and emotional fatigue and stress, especially of a cumulative nature or effect; and (e) standard terminology for sports injuries to facilitate reporting and analyses of injuries and illnesses.<sup>2</sup>

2. Grouping according to weight, size, physical condition, skill, physical maturation, and, when indicated, sex.

3. Conduct of the sport: (a) competent teaching and supervision of the relative hazards of each

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This statement has been approved by the Council on Child and Adolescent Health.

\* As used in this statement, "elementary school age" is synonymous with "in grades 1 through 6," "13 years old and younger," and "preadolescent."

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sports activity; (b) modification of rules, game equipment, and facilities for the maturity level of the participants; (c) qualified officials.

4. Appropriate physical conditioning.

5. Protective equipment, adequate and properly fitted.

6. Facilities suitable for the sport involved and well maintained.

7. Proper delineation of spheres of authority and responsibility for school administration, family, sponsor, physician, coach, and athlete.

8. Attention to crucial educational and recreational guidelines including establishment of the following prerequisites for an interschool athletic program: (a) provision for daily physical education instruction for all children, under the supervision of certified physical education teachers; (b) provision for every child in the upper elementary grades to participate in a supervised, organized, intramural athletic program; and (c) assurance that the athletic program will not curtail the time or budget of the normal school program (ie, will not use school time, facilities, personnel, or funds in a way to jeopardize the total educational experience of participants or other children). An exemplary program for interschool or community athletics will: (a) limit participation to children in the upper elementary grades; (b) require parental permission for each child; (c) provide qualified leadership for the planning and conduct of competitive athletic programs for children; (d) contain a schedule of contests (frequency and hour) appropriate for young children; (e) keep activities limited to a neighborhood or community without playoffs, bowl contests, or all-star contests; and (f) avoid undesirable corollaries to organized, competitive athletics, such as excessive publicity,

pep squads, commercial promoting, victory celebrations, elaborate recognition ceremonies, paid admission, inappropriate spectator behavior, high-pressure public contests, and exploitation of children in any way.

Unless a school or community can provide proper supervision, medical and educational, it should not undertake a program of competitive sports, especially collision sports, at the preadolescent level.

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2. *Standard Nomenclature of Athletic Injuries*. Chicago, American Medical Association, 1966

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