

AMERICAN ACADEMY OF PEDIATRICS

Committee on Sports Medicine and Committee on School Health

Organized Athletics for Preadolescent Children

Each year in the United States, millions of preadolescent children participate in organized athletics. Some organized athletic programs are community based; others are school sponsored, either as extracurricula programs or as part of physical education classes. Most coaches in community-based programs are volunteers who have no formal training or expertise in coaching. The credentials and training of grade school coaches are highly variable. Therefore, many US preadolescents are involved in athletics without the benefit of specific program goals aimed at ensuring the most beneficial physical, psychologic, and recreational outcomes.

Coaches, officials, parents, and program designers all play critical roles in shaping the child's early athletic experience and the child's self-esteem. The goals of the program and the behavior of all of the adults involved should focus upon assisting the child to develop: (1) an enjoyment of sports and fitness that will be sustained through adulthood, (2) physical fitness,¹ (3) basic motor skills, (4) a positive self-image, (5) a balanced perspective on sports in relation to the child's school and community life, and (6) a commitment to the values of teamwork, fair play, and sportsmanship. In addition, efforts must be made to make the sport as safe as possible.

Enjoyment of sports and fitness in childhood will increase the likelihood of a child pursuing these activities through adulthood. Children should be allowed to try a variety of sports and to choose

sports that appeal to them. If children require more than gentle encouragement, then they are not ready for involvement. Unstructured free play should be encouraged to enhance enjoyment of sports, as well as to promote spontaneity and creativity.

Coaches, officials, parents, and program designers should view the preadolescent years as a time for teaching fundamental motor skills; developing fitness in a practical, safe, and gradual manner; and promoting desired attitudes and values. Practice sessions should incorporate these elements and allow time for unstructured play. The actual game or sporting event should also be managed in a manner that stresses these goals more than winning. To the extent possible, each child should receive equal playing time. Game rules should be modified to accommodate the child's need to learn or be adapted to age-appropriate skills or fitness. If possible, the child participants should be grouped according to size, skill, and maturational level rather than age. This is especially true at ages 11 to 14 years when some children are prepubertal and others are well into puberty.

The important objective for parents, coaches, and officials should be to enhance the child's self-image. Mastery of the sport (the athlete's performance within the activity) should be emphasized, instead of winning or pleasing others. Coaches and parents should assist children in setting realistic goals. Good effort should be praised, and mistakes should be met with encouragement and corrective instruction. Adults must clearly show that the child's worth is unrelated to the outcome of the game. Unconditional approval should be given for participating and having fun. Athletic programs should deemphasize playoffs and avoid all-star contests, excessive publicity, and elaborate recognition ceremonies that single out individuals. Ceremonies should recognize all participants.

Children may need assistance in maintaining a proper balance between sports and other life activities. Practice and game schedules should not

The recommendations in this statement do not indicate an exclusive course of treatment to be followed. Variations, taking into account individual circumstances, may be appropriate.

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

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interfere with school responsibilities, and family life should not revolve around the "child athlete" to the exclusion of other family members or needs.

The most effective means of instilling desirable attitudes and values is by role modeling. Coaches, officials, and parents must continuously monitor their own behavior to be sure it reflects the sharing, cooperation, honesty, and restraint they wish to see in the children. Coaches' lifestyle and behavior should reflect the health values they want to encourage in the children (weight control, fitness, good nutrition, and avoidance of alcohol, tobacco, and drugs).

Every program should provide adequate safeguards by requiring: (1) preparticipation physical examinations at least every 2 years; (2) warm-up procedures; (3) the availability of a medically trained person who is competent in recognizing significant injuries during practices and games of contact sports; (4) the establishment of policies for first-aid, referral of injured participants, treatment, rehabilitation, and certification for return to participation^{2,3}; (5) suitable and well-maintained sports facilities; (6) appropriate protective equipment; (7) strict enforcement of rules concerning safety; and (8) a formal surveillance method to ensure that goals are met.

All coaches, whether paid or volunteer, should be required to review the guidelines and goals described above. In addition they should complete a coaching certification program that covers teaching techniques, basic sports skills, fitness, first-aid, sportsmanship, self-image enhancement, and motivation. Available certification programs for coaches include: (1) National Youth Sports Coaches Association, 2611 Old Okeechobee Rd, West Palm Beach, FL 33409 and (2) American Coaching Effectiveness Program, Human Kinetics Publishers, Inc, Box 5076, Champaign, IL 61820.

The pediatrician's role is to advise parents, schools, and community groups regarding these recommendations and to discuss these issues with parents as part of regular anticipatory guidance.

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